OT EVALUATION CHECKLIST

Stroke OT Evaluation Checklist

Denise, MS, OTR/L · Occupational Therapist

1 Before Contact

Confirm stroke type and location if known, onset and treatment, medical stability, activity and blood-pressure orders, falls, swallowing precautions, lines, tubes and mobility status. Record dominant hand, prior function, home and supports. Ask which self-care, home, work or leisure activities matter most. Use supported communication when needed.

2 Observe Before Over-cueing

Arousal and sustained attention • Communication and following directions • Spontaneous bilateral use and affected-side awareness • Posture, midline and problem solving

3 Upper Extremity

Active movement and motor control • Tone; shoulder alignment and pain • Sensation and proprioception • Edema, skin and hand hygiene • Functional reach, grasp, release and bilateral use

4 Vision, Perception and Cognition

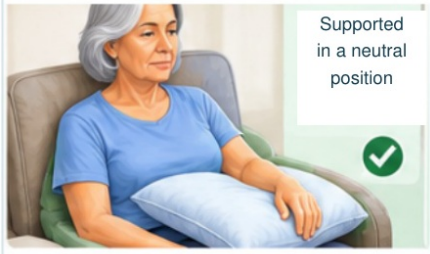
Visual fields, ocular alignment and scanning • Neglect or inattention; praxis • Orientation, memory and executive function • Safety awareness and insight

5 Function

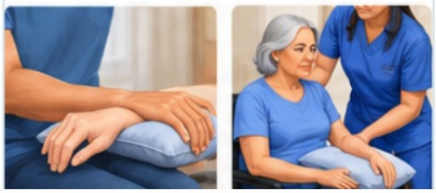
Sitting and standing balance as relevant • Bed mobility and transfers • Actual daily activity performance • Endurance and activity tolerance • Assistance, cues, errors and response to strategies

6 More Guidance & Examples

Connect Observation with the Next Step: Record the occupation, setup, help and cues, safety and effective strategies. Select further assessment and a functional goal from the observed problem. Follow current administration manuals; a screening score does not replace an occupational evaluation. Sudden Change: Stop and Escalate: Sudden new neurologic symptoms or a severe unexplained headache require immediate emergency/stroke activation; call 911 in the community, even if symptoms improve. Note onset or last known well without delaying help.

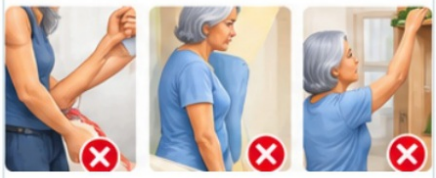


Supported Arm



Support at elbow and wrist.
Keep the arm close to the body.

Safe Handling



Unsupported / forceful positions

Function · Participation · Independence

In practice

Follow current orders.
Check comfort and fatigue.
Reassess task performance.

Practical Tools for Confident Stroke Care

FUNCTION
PARTICIPATION
INDEPENDENCE

OT EVALUATION CHECKLIST

Stroke OT Evaluation: Documentation

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1 Occupational Profile

Record prior function, roles, valued activities, home and support, the person's priorities and how communication was supported.

2 Observed Performance

Name the task and setup. Record completed and missed steps, assistance, cues, safety and efficiency. Distinguish observed performance from reported ability.

3 Clinical Reasoning and Plan

Explain the barriers, strategy trial and response. Identify the next functional target, assessment or referral, equipment and training needs, discharge barriers and limitations of the evaluation.

4 Fictional Clinical Example

During seated grooming, a patient misses supplies on the left. The OT trials a visual anchor and scanning cues, documents omissions and assistance, and checks carryover during dressing. A better tabletop search does not establish safe independent daily function.

5 Sentence Builder

Patient completed [occupation] in [context] with [help and cues], limited by [observed barriers]. Performance changed with [strategy]. Next: [functional goal, training or referral].

6 More Guidance & Examples

Emergency Distinction: Sudden new weakness, numbness, speech or vision change, loss of balance, or severe unexplained headache may be a new stroke. Stop and activate the emergency pathway immediately; call 911 in the community, even if symptoms improve. My Task / Response / Next Step:



Stroke Signs



Medical Review



Interview

In practice

Follow current orders.
Check comfort and fatigue.
Reassess task performance.

OT EVALUATION CHECKLIST

Evidence & References

Denise, MS, OTR/L · Occupational Therapist

1 Selected Guideline References

Department of Veterans Affairs & Department of Defense. (2024). VA/DoD clinical practice guideline for management of stroke rehabilitation (Version 5.0). Heart and Stroke Foundation of Canada. (2025). Canadian Stroke Best Practice Recommendations: Rehabilitation, recovery and community participation following stroke (7th ed., Parts One-Three). National Institute for Health and Care Excellence. (2023). Stroke rehabilitation in adults (NICE Guideline NG236). Hildebrand, M. W., Geller, D., & Proffitt, R. (2023). Occupational therapy practice guidelines for adults with stroke. American Journal of Occupational Therapy, 77(5), 7705397010. doi:10.5014/ajot.2023.077501 Winstein, C. J., Stein, J., Arena, R., et al. (2016). Guidelines for adult stroke rehabilitation and recovery. Stroke, 47(6), e98-e169. doi:10.1161/STR.0000000000000098

2 Scope Note

This checklist intentionally does not prescribe one mandatory standardized battery. Measure selection should match the clinical question and setting, and clinicians should use current administration/scoring instructions.

3 Want the Complete Reference?

The Comprehensive Stroke OT Toolkit includes dedicated guidance for rapid evaluation, lesion patterns, occupational profile/goal setting, standardized-measure selection, upper-extremity examination, vision/neglect, cognition, sensation, ADLs, discharge planning and documentation. Clinical note: Educational reference only. Apply patient-specific orders, precautions, clinical judgment, standardized assessment instructions, discipline scope, and facility policy. © 2026 Denise, MS, OTR/L · OT Practical Guide · Complimentary professional resource

4 Current Guideline Update

The 2016 AHA/ASA guideline is a historical source. Current guidance: Richards, L. G., Ifejika, N. L., Stein, J., et al. (2026). 2026 Guideline for adult stroke rehabilitation and recovery. Stroke. doi:10.1161/STR.0000000000000536. See the expanded evidence section for the limits of the topic mapping.

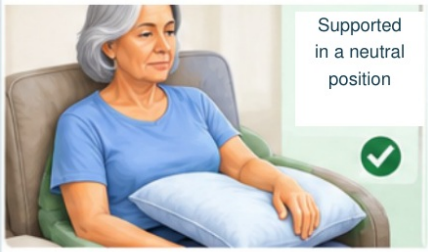


Interview



During activities

Activity Support



Supported Arm

In practice

Follow current orders.
Check comfort and fatigue.
Reassess task performance.