

# Post Acute Levels of Care for Stroke

## **INPATIENT REHABILITATION FACILITY (IRF)**

Acute rehabilitation patients:

- require 2 or more therapies (PT/OT/SLP)
- have capacity for functional improvement
- have potential to participate in 3 hours of therapy at least 5 days per week
- are medically stable but require 24-hr medical/Rehab Nurse monitoring
  
- all therapy disciplines available (PT, OT, SLP, BehMed)
- physicians are usually Physiatrists (specialists in Physical Medicine & Rehabilitation), Neurologists or Internists

## **LONG TERM ACUTE CARE (LTAC)**

- patients with acute medical or functional impairments or trauma (pulmonary / ventilator, medically complex, wound care, neuro)
- for longer term medical/surgical cases that are acutely ill and cannot participate in a more intense level of rehabilitation
- therapy services available (PT/OT/SLP)
- any physician specialty may admit patients
- average length of stay > 25 days

## **TRANSITIONAL CARE UNITS (TCU) OR SKILLED NURSING FACILITY (SNF) PATIENTS**

- are medically stable and require skilled or less intense rehabilitation
- physician management available-but not onsite daily
- therapy services available (PT, OT, SLP) up to 5 days per week
- 3 day acute care hospital stay required for Medicare reimbursement
- physicians are typically Internal Medicine or Family Medicine

## **HOME HEALTH**

- patient is homebound except for physician appointments or church
- services available (not necessarily daily) include: nursing, PT, OT, SLP, home health aides, social worker
- any physician may initiate a referral

## **OUTPATIENT THERAPIES (PT, OT, SLP, BEHAVIORAL MEDICINE)**

- for patients able to leave their homes to attend therapies
- therapies are typically 1-3 times per week
- any physician may initiate a referral



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## Screening Tool for Rehabilitation Services

### PHYSICAL THERAPY (PT)

is indicated if there is a decline in:

- lower extremity strength, sensation
- balance, pain
- ability to move in bed
- ability to transfer  
(sit to stand, supine to sit, etc)
- mobility  
(walking or propelling a wheelchair)

or if there is:

- recurrent falling
- need for wheelchair assessment/fitting
- lymphedema

### OCCUPATIONAL THERAPY (OT)

is indicated if there is a decline in:

- upper extremity strength, sensation
- endurance
- activities of daily living  
(feeding, grooming, dressing, bathing, toileting)
- functional transfers  
(tub transfers, toilet transfer)
- home management abilities  
(cooking, laundry, checkbook skills)
- or if there is need for education in work simplification and/or energy conservation

### SPEECH LANGUAGE PATHOLOGY (SLP)

is indicated if there is a decline in:

- communication
- verbal or written expression
- verbal or written comprehension
- speech intelligibility (dysarthria)
- vocal quality (dysphonia)
- memory, thinking skills, or other cognitive abilities
- swallowing (dysphagia)

### PSYCHOLOGICAL EVALUATION, NEUROPSYCHOLOGY

#### (PSYCHOLOGY OR BEHAVIORAL MEDICINE)

is indicated if there are issues with:

- cognition (memory, judgment, reasoning, problem solving)
- adjustment to disability
- pain management
- stress management
- mood (depression, anxiety, etc)
- social skills

**Developed By:  
TENNESSEE STROKE  
SYSTEMS OF CARE TASK FORCE**

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