



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

Top Take-Home Messages for Speech Language Pathologists

Adapted from: 2026 AHA/ASA Adult Stroke Rehabilitation and Recovery Guidelines

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

1. Comprehensive management of motor speech, language, hearing, and cognition should be available to stroke survivors

Speech-language pathologists should screen and assess motor speech, language, hearing, and cognitive contributors to communication disorders to determine the best post-stroke rehabilitation approaches. The interrelationship among motor speech production, receptive and expressive language, cognition and hearing should be considered when determining treatment approaches. *(Sections 4.3, 4.4, 4.5, 6.2, 6.3)*

2. Evidence-based speech and language treatment approaches should be completed that consider timing and intensity of treatment

Intensive, timely and individualized treatment offering a variety of restorative and compensatory approaches can facilitate language recovery in individuals with aphasia. *(Section 6.2, 6.3)*

3. Communication partners should be made available to facilitate communication needs

Supported communication training is recommended as a therapeutic complement to traditional therapy to enhance the communication of individuals with aphasia. Augmentative and Alternative Communication (AAC) devices and modalities for patients with severe speech impairment or tracheostomy are reasonable to supplement communication. *(Section 6.2, 6.3)*

4. Comprehensive swallowing assessment should be conducted when dysphagia is suspected

Speech-language pathologists should screen for dysphagia within 24 hours of admission and before oral intake. When dysphagia suspected, a full evaluation using an instrumental swallow study (e.g. video fluoroscopy, FEES), as opposed to a bedside, should be performed to determine biomechanical reason for aspiration, guide safe diet determination and treatment. *(Section 5.10)*

5. Evidence-based management approaches should be offered when dysphagia is identified

Behavioral swallowing treatments are effective for improving swallowing function, food tolerance, and quality of life after stroke. Use of strategies such as effortful swallow, Mendelsohn maneuver, or tongue resistance training can improve swallowing function. Biofeedback and pharyngeal electrical stimulation can be used as adjuncts to behavioral therapy for select patients. *(Section 5.10)*

6. Telehealth considerations can improve access to specialized SLP services

Telehealth management should be considered to improve specialized SLP service access for individuals with communication and swallowing impairments. The nature, severity, complexity, and management context of the communication and swallowing disorders must be carefully considered. *(Sections 4.3, 6.2, 6.3, 7.4)*

7. Communication and swallowing management approaches after stroke should be inclusive of cultural and linguistic impacts

Culturally adapted measures should be considered that align with the stroke survivor's cultural background, pre-stroke and primary language use in post-stroke communication and swallowing disorders to optimize diagnosis and treatment planning. *(Sections 4.3, 4.4, 6.2, 6.3)*

8. Computerized and group treatment can supplement traditional therapy

Technological advances should be considered to supplement behavioral treatments and maximize accessibility and intensity benefits for individuals with post-stroke communication and swallowing disorders. Group treatments have

functional communicative benefits that extend into social determinants of health while increasing treatment intensity at a lower cost. (Sections 6.2, 6.3)

9. Hearing evaluations and appropriate management strategies should be made available to stroke survivors

Hearing impairments occur frequently after stroke thereby increasing the need for audiological evaluations to mitigate the impact of hearing loss on communication. Hearing assessments should be comprehensive (i.e. evaluating central auditory and peripheral) and offer reasonable communication accommodation strategies. (Sections 4.5, 6.2)

10. Management of post-stroke communication disorders should consider the impact of speech, language, cognition, and hearing on overall communication effectiveness after stroke

Thinking, hearing, articulating, understanding and using language appropriately in a wide range of contexts is critical to effective communication. Comprehensive consideration of all domains and their impact of communication is necessary to optimize improvements of well-being.