FOR FAMILIES · STROKE REHABILITATION

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After a stroke, *look past walking.*

Walking gets most of the attention. These get less, and each has a screen or a treatment.

New stroke symptoms, such as sudden weakness or numbness, trouble speaking or a drooping face, are an emergency: **call 911.**

If the person talks about wanting to die or to harm themselves, call or text the **988 Suicide & Crisis Lifeline**, or call 911 in an emergency.

ASK BY NAME WHETHER EACH SCREEN HAS BEEN DONE

SCREEN	WHAT THE 2026 GUIDELINE RECOMMENDS	DONE ON	NEXT CHECK
Swallowing	As soon as possible (within 24 hours of admission), and before any food, drink or medicine by mouth		
Depression and anxiety	Depression between 3 days and 3 months; depression and anxiety again at 3 and 6 months and beyond		
Thinking and perception	With a brief, validated test		
Vision	A hands-on vision screen, since many vision problems go unreported		

EASY TO MISS

Depression and anxiety. They affect nearly one-third and one-fourth of people. Antidepressants can help depression; cognitive behavioral therapy can help both.

Swallowing. A speech-language pathologist can teach swallowing exercises and techniques.

Language. Communication disorders such as aphasia affect at least 30 percent of stroke survivors. For aphasia, ask about supported communication training for the people who talk with them.

The weak shoulder. Learn range of motion and positioning before discharge. No overhead pulley exercises for a weak, painful or partly dislocated shoulder.

Spasticity. Stiff, tight muscles. Botulinum toxin injections are among the treatments the guideline recommends.

Fatigue. Exhaustion that rest does not relieve. Cognitive behavioral therapy can help.

Falls. About half of people fall at least once in the first year. Ask about a fall prevention program and changes at home.

Another stroke. About 1 in 10 people have another within the first year, and physical inactivity is one of the highest risk factors.

FOR CARE PARTNERS

Ask to be involved early and throughout, with teach-back: explain back or show what you learned so the clinician can check it. In a skilled nursing facility, raise anything missed at a care plan meeting; in the hospital or inpatient rehab, ask for a family meeting. Support and education programs for caregivers can help you too.

GOING HOME

Rehab continues at home or in an outpatient clinic when it can; after a mild to moderate stroke, therapy by video is a reasonable alternative when in-person therapy is limited or unavailable. If thinking, perception or movement could affect driving, ask about an on-road test by an authorized person. Rules vary by state.

Kevin E. Groh, PA-C Physician assistant, physical medicine & rehabilitation

Scan or visit · kevineugenegroh.com/rehab/stroke-rehabilitation-what-to-expect/

General education, not medical advice. It does not create a patient–provider relationship. Based on the 2026 American Heart Association/American Stroke Association guideline for adult stroke rehabilitation; full sources are on the web page. Updated Nov 2026.