



American Heart Association®
Mission:Lifeline®
Stroke

STROKE REHABILITATION PLANNING LIST

Making good decisions begins
with asking good questions.

The questions and information
here can help guide you and
your family through the rehab
decision-making process.

QUESTIONS ABOUT MY STROKE

- What part of my brain was affected?
- What caused my stroke and how can I prevent another one?
- Will I need to take medication?
- How does this affect my life?

QUESTIONS TO ASK BEFORE DISCHARGE

- Why should I go to rehab?
- What types of rehab will my insurance cover?
- Where are the closest stroke rehab facilities to my home?
 - What therapies are available there?
- How do I choose the right rehab for me?
 - What factors should I consider?
- What other care/appointments will I need?
- How will I travel to rehab?
- Who in my life can help support me in my stroke recovery?

QUESTIONS FOR REHAB PROFESSIONALS

- How do my deficits impact my daily life?
- How will I know if I'm improving?
- What does a typical day in rehab look like?
- What am I going to do in therapy?
- How often will I see a doctor?
- How long will I be in rehab?
- How will I know when I'm ready to go home from rehab?
- Will I continue to improve after I discharge from rehab?
- How do I make my home accessible?

QUESTIONS FOR FAMILY MEMBERS TO ASK

- How do you involve family members/caregivers in rehab?
- Will family be involved in patient care plan discussions?
- Will you consider patient and family wishes and goals in putting together the rehab program?



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STROKE REHAB Q & A

- Q WHAT IS STROKE REHAB?**
Rehabilitation or rehab is designed to help a stroke survivor relearn abilities affected by stroke like mobility, self-care, or communication.
- Q WHERE DOES REHAB HAPPEN?**
It can take place at inpatient facilities, skilled nursing facilities, outpatient clinics, or home.
- Q DOES INSURANCE COVER REHAB?**
Your hospital case manager can help you understand what is covered by your insurance.

LEARN MORE AT
stroke.org

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TIPS FOR CHOOSING A REHABILITATION FACILITY

Not all types of facilities are available everywhere. Depending on where you live you may have several 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.

Ask your case manager for more information about available programs in your area.

FACILITY TYPES

INPATIENT REHABILITATION (IRF)

- Physician visit 3 or more days a week
- 3 hours of therapy/day, 5 days/week
- 24 hour specialized nursing care
- Candidates: Survivors who may have medical challenges but can tolerate intense therapy

SKILLED NURSING FACILITIES (SNF) OR SWING BED AT A CRITICAL ACCESS HOSPITAL

- Physician guides care plan, but less frequent visits
- At least 15 minutes, 5 days a week
- Less demanding therapy, however stay may be longer than an IRF
- Candidates: Survivors with minimal medical challenges but significant disability, unable to tolerate 3 hours of therapy a day, but would still benefit from rehab

LONG-TERM ACUTE CARE FACILITIES (LTACH)

- Hospital level medical care with daily physician visits
- Therapy 2-3 days a week
- Candidates: Survivors with complex medical needs requiring 24-hour nursing care



"STROKE DOES NOT ERASE US. SURVIVORS ARE STRONGER THAN STROKE."

RACHEL CASTRO,
STROKE SURVIVOR

Stroke Connection Magazine, Oct. 2017

FACILITY TYPES (Cont.)

OUTPATIENT CLINIC

- Patient followed by primary care physician
- Therapy 1-2x/week per discipline or as needed
- Candidates: Survivors who are medically stable, able to return home, but still have deficits

HOME HEALTH CARE

- Patient followed by primary care physician
- Therapy as needed
- Candidates: Survivors who are homebound but are unable to travel to therapy appointments

REHABILITATION TEAM MEMBERS

REHABILITATION NURSE

- Specializes in helping people with disabilities; help survivors manage health problems that affect stroke (e.g. diabetes, high blood pressure) and adjust to life after stroke

PHYSICAL THERAPIST (PT) OR PHYSICAL THERAPY ASSISTANT (PTA)

- Helps stroke survivors with problems in moving and balance; suggests exercises to strengthen muscles of walking, standing, and other activities

OCCUPATIONAL THERAPIST (OT) OR OCCUPATIONAL THERAPY ASSISTANT (OTA)

- 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

NURSE PRACTITIONER (NP) OR PHYSICIAN ASSOCIATE (PA)

- A professional who manages the day to day care of the stroke survivor during rehabilitation

PHYSIATRIST / PHYSICAL MEDICINE AND REHABILITATION (PM&R)

- A doctor who specializes in rehabilitation following injuries, accidents, or illnesses

NEUROLOGIST

- A doctor who specializes in preventing, diagnosing, and treating stroke and other diseases of the brain and spinal cord

DIETITIAN

- Teaches survivors about special diets and diet consistency (e.g. thickened liquids) and healthy eating (e.g. low salt, low fat, low calorie)

REHABILITATION TEAM MEMBERS (Cont.)

PHARMACIST

- Manages medication; makes sure it is safe and appropriate for the patient

SOCIAL WORKER

- Helps survivors make decision about rehabilitation programs, living arrangements, insurance, and support services in the home

PSYCHOLOGIST

- Diagnoses and treat survivors facing changes in thinking, memory, behavior, or depression

CASE MANAGER

- Helps survivors facilitate follow-up, coordinate care from multiple professionals and link to local services

ADDITIONAL TEAM MEMBERS/SERVICES MAY INCLUDE:

- Recreation therapist, music therapist, art therapist, pet therapy, acupuncture, massage therapy

