A New Perspective for Interdisciplinary Rehabilitation Care of the Stroke Survivor

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An estimated 50 million stroke survivors worldwide are currently coping with significant physical, cognitive, and emotional deficits (Kalra & Langhorne, 2007). The Comprehensive Overview of Nursing and Interdisciplinary Rehabilitation Care of the Stroke Patient (Miller et al., 2010) is a scientific statement prepared for the American Heart Association (AHA) that summarizes the best available evidence and recommendations for interdisciplinary management of the needs of stroke survivors and their families across the care continuum from inpatient to end-of-life settings. This statement compliments the previously published AHA stroke guidelines (Duncan et al., 2005; Summers et al., 2009) by providing a review of the care provided by the interdisciplinary rehabilitation team, outlining the multiple settings in which rehabilitation can occur, and emphasizing the essential role of nurses in the process.

It is well documented that organized rehabilitation care enhances the recovery of the stroke survivor (Lloyd-Jones et al., 2010; Duncan et al., 2005). Moreover, evidence strongly supports that stroke rehabilitation is an integral component of stroke treatment and can enhance the physical, psychological, social, and vocational potential in survivors when the interventions are guided by evidence-based research and implemented by an effectively functioning interdisciplinary rehabilitation team. A unique feature of the statement produced by Miller and colleagues (2010) is that the care is structured within the context of the World Health Organization's International Classification of Functioning, Disability and Health (ICF) Framework, thereby acknowledging that stroke recovery is a complex and multifaceted process involving the interplay of three care domains. These domains are (1) the pathophysiological processes (i.e., body functions and structures) directly related to stroke and its associated comorbidities, (2) the importance the stroke has on the individual (i.e., activity limitations, participation restriction), and (3) contextual factors such as each survivor's personal and environmental resources that affect how the disability is experienced by the survivor and their family.

Included within this scientific statement is also an evaluation and summary of the best available evidence to support the recommendations for coordinated
interdisciplinary assessment and management of the stroke survivor throughout the care continuum from inpatient to end-of-life settings. In addition, areas of limited or conflicting research evidence (e.g., strategies to improve swallowing ability after stroke; balance training to enhance poststroke outcomes; positioning, strapping, or passive range of motion as interventions for shoulder contractures and pain prevention) are identified to stimulate further investigation (Lannin, Cusick, McCluskey, & Herbert, 2007; Tseng, Chen, Wu, & Lin, 2007).

A final distinctive feature of this scientific statement is its emphasis on families and caregivers who provide more than 74% of the care for stroke survivors when discharged to home (Dewey et al., 2002). Research emphasizes the pivotal role of family in the recovery process, including the association of family support with improvements in the stroke survivor’s physical and overall functional status and psychosocial outcomes (King, Shade-Zeldow, Carlsm, Feldman, & Philip, 2002). Moreover, caregiving families experiencing stress frequently impede the rehabilitation of stroke survivors and can be a major reason for their institutionalization. The evidence affirms the importance of supporting family caregivers during all phases of rehabilitation.

For the stroke survivor, initiating rehabilitation immediately after stroke will enhance the likelihood of recovery and minimize functional losses. Applying the ICF framework provides an approach that fosters the effective and coordinated delivery of care from a holistic and humanistic perspective with nurses playing a central role in this interdisciplinary care delivery process.

References


