Stroke Rehabilitation

There is life — and hope — after stroke. Rehabilitation (rehab) can build your strength, capability and confidence. It can help you continue your daily activities despite the effects of your stroke.

The American Stroke Association recommends an inpatient rehabilitation facility (IRF) when possible. To be admitted, the stroke survivor must be medically stable and capable of doing three hours of therapy five days a week. IRFs provide hospital-level care that is physician directed, 24-hour specialized nursing care and access to a full range of therapists specializing in rehab after stroke.

Post-stroke care and rehab can also be provided in skilled nursing facilities (SNFs), long-term acute care facilities, nursing homes, outpatient clinics and in-home care through a home health agency. Patients may receive care in one or more settings during their recovery.

Stroke rehabilitation can be hard work. But survivors who’ve been there will tell you it’s well worth it.

What is stroke rehabilitation?

After a stroke, you may have to change or relearn how you live day to day. Quality rehab from a strong team of therapists leads to better recovery. It can also make a positive difference in other areas of your health.

The goal of rehab is to become as independent as possible. To do so means working on physical and communication functions affected by the stroke. Making healthy lifestyle changes to prevent another stroke is also a goal.

Who will be a part of my rehabilitation program?

Rehabilitation is a team effort. This team communicates about and coordinates your care to help achieve your goals. Your physician and neurologist are on the team. Others may include:

- **Physiatrist** — A medical doctor specializing in physical medicine and rehabilitation, including medical conditions affecting the brain.
- **Physical therapist (PT)** — PTs work to get you as mobile and as independent as possible. They help improve major physical and sensory deficits. They focus on walking, balance and coordination.
- **Occupational therapist (OT)** — OTs help with daily activity skills such as bathing, toileting, eating and driving.
- **Rehabilitation nurse** — This is a nurse who coordinates your medical support needs throughout rehab.
- **Communication specialist** — Such as speech-language pathologists (SLPs) help with speech and language skills, swallowing disorders and cognitive problems.
- **Recreational therapist (RT)** — RTs help with adapting activities you enjoyed before the stroke. They may introduce new ones, too.
- **Psychiatrist or psychologist** — Stroke may bring emotional and life changes. These health care professionals are among those who can help you adjust.

(continued)
What will I do in rehabilitation?
Rehab programs focus on assessing and improving:
- Activities of daily living such as eating, bathing and dressing.
- Mobility (getting from bed to chair, walking, climbing stairs or using a wheelchair).
- Communication skills (speech and language).
- Cognitive skills such as memory or problem solving.
- Social skills (interacting with other people).
- Psychological functioning to improve coping skills and providing treatment to overcome depression if needed.

The rehabilitation team meets weekly to discuss each patient’s progress. Part of rehab is working on recovery. Another part is learning to adapt for deficits that may not fully recover.

Do you have questions for your doctor or nurse?
Take a few minutes to write down your questions for the next time you see your health care professional.

For example:
How can I continue to improve my skills after rehab ends?

MY QUESTIONS: