

Box One: Eligibility and Admission Criteria for Stroke Rehabilitation

DETERMINING IF A PATIENT IS A CANDIDATE FOR REHABILITATION

The following criteria has been developed as part of the Canadian Stroke Best Practice Recommendations to provide guidance and increase consistency on key elements that should be considered in decision-making regarding stroke rehabilitation for individual patients. Criteria for access to rehabilitation services should be agreed upon by all relevant stakeholders in each region, be clearly stated and communicated to all referral sites to improve patient access and admission to stroke rehabilitation programs in an efficient and transparent manner. This applies to all rehabilitation settings, including inpatient rehabilitation, outpatient and community-based rehabilitation, and home-based rehabilitation. Refer to [the CSBPR Transitions and Community Participation module, Section 5](#) for information on stroke care in long-term care settings.

General Inclusion Criteria for Stroke Rehabilitation

- All acute or recent stroke patients:
 - Who require inpatient or outpatient interdisciplinary rehabilitation to achieve functional goals to improve independence;
 - Who would benefit from interdisciplinary rehabilitation assessment and treatment from staff with stroke expertise (including disciplines such as physiotherapy, occupational therapy, speech-language pathology, nursing, social work, psychology, and recreation therapy);
 - And whose stroke etiology and mechanisms have been clarified and appropriate prevention interventions started (exceptions noted below under 'medically stable').
- Goals for rehabilitation can be established and are specific, measurable, attainable, realistic and timely.
- The patient is **medically stable**:
 - A confirmed diagnosis of stroke has been identified, although the mechanism or etiology may not be initially clear, such as in cryptogenic stroke; these situations should not cause delays in access to rehabilitation;
 - All medical issues and/or co-morbidities (e.g. excessive shortness of breath, and congestive heart failure) are being managed and are not precluding active participation in the rehabilitation program
 - All key medical investigations have been completed **or** scheduled follow-up appointments made by time of discharge from acute care.
- The patient demonstrates the ability to participate, which includes:
 - Stamina to participate in the program demands/schedule;
 - Ability to follow at minimum one-step commands, with communication support if required;
 - Sufficient attention, and short-term memory to progress through rehabilitation process.
- The patient has consented to treatment in the program and demonstrates a willingness and motivation to participate in the rehabilitation program.
- Establish and meet standards for time from receipt of referral to decision regarding intake (suggest 24-48 hours)

General Exclusion Criteria for Stroke Rehabilitation

- Medically unstable.
- Severe cognitive impairment preventing patient from learning and participating in therapy;
- Behaviour is inappropriate and putting self or others at risk, such as physical and verbal aggression;
- Not willing to participate in program.

DETERMINING IF A PATIENT IS A SUITABLE CANDIDATE FOR OUTPATIENT (HOSPITAL or HOME BASED) REHABILITATION:

- Patient meets the criteria for rehabilitation candidacy, medical stability, and rehabilitation readiness as defined above.
- The patient's current medical, personal care, or rehabilitation needs can be met in the community.
- The patient can attend therapy alone or if assistance is required a caregiver is available to attend therapy sessions.

Characteristics to Consider in Planning Rehabilitation of Stroke Patients

Stroke Characteristics:

- Initial stroke severity
- Location, etiology and type of stroke (ischemic versus hemorrhagic)
- Functional deficits and functional status – using FIM ® Instrument, Alpha FIM ® Instrument scores, Barthel Index, Rankin Score, and/or Iso- Functional Autonomy Measuring System (Iso-SMAF).
- Types of therapy required based on assessment of deficits (e.g., OT, PT, SLP, and others as required)
- Cognitive status – patient is able to learn and actively participate in rehabilitation
- Time from stroke symptom onset.

Additional Patient Characteristics:

- Medical stability
- Rehabilitation goals can be identified by patient and/or health care team in order to increase independence in all activities of daily living. Some examples of goals may include: transfer unassisted, walk independently with aids, use involved arm, improve communication skills, and provide personal self-care
- Adequate tolerance and endurance to actively participate in stroke rehabilitation therapy
- Age and pre-stroke frailty
- Existing co-morbidities such as dementia, palliative care status for another medical condition/terminal illness
- Caregiver availability for patients with severe impairment is important

System Characteristics:

- Efficient referral process for rehabilitation.

- Rehabilitation professionals knowledgeable about stroke should be responsible for reviewing intake applications.
- Family members and informal caregivers should be included as part of the rehabilitation process, including decisions regarding inpatient and/or outpatient rehabilitation.
- Standards for time from receipt of referral to decision regarding intake (suggest 24-48 hours).
- Available services and resources at different inpatient rehabilitation sites within a geographic region; types and levels of rehabilitation services available at those sites.
- Presence of an early supported discharge (ESD) program and criteria for patient appropriateness for ESD.