

Stroke Recovery Timeline

*Rachel Higdon | Flint Rehab
Webinar Transcript*

What to Expect During Recovery

Hi everyone and welcome. My name is Rachel Higdon and I'm one of the neurologic physical therapists with Flint Rehab's remote recovery program. Thank you for being here today. Whether you're a stroke survivor, a caregiver, or a family member, you've probably asked some version of one big question.

What happens next in the recovery? So over the next 20 minutes or so, I want to walk you through what recovery commonly looks like in those first days, weeks, months, and even years after stroke. And just as importantly, what you can keep doing to support it at every stage. So here's our road map for today.

We'll start with why no two recovery timelines look alike, move through those early days and weeks, unpack neuroplasticity in plain language, talk honestly about that so-called plateau or maintenance stage, and finish with what actually drives continued recovery and what to do if you feel stuck. Please drop your questions in the Q&A section below at any time. I've set aside some minutes at the end to answer as many questions as I can. And then please leave your email so that I can get back to you later on in case we don't have time to answer all of them.

Why There Is No Universal Recovery Clock

Here's the question that I hear the most. How long will my recovery take? And I'll be honest with you, there is no universal recovery clock. Anyone who gives you an exact date is usually guessing, but that doesn't mean we know nothing.

There are well-documented patterns and understanding them helps you set expectations and make good decisions. So instead of a countdown, think of today as more of a map.

Factors That Shape Recovery

Recovery is shaped by many things at once. The location and the severity of the stroke, which specific skills were affected, your overall health and other conditions, as well as your access to rehabilitation, especially neuro-specific rehabilitation. But notice the second row here, the amount of practice, the consistency over time, motivation, and support at home. Those factors are at least partly in your hands.

Research consistently shows that the way therapy is delivered, how intensive it is, how repetitive it is, and how task-specific it is, is one of the strongest levers we have on motor recovery.

Here's the frame I want you to hold on to for the whole talk. A recovery timeline tells you what commonly happens. It's not an expiration date on your progress. Keep that in your back pocket. We're going to come back to that several times.

The First One to Three Days

In the first one to three days, the priority for you is medical stabilization, protecting the brain from further injury, identifying the type and the cause of the stroke, preventing any complications, and assessing movement, speech, swallowing, and thinking. On the rehab side, timing matters, and the evidence here is specific. So the 2026 American Heart Association and American Stroke Association rehabilitation guidelines recommend graduated early mobilization. That means getting out of bed starting between 24 and 48 hours after stroke pending medical stability as well as physician clearance.

What they caution against is very early high-intensity activity within that first 24-hour time block. In the largest trial to date, very early higher-intensity mobilization actually lowered the odds of a good outcome at 3 months, especially in those more severe cases. Now, of course, this is going to depend on the severity of your condition, and your physician might recommend other things. These are just general guidelines.

So that sweet spot is structured, gentle, and started within a day or two after the stroke. So in those first few days, some abilities can return surprisingly fast. That's largely biological here. So the swelling is going to go down, the blood flow is stabilizing, and the networks that were stunned but not destroyed start working again.

Here's the important nuance on the screen here. Early gains reflect natural healing plus a temporary surge in the brain's capacity to rewire. That early improvement is very real, but it doesn't set your ceiling. What happens next depends heavily on what you do instead.

The First Weeks of Rehabilitation

After the first few days, now we're in the first couple weeks, rehabilitation usually becomes the main event. Depending on what was affected, this can include physical therapy, occupational therapy, speech therapy, and even cognitive rehabilitation, plus any home exercises between those sessions. And that last one, home exercises, is not just a filler. The brain changes through experience and repetition.

The practice that you do between appointments is part of the treatment, not just an add-on.

Understanding Neuroplasticity

And let's define that word that you're going to hear constantly if you haven't already. Neuroplasticity. In plain terms, it's the brain's ability to reorganize and strengthen its connections in response to experience and practice. Here's the mental picture that I like.

After a stroke, some of the brain's usual routes to a task are blocked. Neuroplasticity is the brain searching for these new routes. And practice is how it figures out which routes to strengthen and which ones to keep. The research is clear that this rewiring is driven most powerfully by these ingredients: practice that is intensive, repetitive, as well as task-specific. So hold on to those three words.

Months One Through Three

Months one through three are often when survivors see their most visible improvements. And that's because several things stack up at the same time. You have natural healing going on, heightened neuroplasticity during that time, a lot more rehabilitation, and lots of repetition. Add those all together, and you get recovery that you can see week to week.

But please don't read this as recovery only happens within those first three months. It doesn't. It means those early months are an especially favorable window, but not the only window.

Months Three Through Six

Then somewhere around months 3 to 6 the questions start to change. Often as physical therapists or occupational therapists, we hear, "Why am I not improving as fast? Have I plateaued? Is this as good as it's gonna get?" If you're feeling that, that's completely normal at this time.

And I want to spend the next couple of minutes explaining what's really going on because the story is more hopeful than it feels in the moment.

Recognizing Smaller Gains

Here's the first. Early on, progress is dramatic and obvious. Going from no movement in the arm to moving it several inches. You really can't miss that.

Later, progress is going to get quieter, but it's just as real. You might be reaching a little further, walking more smoothly with better balance, opening the hand more easily, or finishing a task faster. You might need a little less help with certain activities like transferring or fatiguing less quickly. These are meaningful and functional gains as well.

They just don't announce themselves as loudly. They're easy to overlook, which is exactly why they can feel like a plateau even when they aren't.

Changes in Practice After Discharge

And then here's the second and often biggest piece. During active rehab, you're getting therapy sessions sometimes up to one to three hours a day, especially if you're inpatient, plus home exercises, plus you're relearning daily tasks. Every time you transition out of the hospital bed to get into your chair to go to the bathroom, or you start using your hand to use the remote or open a door, that's a lot of cumulative practice. Then when you're discharged, appointments start to drop off and practice becomes whatever you keep doing on your own.

Typically, the volume of practice often falls off a cliff right around the time when people start feeling stuck. The line I want you to remember is at the bottom. The brain didn't stop responding. The practice slowed down.

Those are very different problems. And the second one is something that you can work towards fixing.

Slower Recovery and Continued Progress

Let's name it directly here. Slower recovery is not the same as no recovery. The rate may be slow, but that does not mean the brain has lost its ability to change. What changes is the challenge.

Now you're the one that has to create enough repetition, consistency, and appropriate difficulty to keep driving that adaptation. The plateau is often a practice problem wearing a biology costume. So keep the consistency and the repetition up.

Months Six Through Twelve

A little further down the line, but from about 6 to 12 months, the driver is going to begin to shift. Early on, spontaneous biological recovery does a lot of the work. Later, progress depends more on intentional targeted training. Common goals here are things like walking further, hand dexterity, strength and balance, coordination, independence in daily tasks, communication, etc.

And notice the key line. The goal isn't just to exercise. It's to repeatedly practice the specific abilities you want your nervous system to improve. And that's that task-specific principle again.

Can Recovery Continue Years Later

And this is the question that keeps people up at night. Can I still improve years after my stroke? The honest evidence-based answer is yes. Improvement may still be possible.

For years, we taught a rigid critical window of 3 to 6 months. Newer research has really challenged that. In a study of over 200 patients, sensitivity to therapy extended well beyond 12 months post-stroke. Other large cohorts found meaningful functional gains continuing 12 to 18 months, not stopping at six and beyond.

And late improvement between 3 to 12 months was linked to lower long-term mortality and institutionalization. The catch is on the side though. Later recovery usually needs more repetition and happens a lot more gradually. The needs are focused more on specific practice and it's measured in a lot smaller milestones.

What Recovery Means

I want to reframe what recovery means. Recovery isn't measured only by whether you will return completely to your pre-stroke self or not. It also means continuing to gain function, independence, confidence, and participation in the life you actually want to live. By that definition, there is almost always something worth working towards.

Five Drivers of Continued Recovery

If time alone isn't the deciding factor, then what is? Five things matter more than how long it's been. One is going to be repetition. The nervous system needs repeated exposure to the skill you want it to improve.

Second, consistency. One hard session followed by six quiet days does less than an easier routine that you can sustain over time. Task-specific practice as we talked about before. In order to improve walking, practice the components of walking.

To improve the hand, practice the grasping and the reaching. We want to make sure that it's an appropriate challenge. So the exercises cannot stay the same forever. As you improve, you want the difficulty to progress as well.

And lastly, make sure that these activities are meaningful to you. Practice isn't only formal exercise. Everyday tasks count. These five things align with what neuroplasticity and motor learning research identifies as the active ingredients of recovery when put together.

Daily Activities as Practice

Keep in mind like I said everyday activities do count as practice. So preparing food, folding laundry, reaching for objects, walking, gardening, getting back to your daily routine. If you can turn your daily routine into practice, you get far more reps than any therapy schedule alone could give you. And they're built into a life that you're already living.

What to Ask When You Feel Stuck

If you're feeling stuck now, start with these honest questions. Are you practicing enough? Are you practicing consistently? Are you practicing that specific skill that you want to improve?

Is it challenging you enough? Are you tracking those small improvements or those small wins? And what guidance from a rehab professional may help me find a new approach? Now, one critical exception here, and please hear this clearly, a sudden decline or a new neurological symptom is not a plateau.

That's a medical issue. Make sure that you contact your medical team and get it evaluated right away. So be aware of any medical changes and please keep in communication with your medical team throughout this process.

The Timeline at a Glance

Here's everything kind of on one screen so you can kind of see it. So in the early days you're really focusing on just stabilization and early recovery. Making sure that you're not getting any further complications from the stroke itself. In the weeks after, rehab is going to begin.

You're going to have that rapid relearning phase. You're going to get the most progress there. One to three months, again, most visible progress. 3 to 6 months, progress is going to start to feel a little bit slower. And then 6 to 12 months is going to be based off of more intentional practice.

After about a year, continued improvement is still possible. You just may need to increase the repetition and the specificity of what you're working on. Remember, this is a guide to what commonly happens, but not a schedule that you're required to keep. And it is going to depend significantly on the extent of the stroke and your medical conditions.

What You Can Start Today

If you take one sentence home here, take this one. There is no expiration date on practice. Those first months matter. They're just not the only months that matter.

So instead of asking how long will my recovery take, try asking what should I work on next during this phase. So what can you start today? Here are five things that you can do to jump-start it. Pick one ability and be specific.

Not just "improve my arm," but very specifically, "I'm going to reach into the kitchen cabinet." Practice this consistently and build it into your routine so it doesn't just depend on motivation whether you want to try it today or not. Then get those repetitions in whenever you can all day not just during your exercise time. Begin to notice and track those small wins comparing yourself over weeks to months not day to day. And lastly, keep progressing the challenge as things start to get easier.

Recovery Resources and Support

If you'd like more information, we have free stroke recovery education, exercise guides, stories all on our flintrehab.com blog. You can also reach us at this number and email on the screen here. We also have a remote recovery program where we can match you up with a neuro coach and set you up with an exercise program as well. So all things that you can find on our website.

Quick important note, this webinar is educational and it is not a substitute for any individual medical advice. Please talk to your own care team about your specific plan.

Let's talk about your recovery now. That brings us to your questions. I'm going to just leave you with this. Your recovery timeline isn't just about how much time has passed.

It's about what you continue to do with that time. I'm going to give you guys a few minutes to throw some of your questions in the Q&A portion here. Please, not the chat, in the Q&A portion. And we can go over if you have any questions.

Keep in mind that if they are very specific, I'm going to ask if you can write down your email so that I can get back to you and we can have more of a back and forth conversation instead.

Q&A

My neurologist says I will never move my arm or walk again after this stroke. Is that true?

A bunch of these questions are based on, "I had a stroke in this particular area of my brain. My neurologist and physician have told me either I'm never going to move this arm again or I'm not going to walk again." It's really going to depend on the severity of the stroke there and how much recovery you have gotten. So for instance, if you haven't been able to move your muscles at all since the incident, then the chances of that are a lot less.

And there needs to be some form of nerve connection there. It's a lot easier if you already have some connection spared. And they're just working on amplifying and strengthening those connections. I can't tell you whether or not something is true or not true.

I would say go off of your neurologist or your physical medicine and rehabilitation doctor's recommendations. But I will say if you start to notice any changes in that motor recovery, starting to wiggle your toes or you feel a contraction in your muscles, that's something that you can work a little bit more on strengthening.

Will you send the webinar recording, references, and slides?

A few questions are about logistics. So yes, we are going to send out the link for this as well as the PDF that will have all of the references and the slides included. So that will be sent out after the webinar itself.

Are there programs or tools to support finger sensitivity, mobility, dexterity, and strength at home?

This person says that they are 11 months post-stroke struggling to improve independent finger sensitivity, mobility, dexterity and strength. They are seeing therapy right now and it looks like they're doing a lot with the shoulders versus the hands. We do have a remote recovery program like I had mentioned that you can find on our website and we'll be emailing that out as well where we do pair you up with a neuro rehab coach that is supervised by our physical therapist that can set you up with specific exercises to do at home as supplemental practice focusing on whatever goals you want to target.

That could be a good option for you for hand strength, for the dexterity, etc. I will say in general sometimes after stroke in order to improve on things like in your hand, you might need the stabilization and the strength at your shoulder first. So that might be why your therapist might be starting at the shoulder. But it does help to have some exercises that you can do on your own at home.

So definitely something that we can help you out with. Just let us know and we'll give you more information via email or you check out our website.

Can insurance guidelines be changed to allow longer rehabilitation given recovery after six months?

This person says most insurance plans have a cutoff time for rehabilitation and asks about guidelines given newer recovery timelines after 6 months. Great question. And I want to be as specific as I can here without just giving a general it depends type of answer. Even though it does depend on kind of what that insurance is.

Many insurance plans, especially commercial insurance plans, might have a cutoff of a certain number of weeks for inpatient and then a certain number of visits for outpatient. Usually around like 30 visits a year. So others have more of a functional maintenance goal-based discharge. So if you start to see that plateau and they're not seeing improvements with therapy, then that's when discharge is recommended.

Now just because you're not doing formal therapy doesn't mean that you shouldn't continue to do things at home. When you're discharged from therapy services, you should continue to do home exercises at home. That might be whether your physical therapist gave you papers to go through exercises or whether you decide to do something like what we offer with the remote recovery program where we can continue to provide you guidance and support even without insurance as part of our program as well.

Just because formal therapy stops does not mean that your practice should stop. Unfortunately, even with that newer research, the insurance guidelines, it's just going to depend year to year, but I know that they are constantly changing and hopefully getting more visits, but I can't really

say too much on that aspect right now. A lot of really good questions. I just want to make sure that I answer any other general ones here before I get back to emailing all of you.

And thank you for those that put your email here. Or you can send us an email afterwards. I'm going to take a look and see if we have one or two more general ones.

Do technology and rehabilitation work even three to five years after stroke?

I know we talked a lot about like that up to 12 months timeline kind of what happens after that. Same concept is going to apply. Yes, we are going to see improvements, especially if you haven't had that repetition and consistency for a while and you're starting up again with more task-specific intensity and consistency being your main goals. I would very much recommend trying to start some exercises again that are recommended by a therapist whether part of our program or not.

In regard to questions here about technology, technology can be a great resource to supplement. Now there's a bunch of different questions here about like which ones are best. That is just something that we would need to talk about a little bit more one-on-one based off of your impairments, but with the new modern technology, it certainly can help and it can be beneficial. But that is something that I would say talk to your medical provider or something that you and I can talk about to see what options are right for you.

Closing and Follow Up

I'm going to leave the rest of the questions here. Like I said just make sure that you have your email attached to them or send us an email when we send out this webinar later today or tomorrow and I will be sure to get back to you there. Thank you so much for joining everyone and I will see you on the next one. Have a good one.