# Occupational therapy: return to work after stroke

- Discipline and setting: Occupational therapy, in a community stroke rehabilitation service.
- Patient profile (fictional): Mr. F, a fictional 54-year-old office administrator, is three months after a left middle cerebral artery stroke with right-sided weakness and mild word-finding difficulty.
- Presenting complaint: A goal-setting session about returning to a desk-based admin role. Mr. F wants a plan for a phased return.
- Assessment findings: A MoCA score of 24 showed mild cognitive impairment, mainly in attention. Right-hand grip measured 60% of the left. Typing speed dropped to 22 words per minute. A workplace demands analysis flagged screen work, multitasking, and a 40-minute commute.
- Clinical reasoning (annotated): The working formulation is a capable return to work. Reduced hand function, attention fatigue, and mild expressive difficulty are the limits. The plan matches each work demand to a current ability and a needed adaptation. A full-time immediate return was ruled out because attention faded after 40 minutes on testing. An unsupported return was excluded because the commute and multitasking exceeded present tolerance. A building-access barrier was set aside after a site visit found step-free entry.
- Management and outcome: The therapist built a graded return-to-work plan: half-days for the first month, task batching to protect attention, voice-to-text software for longer

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documents, and a liaison call with the employer. Mr. F returned to four full days by month six with the adaptations still in place.

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