


Stroke Initial Assessment in Acute Care



Forms

[CD0521MR 0.pdf \(nshealth.ca\)](#)



Capital Health
Acute Stroke / Neurology Unit
Interdisciplinary Assessment Report

Informed consent for assessment obtained
 Patient chart reviewed

Diagnosis: _____ **Onset:** _____

Social Supports: _____ Initial: _____


NOK: _____ Relationship: _____ Phone: _____
Legal Guardian/Contact: _____ Phone: _____
EPOA: _____ Phone: _____

Permission granted to speak with: _____
Lives with: Alone Partner Others: _____
Available assistance: _____ Relationship: _____ Phone: _____
Community resources: CCNS VON VAC - K# _____ Other: _____
Car caregiver: _____ Support level: _____
Other information: _____

Financial: Employed: _____ Initial: _____
 CPP/Disability Old Age Pension Income Assistance Workplace Pension WCB
 Public Trustee: _____ Insurance: _____
Other information: _____

Leisure Participation: _____ Initial: _____
Social activity participation: Active (> 3/week) Moderate (1-2/week) Rare (< 1/week) Isolated
Prior life roles: _____
Leisure activities: _____
Barriers to current participation: _____
Areas of concern: _____


Communication: Languages spoken: _____ Initial: _____
 WNL Hearing impaired Dysarthria Aphasia: expressive / receptive / global SLP consulted



Assessment Forms
CD0460MR_01_12

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Capital Health
Occupational Therapy Services
**Neurosciences Occupational Therapy
Initial Assessment**


Informed consent for assessment received

Date: _____
Diagnosis/HPI: _____
Relevant PMHx: _____
Speech / Communication: _____
Vision / Hearing: _____

HOME ENVIRONMENT:
Who lives with patient? _____
Other supports: _____
Type of home: _____
Number of steps/railings: Front: _____ Back: _____ B/w levels: _____
Bedroom: Main Level: _____ Other: _____
Bathroom: Main Level: _____ Other: _____
Laundry: Main Level: _____ Other: _____
Equipment used at present: _____
Present Plans Re: Discharge Location: _____

PREADMISSION STATUS: _____

COGNITIVE STATUS (orientation, attention, memory, problem solving, insight, judgment):



To Start...

Chart review

- Take note of aphasia (more likely to see in left hemisphere stroke)
 - Liaise with SLP about how best to communicate with client
 - Think about gesturing, body language, reliable yes/no, written word
- Take note of dietary restrictions
 - Don't give water to someone on a modified diet with thickened liquids

Often helpful to do a joint assessment with physiotherapy

Know what you might generally expect based on the diagnosis but go in with an open mind

Informed consent

Gather background information about home environment, PTA status as you would any other initial assessment

- You may need to get collateral depending on if there are cognitive or speech concerns

Cognition

Brief cognitive screen

- Oriented to person?
- Place?
- Time?
- Situation?

Does the information they provided you with re: home environment/PTA status match what their family reports?

Can they follow commands?

- 1-step
- 2-step
- Complex

If you think there could be an issue, try a cognitive screen (Moca, MMSE, OCS, verbal reasoning subtest, etc.) and/or a functional assessment

Perception

Is the patient's gaze favouring one side of the room?

- Are they unable to hold their attention to one side of the room when cued to?

Was there sensory extinction on light touch sensation screen? (see UE screen)

Screen for visual extinction

- Hold two fingers up, ask them to look at your nose and tell you which finger is moving
- Wiggle each finger individually first to make sure they can see both individually, then wiggle both at the same time
- If they can't see one, there could be a visual change

Do they stick to one side of their walker/the hallway when ambulating?

Do they miss turns to one side when walking a lap of the unit?

Do they leave one sleeve out when getting dressed?

Do they leave their affected arm behind them when moving or in a funny position at rest?

If you think there could be an issue, try a perceptual screen (SNAP, Broken Hearts test from OCS, etc.) and/or a functional assessment

Fatigue

Very common post stroke

Ask if they are experiencing

- Assume most will, even if they do not currently endorse it

Opportunity to provide some education

- We expect it after a stroke
- Brain is trying to recover
- Take rest breaks
- Try to pace yourself
- ****to family & staff as well****

UE Screen

Which is their dominant hand?

Which UE has been affected?

- Do you use your arm throughout the day?
- Are you able to use your arm for feeding, grooming, washing, dressing?
- What activities are you finding difficult to do with your arm/hand?

Pain?

- Ask question, rate it
- At rest? With movement?
- Remind them to tell you if they feel any throughout screen
- Pre-existing injuries?

Edema?

- observation

UE Screen continued

ROM/Strength

- Ideally start in supine position on bed with scapula supported if there is suspicion of weakness
- If there is little to no weakness suspected, completing in sitting is fine
- Compare affected to unaffected
- Ask them to do each movement actively
- Can be helpful to screen both sides at once
 - If there is weakness on affected side when testing bilaterally, double check one arm at a time to make sure strength is not being affected by attention
- If they can achieve full AROM, test functional strength – no need to formally MMT

UE Screen continued

ROM/Strength

- May need to test one UE at a time if there are issues getting to full range or strength simultaneously
 - Ask them to look at the UE they are trying to move and focus on it
- If they cannot achieve full AROM, assist them passively to get to full range (STOP at 90 degrees of shoulder flexion/abduction) – note if full range unachievable, if pain occurs, etc.
 - May need to support the UE as they actively move arm against gravity
 - Once you've moved them into to full range, ask them to hold the UE there
 - If they can hold it, test strength

UE Screen continued

Movements:

- Shrug shoulders toward ceiling and down
- Squeeze shoulder blades together, puff out chest
- Round shoulder blades, as though giving a hug
- Raise arm straight out in front to shoulder height, thumb up, and back down
- Raise arm out to side like a snow angel, palm down, and back in
- With elbow at side, bring hand into stomach and back out
- Bend elbow to touch chin, then reach out straight to target
- Turn palm up to sky, then back down
- Bend wrist forward, then back
- Wave wrist to the right, then to the left
- Make a fist, stretch fingers out straight and wide
- Touch each finger with your thumb, one at a time

UE Screen continued

Sensation: Light Touch

- Are you experiencing any numbness or tingling?
- Does it feel about the same to you when I touch both sides?
- Does it feel any different to you when I touch both sides?
- Does it feel the same when I touch your shoulder as when I touch your hand?
- Which arm is your left? Which arm is your right?
 - If difficulty with left/right discrimination, ask them to move the arm, point, etc.
- Close your eyes, I will touch either your left arm, right arm, or both. You tell me which side I touch
 - Don't need to worry about specific dermatomes
 - Looking to get a sense of whether they can feel touch on each UE throughout
 - Make note if they only feel one side when the stimulus is bilateral (see: perception)

UE Screen continued

Sensation: Proprioception

- I am going to move your thumb, when I bend it, it is “down/bent”, when I straighten it, it is “up/straight”
 - Show them first so they know exactly what you’re asking
 - Ask them to close their eyes and relax their thumb, not help you with the movement
 - Make sure to hold on the sides of the thumb so that you are not giving any feedback by pressing up/down
 - Make sure you’re not touching any other part of their arm/hand
 - Start with unaffected side
 - 5ish trials per side

UE Screen continued

Coordination: Finger-Nose

- Ask them to touch their nose, then touch your finger
- Repeat that motion, back and forth, as quickly as possible
- Position your finger far enough away that they need to straighten their elbow to get there, but not so far that they need to move their trunk
- You are looking for a shakiness (ataxia) or past-pointing (dysmetria)
- Start with unaffected side and then compare to affected side

UE Screen continued

Coordination: Rapid Alternating Movements (RAM)

- Ask them to place both hands on their lap
- Lift your palms up towards the ceiling, then flip them back down onto your lap, and repeat
 - pat thigh with palm then dorsum of hand, alternately
- Demonstrate what you mean
- Ask them to go as quickly as they can
- Looking for any clumsy movements, slow and hesitant movements, or unable to complete RAM smoothly (disdiadochokinesia- “DDK”)
 - Often will tap the palm twice, or dorsum twice, or bilat hands won't pat at the same time

UE Screen continued

Tone/Spasticity

- Ask client to relax their UE, “close your eyes, deep breath out, limp like a noodle”
- Move their elbow/wrist/fingers, for example, rapidly from flexion to extension (and vice versa) and feel for increased muscle tightness at some point during the movement
- Don’t worry about scoring using the Modified Ashworth Scale, but take note of any muscle groups that seem to either have increased tone (tightness) or decreased tone (flaccid)
- If their muscle tone seems normal, note “WFL” NOT “no tone”
 - No tone = ?flaccid

UE Follow-up

They look pretty good, but not back to THEIR normal

- Within ten reps of shoulder shrugs, you see delay timing, less height
- Decreased fine finger movements, in hand manipulation
- Using compensatory movements to get things done
- Fatigue!!! (arm feels tired or heavy)

Outpatient OT, OT outpatient self referral, ABI Outreach, ABI Day Program, Home Program

Not sure? Better to over-refer than under-refer. Reach out to:

- Lindsay Edwards (Lindsay.Edwards@nshealth.ca 902-473-3122) – Outpatient stroke OT
- Joy Boyce (Joy.Boyce@nshealth.ca 902-473-7361) – Outpatient stroke OT
- Kendra Fougere (Kendra.Fougere@nshealth.ca 902-473-1186) – Coordinatator ABI Ambulatory Care

What Next?

Next session on Low stage arms

- Positioning, protection
- Transfers

Cognition?

Perception?

What would you find useful?