FREE STROKE OT QUICK KIT

Rapid OT Stroke Evaluation

Denise, MS, OTR/L · Occupational Therapist

1 Stop for a Sudden Change

Sudden new weakness, numbness, speech difficulty, vision change, loss of balance, or severe unexplained headache may be a new stroke. Stop treatment and activate the facility emergency/stroke pathway immediately; in the community call 911, even if symptoms improve. Record symptom onset or last known well without delaying help.

2 Before You Begin

Confirm medical stability, activity/BP parameters, fall precautions, current swallowing/diet precautions as applicable, lines/tubes and current mobility status. Identify dominant hand, prior level, home/support situation and the occupations that matter most.

3 Fast Bedside Screen

Arousal/attention and communication; spontaneous bilateral use; UE motor control/tone; shoulder pain/alignment; sensation; edema; vision/neglect; praxis; cognition; sitting/standing balance; transfers and actual ADLs.

4 Document What Matters

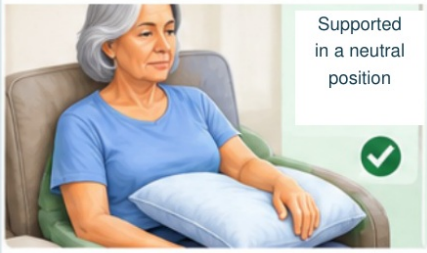
Record assistance level, type/amount of cueing, safety errors and which strategies improve occupational performance. A screening score is not the evaluation. Observe the patient doing meaningful tasks.

5 Make the Interview Accessible

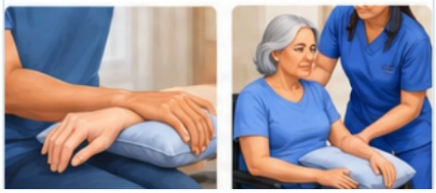
Offer choices, pictures, writing or supported yes/no responses as needed. Ask the person to identify one valued activity and what success would look like. Confirm prior independence, routines, equipment, available helpers and the actual home task rather than assuming that a discharge destination describes support.

6 More Guidance & Examples

Build a Measurable Goal: Specify the task, setting, assistance, cues and relevant safety criteria. For example: completes seated grooming using the agreed setup with supervision and no more than two scanning cues. This is a documentation example, not a target appropriate for every person. Fictional Clinical Example - Individualize the Approach: A patient needs help setting up grooming despite moving both arms. The OT observes the complete task, checks attention and scanning, trials a simpler setup and records assistance and cues. Next, the OT checks whether the same strategy supports dressing. Motor findings alone would not explain this occupational difficulty.

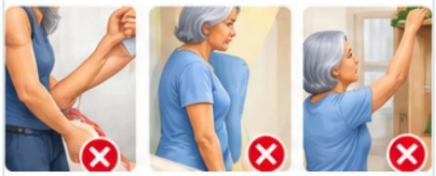


Supported Arm



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.

FREE STROKE OT QUICK KIT

Protecting the Hemiplegic Shoulder & Arm

Denise, MS, OTR/L · Occupational Therapist

1 Always

Support the affected UE in bed, chair and mobility; prevent dependent traction and hand entrapment. During assisted shoulder movement, do not move passively beyond 90 degrees of flexion or abduction unless the scapula is upwardly rotated and the humerus is laterally rotated. Avoid painful or forceful movement.

2 Avoid

Never pull the affected arm during transfers or bed mobility and do not lift under the axilla. Do not use overhead pulleys for the affected upper extremity after stroke.

3 Teach Everyone

Demonstrate safe handling to staff and caregivers and verify return demonstration. New severe pain, trauma, marked swelling or deformity needs prompt medical assessment. Sudden new neurologic symptoms require immediate emergency/stroke activation; call 911 in the community, even if they improve.

4 Check the Everyday Handling Chain

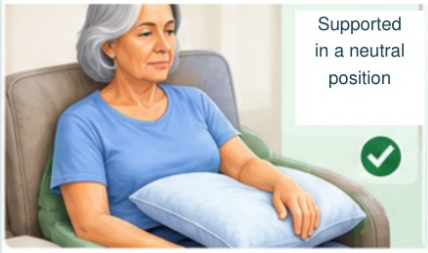
Observe bed setup, wheelchair support, dressing and transfers. Check that the hand is not trapped and the arm is supported during movement between surfaces. Ask each helper to demonstrate the prescribed handling. Correct traction at the point where it occurs instead of relying on a general warning alone.

5 Document Protection Needs

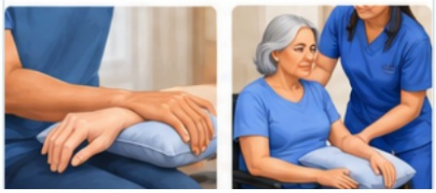
Record the position or activity provoking symptoms, support used and response. Distinguish new pain or injury needing medical assessment from sudden neurologic change requiring immediate emergency action. Reassess support when seating, mobility equipment or the assistance level changes.

6 Fictional Clinical Example - Individualize the Approach

During dressing, a helper lifts the patient by the affected arm. The OT stops the unsafe handling, supports the limb and demonstrates the prescribed method. The helper practices with supervision. The OT records return-demonstration performance and confirms that the same arm protection is used during transfers.

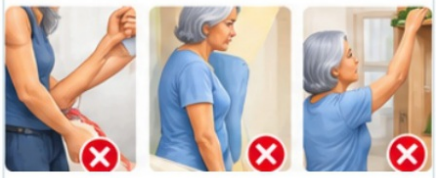


Supported Arm



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

Safe Handling



Unsupported / forceful positions

F Function · P Participation · I Independence

In practice

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

FREE STROKE OT QUICK KIT

Flaccid vs. Spastic UE: Quick Treatment Guide

Denise, MS, OTR/L · Occupational Therapist

1 Flaccid / Trace Activation

Use supported task attempts, bilateral self-assisted movement and selected adjuncts such as NMES only after appropriate contraindication/precaution screening.

2 Increased Tone / Spasticity

Look for triggers: pain, fear, fast movement, effort, positioning, bladder/bowel needs, skin irritation and fatigue. Use slow purposeful movement, positioning, hygiene, active antagonist use and meaningful functional practice.

3 Remember

Spasticity is not a required 'next stage' after flaccidity and is not the same thing as strength. Choose treatment from the patient's current motor control and occupational problem - not from a rigid recovery sequence. Prioritize protection, alignment, supported pain-free ROM, edema and skin management, sensory attention, and active initiation.

4 Identify Interference Rather Than Tone Alone

Describe whether increased tone limits palm hygiene, dressing, positioning, pain-free range or a valued activity. Compare movement at rest and during effort. Ask about pain, skin problems and other possible triggers. Tone severity alone does not describe functional usefulness or determine a treatment plan.

5 Evaluate the Chosen Strategy

Record position, speed, task demand, assistance and functional response. Consider whether improved comfort or hygiene occurred even if the tone score did not change. Coordinate with the medical team when tone management needs medication or other specialist assessment.

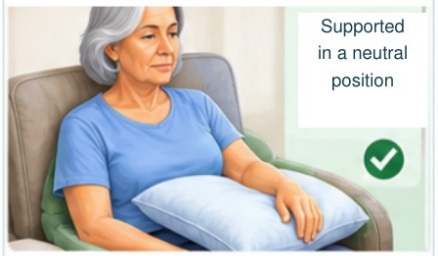
6 Fictional Clinical Example - Individualize the Approach

Increased finger flexion makes palm hygiene difficult. The OT checks pain, positioning, skin and other triggers, then trials a safe supported hygiene routine. The team considers further tone management when indicated. Documentation tracks comfort, skin access and caregiver assistance rather than treating a tone score as the only outcome.



Support the arm during all activities.

Flaccid Arm



Supported Arm



Use slow, gentle range of motion.

Spastic Arm

In practice

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

FREE STROKE OT QUICK KIT

Positioning, Bed Mobility & Transfers

Denise, MS, OTR/L · Occupational Therapist

1 Positioning

Keep pelvis/trunk aligned enough for function and support the affected arm as needed; protect skin and hand. Reassess pain, edema, respiration and tolerance rather than using one rigid posture for every patient.

2 Bed Mobility

Facilitate trunk/pelvis/scapula as trained; do not pull the affected arm. Embed dressing, scanning and affected-side awareness.

3 Transfers

Use the patient's established transfer status and required level of assistance. Set up equipment and lines first; use trained handling at trunk/pelvis, guard the knee when clinically indicated, and never pull through the affected UE or lift under the axilla. Practice the actual toilet, shower, bed and chair contexts because performance changes with the environment.

4 Confirm the Current Transfer Plan

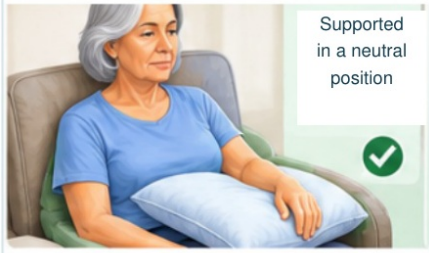
Check the prescribed assistance, equipment, footwear, surfaces and medical restrictions. Identify whether additional trained help or a mechanical device is required. A transfer that worked in therapy may be unsafe in a narrower bathroom or with a different helper.

5 Separate the Components

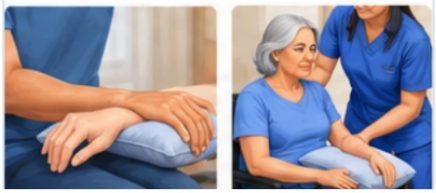
Observe setup, forward movement, balance, turning and controlled sitting as appropriate. Record the surface heights and equipment, assistance and safety errors. Teach the agreed method in the relevant context and verify the helper's performance rather than using a nonspecific instruction to assist as needed.

6 Fictional Clinical Example - Individualize the Approach

A patient transfers successfully from a therapy chair but struggles at a lower toilet. The OT reassesses surface height, turning space, balance and required help using the current transfer plan. Equipment and helper training are reviewed. Success in one setting does not establish independence in a different bathroom.

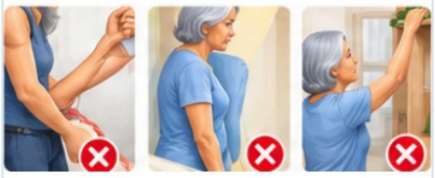


Supported Arm



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.

FREE STROKE OT QUICK KIT

Occupation-Based ADL Retraining

Denise, MS, OTR/L · Occupational Therapist

1 Dressing

One common strategy is affected arm into the sleeve first and unaffected side out first; individualize to garment, cognition and motor ability. Use dressing to train scanning, sequencing, bilateral integration, grasp/release and trunk control.

2 Grooming & Feeding

Grade setup and adaptive equipment while embedding affected-side attention, bilateral use and motor practice.

3 Toileting & Bathing

Separate transfer, balance, clothing, hygiene, sequencing, endurance and equipment needs so the limiting component is clear. Compensation supports independence now; restorative practice targets future capacity. Skilled OT can use both intentionally.

4 Feeding Is Not Swallowing Clearance

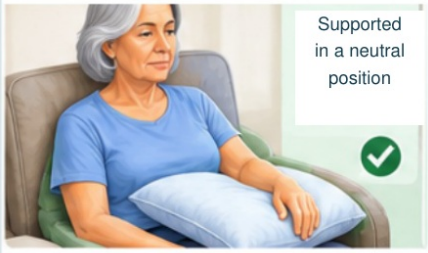
Confirm a valid swallowing screen by an appropriately trained professional before any oral intake after acute stroke, including food, liquids and oral medicines. Follow current NPO/diet orders; do not use an informal water trial to override them. Lack of coughing does not establish safe swallowing.

5 Observe the Actual Garment Task

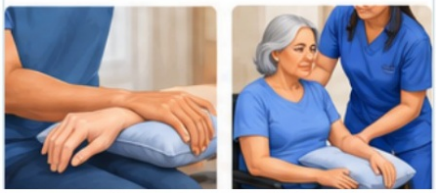
Check seated balance, garment orientation, arm protection, attention, sequencing and grasp. Compare the person's own clothing with practice garments. Identify which step is limiting independence before selecting adaptive equipment or taking over the whole activity.

6 More Guidance & Examples

Grade the Task: Alter garment demands, setup or cueing within the care plan. Record assistance for individual steps and whether a strategy carries over to a second garment. Teach the helper to allow processing time and support safe participation without pulling on the affected arm. Fictional Clinical Example - Individualize the Approach: A patient puts a shirt on backward and misses the affected sleeve. The OT assesses garment orientation, attention, sequencing and arm protection, then trials an agreed setup and cue routine. Reassessment uses another garment. Documentation states the steps and assistance rather than labeling the entire dressing activity as independent.

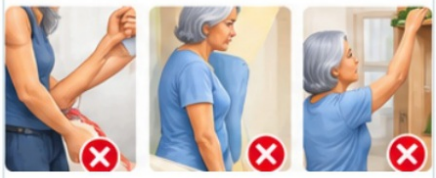


Supported Arm



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.

FREE STROKE OT QUICK KIT

Visual Field Loss vs. Neglect

Denise, MS, OTR/L · Occupational Therapist

1 Visual Field Loss

Look for consistent regional omissions/collisions and inefficient visual search. Train organized head/eye scanning, anchors and environmental setup.

2 Neglect / Inattention

Neglect is an attentional/perceptual disorder, not simply a visual deficit. Look for body/environment omissions, grooming errors, collisions and reduced affected-side awareness. Use salient anchors, repeated scanning, limb activation and meaningful affected-side tasks.

3 Differentiate

Field loss and neglect can coexist. Observe reading, meal trays, grooming, wheelchair navigation and response to cueing rather than labeling every miss a field cut. Build one repeatable scanning strategy into real occupations and practice it across settings.

4 New Vision Change

Sudden new loss of vision or double vision is a possible stroke warning sign. Activate the emergency pathway immediately; stable persistent visual concerns need appropriate clinical assessment.

5 Observe Body and Space

Look for omissions in grooming, dressing, finding objects and navigation. Neglect can coexist with field loss and may vary by task and fatigue. Reduced awareness means that verbal agreement alone does not establish safe performance.

6 More Guidance & Examples

Build a Consistent Cue Routine: Choose salient cues and activity setup that improve the observed occupation. Record omissions, collisions, assistance and response. Train helpers in the same method and check carryover across settings. Reassess safety when the environment changes rather than relying on one successful tabletop task. Fictional Clinical Example - Individualize the Approach: A patient overlooks grooming supplies on the left. The OT trials a salient visual anchor and scanning cues during grooming, recording omissions and help. The strategy is then checked during dressing. Improved tabletop search alone would not establish safe independent navigation or self-care.



In a wheelchair

Wheelchair Position



During activities

Activity Support



During activities

Activity Support

In practice

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

FREE STROKE OT QUICK KIT

Stroke OT Treatment Selection: Bedside Quick Guide

Denise, MS, OTR/L · Occupational Therapist

1 Choose From the Current Presentation

For a flaccid arm, prioritize protection, support, awareness and safe participation. For emerging movement, grade reach, grasp and release in meaningful tasks. When increased tone limits function, address triggers and coordinate management. When pain limits use, modify the task and seek appropriate assessment.

2 When Attention or Cognition Limits Performance

Use a simpler environment, a repeatable scanning or cue routine and caregiver training in the actual occupation. Compare response rather than selecting an intervention from the diagnosis alone.

3 Define the Task Demands

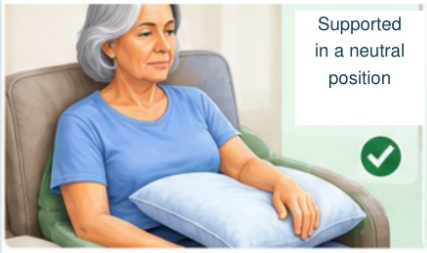
Choose an activity meaningful to the person and identify the limiting component: reaching, stabilizing, grasping, releasing or manipulating. Set position, object size and support so successful practice is possible. Monitor pain, fatigue and movement quality rather than increasing repetition counts automatically.

4 Progress One Demand Deliberately

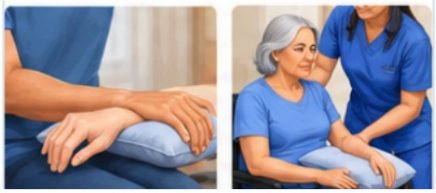
Change distance, precision, object properties, support or context according to performance. Record what changed and the effect on task success. Include opportunities to apply the skill in a daily activity; an improvement in a tabletop component may not yet mean independent self-care.

5 Fictional Clinical Example - Individualize the Approach

A patient can reach a large grooming container with forearm support but loses control with a smaller item. The OT grades object size or support one step at a time, monitoring comfort and quality. Reassessment records successful actions and assistance, then checks transfer to the person's grooming routine.

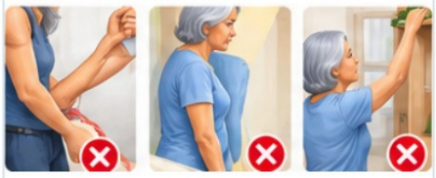


Supported Arm



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.

FREE STROKE OT QUICK KIT

Evidence & References

Denise, MS, OTR/L · Occupational Therapist

1 Why These Sources Are Included

The Quick Kit is evidence-informed and designed as a concise point-of-care educational resource. The references below include current stroke rehabilitation guidelines and peer-reviewed occupational therapy / rehabilitation literature relevant to the clinical concepts in this sample.

2 Core Stroke Rehabilitation Guidance

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

3 Selected Peer-reviewed Evidence

Thieme, H., Morkisch, N., Mehrholz, J., Pohl, M., Behrens, J., Borgetto, B., & Dohle, C. (2018). Mirror therapy for improving motor function after stroke. Cochrane Database of Systematic Reviews, Issue 7, CD008449. doi:10.1002/14651858.CD008449.pub3 Corbetta, D., Sirtori, V., Castellini, G., Moja, L., & Gatti, R. (2015). Constraint-induced movement therapy for upper extremities in people with stroke. Cochrane Database of Systematic Reviews, Issue 10, CD004433. doi:10.1002/14651858.CD004433.pub3 Mack, A., & Hildebrand, M. (2023). Interventions for caregivers of people who have had a stroke: A systematic review. American Journal of Occupational Therapy, 77, 7701205180. doi:10.5014/ajot.2023.050012

4 Evidence Note

Evidence quality and applicability vary by intervention and patient presentation. This Quick Kit does not imply that every intervention is appropriate for every person after stroke. Apply patient-specific precautions, current medical orders, standardized assessment instructions, facility policy, and professional clinical judgment. Evidence and guidelines evolve; verify current recommendations when needed. Want the deeper evidence map? The Comprehensive Stroke OT Toolkit includes 40 clinical topics plus an expanded Evidence & References document that maps guideline and journal evidence to the relevant clinical sections.

5 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.



Stroke Signs



Medical Review



During activities

Activity Support

In practice

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

FREE STROKE OT QUICK KIT

About This Complimentary Stroke OT Quick Kit

Denise, MS, OTR/L · Occupational Therapist

1 USE & LICENSE

Complimentary professional-use license: The individual recipient may use this resource as a personal clinical reference and may print copies for their own direct patient/caregiver education when clinically appropriate. The digital PDF may not be redistributed to coworkers, uploaded to a department/shared drive, resold, publicly posted, altered for resale, or incorporated into another commercial product.

2 IMPORTANT EDUCATIONAL NOTICE

This resource is for educational purposes and does not replace individualized occupational therapy evaluation, professional clinical judgment, medical advice, facility policy, provider orders, emergency guidance, or recommendations from the treating interdisciplinary team. Apply patient-specific precautions and work within professional scope, competence, jurisdiction, and organizational policy.

3 EVIDENCE TRANSPARENCY

A dedicated Evidence & References page is included immediately before this page. It identifies current stroke rehabilitation guidelines and selected peer-reviewed research supporting the clinical concepts in this sample. Evidence quality and applicability vary by intervention and patient presentation, and recommendations evolve over time.

4 CONTINUE WITH THE COMPLETE RESOURCE

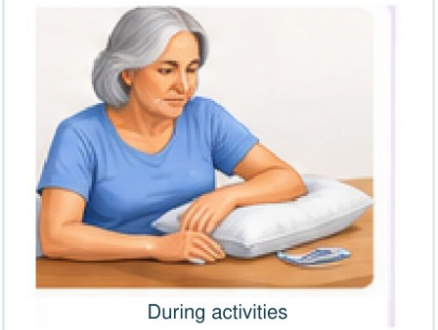
The Comprehensive Stroke OT Toolkit expands the sample into 40 focused clinical topics and includes individually printable topic PDFs plus an expanded Evidence & References document mapping guideline and journal evidence to relevant clinical sections.

5 COPYRIGHT

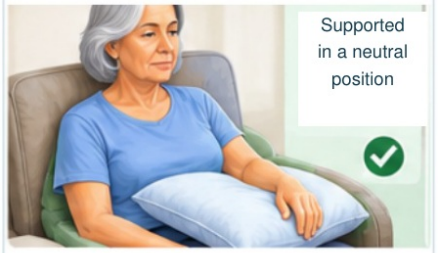
© 2026 Denise, MS, OTR/L · OT Practical Guide. All rights reserved. No resale, public posting, unauthorized digital redistribution, shared-drive distribution, or incorporation into another commercial product/course except as permitted by the applicable license. Complimentary resource: please direct colleagues to obtain their own authorized copy rather than forwarding the digital PDF.



Interview



Activity Support



Supported Arm

In practice

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