



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

Adult Stroke Rehabilitation & Recovery Guideline

COGNITION AND COMMUNICATION

Cognitive impairment is a common challenge after stroke and can affect attention, memory, problem-solving and the ability to perform everyday activities.

Growing evidence suggests that technology-supported cognitive training, when supervised, tailored to individual needs and delivered at a moderate to high intensity, can improve overall cognitive function, attention and working memory more effectively than traditional paper-and-pencil approaches.

Combining cognitive training with physical activity or cognitive-motor exercises may provide additional benefits for cognition and recovery. Rehabilitation that incorporates real-world, meaningful daily activities can help improve both independence and cognitive performance. Caregivers may also play an important role in supporting cognitive rehabilitation, either in person or remotely. Together, these approaches offer promising strategies for enhancing cognitive recovery, functional participation and quality of life after stroke.

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/stroke-rehab-guideline).

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

NONPHARMACOLOGICAL THERAPIES FOR COGNITIVE IMPAIRMENT, INCLUDING MEMORY

- Stroke survivors with cognitive impairment may benefit from supervised, moderate- to high-intensity, technology-supported cognitive training programs that are tailored to patients' specific needs and adapt as performance improves.

ACQUIRED COMMUNICATION DISORDERS

- In stroke survivors with aphasia, a variety of speech and language treatment approaches should be administered to facilitate restorative or compensatory communication.
- In survivors with aphasia, supported communication training is recommended as a therapeutic complement to improve facilitation skills important to enhancing communication.
- For survivors with hearing loss, a referral to an audiologist for the assessment of hearing and auditory processing is indicated to evaluate and mitigate the impact of hearing impairment.
- For survivors with apraxia, referral to a speech-language pathologist is recommended to facilitate restorative or compensatory communication related to prosody, language understanding and language use.

MOTOR SPEECH DISORDERS: DYSARTHRIA AND APRAXIA OF SPEECH

- For survivors with post-stroke motor speech disorders, behavioral speech interventions are recommended to improve communication effectiveness.
- Respiratory training is a beneficial adjuvant to traditional behavioral speech interventions to improve communication effectiveness for these patients.
- For survivors with post-stroke motor speech disorders or who have a tracheostomy in situ, augmentative and alternative communication (AAC) devices and modalities should be used to supplement speech to improve communication effectiveness.

SPATIAL NEGLECT

- In stroke survivors with spatial neglect, it is reasonable to use visual eye movement training approaches such as optokinetic stimulation or saccadic/smooth pursuit eye movement training to improve visual-spatial impairment.
- Mirror therapy in combination with conventional therapy is reasonable to improve functional independence for stroke survivors with spatial neglect.
- Galvanic vestibular stimulation is not useful to enhance independence in daily life for stroke survivors with spatial neglect.

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.