

PODCAST TITLE: ASSESSMENTS

ADULT STROKE REHABILITATION AND RECOVERY PODCAST SERIES

AMERICAN STROKE ASSOCIATION

- Patty Clements: [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 Clements: [00:15](#) Hello and welcome. My name is Patty Clements. I'm with the communications team at the American Heart Association. Today's podcast is part of a five-part series from the American Stroke Association's Adult Stroke Rehabilitation and Recovery Guidelines. Our session today will discuss the recommendations behind completing post stroke patient assessments.
- Patty Clements: [00:35](#) With us today, we have key expert, Terrie Black. Terrie is a clinical assistant professor at the University of Massachusetts Amherst College of Nursing. She's also a chairperson for the American Heart Association's Stroke Nursing Committee and a member of the State of the Science Stroke Nursing Symposium Planning Committee. Terrie, thank you for joining us.
- Terrie Black: [00:55](#) Thank you, Patty. It's really my pleasure to be here today.
- Patty Clements: [00:59](#) Let's jump right in. It's probably fair to say that accurate and comprehensive assessment is the starting point for rehabilitation. Is that right?
- Terrie Black: [01:08](#) Yes, indeed. It's recommended that all persons who have had a stroke be provided a formal assessments of their ADLs and IADLs, communication abilities, cognitive deficits, and functional mobility prior to discharge from acute care hospitalization. And the findings are then incorporated into the care transition process to determine the patient's post acute care needs such as the need for intensive rehabilitation.
- Patty Clements: [01:39](#) When should that assessment process begin?
- Terrie Black: [01:43](#) Well, ideally upon admission to the acute rehab setting, the interdisciplinary team conducts an initial assessment. And this team is usually comprised of physical and occupational therapists, speech language pathologists, rehabilitation nurses, dietitians, psychologists, case managers, neurology and physical medicine and rehabilitation physicians. These services, then, are provided by the interdisciplinary team and really designed to

facilitate that transition from hospital to home throughout the rehab process.

Patty Clements: [02:23](#)

That sounds pretty thorough.

Terrie Black: [02:25](#)

Yes, it is. The rehabilitation assessments completed by the interdisciplinary team assess such areas of body structures and functions, activity limitations, participation restrictions and abilities. And these domains make sound familiar as they're from the World Health Organization International Classification of Functioning, Disability and Health, or also known as the ICF.

Terrie Black: [02:54](#)

And I do want to mention that while there is no one single functional assessment instrument used throughout the various settings within the healthcare continuum, some assessment instruments are used more commonly than others to assess and predict outcomes. But the key thing is to remember here is that valid, standardized evaluations be completed by the rehabilitation team.

Patty Clements: [03:21](#)

A second ago, you touched on ADLs. Can you tell us a little bit more about that?

Terrie Black: [03:26](#)

Yes. Examples of ADLs or activities of daily living include things such as bathing, grooming, dressing, eating, and other self-care related activities. Instrumental activities of daily living or IADLs refer to higher level or more complex task of household, community, and leisure skills. And this may include things such as grocery shopping, managing finances, and participating or engaging in leisure activities.

Patty Clements: [04:01](#)

So, all of these assessments of the stroke patient's impairments help shape that rehab plan?

Terrie Black: [04:07](#)

Absolutely. In addition to some of the more medical evaluations, there are also aspects regarding the assessments of family caregiver support such as the capacity to meet the patient's care needs or the patient's ability to participate in rehabilitation activities, as well as the patient's likelihood of returning to community living. Depending on how effective and successful rehabilitation is for an individual, as well as their social support systems and resources, that can really dictate where a patient is ultimately discharged to following inpatient rehabilitation.

Patty Clements: [04:50](#) And we know that stroke often impairs a survivor's communication skills. How does this play into the entire assessment process?

Terrie Black: [04:58](#) Well, communication skills, either written or verbal, can be affected by a stroke. And it's usually the speech language pathologist who conducts a formal evaluation of the patient's cognitive ability, their reading and writing ability, along with vocal or verbal expression to identify specific impairments along with any other communication difficulties. And this is usually done through various strategies in order to complete the communication evaluation such as interviewing the patient, observing the patient, using standardized test along with discussion and input from other team members and their findings as well.

Patty Clements: [05:41](#) When you get all of that done, how are those assessment results put to use?

Terrie Black: [05:45](#) Well, depending on the results of the communication assessment or actually any other assessment for that matter, various strategies can then be individualized and implemented by the rehabilitation team. Results of the assessment can guide or determine what compensatory strategies may work best to use for the patient's needs in order for them to overcome difficulties or challenges. And compensatory strategies are similar to workarounds, if you will, in which the patient can use these strategies to overcome a deficit whether it'd be difficulty in swallowing, with regard to their memory, or with in this case as we're talking about communication, expressing oneself.

Patty Clements: [06:32](#) Talk to us about screening for dysphasia. When should this take place?

Terrie Black: [06:37](#) Well, as we are aware, dysphasia is common after stroke. And early identification of it through screening can reduce the risk of developing adverse health consequences such as aspiration, malnutrition, and pneumonia. Therefore, it's really important that dysphasia screening be completed early during acute care to identify swallowing problems before the patient begins eating, drinking, or receiving any oral type of substance.

Patty Clements: [07:11](#) Who will perform those various assessments?

Terrie Black: [07:15](#) Well, each team member completes their respective discipline's assessments or evaluation according to the scope of practice, their license, as well as perhaps individual organizational

policies. Team coordination and collaboration is fundamental within the rehabilitation setting as it facilitates the patient's rehabilitation path along with their recovery. And so the dynamic nature of rehabilitation allows the team including the patient to adapt and be flexible in terms of the plan of care, treatment modalities, interventions, as well as individual goals and preferences.

Patty Clements: [07:58](#) And all of that brings us back to one of the central points of the stroke rehab guidelines, the importance of communication, coordination throughout the team of physicians and nurses, therapists, caregivers, others involved. And that includes the patient and the patient's family and friends.

Terrie Black: [08:14](#) Yes, it does. The patient is the central focus and a key member of the rehabilitation team. Family members, friends, caregivers, and others can also play an integral role as a team member as part of that rehab and recovery process. Each team member has a role and responsibility, and together with the patient, everyone works to achieve the patient's goal or goals. Following the initial assessments and evaluations, team members establish realistic short and long-term goals that include the patient's preferences and goals. Yes, communication is critical among all team members.

Patty Clements: [08:58](#) That's all for this podcast. Thank you so much, Terrie, for your time and expertise. I'd also like to thank our listeners. We hope you enjoyed today's conversation. I'd like to remind everybody that this is part four in a series of five podcasts. Other topics include the rehabilitation program, prevention and medical management of comorbidities, sensory and motor impairments and activities, and finally, transitions in care and community interventions. We hope you listened to the entire series and visit Heart.org/StrokeRehabGuidelines for additional information.