



# Rehabilitation After Stroke

## A Caregiver's Help Guide

Everyone is working very hard to help your loved one recover. Good communication and coordinated rehabilitation are keys to a successful recovery.

### When do we start planning for rehabilitation?

- ▶ Planning should begin as early as possible during the hospital stay. Review rehabilitation options with the team including the physician and case manager.
- ▶ What options are available for the stroke survivor?
  - Inpatient rehabilitation or outpatient rehabilitation
  - Skilled nursing facility inpatient therapy
  - Home-based therapy
- ▶ Ask the survivor's case manager about medical insurance coverage and other help after discharge such as:
  - Equipment needs
  - In-home therapy
  - Skilled nursing facility options including number of available days
  - Available community services for transportation, meals, respite care
  - Name/contact numbers to call for help after discharge

### What goals are reasonable for this particular survivor?

- ▶ Find out the survivor's current status from each therapist.
  - Can the survivor feed him or herself without assistance?
  - Can he or she stand well enough to use the toilet without assistance?
- ▶ Letting therapists know what is important to the survivor and family members helps them focus their efforts to achieve specific goals.

Examples include:

"It is important for my loved one (survivor) to be able to feed himself."

"My loved one really hopes to be able to hold her grandchild again."

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## What are the specific goals, concerns and expectations for the survivor's rehab treatments and therapy?

- ▶ Return to **normal**: Rehab frequently improves the survivor's function but will not return them to normal.
- ▶ Reasonable expectation of **recovery**: Make the hand stronger so the survivor can feed himself or herself.
- ▶ If you or the survivor don't understand a treatment or therapy, ask why it is being done. It's very important to understand what the survivor consents to do before agreeing to do it.
- ▶ Is safety a big issue? What are the major concerns? Ask questions such as, "Can my loved one swallow safely or go to the bathroom without assistance?"
- ▶ Ask if you can join some therapy sessions to see if you can understand how to correctly assist the survivor.

## How is improvement measured during rehab?

- ▶ Therapists will evaluate improvements in the survivor's balance, gait, transfers, speech and many other patient-focused goals.

## Planning for discharge after rehab

- ▶ The survivor's modified or new living arrangements must be available prior to discharge. Modifications range from discharge to the home with home health care assistance/paid caregiver assistance to discharge to a skilled or assisted living facility (either temporary or permanent).
- ▶ A current medication list must be completed before discharge. This is located on the **discharge summary document**.
- ▶ Verify a clear understanding of what type of follow-up will be provided.
- ▶ Ensure you have contact names and numbers for follow-up care.

### Questions for physical and occupational therapists

- What must the survivor be able to do independently to go home or to assisted living? This often involves safety as well as independence with toileting, dressing and basic mobility inside the home/facility.
- Realistically, how much assistance can the family provide?
- What home modifications are required for the specific survivor? What help can rehabilitation therapists give to assist with coordination of these adaptations?

### Questions for speech therapists

- Does the survivor understand what is said to him or her? Is more time needed to process what is said?
- Can he or she accurately express needs, wants and ideas?
- What diet should continue at home? What foods are included on that diet?
- Are thickeners still required? If so, where can they be purchased?
- What are the signs a diet and swallowing re-evaluation is needed?
- How do I recognize signs of possible aspiration (getting liquids or food particles in the lungs)? What should be done about this? What can be done to avoid aspiration risks prior to discharge?