

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

- Your hand and arm are most likely to make an excellent recovery within the next 3 months.
- You can expect to be able to use your hand fairly normally for most day to day activities.
- 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

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

- Your hand and arm are most likely to make a good recovery within the next 3 months.
- You can expect to be able to use your hand for most day to day activities, though it 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.
- If patients have an initial SAFE score < 5, 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

- Your hand and arm are most likely to make a limited recovery within the next 3 months.
- You may regain some movement, possibly some hand opening and closing, though fine finger control is likely to remain challenging.
- You are likely to need to use your 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.

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

- Your hand and arm are most likely to make a poor recovery within the next 3 months.
- You may regain some movement, and you might be able to use your weaker hand to stabilise objects, but it is unlikely that you'll recover fine finger control.
- 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.

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.