

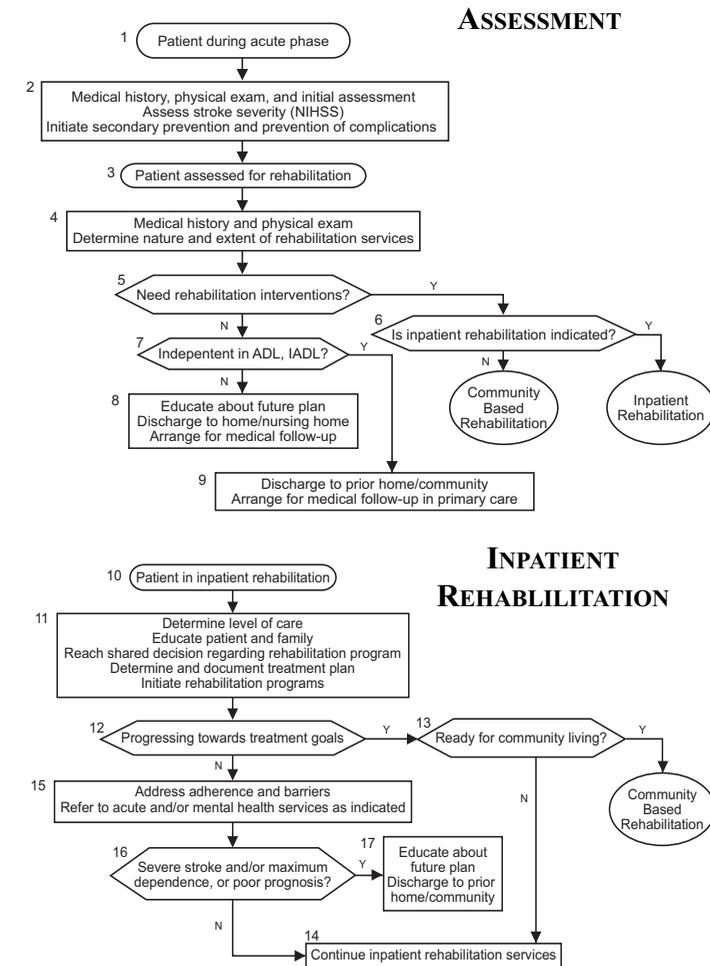
Table 5: ADL and IADL	
Activities of Daily Living (ADL)	Instrumental Activities of Daily Living (IADL)
<b>Mobility</b> Bed mobility Wheelchair mobility Transfers Ambulation Stair climbing	<b>Home Management</b> Shopping Meal planning Meal preparation Cleaning Laundry Child care
<b>Self-Care</b> Dressing Self-feeding Toileting Bathing Grooming	<b>Community Living Skills</b> Money/financial management Use of public transportation Driving Shopping Access to recreation activities
<b>Communication</b> Writing Typing/computer use Telephoning Use of special communication devices	<b>Health Management</b> Handling medication Knowing health risks Making medical appointments
<b>Environmental Hardware</b> Keys Faucets Light switches Windows/doors	<b>Safety Management</b> Fire safety awareness Ability to call 911 Response to smoke detector Identification of dangerous situations

Modified from: Pedretti LW. Occupational Therapy: Practice Skills for Physical Dysfunction. 4th ed. St. Louis: Mosby; 1996

Table 6: Selection of Antiplatelet Agent for Secondary Prevention				
Condition	Preferred Agent	Dose	Alternative	Dose
<b>Atrial fibrillation</b>	Warfarin <sup>(a)</sup>	Dose adjusted to maintain INR 2.0 -3.0 (target INR 2.5)	Aspirin <sup>(b)</sup>	—
<b>Primary prevention</b>	Aspirin	81 mg – 325 mg	Clopidogrel <sup>(c)</sup>	75 mg PO QD
<b>Secondary prevention</b>	Aspirin	81 mg – 325 mg	Clopidogrel <sup>(d)</sup> Aspirin/extended release dipyridamole <sup>(e)</sup>	75 mg PO QD 25 mg/200 mg PO BID

- <sup>(a)</sup> In patients with atrial fibrillation, warfarin is recommended for all patients over the age of 75 (unless a specific contraindication exists), and in patients of any age with a prior embolic event or with known risk factors for stroke. Patients with lone atrial fibrillation may differ in therapy. Those under 65 years require no mandatory therapy, but aspirin is optional. For those patients age 66 to 75 years, aspirin is recommended and warfarin is optional.
- <sup>(b)</sup> Patients who experience recurrent symptoms of cerebral ischemia on appropriate warfarin therapy, consideration should be given to adding aspirin 80 mg daily.
- <sup>(c)</sup> Patients with aspirin allergy, recent history of active gastrointestinal bleeding, or other contraindications to aspirin therapy.
- <sup>(d)</sup> Those with a contraindication to aspirin therapy.
- <sup>(e)</sup> Patients who experience recurrent cerebral ischemia. Alternatively, aspirin/extended release dipyridamole may be used as the first-line therapy in selected high-risk patients.

## VA/DoD Clinical Practice Guideline for the Management of Stroke Rehabilitation Pocket Guide



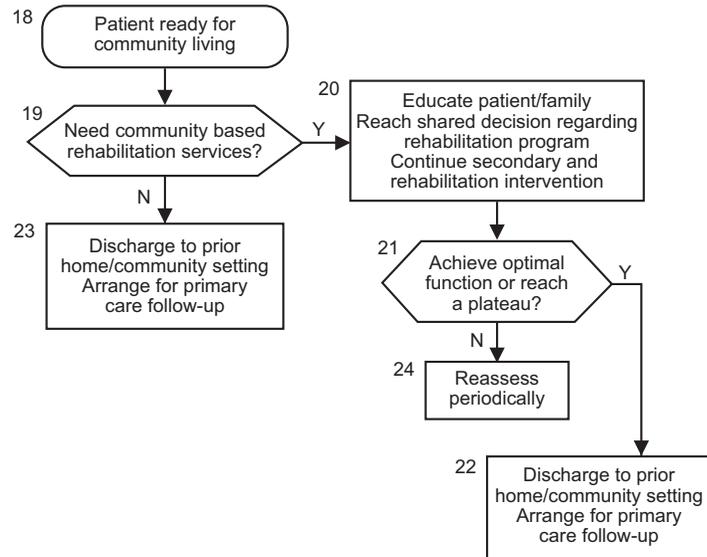
VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>  
 DoD access to full guideline: <http://www.gmo.amedd.army.mil>

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### COMMUNITY BASED REHABILITATION



### Table 1 - INITIAL BRIEF ASSESSMENT

#### Assessment of Complications and Prior and Current Impairment

- Risk factors of CVA
- Medical co-morbidities
- Consciousness & cognitive status
- Brief swallowing assessment
- Skin assessment & pressure ulcers
- Mobility & need for assistance of movement
- Risk of DVT
- Emotional support for family & caregiver

### Table 2 - ASSESSMENT OF REHABILITATION NEEDS

- 1. Prevention of complications:**
  - Swallowing problems (dysphagia)
  - Bowel & bladder dysfunction
  - Malnutrition
  - Skin breakdown
  - Risk for DVT
  - Pain
- 2. Assessment of impairments:**
  - Communication impairment
  - Visual & spatial deficiency
  - Psychological/emotional deficit
  - Motor impairment
  - Cognitive deficit
  - Sensory deficit
- 3. Psychosocial assessment & family/caregivers support**
- 4. Assessment of function (e.g., FIM)**

### Table 3 - REASSESSMENT OF REHABILITATION PROGRESS

- 1. General (medical status)**
- 2. Functional status (FIM, etc)**
  - Mobility
  - ADL/IADL
  - Mood/Affect/Motivation
  - Cognition
  - Nutrition
  - Communication
  - Sexual function
- 3. Family Support**
  - Resources
  - Caretaker
  - Transportation
- 4. Patient & family adjustment**
- 5. Reassessment of goals**
- 6. Risk for recurrent CVA**

### Table 4 - ASSESSMENT OF DISCHARGE ENVIRONMENT

- Functional Needs
- Motivation & Preferences
- Intensity of Tolerable Treatment
  - Equipment
  - Duration
- Availability & Eligibility
- Transportation
- Home Assessment for Safety

### Functional Independence Measure (FIM™) Instrument

	ADMISSION	DISCHARGE	FOLLOW-UP
<b>Self-Care</b>			
A. Eating			
B. Grooming			
C. Bathing			
D. Dressing – Upper Body			
E. Dressing – Lower Body			
F. Toileting			
<b>Sphincter Control</b>			
G. Bladder Management			
H. Bowel Management			
<b>Transfers</b>			
I. Bed, Chair, Wheelchair			
J. Toilet			
K. Tub, Shower			
<b>Locomotion</b>			
L. Walk/Wheelchair			
M. Stairs			
<i>Motor Subtotal Score</i>			
<b>Communication</b>			
N. Comprehension			
O. Expression			
<b>Social Cognition</b>			
P. Social Interaction			
Q. Problem Solving			
R. Memory			
<i>Cognitive Subtotal Score</i>			
<b>TOTAL FIM Score</b>			

#### Scoring

<b>LEVELS</b>	<b>Independent</b>	No Helper
	7 Complete Independence (Timely, Safely)	
	6 Modified Independence (Device)	Helper
	<b>Modified Dependence</b>	
	5 Supervision (Subject = 100%+)	
	4 Minimal Assist (Subject = 75%+)	
	3 Moderate Assist (Subject = 50%+)	
<b>Complete Dependence</b>	Helper	
2 Maximal Assist (Subject = 25%+)		
1 Total Assist (Subject = less than 25%)		

Note: Leave no blanks. Enter 1 if patient is not testable due to risk.