

Post Acute Levels of Care for Stroke

INPATIENT REHABILITATION FACILITY (IRF)

- Acute rehabilitation patients:
- require 2 or more therapies (PT/OT/SLP)
 - have capacity for functional improvement
 - have potential to participate in 3 hours of therapy at least 5 days per week
 - are medically stable but require 24-hr medical/Rehab Nurse monitoring
 - all therapy disciplines available (PT, OT, SLP, BehMed)
 - physicians are usually Physiatrists (specialists in Physical Medicine & Rehabilitation), Neurologists or Internists

TRANSITIONAL CARE UNITS (TCU) OR SKILLED NURSING FACILITY (SNF) PATIENTS

- are medically stable and require skilled or less intense rehabilitation
- physician management available-but not onsite daily
- therapy services available (PT, OT, SLP) up to 5 days per week
- 3 day acute care hospital stay required for Medicare reimbursement
- physicians are typically Internal Medicine or Family Medicine

HOME HEALTH

- patient is homebound except for physician appointments or church
- services available (not necessarily daily) include: nursing, PT, OT, SLP, home health aides, social worker
- any physician may initiate a referral

LONG TERM ACUTE CARE (LTAC)

- patients with acute medical or functional impairments or trauma (pulmonary / ventilator, medically complex, wound care, neuro)
- for longer term medical/surgical cases that are acutely ill and cannot participate in a more intense level of rehabilitation
- therapy services available (PT/OT/SLP)
- any physician specialty may admit patients
- average length of stay > 25 days

OUTPATIENT THERAPIES (PT, OT, SLP, BEHAVIORAL MEDICINE)

- for patients able to leave their homes to attend therapies
- therapies are typically 1-3 times per week
- any physician may initiate a referral



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Screening Tool for Rehabilitation Services

PHYSICAL THERAPY (PT)

- is indicated if there is a decline in:
- lower extremity strength, sensation
 - balance, pain
 - ability to move in bed
 - ability to transfer (sit to stand, supine to sit, etc)
 - mobility (walking or propelling a wheelchair)

- or if there is:
- recurrent falling
 - need for wheelchair assessment/fitting
 - lymphedema

OCCUPATIONAL THERAPY (OT)

- is indicated if there is a decline in:
- upper extremity strength, sensation
 - endurance
 - activities of daily living (feeding, grooming, dressing, bathing, toileting)
 - functional transfers (tub transfers, toilet transfer)
 - home management abilities (cooking, laundry, checkbook skills)
- or if there is need for education in work simplification and/or energy conservation

SPEECH LANGUAGE PATHOLOGY (SLP)

- is indicated if there is a decline in:
- communication
 - verbal or written expression
 - verbal or written comprehension
 - speech intelligibility (dysarthria)
 - vocal quality (dysphonia)
 - memory, thinking skills, or other cognitive abilities
 - swallowing (dysphagia)

PSYCHOLOGICAL EVALUATION, NEUROPSYCHOLOGY

- (PSYCHOLOGY OR BEHAVIORAL MEDICINE)
- is indicated if there are issues with:
- cognition (memory, judgment, reasoning, problem solving)
 - adjustment to disability
 - pain management
 - stress management
 - mood (depression, anxiety, etc)
 - social skills

TENNESSEE STROKE SYSTEMS OF CARE TASK FORCE
DELTA STATES STROKE CONSORTIUM REHABILITATION TASK FORCE