Neurological Rehabilitation: Chapter 36. Stroke (Handbook of Clinical Neurology)

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Neurological Rehabilitation: Chapter 36. Stroke (Handbook of Clinical Neurology) Helen Rodgers Stroke is a major cause of death and disability. International and national guidelines are available to help clinicians provide evidence-based care for stroke prevention, acute treatment, and rehabilitation. Stroke is a medical emergency and rapid assessment is needed to establish the diagnosis, identify the underlying cause, provide acute treatment, and prevent complications. Although stroke is a clinical diagnosis based upon a history of sudden onset of neurological symptoms, which include unilateral weakness or sensory loss, dysphasia, hemianopia, inattention, and reduced coordination, brain imaging with CT or MRI scan is needed to distinguish cerebral infarction from primary intracerebral haemorrhage. Stroke units are the cornerstones of stroke care and should be available to all stroke patients throughout their inpatient stay. Multidisciplinary stroke care should address the physical, psychological, and social consequences of stroke and consider the needs of both patients and carers. Good communication with patients and carers and between members of the multidisciplinary team is fundamental to quality care. Ongoing assessment and treatment may be needed for: dysphagia; nutrition and hydration; continence and skin care; mobility and upper limb function; comprehension and communication; concentration and memory; spatial awareness and inattention; mood; pain and spasticity. Patients and carers should be fully informed about the diagnosis, prognosis, treatment and available care. Discharge requires careful planning and consultation. Early supported discharge can improve outcome for carefully selected patients. It is important to recognize and address the long-term needs in order to maximize choice, independence, and wellbeing. Targeted rehabilitation to address issues such as mobility and leisure may be effective.

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