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

ADULT STROKE REHABILITATION
& RECOVERY GUIDELINES

TRANSITIONS IN CARE AND COMMUNITY INTERVENTIONS

A great deal of information must be transmitted intact from one treatment setting to the next. Accuracy and completeness are necessary to ensure continuity of care. In addition, new areas of concern appear, such as family and caregiver support, community resources for recreation and leisure activities, sexual function and driving.

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

ENSURING MEDICAL AND REHABILITATION CONTINUITY THROUGH THE REHABILITATION PROCESS AND INTO THE COMMUNITY

- It is reasonable to consider individualized discharge planning in the transition from hospital to home.
- It is reasonable to consider alternative methods of communication and support (e.g. telephone visits, tele-health or web-based support) particularly for patients in rural settings.

SOCIAL AND FAMILY CAREGIVER SUPPORT

- It may be useful for the family/caregiver to be an integral component of stroke rehabilitation.

REFERRAL TO COMMUNITY RESOURCES

- Patient and family/caregiver preferences for resources should be considered.
- Follow-up is recommended to ensure that the patient/family receive necessary services.

REHABILITATION IN THE COMMUNITY

- A formal plan for monitoring compliance and participation in treatment activities may be useful for persons with stroke referred for home- or community-based rehabilitation services. A case manager or professional staff person should be assigned to oversee implementation of the plan.
- It is reasonable to promote engagement in leisure and recreational pursuits, particularly through the provision of information on the importance of maintaining an active and healthy lifestyle.

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SEXUAL FUNCTION

- An offer to patients and their partners to discuss sexual issues may be useful prior to discharge home and again after transition to the community. Discussion topics may include: safety concerns, changes in libido, physical limitations due to stroke and emotional consequences of stroke.

DRIVING

- Individuals who appear to be ready to return to driving, as demonstrated by successful performance on fitness-to-drive tests, should have an on-the-road test administered by an authorized person.

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.*