

2. Baker, C., Foster, A., D'Souza, S., Godecke, E., Shiggins, C., Lamborn, E., Lanyon, L., Kneebone, I. & Rose, M. (2021) Management of communication disability in the first 90 days after stroke: a scoping review, *Disability and Rehabilitation*, DOI: [10.1080/09638288.2021.2012843](https://doi.org/10.1080/09638288.2021.2012843)

Introduction; People with communication disability after stroke need interventions to optimise healthcare communication and rehabilitation outcomes. Current evidence syntheses do not adequately inform the management of communication disability during the first 90 days post-stroke.

Purpose; To explore the scope of literature for the management of communication disability in the first 90 days after stroke.

Materials and methods; A scoping review was conducted using a systematic keyword search of six databases. A descriptive synthesis was generated using communication-related domains related to the biopsychosocial framework of the International Classification of Functioning, Disability, and Health (ICF).

Results; A total of 129 studies met eligibility criteria. Aphasia was the most frequently addressed communication disability after stroke (76/129 studies) with a paucity of evidence investigating other acquired neurogenic communication impairments. Management predominantly focused on communication-related: body functions and structures (62 studies) (e.g., linguistic-behavioural therapies), followed by environmental factors (39 studies) (e.g., communication partner training/support); activities and participation (15 studies) (e.g., augmentative and alternative communication); and personal factors (13 studies) (e.g., assessment of depression after aphasia).

Conclusion; A coordinated, integrated approach to developing and testing acute and subacute interventions for all communication disabilities across all communication-related domains is required.

IMPLICATIONS FOR REHABILITATION;

- Interdisciplinary stroke clinicians need to manage communication disabilities in the first 90 days after stroke to optimise healthcare communication and rehabilitation outcomes.
- There is some evidence to guide clinicians in aphasia management but less in other disabilities of speech and cognitive functioning.
- Most interventions to inform clinical practice address communication-related body functions and structures (e.g., linguistic and speech therapies). Clinicians need to address all domains and more evidence is needed to address environmental factors (e.g., communication support); activities and participation (e.g., person-centred goal setting); and personal factors (e.g., psychological care).