American Stroke Association®
A division of the American Heart Association.
Together to End Stroke®

ADULT STROKE REHABILITATION & RECOVERY GUIDELINES

THE REHABILITATION PROGRAM

More than two-thirds of stroke survivors receive rehabilitation services after hospitalization. Effective rehabilitation is an essential part of stroke care.

Here are key recommendations from AHA/ASA's Adult Stroke Rehabilitation & Recovery Guidelines that provide the best clinical practices for adults recovering from stroke. For more information about these guidelines please refer to the full guidelines at Heart.org/StrokeRehabGuidelines.

The information covered here addresses one of five major recommendation topics within the guidelines:

- ☑ The Rehabilitation Program
- ☐ Prevention and Medical Management of Comorbidities
- ☐ Assessment
- ☐ Sensorimotor Impairments and Activities
- ☐ Transitions in Care and Community Rehabilitation

ORGANIZATION OF POST-STROKE REHABILITATION CARE

- Stroke patients who are candidates for post-acute rehab should receive organized, coordinated, interdisciplinary care.
- Stroke survivors who qualify for and have access to inpatient rehabilitation facility (IRF) care should receive treatment in an IRF in preference to a skilled nursing facility (SNF).
- Organized community-based and coordinated inter-professional rehab is recommended in the outpatient and/or home-based setting.

REHABILITATION INTERVENTIONS IN THE INPATIENT SETTING

- Early rehab for hospitalized stroke patients should be provided in environments with organized interdisciplinary stroke care.
- Stroke survivors should receive rehab at an intensity commensurate with anticipated benefit and tolerance.
- High-dose, very early mobilization within 24 hours of stroke onset can reduce the odds of a favorable outcome at three months and is not recommended.

Stroke rehabilitation requires a sustained and coordinated effort from a large team *with the patient and the patient's goals at the center. In addition to the patient, the team includes family and friends, other caregivers (e.g. personal care attendants), physicians, nurses, physical and occupational therapists, speech/language pathologists, recreation therapists, psychologists, nutritionists, social workers and others.*

Communication and coordination among these team members is paramount *in maximizing the effectiveness and efficiency of rehabilitation and underlies the entire stroke rehabilitation and recovery guidelines.*

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