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

Adult Stroke Rehabilitation & Recovery Guideline

THE REHABILITATION PROGRAM

Rehabilitation is increasingly conceptualized as a longitudinal process without a defined endpoint, emphasizing the need for ongoing assessment, engagement and support across the lifespan of stroke survivors.

Optimal stroke rehabilitation requires a coordinated, multidisciplinary team that may include physiatrists or neurologists with rehabilitation expertise, rehabilitation nurses, occupational therapists, physical therapists, speech-language pathologists, social workers, psychologists and other specialists as needed. Comprehensive, patient-centered care delivered by this team is essential to maximizing recovery and participation in daily life.

Access to high-quality post-acute rehabilitation services is a critical determinant of functional outcomes after stroke. In the U.S., post-acute rehabilitation is delivered across a range of care settings, each providing varying levels of physician oversight, rehabilitation therapy intensity and nursing care.

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.

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**

ORGANIZATION OF POST-STROKE REHABILITATION CARE

- Patients who are candidates for post-acute rehab should receive organized, coordinated, interdisciplinary care to achieve maximal functional independence.
- Those who qualify for and have access to inpatient rehabilitation facility (IRF) care should receive treatment in an IRF in preference to a skilled nursing facility (SNF) to achieve more functional improvement by discharge.
- Organized community-based and coordinated interdisciplinary rehab is recommended in the outpatient and/or home-based setting to achieve more functional improvement.
- For patients with mild to moderate activity limitations, early supported discharge with multidisciplinary services is recommended to achieve comparable outcomes to hospital-based rehab.

REHABILITATION INTERVENTIONS IN THE INPATIENT ACUTE SETTING

- For patients in the acute phase, early mobilization should be undertaken using a gradual mobilization protocol that starts 24 to 48 hours after stroke onset to improve functional outcomes and quality of life.
- High-dose, very early mobilization within 24 hours of stroke onset should not be performed to avoid risk of neurological worsening and worsened functional outcomes.

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.