

## Excellent prediction

These patients are less than 80 years old with a SAFE score of 5 or more, OR they are at least 80 years old with a SAFE score of 8 or more.

### Information for patients and their families

- Based on our assessments, your hand and arm have the potential to regain very good movement.
- You can expect to be able to use your hand fairly normally for most day to day activities within the next 3 months.
- The focus of your rehabilitation will be on improving your strength, coordination, and fine control.
- You will need to practice using your hand and arm to help it improve.
- It's important to avoid using your other hand to compensate.
- This prediction is based on your current status, and is not a guarantee, as some people recover more or less than expected.

### Information for the clinical team

- This patient is most likely to have an excellent upper limb outcome within the next 3 months.
- They can expect to be using their upper limb fairly normally for most activities of daily living.
- Upper limb rehabilitation can focus on promoting normal function by improving strength, coordination and fine control, and avoiding compensation.
- A programme of self-directed upper limb activities may be beneficial.
- This prediction is based on the patient's current status, and is not a guarantee, as some people recover more or less than expected.

## **Good prediction (based on SAFE score)**

These patients are at least 80 years old with a SAFE score of 5, 6 or 7 at 3 days post-stroke

### Information for patients and their families

- Based on our assessments, your hand and arm have the potential to regain fairly good movement.
- You can expect to be able to use your hand and arm for most day to day activities within the next 3 months.
- Your hand may still be affected by slowness, weakness or clumsiness.
- The focus of your rehabilitation will be on improving your strength, coordination, and fine control.
- You will need to practice using your hand and arm to help it improve.
- It's important to avoid using your other hand to compensate.
- This prediction is based on your current status, and is not a guarantee, as some people recover more or less than expected.

### Information for the clinical team

- This patient is most likely to have a good upper limb outcome within the next 3 months.
- They can expect to be using their hand for most activities of daily living, though function may remain affected by slowness, weakness or clumsiness.
- Upper limb rehabilitation can focus on promoting function by improving strength, coordination and fine control, and minimising compensation.
- This prediction is based on the patient's current status, and is not a guarantee, as some people recover more or less than expected.

## **Good prediction (based on MEP+ from TMS)**

These patients are any age with a SAFE score less than 5 and TMS can elicit MEPs in their paretic upper limb at 3 – 7 days post-stroke

### Information for patients and their families

- The TMS assessment\* shows that the pathways between your brain and your arm are working.
- This means your hand and arm have the potential to regain fairly good movement within the next 3 months.
- You can expect to be able to use your hand and arm for most day to day activities, although it may still be affected by slowness, weakness or clumsiness.
- The focus of your rehabilitation will shift from helping you regain movement to improving your strength, coordination, and fine control.
- You will need to practice using your hand and arm to help it improve.
- It's important to avoid using your other hand to compensate.
- This prediction is based on your current status, and is not a guarantee, as some people recover more or less than expected.

\*TMS stands for Transcranial Magnetic Stimulation. This assessment involves holding a device against the side of your head, which makes a click when it activates the area of the brain that controls muscles on the opposite side of the body.

### Information for the clinical team

- This patient is most likely to have a good upper limb outcome within the next 3 months.
- They can expect to be using their hand for most activities of daily living, though function may remain affected by slowness, weakness or clumsiness.
- Upper limb rehabilitation can focus on promoting function by improving strength, coordination and fine control, and minimising compensation.
- Rehabilitation can initially focus on assisting the return of voluntary muscle activity.
- This prediction is based on the patient's current status, and is not a guarantee, as some people recover more or less than expected.

## Limited prediction

These patients have a SAFE score less than 5 at 3 days post-stroke, and TMS cannot elicit MEPs in their paretic upper limb 3 – 7 days post-stroke. However, their total NIHSS score 3 days post-stroke was less than 7.

### Information for the patient and their family

- The TMS\* assessment shows that the pathways between your brain and your arm have been damaged.
- You can expect to regain some limited arm movement within the next 3 months.
- You might also regain some hand opening and closing, though fine finger control is unlikely.
- You will probably need to use the other hand to help with some activities.
- The focus of your rehabilitation will be on maintaining and improving the strength and flexibility of your hand and arm, and helping you to adapt activities to incorporate this hand and arm wherever possible.
- You will need to practice using your hand and arm to help it improve.
- This prediction is based on your current status, and is not a guarantee, as some people recover more or less than expected.

\*TMS stands for Transcranial Magnetic Stimulation. This assessment involves holding a device against the side of your head, which makes a click when it activates the area of the brain that controls muscles on the opposite side of the body.

### Information for the clinical team

- This patient is most likely to have a limited upper limb outcome within the next 3 months.
- They can expect to regain some movement and possibly grasp function, though recovery of dextrous hand function is unlikely.
- Upper limb rehabilitation can focus on improving strength, active range of motion, and joint flexibility, and adapting daily activities to incorporate both upper limbs when necessary to achieve a task.
- This prediction is based on the patient's current status, and is not a guarantee, as some people recover more or less than expected.

## Poor prediction

These patients have a SAFE score less than 5 at 3 days post-stroke, TMS cannot elicit MEPs in their paretic upper limb, and their total NIHSS score was 7 or more 3 days post-stroke.

### Information for the patient and their family

- The TMS assessment\* shows that the pathways between your brain and your arm have been damaged.
- You may regain some movement in your arm within the next 3 months.
- You might be able to use your weaker hand to stabilise objects, but fine finger control is unlikely.
- The focus of your rehabilitation will be on maintaining the flexibility of your hand and arm, preventing shoulder instability or pain, and helping you learn to perform day to day activities with your other hand or both hands where possible.
- This prediction is based on your current status, and is not a guarantee, as some people recover more or less than expected.

\*TMS stands for Transcranial Magnetic Stimulation. This assessment involves holding a device against the side of your head, which makes a click when it activates the area of the brain that controls muscles on the opposite side of the body.

### Information for the clinical team

- This patient is most likely to have a poor upper limb outcome within the next 3 months.
- They are unlikely to recover useful upper limb function, though may be able to use their weaker hand as a stabiliser in bimanual tasks.
- Upper limb rehabilitation can focus on preventing secondary complications such as pain, spasticity, and shoulder instability, and reducing disability by helping the patient learn to compensate with their other upper limb for activities of daily living.
- This prediction is based on the patient's current status, and is not a guarantee, as some people recover more or less than expected.