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

Top Take-Home Messages for Recreational 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. ## Social and leisure participation predict rehabilitation success

   Early leisure and community participation predict later functional motor independence, social support, and life satisfaction. Framing RT's contribution this way elevates the discipline's role in team-based care and strengthens the case for earlier, sustained involvement across the continuum. *(Section 6.6.1).*

2. ## Leisure builds cognitive reserve

   Mentally and socially stimulating leisure activities across the lifespan build cognitive reserve — a buffer that lessens post-stroke cognitive decline and supports recovery. *(Section 6.6.1).*

3. ## Leisure participation declines sharply after stroke

   Post-stroke leisure activity decreases 10–40% and shifts toward sedentary, solitary, and home-based pursuits, with reduced variety across number, type, and range of activities — with downstream consequences for both mental and physical health. Depression affects approximately one in three people post-stroke, and anxiety one in four, compounding participation barriers and underscoring the urgency of early leisure intervention. *(Section 2.7 and 6.6.1).*

4. ## Individualized assessment and care are essential

   Leisure interests, abilities, preferences, goals, facilitators, and constraints vary widely across individuals. Effective care requires individualized assessment of leisure and social participation patterns, tailored leisure education and counseling, and skill-building that supports a well-rounded, healthy leisure lifestyle. *(Section 6.6.1, 6.6.3).*

5. **Strengthen what facilitates participation**
   Resilience, positive coping, social support, environmental opportunity, fewer perceived ability limitations, and satisfaction with one's living environment all predict greater leisure and social participation. Identify and build on these factors as part of treatment planning. *(Section 6.6.1).*

6. **Screen for loneliness**
   One in three people post-stroke experience loneliness, which is associated with increased mortality, secondary stroke, and poorer quality of life. Intervention approaches include improving functional ability, building social skills, increasing social opportunities, addressing maladaptive social cognitions, and social prescribing. *(Section 6.6.2).*

7. **Tailor leisure-time physical activity (LTPA) to the person, not just the impairment**
   LTPA grounded in a person's interests and pre-stroke identity — rather than exercise targeting isolated body functions — sustains engagement, improves recovery outcomes, and reduces all-cause mortality risk. *(Section 4.8.2 and 6.6.4).*

8. **Incorporate evidence-based recreational activities**
   Tai Chi, Qigong, yoga, Pilates, dance, adaptive sports, music, visual arts, and immersive and non-immersive technologies (e.g., Oculus, Nintendo Wii) offer benefits across all health domains. Individualize selection based on client goals, interests, capacity, tolerance, and safety. *(Section 6.6.6).*

9. **Incorporate nature and nature-based activities**
   Proximity to green space is linked to reduced post-stroke disability and mortality. Where direct access is limited, natural elements indoors and structured nature-based activities offer meaningful health and well-being benefits and should be integrated into care whenever possible. *(Section 6.6.5).*

10. **Address the unique recreation needs of younger stroke survivors**
    Younger stroke survivors face greater recreation participation restrictions and a stronger desire to re-engage. Sustained interventions and comprehensive support — attentive to age-specific roles, identity, and goals — are especially important for this group *(Section 6.6.1).*

11. **Screen and support caregivers' leisure, too**
    Stroke caregivers experience significant losses in valued activities, contributing to social isolation and poor mental health. Screen for activity loss, support resumption of meaningful leisure, and help caregivers maintain their social connections. *(Section 6.2.3 and 6.6.1).*