

# Physical and Occupational Therapy for the Acute CVA Patient

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# Introduction to Physical Therapy

- What is Physical Therapy (PT)?
  - A rehabilitative discipline whose primary focus is to:
    - Assist patients in regaining or improving physical function
    - Limit or prevent future injuries
    - Improve overall quality of life
  - These goals are attained by creating individual programs of treatment which incorporate physical activity, promote overall health and provide patient/caregiver education.

# Introduction to Occupational Therapy

- What is Occupational Therapy (OT)?
  - Skilled rehab discipline centered on increasing participation in life following a surgery, injury, illness or mental status change
  - Evaluation and treatment focus on:
    - Decreasing the impact of a disability
    - Promoting optimal health/ preventing future injury
    - Increasing overall functional independence and quality of life
- What is occupation?
  - Any activity that ‘occupies’ one’s time and that one finds meaningful
  - 7 categories per AOTA, including ADL & IADL

# Therapy Initiation: The Stroke Pathway

- PT and OT consults are automatically included on the stroke pathway
- PT and OT evaluations are completed when:
  - A patient has been in the hospital for 24 hours
  - All necessary scans and films are completed
  - A patient is medically stable
- Patients are seen on a daily basis for PT and 3-5x/week for OT

# PT & OT Evaluations

- NIH Stroke Score
- Medical history
- Prior level of function
- Vital Signs
- Precautions
- Cognition
- Mobility assessment
- Balance
- UE/LE function:
  - Motor (AROM/PROM)
  - Strength
  - Muscle tone
  - Sensation
  - Coordination
- Vision/Perception
- Activity tolerance
- Communication

# PT Treatment for Acute CVA

- Neuromuscular Reeducation
  - Crossing midline, assessing neglect, sensory integration, coordination and balance activities
- Strengthening, initiation of safe mobility
- Motor Re-learning
- Pt and family support and education
- Continuous assessment of pt status
- Recommendation of appropriate D/C plans

# OT Treatment for Acute CVA

- Neuromuscular reeducation
- Motor relearning & retraining
- Adaptive equipment introduction & usage training
- Splint introduction & usage training
- Adaptive ADL techniques
- Compensatory strategies
- Patient, family & caregiver education

# Primary purpose of PT & OT in acute care

- From our skilled evaluations, we determine one's current level of function in regards to functional mobility, ADL, and IADL
- Based on this information, we work together to determine the most appropriate discharge option for the patient to continue their recovery and to receive additional rehabilitation after they leave the hospital

# Role of PT & OT in D/C Planning

- Identify patient goals for recovery
- Identify support systems
- Determine difference between PLOF and CLOF
- Determine appropriate adaptive equipment and assistive device needs
- Determine appropriate discharge setting
- Communicate with discharge planners to solidify plan

# Discharge Options

- **Home:** little to no functional change
  - With no services
  - With supervision/assist from family
  - With home PT & OT services
  - With outpatient PT & OT services
- **Short Term Rehab:** moderate functional change
  - Requires skilled nursing AND/OR skilled therapy services
  - Able to tolerate 2 hours of therapy daily for 5 days/week
- **Acute Rehab:** severe functional change
  - May require close medical supervision
  - Able to tolerate at least 3 hours of therapy daily for at least 5 days/week

# Contact Information

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