



Successful Stroke Rehabilitation: Meet the Collaborative Care Team

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Disclosure

- No financial disclosures to list

Learning Objectives

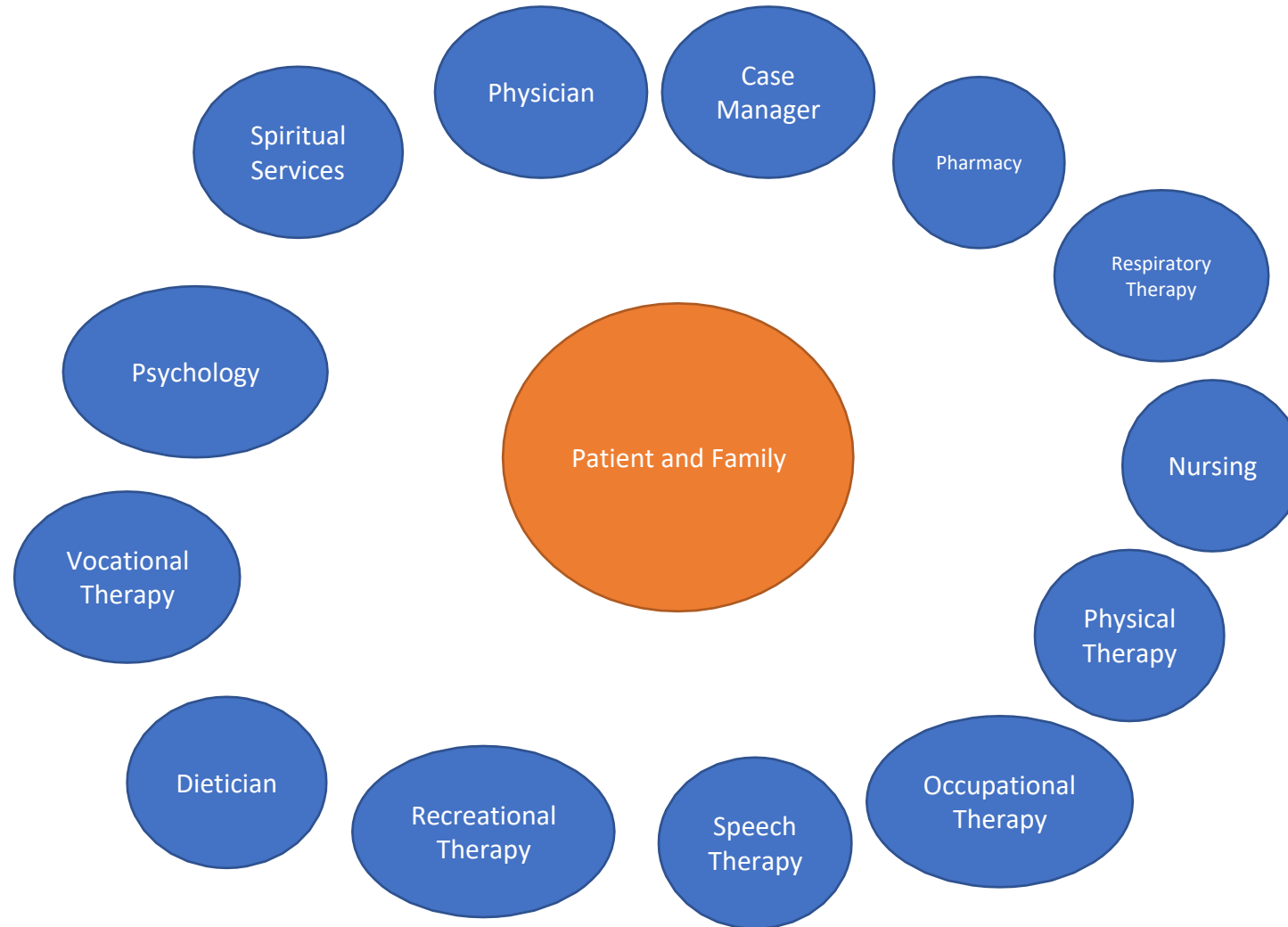
- Describe the structure of the stroke rehabilitation team
- Review the roles of each member of the stroke rehabilitation team
- Discuss the roles of the stroke rehabilitation team with specific functional deficits
- Review case studies with a look at how the stroke rehabilitation team functions
- Discuss typical goals of the stroke rehabilitation team for the case studies presented

Overview of Stroke Rehabilitation

- Patient focused
- Patient specific
- Comprehensive
- Multidisciplinary
- Interdisciplinary
- Patient and team based



Stroke Rehabilitation Team and Roles



Team Approach to Stroke Rehabilitation

- Each team member brings their individual expertise to care of the patient but functions in collaboration with other team members
- Goal setting is best done as a team and goals are regularly updated
- Communication among the team is critical to developing tactics to achieve goals and to identify barriers to patient progress



Stroke Rehabilitation Collaboration Opportunities



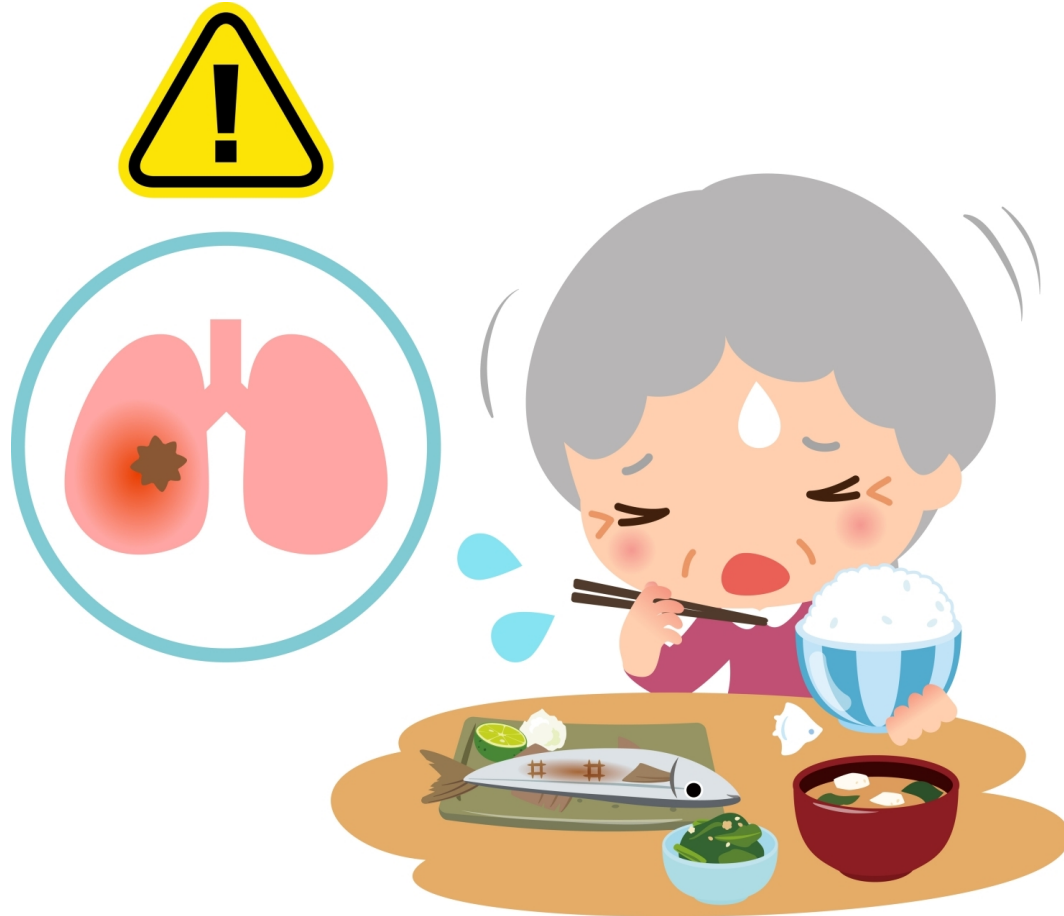
- Many areas of function are affected after stroke and require the expertise of the whole rehab team
- We will investigate these examples:
 - Eating
 - Toileting
 - Fall prevention

Eating after Stroke: Team Members Involved

- Medical
- Nursing
- Speech Therapy
- Dietician
- Occupational Therapy
- Physical Therapy
- Psychology
- Case Manager



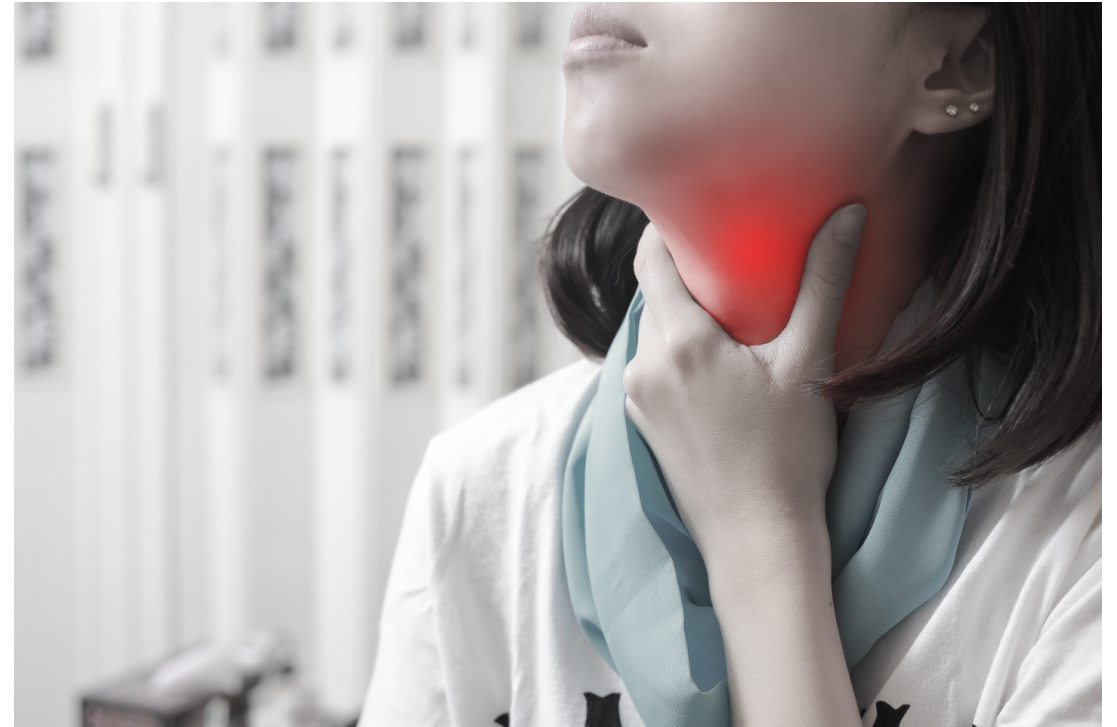
Eating after Stroke: Roles and Collaboration



- Medical
 - Aspiration/pneumonia prevention
 - Hydration
 - Nutrition/weight
- Nursing
 - Positioning upright
 - Management of supplemental feeding

Eating after Stroke: Roles and Collaboration

- Speech
 - Evaluation of dysphagia (swallowing)
 - Assess appropriate food/liquid consistencies
 - Educate and train in appropriate chewing and swallowing strategies
 - Caregiver education
- Dietician
 - Evaluation for supplemental feeding and hydration
 - Monitoring of hydration and nutritional parameters



Eating after Stroke: Roles and Collaboration



- Occupational therapy
 - Training motor planning and coordination for feeding
 - Set up feeding environment
 - Training in adaptive utensils and equipment
 - Assessing and training in functional cognition and safety awareness
 - Caregiver training
 - Addressing role changes and feeding routines
- Physical therapy
 - Positional stability
 - Balance
 - Sitting tolerance
 - Range of motion

Eating after Stroke: Roles and Collaboration

- Psychology
 - Depression
 - Anxiety
 - Changing roles in family/caregiver
- Case management
 - Resources for appropriate diet
 - Caregiver resources
 - Support groups



CASE 1

Grace is a 67-year-old female who is a manager of a popular restaurant in town. She went to work early one morning to prepare for one of the busiest days of the week when she experienced sudden right side weakness in her hand (dropping her keys), and weakness in her right foot (tripping into her office). She fumbled for her phone to call her husband. When he answered, her speech was slurred and he couldn't understand her. He called her with video and noted the facial droop on her face and immediately called 911.

Her past medical history includes chronic hypertension and she is a type 2 diabetic. She has a family history of hypertension and strokes. Grace lives with her husband and near her two grown children, and is waiting for the arrival of her 3rd grandchild. Grace is a natural worrier and works in a very stressful job. She loves it and was not planning on retiring just yet.

CASE 1 (continued)

At the hospital she presented with initial symptoms of right sided weakness, slurred speech, and right side facial droop. She also exhibits aphasia and dysarthria upon further assessment. Her blood pressure was 167/98. Her MRI scan showed an MCA ischemic stroke on the left parietal lobe. tPA was administered since she arrived within an hour from the onset of symptoms. She was admitted to the hospital in acute care for 3 days then transferred to in-patient rehab where she received a multidisciplinary approach to rehabilitation while being monitored by physical medicine and the rehab nursing staff.

Goal Setting for CASE 1

- Medical
- Nursing
- Speech therapy
- Dietician
- Occupational therapy
- Physical therapy
- Psychology
- Case management



Toileting after Stroke: Team Members Involved



- Medical
- Nursing
- Occupational therapy
- Physical therapy
- Speech therapy
- Case management

Toileting after Stroke: Roles and Collaboration

- Medical
 - Neurogenic bladder
 - Infection
 - Medication review
- Nursing
 - Catheter removal
 - Toileting program



Toileting after Stroke: Roles and Collaboration



- Occupational therapy
 - Setup and sequencing of toileting
 - Clothing management and hygiene
 - Assessment and training of toileting aids and devices
 - Training in functional cognition and safety
 - Caregiver training
- Physical therapy
 - Transfers
 - Standing and sitting balance
 - Weight shifting
 - Strength and functional use of involved limbs

Toileting after Stroke: Roles and Collaboration

- Speech therapy
 - Training in communicating needs
- Psychology
 - Changing roles and needs for assistance
- Case management
 - Resources for equipment
 - Follow-up care



Goal Setting for CASE 1



- Examples of goal setting
 - Medical
 - Nursing
 - Occupational therapy
 - Physical therapy
 - Speech therapy
 - Psychology
 - Case management

Fall Prevention

- Medical
 - Medications
 - Mental status
- Nursing
 - Alert systems
 - Transfers
- Speech
 - Memory
 - Call systems



Falls



- Occupational therapy
 - Arrangement of physical environment
 - Safety awareness techniques
 - Addressing functional cognition
- Physical therapy
 - Lower extremity strengthening
 - Balance
 - Floor transfer

CASE 2

Jerry is a 75 y/o retired police officer who loves fishing. Recently he has had some numbness in his left hand but didn't think much of it until he realized he couldn't tie a knot with the fishing line. He spent the day out fishing and as he was walking home his vision changed and things got blurry and he fell unconscious. His worried wife found him about 3 hours later and called 911.

In the ED, Jerry had left side paralysis, numbness, and tingling of his left side of body, he had left homonymous hemianopsia, impaired memory, and demonstrated lack of insight to impairments that made him a high risk for falls in the hospital.

Jerry has a history of high cholesterol, high blood pressure, and heart disease.

Jerry stayed in acute care for 5 days then transferred to inpatient rehab.

Goal Setting for CASE 2

- Medical
- Nursing
- Speech therapy
- Dietician
- Occupational therapy
- Physical therapy
- Psychology
- Case management



Conclusion

- The best examples of stroke rehabilitation teams bring together a group of individuals each of whom have a unique expertise that is blended with the expertise of other team members to deliver comprehensive interdisciplinary care to stroke survivors

Reference

- **Winstein CJ, Stein J, Arena R, et al. Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. 4 May 2016 Stroke. 2016;47:e98–e169.**
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