



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

Top Things to Know

2026 Guideline for Adult Stroke Rehabilitation and Recovery: The 2026 Stroke Rehabilitation and Recovery Guideline

- 1.** Participation in multidisciplinary rehabilitation therapies is critical to reduce neurological impairment and improve function after stroke. Because of the varied nature of body structure and function impairments that can occur, improving function requires a combination of restorative and compensatory interventions.
- 2.** Longitudinal coordinated communication among rehabilitation and other providers is essential to avoid gaps in care and to deliver efficient, effective, and high-value rehabilitation across the continuum. Rehabilitation should begin in the acute phase of stroke care.
- 3.** Rehabilitation combines interventions aimed at the restitution of body structure and function and learning compensatory strategies. Uncertainty remains regarding the best treatment approaches, their timing, and dosing.
- 4.** Rehabilitation should provide sufficient amounts and intensity of various types of task practice to reduce functional impairments and teach compensatory strategies. After 24 hours post-stroke, moderate to high-intensity exercise and task practice should be performed.
- 5.** Periodic reassessment and re-engagement in therapy at various timepoints are important to inform new therapy targets or approaches and to prevent functional decline.
- 6.** It is critical that care partners receive education and training to support both their own well-being and to maximize the health and rehabilitation of the person for whom they care.
- 7.** Mental health is a key component of successful recovery after stroke. Persons with stroke should be screened for depression and anxiety early after stroke, rescreened at various timepoints, and provided with treatment when needed. Post-stroke depression is a common and treatable complication and can interfere with successful rehabilitation.

8. Telehealth should be considered, particularly when the person with stroke is unable to travel to a clinic for rehabilitation therapies. It can support care transitions and rehabilitation across the continuum after stroke, provide opportunities to improve access, and improve the cost-effectiveness of care.
9. Larger, well-designed clinical trials of rehabilitation interventions are critical to help fill evidence gaps. In particular, continued progress in basic and translational research on nervous system injury and recovery is needed to advance mechanism-based, personalized approaches to stroke rehabilitation.
10. Standardized outcome measures at the body structure/function, activity, and participation levels should be used to identify necessary interventions and document progress. Periodic assessment after rehabilitation discharge is needed to identify areas of decline or new issues that require additional rehabilitation.
11. Secondary complications of immobility, such as skin breakdown and venous thromboembolism, impede post-stroke recovery. Current guidance is based on data from hospitalized individuals with impaired mobility with a broad range of conditions. More specific studies of patients receiving rehabilitation at multiple stages of recovery are needed.