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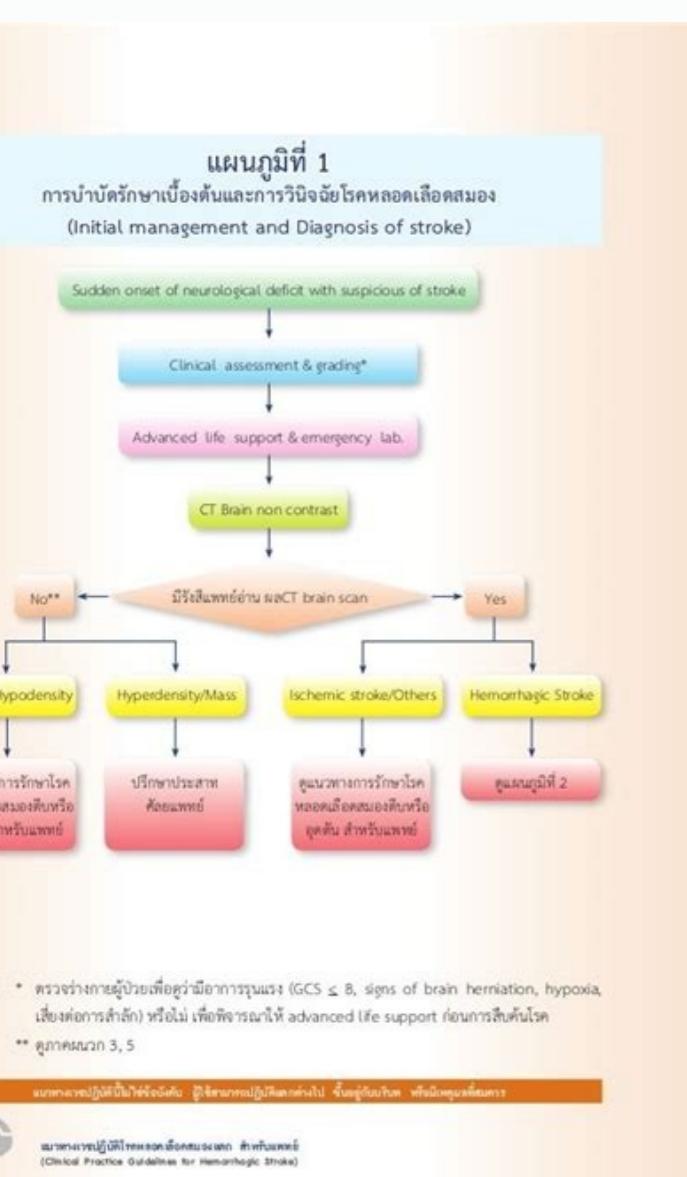
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## Outline

- I. Introduction
  - II. The Rehabilitation Program
  - III. Prevention and Medical Management of Comorbidities
  - IV. Assessment
  - V. Sensorimotor Impairments and Activities
  - VI. Transitions in Care and Community Rehabilitation

## VII. Conclusion





<b>NIH STROKE SCALE</b>		Patient identification _____ Mr./Miss/Mrs. _____ Date of birth _____ Address _____ Name of hospital _____
Normal (1) Baseline (2) 2 hours post treatment (3) 24 hours post onset of symptoms (with minutes) (4) 10 days (5) Month (6) Other _____		
Time _____ Date _____		
Patient Administration Name _____		
<p><b>Assessments stroke scale items in the order listed. Record performance in each category after each subsequent exam. Do not go back and change scores. Follow directions provided for each exam technique. Doctor should reflect what the patient does, not what the doctor thinks the patient can do. This document should record progress while administering the exam and note quickly changes where indicated. The patient should not be coached (i.e., repeated requests to patient to make a specific effort).</b></p>		
Instructions	Scale Definition	Score
1. Level of Consciousness: The interrogator must ensure a response (1-4) is obtained to present his/her questions in an appropriate tone (respectful, non-threatening). It is important that the patient's ability to respond (and their ability to understand) in response to increased stimulation.	<ul style="list-style-type: none"> <li>(1) Most severe impairment</li> <li>(2) Not awake or responsive by name stimulus or any amount of repetition</li> <li>(3) Not able to repeat names or commands given in a short time period by naming a familiar person or object</li> <li>(4) Response may vary often due to confusion effects or easily distracted. Patient can answer</li> </ul>	
2. Left Limb: The patient is asked the reason over/under eye. The patient must be asked "What is my hand used for? Using this response the examiner asks the patient to repeat the question self voice (i.e., "Patient unable to speak because of communication disorder, comprehension failure, memory impairment from recent memory losses) or any other problem not secondary to weakness and pain (i.e., it is important that only the right problem be present and that the examiner can find the patient can move in non-affected areas.)	<ul style="list-style-type: none"> <li>(1) Assess left position correctly</li> <li>(2) Assess left position correctly</li> <li>(3) Assess left position correctly</li> </ul>	
3. Left Limb: The patient is asked to raise and move the right arm in front of his/her body and move the community room. Examiner asks what they observed in the limb tested for weak. (Should be given if no comprehension difficulty noted but not necessary. If the patient does not respond to command, the next effort is re-instruction to one of the previous tests, and the next effort to the same area of the community room. Patients with memory impairment or other physical impediments should be given maximum opportunity to show the ability to move)	<ul style="list-style-type: none"> <li>(1) Raises left arm correctly</li> <li>(2) Raises left arm correctly</li> <li>(3) Raises left arm correctly</li> </ul>	
4. Head: After assessment basic movements and the ability to move in a rhythmic coordinated way (representative of the ability to control moving at rest). If the patient fails to complete 2 of the tests that may indicate the possibility of a cerebellar lesion. The weight will be 1. If a patient has an isolated peripheral nerve palsy (e.g., ulnar or median nerve) a 1. Failure to assess in an efficient manner, repeated tests should be done and avoided unless a great deal of time is spent trying to obtain the best result. Note: A stroke patient may have a loss of coordination with the presence of a cerebellar palsy.	<ul style="list-style-type: none"> <li>(1) Raises...</li> <li>(2) Raises good posture again in sitting up in one or both eyes (not forced flexion of head post posture is not present)</li> <li>(3) Raises head and neck posture not necessary to the community room</li> </ul>	
<b>National Institutes of Health Stroke Scale</b>		
Tested Area	Task	Response and Score
1	Level of consciousness	(1=death - (2=awake) - (3=sleepy) - (4=conscious)
2	Orientation	(1=Assess both correctly (i.e., address 1 correctly) - Assess neither correctly)
3	Response to stimulation (1)	(1=Performs both tests correctly (i.e., Perform 1 test correctly) - Perform neither)
4	Visual field	(1=Normal bitemporal hemifield (i.e., Field past patient) - Complete gaze palsy)
5	Visual fields	(1=One visual field intact (i.e., Field homonymous) - Complete homonymous - Bilateral hemianopsia)
6	Facial movement	(1=Normal (i.e., facial muscle strength) - Paralyzed face (i.e., complete facial palsy))
7	Motor function (arm, left, right)	(1=No drift (i.e., drift is normal) - Para below 1 second) - No effort against gravity (i.e., no movement)
8	Motor function (leg, left, right)	(1=No drift (i.e., drift is normal) - Para below 1 second) - No effort against gravity (i.e., no movement)
9	Limb ataxia	(1=No ataxia (i.e., ataxia < 1 second) - Ataxia > 2 seconds)
10	Sensory	(1=No sensory loss (i.e., 100% sensory intact) - Severe sensory loss)
11	Language	(1=Normal (i.e., aphasic) - Normal aphasia) - Aphasic (i.e., global aphasia)
12	Apraxia	(1=Normal (i.e., normal) - Severe dyspraxia)
13	Extrusion or incoordination	(1=Normal (i.e., 100% voluntary mobility intact) - Severe (i.e., 2 muscle) loss)

[http://www.ninds.nih.gov/doctors/NIH\\_Stroke\\_Scale.pdf](http://www.ninds.nih.gov/doctors/NIH_Stroke_Scale.pdf)

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