



**American
Stroke
Association.**
*A division of the
American Heart Association.*

Adult Stroke Rehabilitation & Recovery Guideline

ASSESSMENT



Stroke recovery is a dynamic process, with rehabilitation needs evolving across settings and over time.

Structured, repeated assessments using standardized, validated instruments are essential for identifying changes in function, monitoring recovery trajectories and addressing unmet rehabilitation needs. Routine use of these measures across motor, cognitive, communication and sensory domains enables clinicians to comprehensively evaluate stroke severity, functional status, participation and disability throughout the continuum of care. Early evaluations establish a clinical baseline, while serial assessments help detect improvements, plateaus or decline, supporting timely adjustments to the rehabilitation plan.

Emerging research underscores the importance of selecting appropriate tools for specific clinical goals, patient characteristics and stages of recovery to optimize patient-centered care and outcomes.

Here are key recommendations from the American Heart Association and American Stroke Association's 2026 Guideline for Adult Stroke Rehabilitation and Recovery. The comprehensive guideline details the best clinical practices in providing care for adults recovering from stroke. For more information about these recommendations, please refer to the full guideline at [Heart.org/StrokeRehabGuideline](https://heart.org/strokeRehabGuideline).

The recommendations highlighted here address one of six major topics covered within the guideline:

- ☐ The Rehabilitation Program
- ☐ Prevention and Medical Management of Comorbidities
- ☒ **Assessment**
- ☐ Sensorimotor Impairments and Activities
- ☐ Cognition and Communication
- ☐ Transitions in Care and Community Rehabilitation

ASSESSMENT OF DISABILITY AND REHABILITATION NEEDS

- A formal assessment of body structures and functions, activity limitations and participation restrictions, and personal and environmental factors is recommended to inform treatment planning, care transitions and discharge planning.
- Valid measurement instruments should be routinely administered, beginning in the acute phase and continuing through all stages of recovery and rehabilitation, to document stroke severity and disability.

ASSESSMENT OF MOTOR IMPAIRMENT, ACTIVITY AND MOBILITY

- Handheld or isokinetic dynamometry is recommended to quantify upper and lower extremity muscle weakness, inform the treatment plan and monitor progress and recovery/functional gains.
- A standardized assessment should be performed to evaluate upper and lower extremity motor impairments to inform the treatment plan and document progress and functional gains.
- In patients with walking capacity, mobility assessment with valid measurement instruments should be performed to inform the treatment plan and monitor progress and functional gains.
- Valid measurement instruments should be used to assess upper extremity function to inform the treatment plan and monitor progress and functional gains.

ASSESSMENT OF COMMUNICATION IMPAIRMENT

- Screening and assessment of communication should include speech, hearing, and nonverbal and verbal language, including pragmatic language and cognition, by a speech-language pathologist to determine rehabilitative targets, provide education and monitor progress.
- Assessment of communication should include formal and informal valid measurement instruments, including patient-reported outcome measures, performance-based instruments, clinician-reported instruments, and interviews at baseline and for reassessment to identify treatment targets for speech-language services.
- In patients assessed for communication impairments after stroke, consideration of personal factors —

including cultural background, pre-stroke language use, dominant language used and use patterns — is recommended for optimal diagnosis, treatment planning and enhancement of social connection and therapeutic rapport.

ASSESSMENT OF COGNITION AND PERCEPTION

- The use of brief, multidomain performance-based measurement instruments with good diagnostic accuracy for detecting overall cognitive function, executive function and perception is recommended to screen for cognition or perception impairments.
- In patients who may have cognition or perception impairments, a comprehensive evaluation with validated performance-based instruments and real-world activities is recommended to inform treatment planning.

ASSESSMENT OF SENSORY IMPAIRMENTS

- Comprehensive evaluation of sensory impairments — including somatosensation, vision and hearing — is recommended to identify sensory impairments and inform the treatment plan.
- Performance-based visual screening is recommended instead of self-report alone to identify individuals with visual impairments and inform the treatment plan.

Stroke rehabilitation requires a sustained and coordinated effort from a large team, with the patient and the patient's goals at the center. In addition to the patient, the team includes family and friends, other caregivers (e.g., personal care attendants), physicians, nurses, physical and occupational therapists, speech-language pathologists, recreation therapists, psychologists, nutritionists, social workers and others.

Among these team members, communication and coordination are paramount in maximizing the effectiveness and efficiency of rehabilitation and underlie the entire stroke rehabilitation and recovery guideline.