

Stroke Education

Topic	Sub-topic	Page Number or Document Number	Date Given
	"Understanding Stroke" book	neuro-ah-90662	
What is a stroke?	BE FAST: call 911, signs and symptoms	page E and page 27	
	brain anatomy, stroke location and type	pages 15-19	
Risks	individual stroke risk factors (Stroke Navigator)	page A	
Prevention	what you can and can't control	pages 23-26	
Effects of stroke and recovery	bowel and bladder	SW 18784	
	cognitive	page 71, SM14929	
	emotional, coping and adjustment, sexuality	page 78-80, 96, 97	
	fatigue and sleep disturbances	SW 18786	
	mobility	Talk with your physical therapist.	
	muscle tone	SW 18787	
	speech and swallowing	pages 71, 72, 75, 76, 92-95	
	vision	SW 18788	
Rehabilitation and recovery	role of your care circle	SW 18170	
	exercise program/fitness	page 58-59	
	nutrition, chemical use and tobacco use	page 56-57, 60-66	
	reducing brain over-stimulation (fatigue)	SW 17525	
	progression of care		
	acute care, inpatient, rehabilitation, TRP/SNF, home care, outpatient		
Resources		page 103	

(over)

Your Progression After a Stroke

Acute care* → Acute inpatient rehabilitation* → Transitional rehabilitation program/
skilled nursing facility* → Home care* → Outpatient therapy* → No more therapy

Where you receive care will depend on your needs. You may not need all of the therapy destinations.

■ Acute care

— Your treatment team will decide on the number of therapy sessions you need.

■ Acute inpatient rehabilitation program

— You will have at least 3 hours of therapy 5 days a week or 900 minutes in a week.

■ Transitional rehabilitation program / skilled nursing facility

— You will have at least 2 to 3 hours of therapy 5 days a week.

■ Home care

— *You will have 2 to 4 sessions of home care therapy a week while you are homebound.

■ Outpatient therapy

— *You will have 2 to 4 sessions of outpatient therapy a week.

*Your treatment team will decide how many therapy sessions you have each week, and how long they will last.

Important Numbers

Rehabilitation doctor: _____

Phone _____

Care coordinator or social worker: _____

Phone _____