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## Stroke Continuum of Care

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# SPOT A STROKE™

# F.A.S.T.

 FACE Drooping

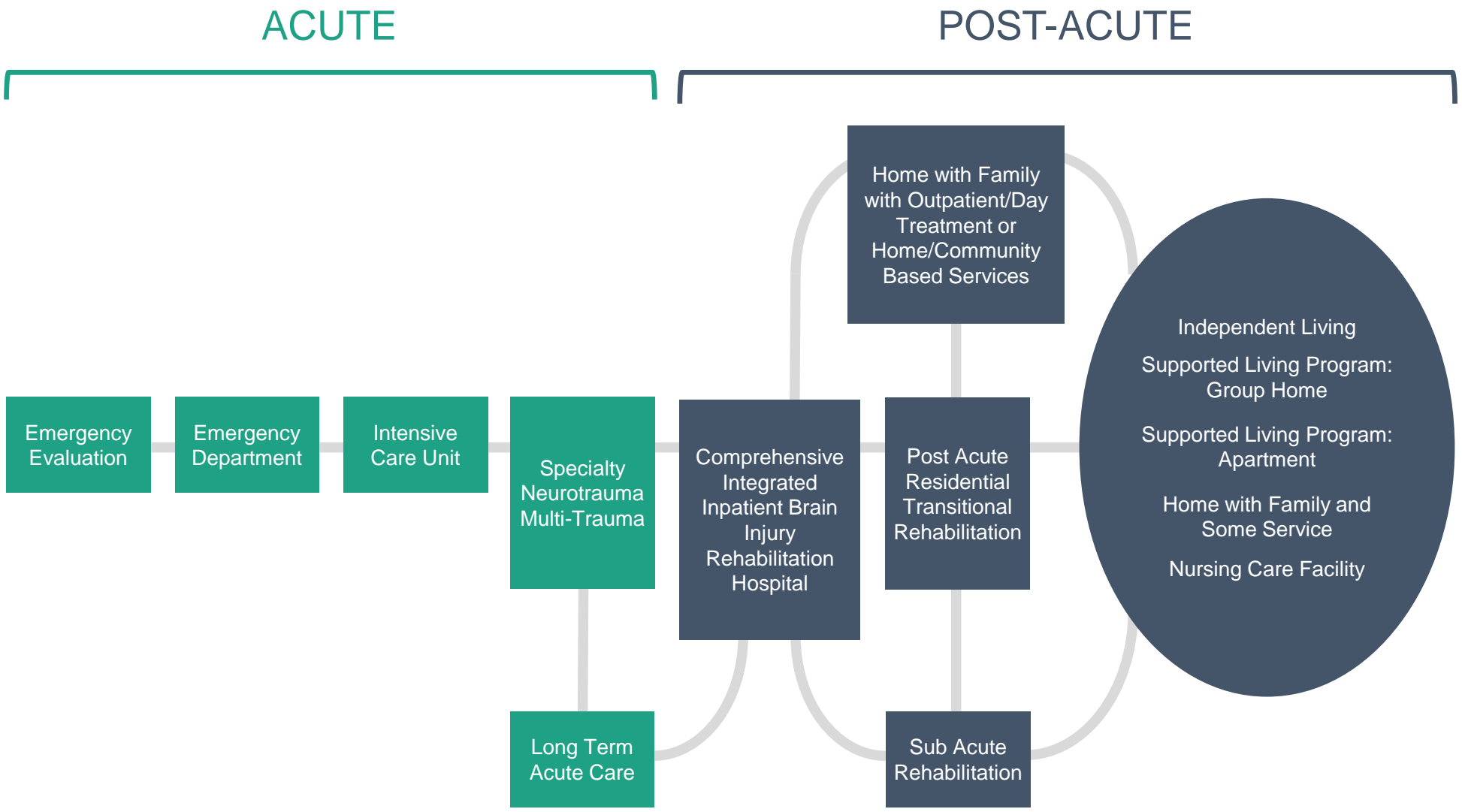
 ARM Weakness

 SPEECH Difficulty

 TIME to Call 911

Learn more at [stroke.org](https://stroke.org)

# Brain Injury Continuum of Care



- Treatment using necessary elements of the brain injury continuum mitigates medical complications, re-hospitalization, institutionalization, incarceration, joblessness, homelessness
- The continuum has been utilized by over 300 insurance carriers and health payers for the last 30 years.

# Acute – ED Activities: Activities/Interventions



- Assess/monitor consciousness, vital signs, focused neurologic examination, determine onset of stroke
- Diagnostic imaging and laboratory studies (CT scan, blood work)
- Medication versus surgical intervention (thrombolytic, thrombectomy)
- Best outcome related to time to ED; shorter time associated with increased survival

# Acute – Intensive Care: Interventions & Best Practices



- Monitor vitals and neurological evaluation following thrombolytic treatment
- Manage ischemic cascade
- Positioning and passive range of motion to prevent secondary complications
- Evaluation by physical and occupational therapists, and speech language pathologists
- Multidisciplinary coordination-social workers, psychologists, psychiatrists, counselors

# In-Patient Stroke Rehabilitation – Hospital Based:

## Focus & Outcomes



- Management of medical issues
- Prevention of secondary complications
- Designed to support transition to home
- Pursuit to achieving highest level of function possible
- Improve behavioral appropriateness
- Caregiver education/training
- Intensity of care varies widely

# In-Patient Stroke Rehabilitation – Hospital Based

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Evaluation of strengths and limitations by multidisciplinary treatment team



Transfer and ambulation training



Training in basic activities of daily living



Identification and treatment of swallowing disorders and communication deficits



Monitoring/improving patient responsiveness, orientation, and reducing agitation (environmental modification vs. medications)



Bowel and bladder continence

# In-Patient Stroke Rehabilitation – Hospital Based: Best Outcome



Length of stay  
and quality  
of care



Management of  
complications



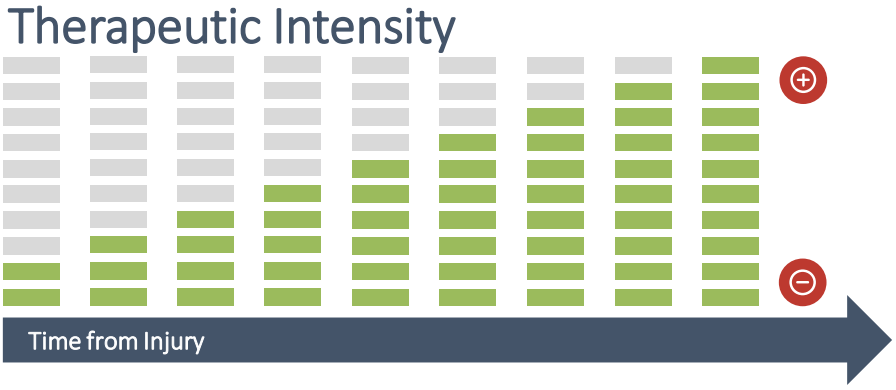
Family  
involvement  
(education,  
training,  
adjustment)



Discharge  
planning/  
continued  
rehabilitation



# Medical and Rehabilitative Treatment Progression



- As medical acuity improves, the patient can generally tolerate more therapy.
- Therapy increases from minutes to hours in acute care settings.
- Therapy exceeds 3-6 hours per day in post acute inpatient rehabilitation

# Post-Acute Brain Injury Rehabilitation: Community-based



- Comprehensive in nature: provide physical, occupational, speech/ language, neuro-psychological, leisure/ recreational therapies, case management and vocational services
- Residential Program
- Day Program
- Supported/Assisted Living



Questions?