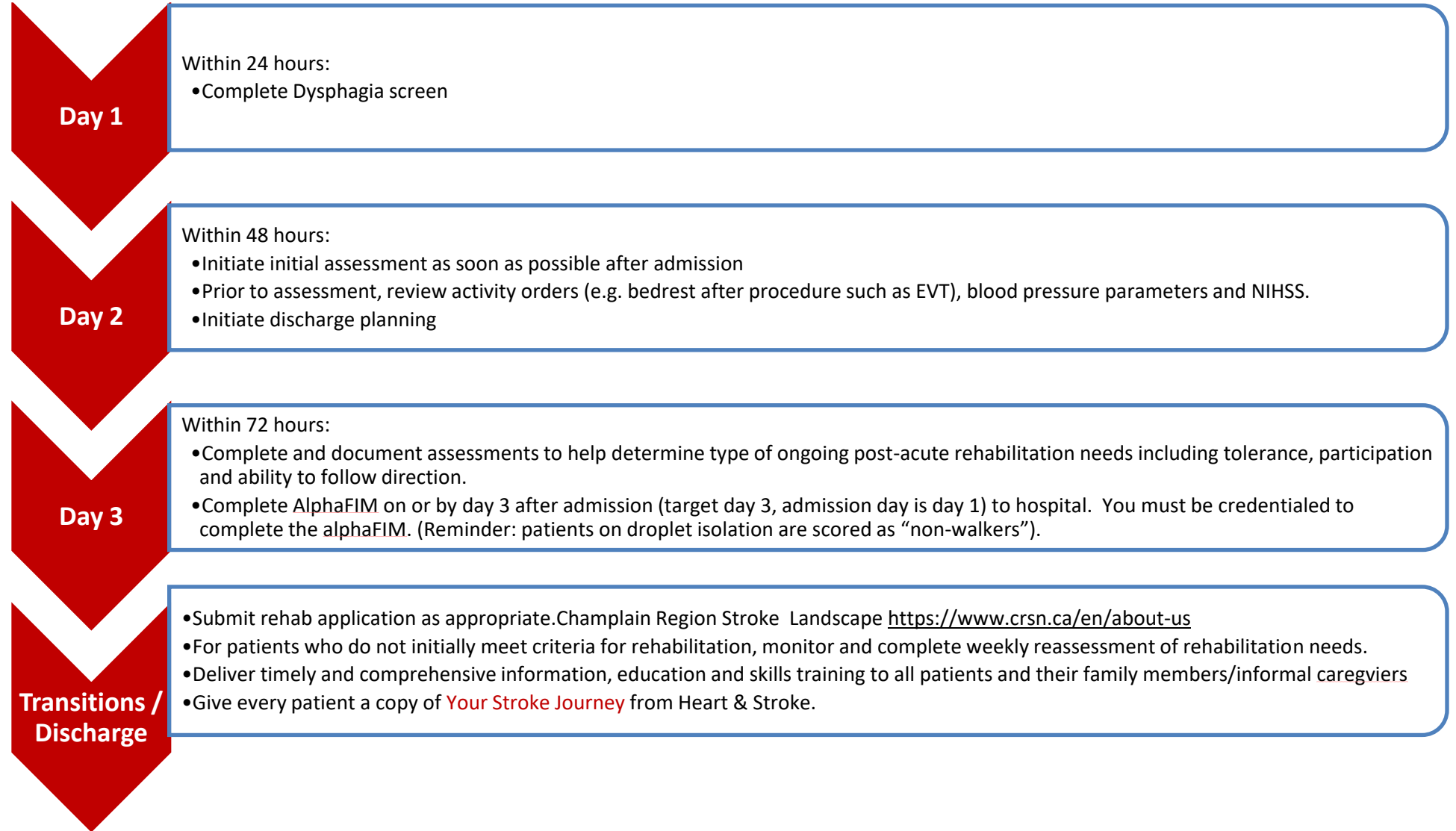


BACKGROUND: During the COVID pandemic, many hospitals made the decision to admit all COVID-19 positive patients to specialized COVID-19 units. Many of the staff on these units did not have stroke care training. Stroke guidance documents for stroke best practices were developed to support staff unfamiliar with managing acute ischemic and hemorrhagic stroke patients. Post-pandemic, these documents may be helpful where patients are not housed on a designated stroke unit. This information is intended to be “guidance rather than directive” and is not meant to replace clinical judgment.

Acute Stroke Care Timelines (CSBPR, 2018)



Visit the CRSN website for more information: www.crsn.ca

- To learn more on post stroke conditions and to access practice tools: <https://crsn.ca/en/clinical-tools-resources>
- For all patient handouts/infographics: <https://crsn.ca/en/resources-for-stroke-care-and-recovery>

Topic	Key Messages (for more information go to www.strokebestpractices.ca/recommendations)	Where to Find More Information
Assessments	PT assessment components should include, mood, pain, UE/LE function (ROM, strength, tone, sensory, proprioception and coordination) balance, postural control, mobility assessment and discharge planning while making safe patient handling a priority.	Stroke Engine Assessments
Prevention and management	<p>Spasticity and contractures may be managed by antispastic pattern positioning, ROM exercises, and/or stretching.</p> <p>Assess/monitor for hemiplegic shoulder pain, CRPS and central pain.</p> <p>Joint protection strategies should be applied during the early or flaccid stage of recovery to prevent or minimize shoulder pain and injury, including positioning, protecting and supporting the arm at all times.</p> <p>Use of slings should be discouraged except for the flaccid stage (specifically for use during transitions and where support is not available for daily activities).</p> <p>The arm should not be moved passively beyond 90 degrees of shoulder flexion or abduction unless the scapula is upwardly rotated and the humerus is laterally rotated.</p> <p>Healthcare staff, patients and family should be educated to correctly protect, position, and handle the involved arm.</p>	<p>Spasticity Infographic</p> <p>Pain Infographic</p> <p>Management of the Hemiplegic Arm</p> <p>Positioning Sitting</p> <p>Positioning Bed</p>
Mobility and safety	<p>Early mobilization and adequate hydration should be encouraged for all acute stroke patients to help prevent venous thromboembolism.</p> <p>Frequent, brief, out-of-bed activity involving active sitting, standing, and walking, beginning within 24 hours of stroke onset is recommended if there are no contraindications. More intense sessions are not of more benefit. Clinical judgment should be used.</p> <p>All patients should be screened for fall risk by an experienced clinician at admission, at all transition points, after a fall, and/or whenever there is a change in health status.</p>	<p>Exercise and mobility Infographic</p> <p>Facilitate early mobility and safety through clear communication of transfer recommendations</p> <p>R hemi 2-person pivot</p> <p>L hemi 2-person pivot</p>


This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of the typical process and resources required to support patients admitted to hospital following stroke. V4 - Updated Jul

CHAMPLAIN

Topic	Key Messages (for more information go to www.strokebestpractices.ca/recommendations)	Where to Find More Information
	<p>The need for gait aids, wheelchairs, and other assistive devices should be evaluated on an individual basis.</p>	<p>R hemi 1-person pivot L hemi 1-person pivot</p>
<p>Motor recovery, balance and exercise</p>	<p>Patients should participate in training that is meaningful, engaging, progressively adaptive, intensive, task-specific and goal-oriented to improve transfer skills/mobility and enhance motor control/restore sensorimotor function of the affected UE and LE.</p> <p>Therapists should consider both voluntary and reactive balance control within their assessment and treatment.</p> <p>Once medically stable, patients should be screened for ability to participate in aerobic exercise by appropriately qualified health care professionals with expertise in aerobic training</p>	<p>Via therapy App</p> <p>Aerobic Exercise after stroke-patient guide</p> <p>Clinician's guide- Aerobic activity post stroke</p>
<p>Transitions</p>	<p>Given access to outpatient and community rehab may be delayed at this time, it is strongly recommended that patients be discharged with therapy materials if deemed appropriate.</p> <p>Aerobic Education (all patients) Exercise planning (discharge to community)</p> <ul style="list-style-type: none"> • Home program to address impairments (strength/balance) • Plan for aerobic activity <p>Refer to Community Services if appropriate</p> <p>If the patient has been admitted to your facility while awaiting bed at Inpatient Stroke Rehab:</p> <ol style="list-style-type: none"> 1. It is strongly recommended that this rehab plan be followed. 2. Any changes to the rehab plan should be made with the input of all Allied Health professions' (i.e. SLP, PT, OT, SW). 3. If all disciplines are not available at your facility to re-assess rehabilitation needs, then, initial rehabilitation plan should be followed. 	<p>UHN/TIME exercises for people with mobility problems(home exercise options)</p> <p>FAME (link for home exercises)</p> <p>Free Virtual Post Stroke Exercise Classes Champlain</p> <p>Staying Active Ottawa Heart Institute Resources</p> <p>Community Stroke Services Ottawa</p>

Contact Dana Guest, Champlain Regional Stroke Network Physiotherapist for questions.

 dguest@toh.ca

 613-798-5555 extension 16191