

## Physiotherapy Stroke Quick Reference Guide – COVID-19 Pandemic

**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.**

For basic information on stroke, refer to the [Stroke 101](#) document

Assessment	Completion of AlphaFIM® Instrument (AlphaFIM®) on or by day 3	Discharge planning/ E-Stroke Rehab Referral Consult the Inpatient Rehab Referral Training document to guide completion of the E-Stroke application <a href="https://www.onstrokenetworkto.com/">https://www.onstrokenetworkto.com/</a>
<p>Initial assessment within <b>48 hours of admission</b></p> <p>Refer to Physiotherapy (PT) stroke assessment checklist</p> <p>Discharge planning should begin as early as possible</p>	<p>If credentialed, complete Alpha-FIM® on or by day 3</p> <p>If <b>not credentialed</b>, connect with a credentialed co-worker to assist in completing the Alpha-FIM®. If you are unable to do this contact Donna Cheung (<a href="mailto:donna.cheung@uhn.ca">donna.cheung@uhn.ca</a>) for information on the credentialing process</p>	<p><b>Does patient meet criteria for rehab?</b></p> <p><b>YES</b> (refer to E-Stroke: Making and Managing Referrals in resources section below) Complete the following in E-Stroke:</p> <ul style="list-style-type: none"> <li>○ Section 6: Rehab Assessment: AlphaFIM® Instrument</li> <li>○ Section 6: Abilities and Tolerance: Orpington Prognostic Scale &amp; Modifiers</li> <li>○ Section 6: Abilities and Tolerance: Function</li> </ul> <p><b>NO</b> Complete a more thorough assessment, collaborate with the patient, family, caregiver and the interprofessional team to determine an appropriate discharge plan. Refer to “Education &amp; Community Resource” in resources section below</p>
<p><b>RESOURCES</b></p>		
<ol style="list-style-type: none"> <li>1. <a href="#">PT Stroke Assessment Checklist</a> (see below)</li> <li>2. <a href="#">AlphaFIM® FAQs</a></li> <li>3. <a href="#">Inpatient and Outpatient Stroke Rehab Referral Triage and Transition Standards</a></li> <li>4. <a href="#">Tip Sheet</a> (Guide on how to input the referral into E-Stroke)</li> <li>5. <a href="#">Inpatient Rehab Referrals Training</a> (Guide to ensure all relevant information is included in the application)</li> <li>6. <a href="#">E-Stroke: Making and Managing Referrals</a> (Review if you are expected to make and manage a referral on behalf of the team)</li> <li>7. Education &amp; community Resources <ul style="list-style-type: none"> <li>• <a href="#">Guide for Stroke Recovery</a></li> <li>• <a href="#">Stroke Resources on Toronto Central Healthline</a></li> </ul> </li> </ol>		

## Physiotherapy Stroke Assessment Checklist – COVID-19 Pandemic

**This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of guidelines required to support patients admitted to hospital following stroke.**

### Initial Assessments should be completed within 48 hours of admission

- Discharge planning should begin as early as possible following admission.

### Prior to seeing the patient consider the following during the chart review

- What are the activity orders? Patient must have AAT orders
  - Is the patient on bedrest after a procedure (tPA, EVT etc.)? Does the patient have a drain? Do they need clamping orders?
- Are there any parameters you need to be aware of (e.g. blood pressure, oxygen saturation etc.)
- DVT/PE concerns
- Review the NIHSS & the Neurology and/or Neurosurgery note if available

Initial and Ongoing Assessments			
Functional assessment			
<input type="checkbox"/> UE/LE functioning (e.g. tone, ROM, strength, sensation, coordination etc.)	<input type="checkbox"/> Functional mobility	<input type="checkbox"/> Balance	
<input type="checkbox"/> Postural control	<input type="checkbox"/> Gait aids	<input type="checkbox"/> Other	
Learning & ability to participate in rehabilitation & post-stroke fatigue			
<i>*Consult with OT and SLP colleagues as indicated</i>			
<input type="checkbox"/> Attention: sustained	<input type="checkbox"/> Memory	<input type="checkbox"/> Post-stroke fatigue	
<input type="checkbox"/> Follows directions: verbal, gestures, tactile	<input type="checkbox"/> Activity tolerance	<input type="checkbox"/> Other	
Shoulder pain			
<i>Note: The shoulder should not be passively moved beyond 90 degrees of flexion and abduction unless the scapula is upwardly rotated and the humerus is laterally rotated</i>			
<input type="checkbox"/> Presence of pain / exacerbating factors	<input type="checkbox"/> Edema (dorsum of digits)	<input type="checkbox"/> ↓ROM (external rotation)	
<input type="checkbox"/> Soft tissue or ortho changes/joint alignment (e.g. shoulder subluxation)	<input type="checkbox"/> Hyperaesthesia or trophic skin changes	<input type="checkbox"/> Appropriate positioning (e.g. in bed, in chair etc.)	<input type="checkbox"/> Other
Assess risk for falls & possible contributors			
<input type="checkbox"/> Functional (e.g. mobility, balance)	<input type="checkbox"/> Cognition & Perception	<input type="checkbox"/> Environment	
<input type="checkbox"/> Medical (e.g. cardiovascular)	<input type="checkbox"/> Sensory	<input type="checkbox"/> Other	
Depression			
<input type="checkbox"/> Mood / Psychosocial concerns			
Provide education to patient, family and caregiver on the following			
<input type="checkbox"/> Current status (e.g. function) and any recommendations (e.g. mobility assistance, positioning, etc.)	<input type="checkbox"/> Guide to Stroke Recovery (provide copy or link)	<input type="checkbox"/> Other	

### Complete Alpha-FIM® on or by day 3 (if credentialed)

- If **not credentialed** connect with a credentialed co-worker to assist in completing the Alpha-FIM®. If you are unable to do this contact Donna Cheung ([donna.cheung@uhn.ca](mailto:donna.cheung@uhn.ca)) for information on the credentialing process

## Discharge Planning

Discharge planning should include the interprofessional team and the patient and caregiver/family

### If patient meets criteria for rehabilitation

- Complete Orpington Prognostic Scale
- Fill out E-Stroke Rehab Referral on or by day 5 (as appropriate)
- If you are making and managing the referral application:
  - Assist RN, NP/Physician in entering the content of Sections 3, 5a and 5b on the E-Stroke Rehab Referral system and any other staff who may not have access
  - The Discharge Checklist ([inpatient](#) or [outpatient](#)) must be completed by the individual submitting E-Stroke application. Fax all documents that are available

### If patient does not meet criteria for rehabilitation

- Complete necessary assessments (informal and formal) to determine appropriate discharge plan
- Link to appropriate community resources (CNIB, March of Dimes Canada, etc.)