Central South Regional StrokeNetwork

Racing Against the Clock Workshop

Acute Care Barriers to Participation in Stroke Rehabiliation

HEART & STROKE FOUNDATION | CANADIAN Stroke BEST PRACTICE RECOMMENDATIONS

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Acute Care Barriers to Participation in Stroke Rehabilitation

- What is rehabilitation readiness?
- What are the key elements to consider in decision making regarding stroke rehabilitation?
- How does the acute stroke team develop strategies to overcome barriers to participation in rehabilitation?

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Case 1: Ischemic Stroke

- 59 year old truck driver admitted to stroke unit with confusion and right hemiplegia and numbness
- He is married with a wife and two sons who live in the area
- History of poorly controlled hypertension (HTN) and diabetes (DM), previous lacunar strokes no obvious deficits
- CT showed previous right basal ganglia infarcts but no hemorrhage
- Received tPA with improvement of motor deficits but remains confused with speech difficulties

Case 1: Ischemic Stroke

- Resistant and labile HTN
- Sepsis screen showed urinary tract infection treated with antibiotics
- MRI showed new left thalamic infarct with previous bilateral subcortical infarcts including right thalamus
- Residual right sided weakness with gait ataxia requiring one person assistance with a gait aid, mild expressive speech deficits, confusion and requires prompting for toileting and meals

Case 1: Ischemic Stroke

Consider the impact of each of these potential barriers to Rehabilitation:

- Medical complications in stroke
- Language
- Participation
- Cognition

Questions

Case 2: Hemorrhagic Stroke

- 36 year old chef with a headache and evolving left hemiplegia and neglect
- Single with no immediate family in the area
- Close friends are his supports and have been providing collateral history
- No significant past medical history
- CT showed large right basal ganglia hemorrhage which is stable
- Very hypertensive and drowsy requiring brief ICU stay but did not require intubation while in the ICU

Case 2: Hemorrhagic Stroke

- On arrival to stroke unit from the ICU, labile mood with restlessness, agitation and very tearful on occasions
- Friend provides collateral history to suggest regular excessive alcohol intake with substance abuse (cocaine methamphetamine)
- Dense left hemiplegia and partial neglect. Short attention span with poor oral intake
- Dysphagia pureed diet with nectar thick fluids

Case 2: Hemorrhagic Stroke

Consider the impact of each of these potential barriers to Rehabilitation:

- Premorbid history
- Stroke subtype
- Neglect in stroke recovery
- Post stroke depression

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Questions