

PODCAST TITLE: THE REHAB PROGRAM

ADULT STROKE REHABILITATION AND RECOVERY PODCAST SERIES

AMERICAN STROKE ASSOCIATION

- Patty: [00:04](#) This podcast is supported by Kindred Healthcare. Kindred Healthcare is a sponsor of the American Stroke Association's Together to End Stroke Initiative.
- Patty: [00:15](#) Hello and welcome. This podcast is part of a series on key recommendations from the American Stroke Association guidelines for adult stroke, rehabilitation and recovery. Today we'll be talking in more detail about the rehabilitation program. My name is Patty Clements, and I'm with the communications team at the American Heart Association. I have with me Dr. Joel Stein. He is the Simon Baruch Professor and Chair of the Department of Rehabilitation and Regenerative Medicine at the Columbia College of Physicians and Surgeons and professor and chair of Rehabilitation Medicine at Weill Cornell Medical College. He's also chief of PM&R at New York Presbyterian Hospital and the vice chair of the American Heart Association Stroke Rehabilitation Guidelines Writing Group, Dr. Stein, welcome.
- Joel: [01:01](#) Thank you.
- Patty: [01:02](#) Dr. Stein, to get us started, let's talk about post-stroke rehabilitation. How prevalent is it? How many patients get it and how important is it?
- Joel: [01:10](#) Stroke is a very common problem still in the United States. There are estimates that about 800,000 people sustain a stroke each year. It turns out that about two-thirds of those individuals who survive a stroke require rehabilitation to some degree after their stroke. That can begin in the hospital setting and continue sometimes in a specialized rehabilitation facility and typically continues into the home environment as well.
- Patty: [01:38](#) What qualifies as effective rehab and how to healthcare professionals and patients and family members know what qualities to look for in a rehab program?
- Joel: [01:50](#) One of the important aspects of an effective rehabilitation program is that the different components of it are well-

coordinated. Many people require services for more than one individual and more than one type of expertise. For example, somebody who has difficulty walking may also have difficulty using their arm, and they have difficulty speaking and that would require help from a physical therapist, an occupational therapist and a speech therapist. There is of course a physician component to this medical oversight and management and sometimes medications that affect patient's rehabilitation program.

Joel: [02:28](#) It's really important that these different professionals be working together. That's most evident in the facility setting. For example, if somebody goes to a rehabilitation hospital, it's really critical that those individuals be communicating regularly, working together and crafting an interdisciplinary vision of how someone is going to return to the community and regain as much of their ability as possible. I think these teams are somewhat harder to convene and manage in the outpatient setting, but I think it's an important goal for that as well.

Patty: [03:03](#) It really comes down to three terms. It's organized. It should be coordinated and interdisciplinary. That all implies teamwork. Who is usually on that team? Give us some examples.

Joel: [03:15](#) As I mentioned, the three big therapy disciplines, physical, occupational and speech therapy play critical roles in delivering the day to day, the hands-on therapy that many stroke survivors require. Other important members of the teams are physicians who play a leadership role and address the medical aspects of rehabilitation and recovery. In the hospital setting or rehabilitation facility, nurses play critical roles. There's a large number of other individuals who become involved to varying degrees depending on each patient's needs, including recreation therapists, psychologists, psychiatrists. In some cases, nutritionists, social workers, discharge planners. It really is a large team that is needed to get the job done, but a good rehabilitation center will offer all these services and make sure they're well-coordinated together.

Patty: [04:11](#) How do all of these team members communicate with one another?

Joel: [04:15](#) In a rehabilitation hospital setting, typically there are organized formal team conferences that take place on a regular basis, often several times a week. In a skilled nursing facility or a subacute rehabilitation, it's more variable. Sometimes there are formal team conferences, although not all members of the team

may participate. In the outpatient setting, it's challenging. I think that some individual institutions have formal structures, but oftentimes it's more informal structures. In my own care of stroke survivors, I often reach out directly to the therapists that are caring for them to communicate directly and make sure that we have a common vision and are working towards the same goals.

Patty: [04:58](#) Let's talk about when rehab should begin. What are your recommendations?

Joel: [05:03](#) Rehabilitation really starts almost as soon as someone is identified as having had a stroke. Some of that is assessment. For example, even within the first few hours after a stroke, many patients, many stroke survivors may be experiencing difficulty with swallowing. It's important that a professional evaluate the swallowing difficulties they're having to determine if they're safe to resume eating or if they need a modified diet. That is in many ways a part of rehabilitation and should be done by either a trained nurse or commonly a speech therapist. In terms of beginning more formal intervention to rehabilitate people, there's been some concern about very aggressive early rehabilitation, mobilizing patients within the first 24 hours. It has been found in one study to actually be detrimental. We are cautious about being very aggressive in the very early phases, but it is certainly appropriate even within the first 24 hours to begin helping patients to sit up and get out of bed. Certainly beyond that time period, we believe that more rehabilitation early in the course of recovery is helpful to achieve the best possible outcome.

Patty: [06:19](#) Let's talk a little more about that. Under what circumstances is rehab appropriate while the patient is still hospitalized?

Joel: [06:26](#) Certainly, as I mentioned, in the assessment role, I think even in the very early phases of someone's course, I think it would be appropriate to get to the bedside and determine what someone's rehabilitation needs are. Within the first few days, patients should begin to mobilized, if they can get out of bed, if they can begin standing, those are important parts of recovery. We know that immobility can cause complications of its own. Patients develop weakness of the muscles from disuse. They can develop difficulty with just orientation because they are lying in bed in that abnormal environment. It can affect bowel and bladder function. It's really important that we get patients moving and begin that rehabilitation process while they're still in the acute care setting.

- Patty: [07:17](#) What about when the patient is ready to leave that acute care setting, what happens then?
- Joel: [07:22](#) That depends a lot on the individual patient's needs. Some people have relatively mild strokes and are able to return directly home. In many cases, they still require outpatient therapy services, and it's important that those be well-coordinated and that those not be lost in the shuffle. In more severe strokes, however, many patients are not able to go directly home. They have difficulty with mobility. They may not be able to walk independently. They may not be able to manage their daily care in terms of getting dressing and feeding themselves, and those individuals require a more formal rehabilitation facility. Those include two major types, acute rehab hospitals or what are sometimes called inpatient rehabilitation facilities and subacute rehabilitation facilities, also called skilled nursing facilities, which provide a less intensive level of rehabilitation than the rehab hospital or rehab unit that I mentioned.
- Patty: [08:21](#) I wanted to talk for a second about those stroke survivors who do not qualify or may not qualify for inpatient rehab, the ones whose disabilities or deficits related to the stroke may be less severe. What about them?
- Joel: [08:34](#) Well, I think it's really important that those patients be connected with the services they need and that there be some oversight and followup of their rehabilitation. What we often find happens for these individuals is they're perceived as ... Since they're able to go directly home, they're not perceived as really needing rehabilitation in the same sense. Therefore, they are necessarily connected with the appropriate outpatient services. There's a lot going on when people first go home. It's a little overwhelming when. We find some of these people really never get the therapy that they need and deserve.
- Joel: [09:06](#) It's also important that for those who do go to inpatient facilities, be it a subacute or an acute level rehabilitation, that they go to the highest level of rehabilitation that they're able to tolerate and benefit from. There is a concern that some patients who would benefit from the intensive rehabilitation setting may not be referred to that and therefore may not benefit as much as they are able to. That's something that has been addressed in the guidelines to try and clarify which individuals are appropriate for which level of rehabilitation.

- Patty: [09:42](#) A rehab program could conceivably span an acute care setting, an inpatient rehab facility, perhaps a community outpatient facility and the home setting. Does that sound right?
- Joel: [09:53](#) Absolutely. I think that's a very common course. I'd say that there may be additional steps. There are patients, for example, who have had a more severe stroke who go through an inpatient rehabilitation hospital program but are still not quite ready to go home and may in fact require a stay in a skilled nursing facility for additional care and convalescence and rehabilitation before they go home and then need outpatient services. Even in the home environment, many patients initially benefit from home care services where the therapists and a team come to them and then ultimately, as they're able to transition to going to an outpatient facility where they're able to get ongoing therapy to maximize their recovery.
- Patty: [10:38](#) Could you summarize for us a net take away, the top points from this discussion of the rehabilitation program? What do you want to leave listeners with?
- Joel: [10:47](#) I think that it's important that people understand rehabilitation really is a critical component of recovery from stroke that the majority of stroke survivors do require rehabilitation services. These should not be an afterthought or just I'm going to check off the box sort of thing. It really is a key component to getting people back to the lives that they so desperately want to resume and to reintegrate with the community. It is important that people have advocates for them. We as healthcare professionals need to advocate for them, and oftentimes families need to advocate to make sure that the patients receive all the services that they deserve. It's also really important that the healthcare team be coordinated in this care so that there is an overall sense of where this program is headed, what the goals are, and making sure that the milestones in recovery are met. I think that can happen in a variety of environments, but I think it's really important that whatever the setting is that those principles are incorporated.
- Patty: [12:01](#) Dr. Stein, I want to thank you for your time and insights today. This is such an important topic for the American Stroke Association. We are grateful you've taken the time to speak with us.
- Joel: [12:10](#) It is truly my pleasure, and I really appreciate the opportunity to reach out and communicate with people who are concerned and dedicated to the care of stroke survivors.

Patty:

[12:21](#)

I'd also like to thank our listeners today. We hope you enjoyed the conversation. I'd like to remind you, this is just one podcast in a five-part series. We hope you listen to the entire series and visit us at strokeassociation.org/recovery for additional information.