

Simply Stroke *for Speech Language Therapists*

7 questions for therapists caring for patients in stroke rehabilitation

1. Are all your stroke patients assessed for rehabilitation?

- All stroke patients should be screened, then assessed and treated as required, for cognitive, sensorimotor and communication difficulties
- Patients should start rehabilitation as soon as they are able

2. Do all of your patients have a swallowing screening as soon as possible, within 24 hours?

- Patients who fail the screening should have a comprehensive assessment
- Compensatory strategies include positioning, modified diet, therapeutic manoeuvres
- Dysphagia can be treated with therapy targeting specific muscle groups and thermotactile stimulation
- The need for a modified diet should be regularly reviewed
- Dysphagic patients with weight loss and recurrent chest infections should be urgently reviewed
- Everyone involved in feeding patients should be trained in appropriate techniques

3. Are all of your patients screened for communication deficits with a valid screening tool?

- All patients with suspected communication problems should have a comprehensive assessment
- Document the provisional diagnosis
- Discuss the nature of the impairment and identify goals with patient and their family
- Develop a tailored treatment plan and review as required
- Discuss strategies for communication with other staff and family
- Pharmacological treatments are NOT recommended

4. Do you assess patients for motor speech impairments?

- Patients with motor speech difficulties, unclear or unintelligible speech should be comprehensively assessed for dyspraxia and dysarthria
- Interventions for speech dyspraxia should be individually tailored and target articulatory placement and transitioning, speech rate and rhythm, increasing length and complexity of words and sentences, prosody
- Principles of motor learning can be applied in dyspraxia therapy, including variation, intensity, and feedback of performance
- Interventions for dysarthria include biofeedback, decreased rate, over-articulation, gesture, intensive therapy to increase loudness
- Patients with severe dysarthria can benefit from augmentative and alternative communication devices for everyday activities

5. Do all patients in active rehabilitation have at least one hour of active practice per day, at least 5 days per week?

- Patients should be encouraged to continue to practice skills throughout the day

6. Do you provide information in an aphasia-friendly format?

- Alternative means of communication can be used as appropriate, including gesture, writing, drawing, communication devices
- People with culturally and linguistically diverse backgrounds may need trained health care interpreters

7. Do you monitor mood in patients with aphasia?

- The impact of aphasia on functional activities, participation and quality of life should be assessed and addressed from the sub-acute phase onwards