



**American
Stroke
Association.**
A division of the
American Heart Association.

Top Take-Home Messages for Occupational Therapists

**Adapted from: 2026 Guideline for Adult Stroke Rehabilitation and Recovery: A Guideline
From the American Heart Association and American Stroke Association**

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The guideline sections listed under each take-home message provide the relevant content that supports the corresponding key takeaway.

1. Community Integration

Occupational therapy includes providing interventions and referrals to foster participation and engagement in meaningful activities and roles.

2. Support Mobility and Physical Activity

Individually tailor activity and home exercise programs while incorporating falls prevention strategies to maximize safe engagement in real-world physical activity. *(Sections 3.6, 5.1, 5.5).*

3. Activity and Participation

Evaluation and intervention address participation in self-care, home management, leisure and recreation, social engagement, caregiving responsibilities, education, work, and community activities. *(Sections 4.1, 7.6, 7.7, 7.8).*

4. Formally Assess Disability

Use valid and reliable assessments across body structures and functions, activity limitations, participation restrictions, and environmental factors beginning in the acute phase and continuing throughout recovery. *(Sections 4.1, 4.2).*

5. Select Adaptive Equipment and Durable Medical Equipment

Collaborate with persons with stroke and care partners to select appropriate devices that increase meaningful engagement in valued activities. *(Section 5.7).*

6. Enhance the Social and Physical Environment

Work with persons with stroke and care partners to intentionally address barriers in the social and physical home environments, address safety concerns, improve accessibility, and strengthen social supports that enable participation at home and in the community. (Sections 7.2, 7.3, 7.6).

7. Sensorimotor (limb, trunk, and dysphagia)

Go beyond repetition. Pair sensory and motor interventions with task-specific training to enhance recovery. When task-specific training is not possible, mirror therapy offers an alternative route to neuroplastic change. (Section 5.6).

8. Cognition and Communication

Screen using validated multidomain measures. Provide tailored, high intensity technology-supported cognitive training in combination with physical activity and personally meaningful activities, incorporating strategies to address executive functions, spatial neglect and limb apraxia. Partner with speech-language pathology when communication disorders affect daily functioning. (Sections 4.3, 4.4, 6.1, 6.2, 6.3, 6.4).

9. Vision and Perception

Comprehensive assessments focus on identifying the nature of the impairment and its impact on occupational performance. Interventions may include restorative approaches, environmental modification, compensatory strategies, adaptation, and referral to appropriate specialists. (Sections 4.4, 4.5, 5.9, 7.7, 7.8).

10. Mood and Energy

Routinely screen for mental health concerns and fatigue, recognize their impact on occupational performance, and facilitate appropriate referral and treatment while incorporating strategies that support participation in meaningful daily activities. (Sections 3.7, 3.9).