



I just had a stroke... now what?

Choosing the right place for you!

The patient *and* family both need to choose the facility/provider that will best meet their needs and goals for recovery.

Start with these questions:



QUESTIONS BEFORE DISCHARGE

- What areas of my brain have been affected?
- How does this affect my life?
- What is the prognosis and expected course for my recovery?
- Will I continue to make progress after I go home?
- What medication and activities are needed to help prevent a future stroke?

QUESTIONS ABOUT REHABILITATION

- How do I find accredited Rehab facilities?
- What types of rehab care will my insurance cover?
- How do you individualize the therapy program?
- What do you do to make it a safe environment?
- How often will I see a doctor?
- How long will I be in rehab?
- How will I know when I am ready to go home from rehab?
- What percentage of patients are able to go home from rehab ?
- Will I continue to improve after I discharge from rehab?
- How do you involve my family member/caregiver?

TIPS FOR CHOOSING A REHABILITATION FACILITY

Not all types of facilities are available everywhere. Depending on where you live you may have lots of choices, few choices, or no choice without traveling some distance.

Insurance may limit what facilities are available (e.g. a specific facility may not be “in-network on your health plan). If there are multiple options in your area, ask the health care team for a recommendation.

For further information on Stroke Accredited Rehabilitation Programs check this website:

[Find a Provider \(carf.org\)](https://www.carf.org)

Programs	What Patients Get	Setting	Frequency of Rehabilitation	Likely Candidates
Inpatient Rehabilitation facilities (IRF)	Hospital level of care that is physician directed with 24-hour specialized nursing care. An interdisciplinary team of specialty trained staff who develop an individualized plan of care. Daily physician visits are required	Separate unit of a hospital or a free standing rehab hospital	3 hours/day, 5 days/ week minimum	Survivors who have medical issues and may develop problems without continued medical treatment. Able to tolerate 3 hours of some therapy each day
Skilled Nursing facilities (SNF)	Skilled nursing and/or therapy services with no minimum therapy requirement. Services are commonly performed by or under the supervision of a registered nurse. Periodic physician visits but no minimum number of physician visits is required.	Stand-alone facility or separate licensed unit of a hospital or nursing home	Less demanding program, but continues for longer periods	Survivors with minimal medical issues, but often fairly serious disabilities who are unable to tolerate the intensity of an inpatient rehab program
Long-term acute care facilities (LTCH)	Hospital level of care with highly specialized medical care and rehabilitative services; daily physician visit required	Stand-alone facility or separate licensed unit of a hospital	2-3 days per week	Survivors who have complex medical needs, often with multiple medical conditions, requiring 24- hour nursing care
Outpatient clinics	Care transitioned to primary care provider; physical, occupational, and/ or speech therapy, and possibly other services	Outpatient clinic, outpatient clinic of a hospital, other outpatient centers	As needed	Survivors who have medical problems under control enough to live in their homes and are able travel to receive treatment
Home Health Care	Care transitioned to primary care provider, skilled nursing; speech, physical and occupational therapy; health aide; and social services as needed	In the home	As needed	Survivors who live at home but are unable to travel to get their treatment

Members who may be a part of your Rehabilitation Team

Physiatrist	A doctor who specializes in rehabilitation following injuries, accidents or illness
Neurologist	A doctor who specializes in preventing, diagnosing, and treating stroke and other disease of the brain and spinal cord
Rehabilitation Nurse	Specializes in helping people with disabilities; helps survivors manage health problems that affect stroke (e.g. diabetes, high blood pressure) and adjust to life after stroke
Physical Therapist (PT)	Helps stroke survivors with problems in moving and balance; suggests exercises to strengthen muscles for walking, standing and other activities
Occupational Therapist (OT)	Helps stroke survivors learn strategies to manage daily activities such as eating, bathing, dressing, writing, or cooking
Speech-Language Pathologist (SLP)	Helps stroke survivors re-learn speech, language, and cognitive skills (talking, reading, writing, memory, and problem solving); treats swallowing problems
Dietitian	Teaches survivors about special diets and diet consistency (e.g. thickened liquids) and health eating (e.g. low salt, low fat, low calorie)
Social Worker	Helps survivors make decision about rehabilitation programs, living arrangements, insurance, and support services in the home
Neuropsychologist	Diagnoses and treats survivors facing changes in thinking, memory, behavior, or depression
Case Manager	Helps survivors facilitate follow-up, coordinate care from multiple providers and link to local services
Recreation Therapist	Helps stroke survivors learn strategies to improve thinking and movement skills by using recreational activities

Many other resources for stroke survivors can be found at [Recovery Resources for Patients | American Stroke Association](#)