

# User Guide: Stroke Rehabilitation Chart

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## Rehabilitation Working Group – National Stroke Network

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### Background information

The Stroke Rehabilitation Chart has been developed by the National Stroke Network Rehabilitation Working Group as a tool to help rehabilitation teams improve adherence to the New Zealand Clinical Guidelines for Stroke (2010). The chart has been trialed in some rehabilitation settings during 2015 to test its usability and the group will be seeking ongoing feedback.

### What is it?

- The Stroke Rehabilitation Chart is a tool for rehabilitation teams to record the therapy they deliver to stroke patients in accordance with recommendations in the NZ Clinical Guidelines
- It belongs at the front of the clinical notes
- It is similar to a medication chart, but is a record rather than a prescription.

### Why are we doing this?

The NZ Clinical Guidelines for Stroke Management (2010) state that for patients undergoing active rehabilitation:

- A Physical therapy (physiotherapy and occupational therapy) should be provided as much as possible but should be a minimum of one hour active practice per day (at least five days a week)
  - B Therapy for dysphagia or communication difficulties should be provided as much as tolerated, and
  - C Staff should encourage patients to continue to practise skills they learn in therapy sessions.
- Recent research shows that only 50% of stroke rehabilitation units can consistently provide at least one hour of active rehabilitation per day (McNaughton et al., 2014)
  - The chart is designed to concisely summarise therapy dose so it can easily be compared with the guidelines for each patient
  - Having a concise summary at the front of the notes will give teams a quick-glance overview, avoiding the need to search pages of notes to gain an impression of the patient's treatment.

### Who is this for?

- This chart is for all members of the stroke rehabilitation team to complete
- The team includes everyone involved in delivering therapy, education and support to people in rehabilitation after stroke.

## How do we use it?

- The chart is used to record time in active rehabilitation with members of the rehabilitation team, in a simple week-by-week format
- Recording and totalling therapy time for PT, OT and TA will identify whether the first guideline is met
- There are two pages for each week
- The chart belongs at the front of the notes.

## Recording Time and Codes

- **Time** is the duration of the therapy session and is recorded in **minutes**. This is face-to-face time, not documentation time.
- **Ax** = Assessment
- **Non-Administration Code:**  
If you attempted to treat the patient but were unable, record a **Non-Administration code** instead of **minutes**.

D – Declined    S – Sick    U - Unavailable

- For **OTs**, **PTs**, and **TAs** under their supervision, the therapy session duration in terms of face-to-face contact time is recorded; documentation time is not included. This time is summed in the TOTAL row, to compare with the one hour per day guideline.
- For **SLTs**, and **TAs** under their supervision, therapy time in terms of face-to-face contact time is recorded; documentation time is not included. This time can also be summed in the lower TOTAL row.

Multiple Staff Sessions	
OT & TA	Record as OT
PT & TA	Record as PT
SLT & TA	Record as SLT
OT & SLT	Record as OT & SLT
PT & SLT	Record as PT & SLT
TA only	Record as TA when under OT or PT direction Record as SLT+TA when under SLT direction

## Rehabilitative Nursing

Tick in the appropriate box to record when you have provided therapeutic support for these activities each day. This provides an overview of which activities the patient is practicing with your support, rather than you doing it for them.

**Education and Support** includes interactions with any staff member.

Record your discipline in the box.

Record whether **Family** were present or not.

The presence or absence of family, whanau and support people at each session is recorded by circling Y (yes) or N (no). This allows the team to see what opportunities the family have had to learn about the patient's rehabilitation.

## Potential benefits

- The chart may support decisions about the care of each patient, based on an accurate picture of their treatment relative to the clinical guidelines
- The chart improves the likelihood that the minimum therapy intensity expected by the guidelines will be achieved for each patient
- The chart may be a useful summary for reference during MDT meetings and family meetings.

## Further information

If you have any questions please contact either Ginny Abernethy or Cathy Stinear:

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To download a user presentation about the chart click here: <https://youtu.be/96Iitlz-rOQ>



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