Occupational Therapy Stroke Quick Reference Guide – COVID-19 Pandemic

BACKGROUND: To protect staff, facilitate infectious disease evaluations, and conserve PPE, many hospitals have made the decision to admit all COVID-19 positive patients to specialized COVID-19 units. Many of the staff on these units will not have stroke care training. Stroke guidance documents for stroke best practices have been developed to support staff unfamiliar with managing acute ischemic and hemorrhagic stroke patients. This information is intended to be "guidance rather than directive" and is not meant to replace clinical judgment.

Acute Stroke Care Timelines (CSBPR, 2018)

Day 1

Within 24 hours:
- Complete Dysphagia screen

Day 2

Within 48 hours:
- Initiate initial assessment as soon as possible after admission.
- Prior to assessment, review activity orders (e.g. bedrest after procedure such as EVT), blood pressure parameters and NIHSS.
- Initiate discharge planning

Day 3

Within 72 hours:
- Complete and document assessments to help determine type of ongoing post-acute rehabilitation needs including tolerance, participation and ability to follow direction.
- Complete AlphaFIM on or by day 3 after admission (target day 3, admission day is day 1) to hospital. You must be credentialed to complete the alphaFIM. (Reminder: patients on droplet isolation are scored as "non-walkers").

Transitions/ Discharge

- Submit rehab application as appropriate. Champlain Region Stroke Landscape: *https://crsn.ca/en/about-us*
- For patients who do not initially meet criteria for rehabilitation, monitor and complete weekly reassessment of rehabilitation needs.
- Deliver timely and comprehensive information, education and skills training to all patients and their family members/informal caregivers.
- Provide every patient with a "Your stroke Journey" booklet *https://www.heartandstroke.ca/-/media/pdf-files/canada/your-stroke-journey/en-your-stroke-journey-v20.ashx*

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. V2 - Updated April 2021

Visit the CRSN website for more information: 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 www.strokebestpractices.ca)*	Where to Find More Information
Assessments	Assessment components in OT should include mood and cognition, mobility, functional assessment and activity limitations, skin breakdown and discharge planning (incl. role participation restrictions and environmental factors), while making evaluation of safety (cognition, fitness to drive, mobility) a priority.	Stroke Engine - Assessments
Cognition and Perception	Patients with stroke and TIA should be considered for screening for vascular cognitive impairment, using a validated screening tool such as the MoCA – can be done in acute care, particularly if cognitive, perceptual, or functional concerns, in the absence of delirium is noted. All patients with stroke should be screened for visual, visual motor, and visual perceptual deficits – can be done in acute care if deemed indicated/necessary, or in rehab. Visual scanning techniques should be used to improve perceptual impairments caused by neglect.	Stroke Engine – Star Cancellation Test Stroke Engine – Line Bisection Test Stroke Engine - Clock Drawing Test MoCA Apraxia handout for families and caregivers Neglect handout for families and caregivers
Positioning and Upper Extremity Management	Spasticity and contractures may be managed by antispastic pattern positioning, ROM exercises, and/or stretching. Joint protection strategies should be applied during the early or flaccid stage of recovery to prevent or minimize shoulder pain and injury, including positioning, protecting and supporting the arm at all times. The use of slings should be discouraged with the exception of the flaccid stage. In this case a sling is worn whenever support at the shoulder cannot be provided (i.e. transfers, ambulation and when sitting on toilet). Patients and families/caregivers should be educated to correctly protect, position and handle the involved arm.	Patient infographics on pain and spasticity OT sitting position poster for hemiplegia OT bed positioning poster for hemiplegia Hemiarm Protocol (includes other positioning posters) Winnipeg Regional Health Authority - Evidence Based Occupational Therapy Toolkit for Assessment and Treatment of the Upper Extremity Post Stroke (includes other positioning posters)

	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. Hand oedema can be managed using ROM exercises and retrograde massage. When at rest, the arm should be elevated if possible.	
ADLs, IADLs and Upper Extremity training	Training should encourage the use of patients' affected limb during functional tasks and be designed to simulate partial or whole skills required in ADL. Patients should engage in training that is meaningful, engaging, repetitive, progressively adapted, task-specific, and goal-oriented in an effort to enhance motor control and restore sensorimotor function. Oral care is important and may need to be enabled via adaptive aids and/or retraining. Patients should be advised to stop driving for at least one month after a stroke.	GRASP (Graded Repetitive Arm Supplementary Program) Viatherapy app Winnipeg Regional Health Authority - Evidence Based Occupational Therapy Toolkit for Assessment and Treatment of the Upper Extremity Post Stroke R hemi 1 person pivot; L hemi 1 person pivot R hemi 2 person pivot ; L hemi 2 person pivot Heart & Stroke - Dressing after stroke demonstration videos Patient infographic on driving
Transitions Management	Given challenged access to outpatient and community rehab at this time, it is strongly recommended that patients be discharged with therapy materials if deemed appropriate. If the patient has been admitted to your facility while awaiting bed at Inpatient Stroke Rehab: 1. It is strongly recommended that this rehab plan be followed. 2. Any changes to the rehab plan should be made with the input of all Allied Health professions' (i.e. SLP, PT, OT, SW). 3. If all disciplines are not available at your facility to re-assess rehabilitation needs, then, initial rehabilitation plan should be followed.	Therapy material: GRASP home program *Other optional tools that may be available at your facility: OT toolkit, Workbook of Activities for Language and Cognition* Education: Your Stroke Journey booklet (should be at bedside) Self-management education checklist – Heart & Stroke

	All patients, family members and informal caregivers should receive timely and comprehensive information, education and skills training by all interdisciplinary team members.	Private services: Community and Therapy services in Ottawa - COVID-19 adjusted

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

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