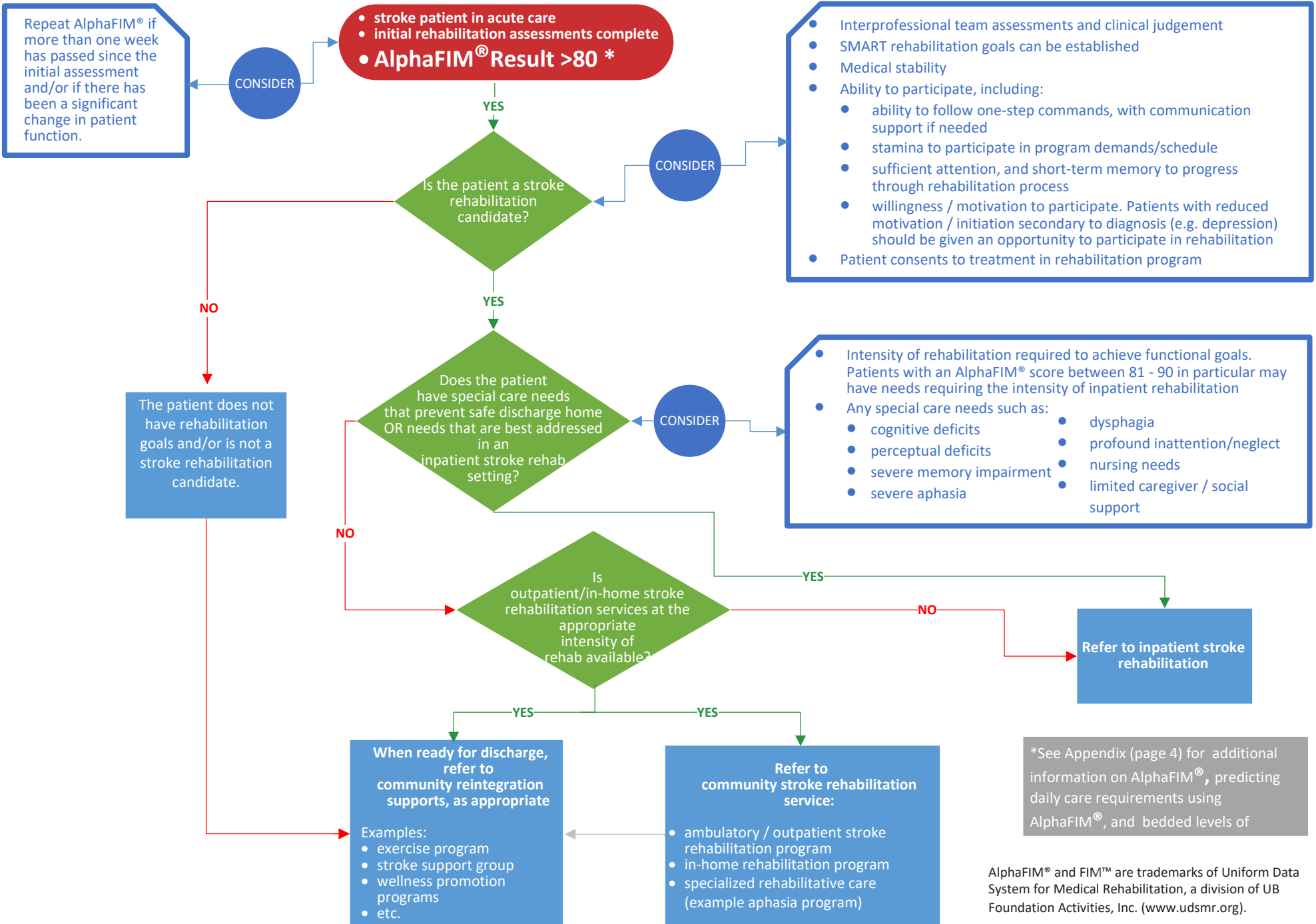


# AlphaFIM® Result > 80\*– Candidacy & Triage (Page 1 of 4)

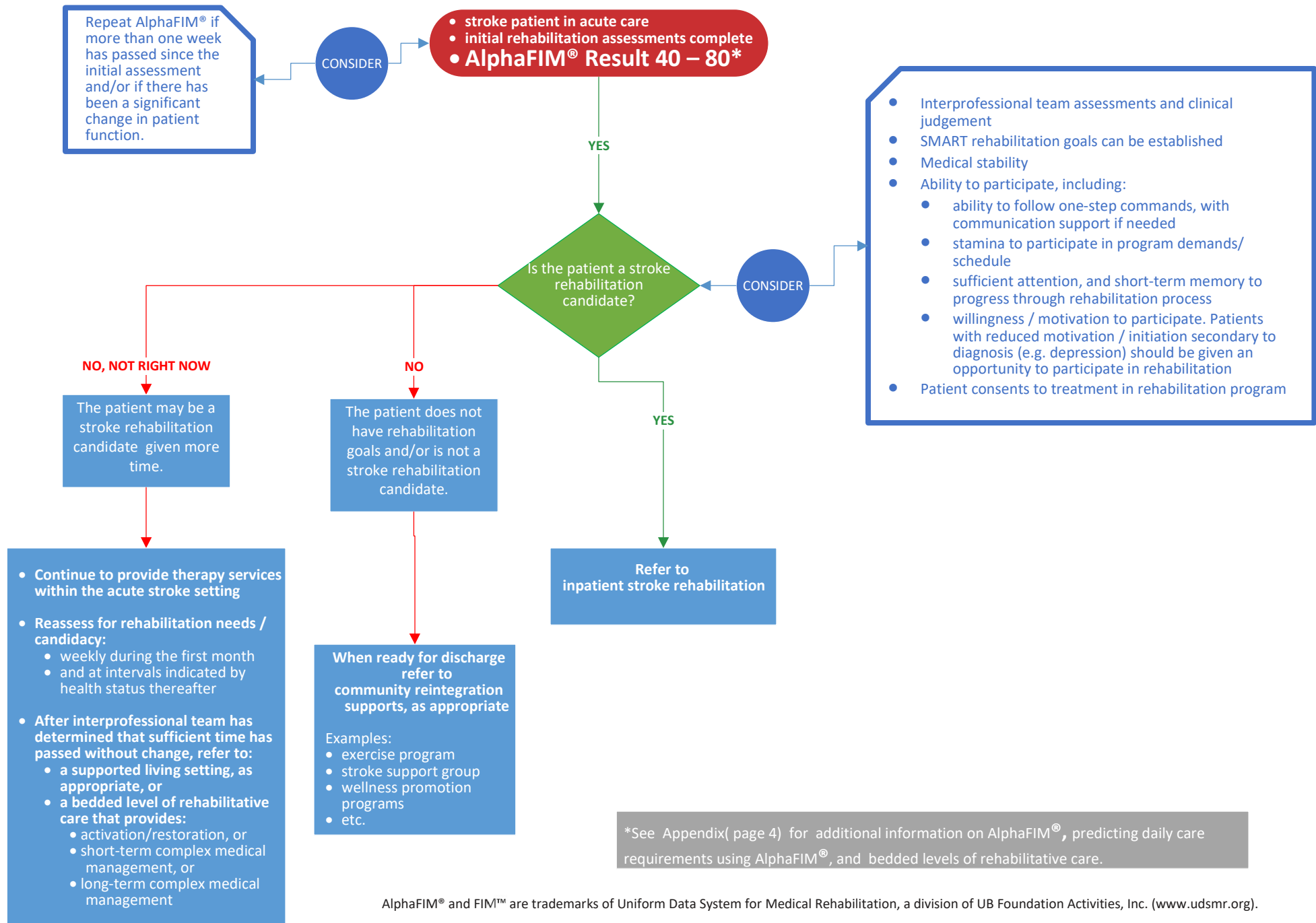
Note – this model provides guidance for triaging stroke patients from acute care to their most appropriate rehabilitation destinations; final decisions should be made on a case-by-case basis



# AlphaFIM® Result 40-80\*– Candidacy & Triage (Page 2 of 4)

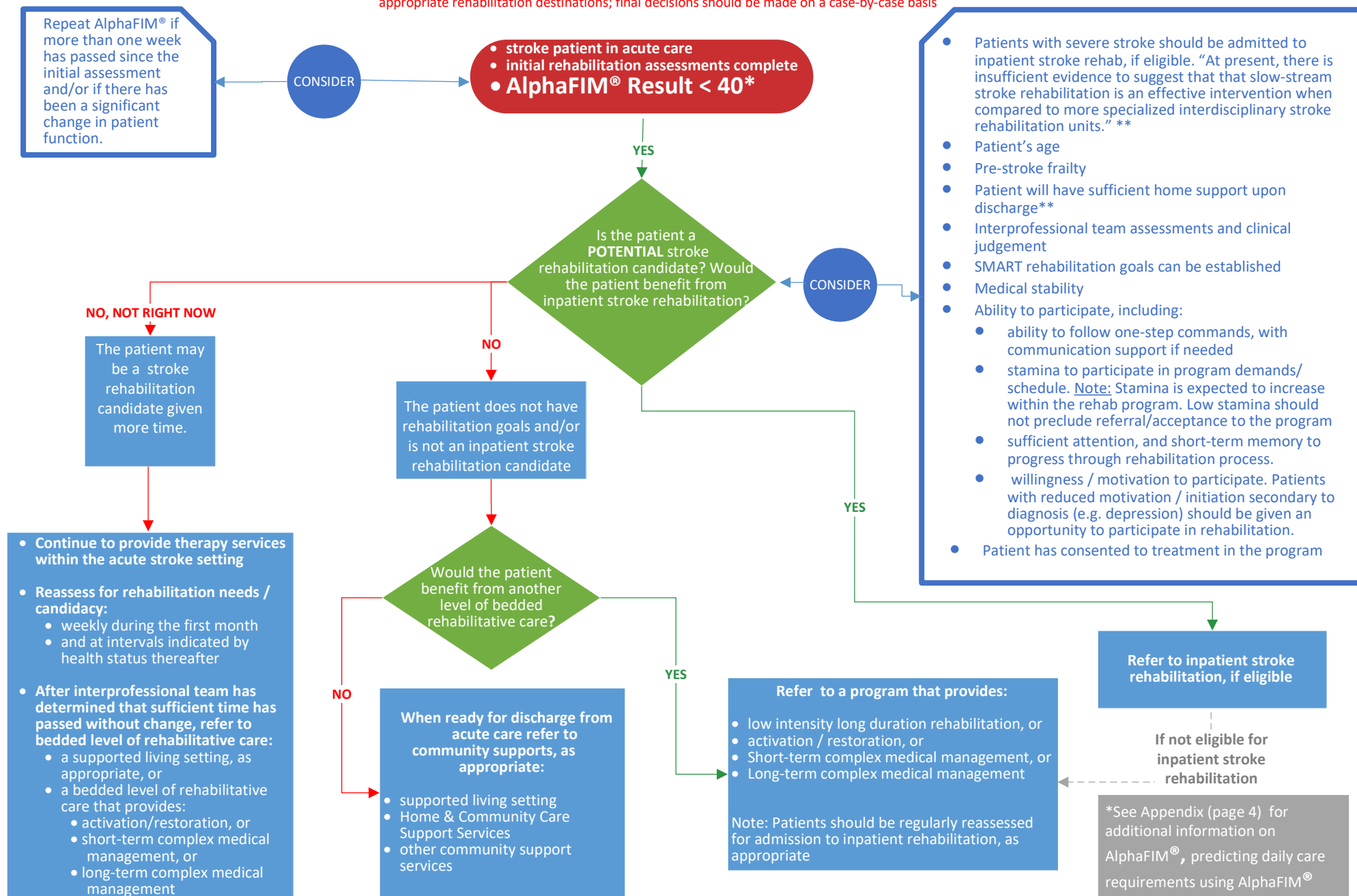


Note – this model provides guidance for triaging stroke patients from acute care to their most appropriate rehabilitation destinations; final decisions should be made on a case-by-case basis



# AlphaFIM® Result < 40\* – Candidacy & Triage (Page 3 of 4)

Note – this model provides guidance for triaging stroke patients from acute care to their most appropriate rehabilitation destinations; final decisions should be made on a case-by-case basis



\*\*Teasell R, Pereira S & Cotoi A, Updated March 2018. Chapter 22 The Rehabilitation of Severe Stroke. In Evidence-Based Review of Stroke Rehabilitation. <http://www.ebrsr.com/sites/default/files/v18-SREBR-CH22-NET-1.pdf> (p 16)

## CESN Regional Stroke Rehabilitation Triage Tool- Appendix

Page 4 of 4

### Use of AlphaFIM®

AlphaFIM® can help determine where a patient would be best served after acute treatment is complete and can expedite triage to rehabilitation<sup>1</sup>. Information generated by the AlphaFIM® is meant to serve as a guide<sup>2</sup>. It is one component for consideration in discharge planning.<sup>1</sup> Discharge planning should consider:

1. AlphaFIM® score
2. clinical judgement
3. rehabilitation assessment results.

Consider repeating AlphaFIM® if more than one week has passed since the initial assessment and/or if there has been a significant change in patient function.

### Predicting Daily Care Requirements Using AlphaFIM®

The AlphaFIM® assesses the burden of care in the acute care setting<sup>2</sup>. The AlphaFIM® instrument projects or estimates a patient's level of function on the wider range of tasks that would be assessed by the full FIM® instrument, if the FIM® was completed on the same day that the AlphaFIM® was completed.

The average stroke patient makes a 20 -25-point change in FIM® during inpatient rehabilitation<sup>4</sup>. The approximate daily hours of assistance required should be considered when discussing discharge plans.

Raw FIM® rating (sum of raw motor and cognitive rating)	Daily care requirements (hours of assistance)
20	>8
21-30	Approximately 7-8
31-40	Approximately 6-7
41-50	Approximately 5-6
51-60	Approximately 4-5
60	Approximately 4
80	Approximately 2
90	Approximately 1
100	Minimal or no assistance
110	No Assistance

1. Ontario Regional Stroke Networks Rehabilitation Coordinator Group AlphaFIM® Backgrounder November 2023
2. AlphaFIM® Instrument Guide 4.03
3. Assessing Client Function with the AlphaFIM® Instrument Training Module, Ontario Regional Stroke Networks Rehabilitation Coordinator Group, 2020
4. Ontario Stroke Evaluation Report, Ontario Stroke Network 2012

AlphaFIM® and FIM™ are trademarks of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. ([www.udsmr.org](http://www.udsmr.org)).

Acknowledgements: The CESN Stroke Rehabilitation Triage Tool has been adapted from: Toronto Stroke Networks Stroke Triage Tool, Champlain Regional Stroke Rehabilitation System patient flow algorithm and Hamilton Heath System Integrated Model of Stroke Recovery.