



Frequently Asked Questions: American Heart Association/American Stroke Association Guidelines for Adult Stroke Rehabilitation and Recovery

What is the major “take-away” from the American Heart Association/American Stroke Association Guideline for Adult Stroke Rehabilitation and Recovery?

Stroke rehabilitation requires a sustained and coordinated effort from a large team, including the patient, family and friends, other caregivers, such as 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 underlie the entire guidelines. Without communication and coordination, isolated efforts to rehabilitate the stroke survivor are unlikely to achieve their full potential.

The AHA/ASA recommends stroke survivors go to an inpatient rehabilitation facility instead of a skilled nursing facility. How do these facilities differ?

Inpatient rehabilitation facilities provide hospital-level care to stroke survivors who are expected to benefit from intensive, 24-hour-a-day, rehabilitation care under the direct daily supervision of a physician. These facilities are staffed by an inter-professional team of healthcare providers with training in rehabilitation medicine, physical medicine and rehabilitation, rehabilitation neurology, rehabilitation nursing, occupational therapy, physical therapy and speech and language therapy. Other health professionals who play an essential role in the process include social workers, psychologists, psychiatrists, and counselors.

Skilled nursing facilities (nursing homes) also provide rehabilitation care to stroke survivors but not at the frequency or intensity as an inpatient rehabilitation facility. Skilled nursing facilities may be appropriate for stroke patients who the rehabilitation team determines may not reach full or partial recovery or if skilled nursing services are required to maintain or prevent deterioration of the patient. Although rehabilitation is also supervised by a physician as a skilled nursing facility, there is no requirement for direct, daily supervision by the physician.

Why does the AHA/ASA recommend a falls prevention program be made available to every stroke patient before being discharged from the acute care hospital?

Up to 70 percent of stroke survivors fall during the first 6 months after discharge from the hospital or rehabilitation facility. Stroke survivors are also at risk to be repeat fallers and to experience an injury associated with a fall.

In addition to the physical consequences, falls have psychological and social consequences. The impairments in balance, gait, motor control, perception, and vision common after a stroke contribute to a heightened fear of falling in individuals with stroke. Studies indicate that 30 to 80 percent of individuals with stroke report various levels of fear associated with falling and mobility.

Patients should be provided with a formal falls prevention program while they are still in the hospital for the acute phase of stroke; those who are discharged to the community should participate in outpatient balance training programs.

It is also reasonable for patients to have an annual assessment for whether or not they are at increased risk for falling; to have their home evaluated to remove anything such as throw rugs that could increase fall risk; and to consider Tai Chi training as an effective means of falls prevention training.

Many stroke survivors have challenges with memory and concentration after a stroke.

What does the American Heart Association recommend to help these patients?

Strokes can affect attention, thinking and memory, and addressing these issues requires many different facets of rehabilitation therapy

Survivors with cognitive impairments should have an “enriched environment” may include a computer with internet access, books, games, virtual reality gaming, and encouragement from rehab staff to use these resources.

During rehabilitation, survivors should work with speech, occupational and physical therapists on activities that build the ability to pay attention, planning or working memory with pencil and paper or computerized activities, and teaching strategies to compensate for losses.

Other therapies that may prove useful include medications, exercise and music therapy, although the effectiveness of these therapies are not proven.

What other rehabilitation subjects are covered in the guidelines?

Every facet of stroke rehabilitation is discussed, including the organization of post-stroke rehabilitation care; rehabilitation in a hospital inpatient setting after acute stroke: prevention of skin breakdown and contractures; prevention of deep vein thrombosis; treatment of bowel and bladder incontinence; assessment, prevention and treatment of hemiplegic shoulder pain; central pain after stroke; prevention of falls; prevention of seizures; post stroke depression; post stroke osteoporosis; assessment of disability and rehabilitation need and many others.

Are these the first stroke rehabilitation guidelines from the AHA/ASA?

Yes. They complete a set of eight guidelines that provide best practices recommendations for every phase of stroke – from prevention to rehabilitation.

How were the recommendations in the guidelines developed?

A writing group of American Heart Association/American Stroke Association experts in physical medicine and rehabilitation, trained neurologists in rehabilitation medicine, physical therapy, nursing, occupational therapy and speech therapy was convened to carefully review the results of hundreds of scientific studies so that the recommendations are evidence-based.

The recommendations are ranked from Class 1A – the treatment or procedure is useful and effective to Class III – the treatment is not useful/effective or could be harmful. These rankings were determined by the amount of scientific evidence from research studies that back up each recommendation.

These guidelines were developed to provide a synopsis of best clinical practices in the rehabilitative care of adults recovering from stroke.