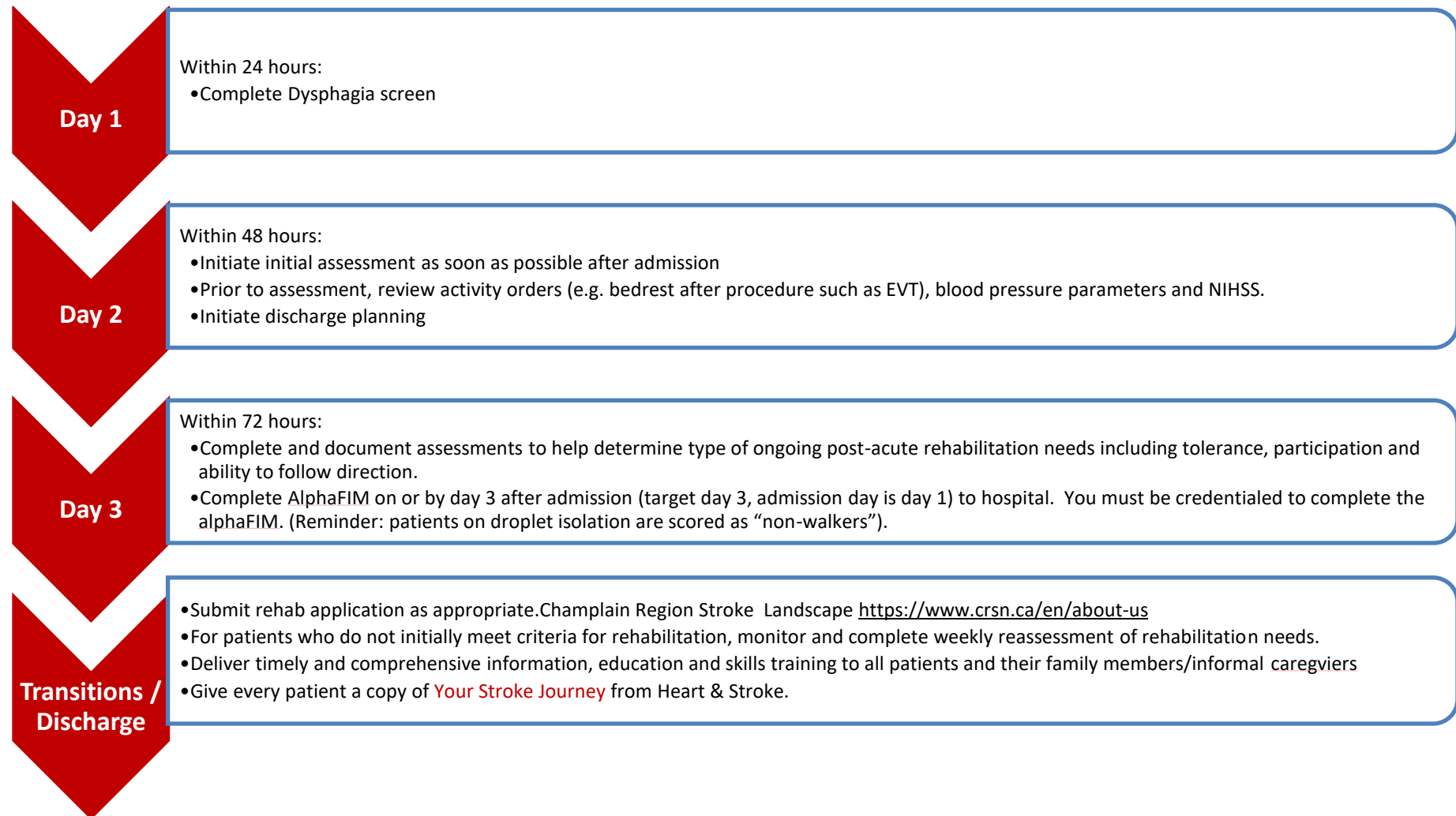


**BACKGROUND:** The Champlain Regional Stroke Network created a set of practical stroke care guidance documents to support healthcare professionals who may not be fully familiar with managing acute ischemic and hemorrhagic stroke patients. The documents are designed to be guidance rather than strict directives, meaning they are intended to support, rather than replace, the clinical judgment of individual healthcare providers. By focusing on stroke care that aligns with best practices, these resources help ensure that stroke patients continue to receive appropriate and timely treatment, despite the challenges of the healthcare system.

## Acute Stroke Care Timelines (CSBPR)



Visit the CRSN website for more information: [www.crsn.ca](http://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 <a href="http://www.strokebestpractices.ca/recommendations">www.strokebestpractices.ca/recommendations</a> )	Where to Find More Information
<b>Assessments</b>	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.	<a href="#">Stroke Engine Assessments</a>
<b>Prevention and management</b>	<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, always protecting and supporting the arm.</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><a href="#">Spasticity Infographic</a></p> <p><a href="#">Pain Infographic</a></p> <p><a href="#">Management of the Hemiplegic Arm</a></p> <p><a href="#">Positioning Sitting</a></p> <p><a href="#">Positioning Bed</a></p>
<b>Mobility and safety</b>	<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><a href="#">Exercise and mobility Infographic</a></p> <p><b>Facilitate early mobility and safety through clear communication of transfer recommendations</b></p> <p><a href="#">R hemi 2-person pivot</a></p> <p><a href="#">L hemi 2-person pivot</a></p> <p><a href="#">R hemi 1-person pivot</a></p>

CHAMPLAIN

Topic	Key Messages <i>(for more information go to <a href="http://www.strokebestpractices.ca/recommendations">www.strokebestpractices.ca/recommendations</a>)</i>	Where to Find More Information
	The need for gait aids, wheelchairs, and other assistive devices should be evaluated on an individual basis.	<a href="#">L hemi 1-person pivot</a>
<b>Motor recovery, balance and exercise</b>	<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><a href="#">Via therapy App</a></p> <p><a href="#">Aerobic Exercise after stroke-patient guide</a></p> <p><a href="#">Clinician's guide- Aerobic activity post stroke</a></p>
<b>Transitions</b>	<p><b>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.</b></p> <p>Aerobic Education (all patients)            Exercise planning (discharge to community)</p> <ul style="list-style-type: none"> <li>• Home program to address impairments (strength/balance)</li> <li>• Plan for aerobic activity</li> </ul> <p><b>Refer to Community Services if appropriate</b></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"> <li>1. It is strongly recommended that this rehab plan be followed.</li> <li>2. Any changes to the rehab plan should be made with the input of all Allied Health professions' (i.e. SLP, PT, OT, SW).</li> <li>3. If all disciplines are not available at your facility to re-assess rehabilitation needs, then, initial rehabilitation plan should be followed.</li> </ol>	<p><a href="#">UHN/TIME exercises for people with mobility problems</a>(home exercise options)</p> <p><a href="#">FAME</a> (link for home exercises)</p> <p><a href="#">Free Virtual Post Stroke Exercise Classes Champlain</a></p> <p><a href="#">Staying Active Ottawa Heart Institute Resources</a></p> <p><a href="#">Community Stroke Services Ottawa</a></p>

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

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