QUICK REFERENCE

Stroke

Ischemic vs hemorrhagic at a glance

Ischemic
A blood vessel supplying the brain is blocked. About 87% of strokes.

Hemorrhagic
A weakened blood vessel ruptures. Common causes: aneurysm, arteriovenous malformation (AVM). The most common cause is uncontrolled high blood pressure.

Brainstem stroke can affect both sides of the body and can leave a person in a locked-in state (generally unable to speak or move below the neck).

Vascular patterns

Artery or region	Typical findings
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.

Common deficit clusters

Neglect	Most often after right-brain stroke. Misses things on the affected side, eats from one side of the plate, bumps into objects on that side.
Dysphagia	Affects nearly two-thirds of stroke survivors early in recovery. Watch for coughing or throat clearing with eating or drinking, wet or gurgly voice, drooling, pain on swallowing.
Visual field loss	About 30% of stroke survivors have visual field loss (field cut, hemianopsia). Scanning is a core part of rehabilitation.

NIHSS context

NIH Stroke Scale, clinician-rated, 15 items, total 0 to 42. Read it as context from the chart. The therapist does not set therapy goals from it.

Common outcome measures

Measure	What it measures	What is scored
Fugl-Meyer Assessment of Motor Recovery after Stroke (FMA)	Motor impairment after stroke.	Upper extremity motor 66 points, lower extremity 34 points. Items scored 0, 1 or 2. About 30 minutes for the full test.
Action Research Arm Test (ARAT)	Upper extremity function through observation.	19 items in 4 subtests (grasp, grip, pinch, gross arm movement). Score 0 to 57. Items scored 0 to 3.
10 Meter Walk Test	Walking speed in meters per second over 10 m.	Two trials at comfortable speed and two at fast speed, averaged.
Berg Balance Scale	Static and dynamic balance.	14 items, each scored 0 to 4, maximum 56.
Timed Up and Go (TUG)	Mobility, balance and fall risk.	Seconds to stand from a standard armchair, walk 3 m at a comfortable pace, turn, walk back and sit down.

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 spans the recovery continuum. AHA/ASA guidance: 2026 Guideline for Adult Stroke Rehabilitation and Recovery (Richards et al., *Stroke* 2026; PubMed 42657476). Confirm the current guideline with your clinical lead.

Sources: AHA/ASA 2026 Adult Stroke Rehabilitation and Recovery guideline; American Stroke Association, Types of Stroke and Treatment; NINDS, NIH Stroke Scale; RehabMeasures Database (Shirley Ryan AbilityLab): NIHSS, Fugl-Meyer Assessment, 10 Meter Walk Test, Berg Balance Scale, Timed Up and Go, Action Research Arm Test. American Stroke Association: Spatial Neglect; Let's Talk About Post-Stroke Dysphagia; Visual Disturbances.

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