CONCEPT

Stroke Rehabilitation Course: Post-Stroke Pathway, Therapy Techniques and Rehab Unit Practice



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Introduction:

Stroke rehabilitation along the post-stroke pathway, with therapy techniques and rehab unit practice, is the subject of this 1-week course for physiotherapists, occupational therapists, rehabilitation nurses, speech and language therapists and stroke unit leads, who produce an Individual Stroke Rehabilitation Plan and a Stroke Unit Service Improvement Plan. Recovery stalls when therapy starts late, swallowing and mood go unscreened, goals differ between disciplines and discharge leaves families unprepared. Nominees already treat or coordinate care for stroke survivors, and teaching is by case study on anonymised patient records and unit data. CoreConcept Training Center delivers this stroke rehabilitation course.

Course Objectives:

- Classify post-stroke motor, sensory, swallowing, communication and cognitive impairments using the ICF model to set rehabilitation priorities
- Agree interdisciplinary SMART rehabilitation goals with stroke survivors and families and record them in one shared plan
- Select and score outcome measures such as the Barthel Index, Fugl-Meyer Assessment and Berg Balance Scale to track recovery
- Apply task-specific training, gait retraining, constraint-induced movement therapy, spasticity management and dysphagia and aphasia techniques
- Prevent secondary complications through positioning, falls prevention, cognitive and mood screening and structured carer training
- Plan early supported discharge, tele-rehabilitation follow-up and stroke unit quality indicators for service improvement

Target Audience:

- Physiotherapists responsible for mobility, balance and gait recovery after stroke
- Occupational therapists responsible for upper limb function, daily living skills and home readiness
- Rehabilitation nurses responsible for positioning, continence, swallowing safety and round-the-clock therapy carry-over
- Speech and language therapists responsible for dysphagia screening and aphasia or dysarthria therapy
- Stroke unit and rehabilitation ward leads responsible for team workflow, discharge flow and unit performance data

Course Outline:

Day 1: Stroke Impairments and the Post-Stroke Rehabilitation Pathway

- ICF Model Mapping of Post-Stroke Body Function Impairments
- Stroke Subtypes and Lesion Location Linked to Rehab Prognosis
- Post-Stroke Pathway Map From Hyperacute Unit to Community
- Stroke Unit Care Elements and Early Mobilisation Timing
- Current-State Audit of a Rehabilitation Unit Patient Flow

Day 2: Interdisciplinary Goal Setting and Stroke Outcome Measures

- Interdisciplinary Team Meeting Format and Role Allocation
- SMART Rehabilitation Goals Agreed With Stroke Survivors
- Modified Rankin Scale and Barthel Index Scoring Practice
- Fugl-Meyer Assessment for Upper and Lower Limb Recovery
- Berg Balance Scale and 10-Metre Walk Test Interpretation

Day 3: Evidence-Based Motor, Swallowing and Communication Techniques

- Repetitive Task-Specific Training Dosage and Progression Rules
- Gait Retraining With Treadmill, Orthoses and Functional Electrical Stimulation
- Constraint-Induced Movement Therapy Selection and Learned Non-Use
- Mirror Therapy and Motor Imagery for Hemiparetic Arm
- Dysphagia Bedside Screening and Constraint-Induced Aphasia Therapy

Day 4: Complications, Cognition, Carers and Early Supported Discharge

- Spasticity Management With Stretching, Splinting and Botulinum Referral
- Hemiplegic Shoulder Positioning and Falls Risk Prevention Bundle
- Neglect, Attention and Post-Stroke Depression Screening Tools
- Carer Training Checklist for Transfers, Feeding and Exercises
- Early Supported Discharge Criteria and Tele-Rehabilitation Follow-Up

Day 5: Case Study on a Stroke Survivor and Rehab Unit Data

- Case Patient Assessment Using Collected Outcome Measure Scores
- Case Goal-Setting Meeting With Patient and Family Priorities
- Individual Stroke Rehabilitation Plan Drafting and Peer Review
- Stroke Unit Quality Indicators Review From Case Unit Data
- Stroke Unit Service Improvement Plan Completion and Presentation

Skills You Will Gain:

- Post-Stroke Impairment Classification
- Interdisciplinary Goal Negotiation
- Stroke Outcome Measure Scoring
- Task-Specific Training Prescription
- Upper Limb Neurorehabilitation
- Dysphagia and Aphasia Management
- Discharge Readiness Assessment
- Rehabilitation Service Audit

Why Attend This Course:

- Deliver an Individual Stroke Rehabilitation Plan and a Stroke Unit Service Improvement Plan to the rehabilitation lead and the interdisciplinary team
- Choose which techniques, therapy intensity and outcome measures suit each stroke survivor at each stage of recovery
- Reduce aspiration pneumonia, shoulder pain, falls and delayed discharges that lengthen stay and slow recovery
- Coach colleagues and carers in shared goal setting, positioning routines and the scoring of standard outcome measures

Conclusion:

Back at work, the participant presents the Individual Stroke Rehabilitation Plan to the interdisciplinary team and the stroke survivor's family, who use it to agree therapy intensity, goals and discharge timing. The Stroke Unit Service Improvement Plan goes to the rehabilitation lead and unit managers to prioritise changes in screening, early mobilisation, carer training and early supported discharge. After the first quarter under the plan, the unit should compare outcome measure gains, length of stay and readmissions with the baseline and revise the plan.

Frequently Asked Questions FAQ:

What should participants know before a stroke rehabilitation course on post-stroke pathway and therapy techniques?

Participants should already treat, nurse or coordinate care for stroke survivors in hospital or community services. Basic neurological anatomy is assumed. Anonymised case notes or unit data from their own service are useful during the case study work.

How does this stroke rehabilitation course differ from geriatric care or clinical pathway courses?

It focuses only on recovery after stroke: impairments, therapy techniques, outcome measures and stroke unit practice. Geriatric care management courses cover older client services broadly, and clinical pathway courses teach pathway design for any condition without stroke-specific techniques.

Which stroke rehabilitation techniques have the strongest evidence for therapists to use?

Repetitive task-specific training, gait retraining, constraint-induced movement therapy for suitable patients, mirror therapy and early dysphagia screening are widely supported. Selection depends on residual movement, cognition, tolerance and stage of recovery, which the course practises on cases.

What does a participant bring back from the stroke rehabilitation course to their unit?

Each participant brings back an Individual Stroke Rehabilitation Plan for a case patient and a Stroke Unit Service Improvement Plan with quality indicators, plus scoring practice on standard outcome measures that can be shared with colleagues.