# Key Changes & Highlights

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ONTARIO RC GROUP
Rehabilitation Coodinators' Group
All things stroke rehab

## Canadian Stroke Best Practice Recommendations

*Rehabilitation, Recovery and Community Participation following Stroke - 7th Edition 2025*

This knowledge translation resource was developed to help clinicians and best practice champions quickly identify what's new and what's changed in the recommendations.

This tool doesn't cover every detail, but the provincial Stroke Rehabilitation Coordinators highlighted some of the important changes — including key themes, new sections, and examples of where the evidence has shifted to make it easier for teams to bring these changes into everyday practice.

**Disclaimer:**
This document is a supplemental resource and does not replace or summarize the *Canadian Stroke Best Practice Recommendations (CSBPR), 7th Edition (2025)*. Clinicians should review the following in full:

- Stroke Rehabilitation Planning for Optimal Care Delivery - Part One
- Delivery of Stroke Rehabilitation to Optimize Functional Recovery - Part Two
- Optimizing Activity and Community Participation following Stroke - Part Three

## Integrated Themes

Strengthened expectations for **family and caregiver engagement** & increased emphasis on **the use of validated assessment tools**

Revisions include explicit recommendations for:

- family meetings and caregiver involvement
- education throughout the continuum
- the use of virtual modalities to support participation

All three parts of the Rehabilitation, Recovery and Community Participation following Stroke module place increased emphasis on:

- comprehensive assessments across domains of function are encouraged, and validated tools support a standardized approach
- screening and assessment tools to be validated for their intended purpose and be appropriate to the stroke population to support accurate interpretation of findings
- note: the 7th edition no longer includes tables of assessment tools - Heart & Stroke provides links under Implementation Resources and Knowledge Transfer Tools

# New Sections

Expanded recommendations

All links to the specific recommendation are connected to the title in each section. Click on the titles to access the link.

## 1 Bowel and Bladder

Screening, assessment, and management of bladder and bowel function

The Clinical Considerations provided for urinary incontinence detail the components of a structured assessment. The bowel function section focuses on considerations for a bowel management program.

## 2 Relationships, Intimacy, and Sexuality

Expanded guidance on providing education, counselling and support to address relationships, intimacy, and sexuality following stroke

Additional factors that should be considered when discussing intimacy, sexual function and sexuality after stroke regardless of the individual's relationship status, sexual orientation, or gender identity are outlined in the Clinical Considerations.

## 3 Virtual Rehab

While in-person rehabilitation is still prioritized, virtual care modalities are highlighted as a practical alternative at any stage along the care continuum (alone, or as a hybrid format)

Through use of virtual modalities, all members of the healthcare team are recommended to share timely and up-to-date information with the individual with stroke, their family and caregivers, as well as other healthcare providers. Recommendations on access, eligibility and virtual assessment considerations are also included. Patients should be offered ongoing access to specialized services following hospital discharge via virtual platforms.

## 4 Sleep Health and Fatigue

Expanded guidance on the monitoring, assessment, and management of sleep health and post-stroke fatigue across the recovery continuum

The recommendations emphasize education, counselling, and support related to sleep patterns, fatigue management, energy conservation, and screening for sleep disorders such as sleep apnea. Evidence-based interventions, including progressive exercise and good sleep hygiene to improve conditioning, physical tolerance, and daily function are outlined.

## 5 Oral Health

A new section has been added to emphasize the importance of oral health

Recommendations for the frequency of interventions, education and training provided to the individual with stroke and their caregivers, and referrals to healthcare professionals with expertise in oral health are highlighted.

# Areas with strengthened evidence or significant changes

## PART ONE:
## Stroke Rehabilitation Planning for Optimal Care Delivery

DID YOU KNOW?

**4.1 Outpatient & In-Home Rehabilitation**

*d. "Therapy provided for 60 minutes per session per required discipline for 2 to 5 days per week" [Strong Recommendation; Moderate quality of evidence].*

***Note (4.1.1)**: "The duration of outpatient and/or in-home rehabilitation services should be based on the rehabilitation needs and goals of the individual with stroke, and progress towards those over time."*

## PART TWO:
## Delivery of Stroke Rehabilitation to Optimize Functional Recovery

**1.0 Upper Extremity (UE) Function: 1.2 Specific Therapies**

*x. "Strength training **is recommended** for individuals with mild to moderate UE impairment for improvement in UE motor function" [Strong recommendation; High quality of evidence].*

*xiv. "Trunk restraint (i.e., physical restraint) **is recommended** to decrease compensatory movements during reaching tasks to improve UE function" [Strong recommendation; High quality of evidence].*

**2.3 Management of Hemiplegic Shoulder Pain**

*viii. "Acupuncture **should be considered**, in addition to conventional rehabilitation, in the treatment of hemiplegic shoulder pain" [Conditional recommendation; High quality of evidence].*

**3.0 Chemo-denervation**

*iii. "Chemo-denervation using botulinum toxin **should be considered** over oral medications as first-line treatment of focal spasticity" [Strong recommendation; High quality of evidence].*

**8.0 Visual and Visual-Perceptual Impairment: 8.2 Visual-Perceptual Impairments**

*ii. "Mirror therapy **should be used** to improve visual spatial neglect in the early-stage post stroke" [Strong recommendation; Moderate quality of evidence].*

## PART THREE:
## Optimizing Activity and Community Participation following Stroke

**1.0 Mood and Depression**

*1.3.iii "Supervised exercise, ideally performed at least three times per week, **is recommended** to reduce depressive symptoms in people post-stroke with mild depressive symptoms [Strong recommendation; High quality of evidence] and moderate depressive symptoms" [Strong recommendation; Moderate quality of evidence].*

# Explore More Resources

CSBPR 2025 Module Update

**Heart & Stroke Webinar**

March 11, 2026 (1 hour duration)

Archived Recording

Community Stroke Rehab (CSR) Community of Practice: New CSBPR and What it Means for CSR

**Fireside Chat**

June 3, 2026, 12:00 –12:50 (EST)

Presenters: Michelle Nelson and Nancy Salbach - lead authors of the updated CSPBR module

Click on the title above for the meeting link

Aphasia Institute Resource

Highlights a selection of key updates that are relevant to improving rehabilitation services for individuals with aphasia

# Next Steps

Clinicians are encouraged to review the full CSBPR - *Rehabilitation, Recovery, and Community Participation following Stroke module* and reflect on how the updated recommendations align with their day-to-day work. Consider which approaches could be strengthened or adopted moving forward, and identify any practices that may no longer add value and could be discontinued. Your **Regional Stroke Network** is available to support you and your site throughout this process.

Questions related to the evidence, guideline content, or information contained within the official document should be sent to Heart & Stroke at: strokebestpractices@heartandstroke.ca

Canadian Stroke Best Practice Recommendations (CSBPR) for Rehabilitation, Recovery and Community Participation following Stroke - 7th Edition