Stroke Rehabilitation Techniques and Care Coordination Training Course

18 – 22 January 2027
Vienna

AGILE LEADERS
Training Center

AGILE LEADERS
Training Center

Stroke Rehabilitation Techniques and Care Coordination Training Course

Ref: 1534_213310 **Date:** 18 – 22 January 2027 **Location:** Vienna **Fees:** 5700 Euro

Overview

Stroke Rehabilitation Techniques and Care Coordination Training Course is a one-week foundation course for rehabilitation managers, therapy and nursing staff, care coordinators, allied health teams, and community personnel, who leave with a Stroke Rehabilitation Support Toolkit. The course addresses fragmented recovery support through functional assessment, positioning, safe mobility, upper-limb activity, daily living practice, communication coordination, goal setting, and care transitions. Agile Leaders Training Center frames stroke rehabilitation techniques within multidisciplinary, person-centered support.

Who Should Attend

- Functions responsible for coordinating stroke rehabilitation pathways and goals
- Teams responsible for positioning, transfers, mobility, and daily activity support
- Personnel responsible for communication, fatigue, falls, and participation observations
- Managers responsible for family preparation, discharge planning, and follow-up
- Community services responsible for continuity of rehabilitation support

The course assumes participants support or coordinate stroke rehabilitation within their professional role and leaves out diagnosis, prescribing, independent specialist treatment, and advanced neurorehabilitation.

Departments and Industries

The course supports departments and organizations coordinating functional recovery across hospital, rehabilitation, and community settings.

- Stroke units, hospitals, and rehabilitation centers
- Physical therapy, occupational therapy, and nursing services
- Speech, language, social care, and care coordination functions
- Community health, home support, and supported living services
- Nonprofit and family support organizations

Learning Objectives

By the end of this course, participants will be able to:

- Apply person-centered stroke rehabilitation principles and role boundaries
- Use functional assessment and goal-setting records
- Analyze positioning, transfer, mobility, and upper-limb support needs
- Build daily living, communication, fatigue, and falls support plans
- Prioritize family preparation and multidisciplinary coordination
- Evaluate discharge readiness, progress, and referral needs

Course Agenda

Day 1: Rehabilitation Foundations and Assessment

- Multidisciplinary Stroke Rehabilitation Pathway Map
- Professional Scope and Escalation Boundary Charter
- Person-Centered Goal-Setting Conversation Guide
- Functional Ability and Participation Assessment Record
- Rehabilitation Risk and Safeguard Checklist

Day 2: Positioning and Mobility Support

- Safe Positioning Observation and Support Card
- Bed Mobility and Transfer Assistance Sequence
- Balance and Walking Support Decision Grid
- Fatigue, Pacing, and Rest Planning Tool
- Falls Risk Observation and Referral Log

Day 3: Upper Limb and Daily Living

- Upper-Limb Activity Support Task Analysis
- Task-Specific Repetitive Practice Planner
- Personal Daily Living Activity Profile
- Equipment and Environmental Adaptation Checklist
- Independence Progress Monitoring Record

Day 4: Communication and Care Transitions

- Communication Need and Preference Profile
- Speech, Language, and Swallowing Referral Cue Card
- Family and Carer Skills Preparation Matrix
- Hospital-to-Community Rehabilitation Handover Template
- Discharge Readiness and Follow-Up Tracker

AGILE LEADERS
Training Center

Day 5: Stroke Rehabilitation Practice

- Suggested Exercise: Functional Assessment and Goal Review
- Suggested Exercise: Positioning and Transfer Support Decision
- Suggested Exercise: Daily Living Activity Plan Design
- Suggested Exercise: Family Handover and Transition Review
- Capstone Exercise: Stroke Rehabilitation Support Toolkit

Practical Exercises

The course uses suggested activities based on fictional inpatient, outpatient, home, and community rehabilitation situations.

- Suggested activity: record functional abilities, participation priorities, risks, and person-centered rehabilitation goals.
- Suggested activity: select positioning, transfer, mobility, pacing, and escalation actions within a defined support role.
- Suggested activity: design an upper-limb and daily living practice plan with environmental adaptations and progress measures.
- Suggested activity: prepare a family briefing, multidisciplinary handover, discharge checklist, and follow-up tracker.

FAQs

Who suits stroke rehabilitation techniques training, and what does it assume?

Rehabilitation managers, therapy and nursing staff, coordinators, allied health teams, and community personnel suit the training; it assumes responsibility for rehabilitation support or coordination and excludes diagnosis, prescribing, specialist qualification, and independent advanced treatment.

How do stroke rehabilitation techniques differ from advanced neurorehabilitation training?

Stroke rehabilitation techniques training builds foundation support, observation, coordination, and planning skills, while advanced neurorehabilitation prepares qualified specialists to assess complex neurological impairments and deliver specialized interventions.

How are stroke rehabilitation goals selected?

Stroke rehabilitation goals are selected with the person by linking functional abilities, priorities, risks, home context, participation needs, professional assessment, and realistic review points.

AGILE LEADERS
Training Center

What supports safe mobility during stroke rehabilitation?

Safe mobility support combines role-appropriate observation, positioning, transfer methods, equipment, pacing, environmental checks, falls considerations, and referral when needs exceed the support team's scope.

How is continuity maintained after stroke rehabilitation discharge?

Continuity is maintained through agreed goals, a current functional summary, communication needs, family preparation, equipment and adaptation information, risk plans, named responsibilities, referrals, and follow-up arrangements.

Conclusion

Participants leave with a Stroke Rehabilitation Support Toolkit containing assessment records, goal guides, mobility cards, daily living planners, communication profiles, family preparation tools, and transition trackers. The toolkit makes rehabilitation needs, roles, and review points visible across services. It helps teams coordinate support while protecting safety, person-centered goals, and professional boundaries.