QUICK REFERENCE

Stroke

Vascular patterns

Middle cerebral artery: face and arm weakness greater than leg; expressive aphasia with left lesions; neglect with right lesions.
Anterior cerebral artery: leg weakness greater than arm.
Posterior cerebral artery: homonymous hemianopia and visual signs.
Posterior circulation: vertigo, diplopia, dysarthria, dysphagia, ataxia, crossed signs.
Lacunar syndromes: for example, pure motor hemiparesis or pure sensory loss.

NIHSS: clinician-rated severity scale (15 items), read as context from the chart. The therapist does not set therapy goals from it.

Time-critical: sudden face droop, arm weakness, speech change, visual or balance change: escalate immediately under the facility stroke protocol. Note the time last known well if known.

Diagnosis: made by the physician with clinical assessment and neuroimaging. The therapist documents and refers.

Stroke rehabilitation is a longitudinal process: AHA/ASA guidance, Adult Stroke Rehabilitation and Recovery (2026). Confirm the current guideline with your clinical lead.

For clinical review by Andrea: confirm the guideline edition (2016 or 2026) and the escalation wording against the facility stroke protocol.

Education only. Not a medical record and not a substitute for facility policy.