Stroke rehabilitation

The Stroke Association

The STROKE Association

The following information leaflets are available in this series.

The Stroke Association
What is a stroke?
Preventing a stroke
When a stroke happens
After a stroke
Stroke rehabilitation

The Stroke Association also produces fact sheets on specific stroke issues. To find out how to order leaflets or fact sheets, or for more information on strokes, phone **0845 3033 100**, e-mail **info@stroke.org.uk** or visit our website at **www.stroke.org.uk**

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"At 29 I had my first stroke. Two years later it happened again, only this time it was worse. I lost both sight and speech, and I couldn't stand." ***Brad Francis***

Every year, **over 150,000 people** in the UK have a **stroke**. That's one person every three minutes. Most people affected are over 65, but **anyone** can have a stroke, including children and even babies. Around **1000 people under 30** have a stroke each year.

A stroke is the **third most common** cause of **death** in the UK. It is also the **single most common** cause of severe **disability**. More than 250,000 people in the UK live with disabilities caused by a stroke.

If it happens to you, or someone you care for, you'll want to know as much as you can about what happens afterwards – how to work towards **getting back to normal life** as much as possible, or **learning to live with the long-term effects** of a stroke.

This leaflet looks at the ways in which people who have had a stroke can **regain skills** and **adapt to life after a stroke**, and the **professionals** who can help.

"I was in my office, when suddenly the light went out. My colleagues got the medics a few minutes later, and that helped with the brain damage. They worked on me in the ambulance for an hour before taking me to the hospital. "
David Diston

A stroke is a brain attack

A stroke is what happens when the **blood supply** to part of the brain is **cut off**. Blood carries essential **nutrients** and **oxygen** to the brain. Without the blood supply, **brain cells** are **damaged** and may **die**.

Because the brain controls everything that the body and mind does, damage to the brain can affect:

- body functions – **moving, swallowing, breathing, seeing** and **hearing**; and
- mental functions – **thinking, speaking learning, feeling** and **understanding**.

People who have had a stroke often have a **combination** of problems, such as weakness on one side of the body and difficulty communicating.

Every stroke is different and people are affected in different ways. The symptoms of a stroke can last for a **short time** (a transient ischaemic attack (TIA) or mini-stroke), or they may last for a **longer time** leading to long-term disabilities.

Recovery means getting better, rehabilitation means learning ways to overcome or adapt to the effects of a stroke.

Recovery and rehabilitation

Recovery begins as people **get better** from the immediate effects of a stroke. Over months and even years, other areas of the brain might learn to take over from the dead areas.

About a third of people who have had a stroke are left with **disabilities**. **Rehabilitation** is the process of overcoming or **learning to cope** with the **damage** the stroke has caused. It is about getting back to normal life and achieving the best level of **independence** you can, by:

- **relearning skills** and abilities;
- learning **new skills**;
- **adapting** to some of the limitations caused by a stroke; and
- finding social, emotional and practical **support** at home and in the community.

The stroke team

Rehabilitation starts in hospital, with the **multidisciplinary team** involved in care. The team includes specialist doctors, nurses and therapists. See The Stroke Association leaflet **'When a stroke happens'** for more information on the hospital team.

Physiotherapy uses exercises and massage to keep muscles and joints working properly.

Physiotherapy

A stroke can cause **weakness** or **paralysis** in one side of the body and **problems** with **balance** or co-ordination. **Physiotherapy** helps to regain as much **mobility** and **muscle control** as possible.

Physiotherapy begins very soon after a stroke, at home or in hospital. If the person cannot move, the therapist first makes sure they are **correctly positioned** in their bed and **changes** their **position regularly** to stop their muscles and joints from getting stiff.

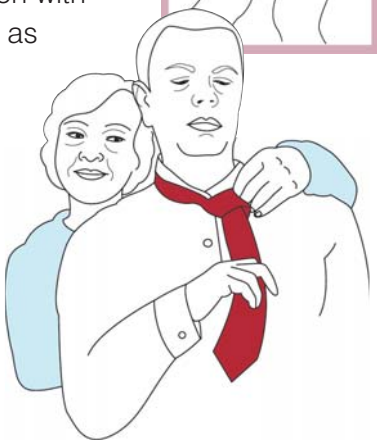
If the person who has had a stroke finds it difficult to stay upright in bed or in a chair, the physiotherapist will work with them to regain balance. When they are ready, they might move on to **standing** with the support of equipment or other people, and then to **moving around** safely.

Treatment for weak or **paralysed limbs** starts with **small** guided **movements** and practising simple tasks. As the person begins to **improve** and build up strength, they will be shown **larger movements** and more complicated exercises that encourage both sides of the body to work together. This will help them to stop **overusing** the **side** of their body that is **unaffected** by the stroke.

The aim of occupational therapy is to find practical solutions that let the person live as full a life as possible. Referral to an occupational therapist may happen in hospital, or through professionals in your community such as your GP or social worker.

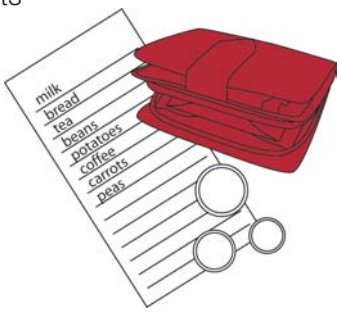
Occupational therapy

Problems with movement, co-ordination and perception can make it **hard** to perform **everyday activities** – things we take for granted like **washing, dressing, eating** and going up stairs.



The **occupational therapist** helps the person with these **basic tasks** and other activities, such as **shopping** and **cooking**. The occupational therapist can help the person return to their normal **hobbies** and **leisure** activities or to take up new ones, learn **skills** they might need to **return to work**, or overcome problems with **memory** or **concentration**.

Occupational therapy uses a **range of techniques** suited to different situations and disabilities. These may include learning to eat or dress with one hand, using **memory aids** such as lists or a diary, or **practising physical** or **mental skills** through crafts and board games. Therapy usually **starts** with **simple** activities, then **moves on** to more **complicated** ones as the person progresses.



Language often improves more slowly than other difficulties, but it continues to improve for longer. It is important to stay positive and keep up with regular therapy.

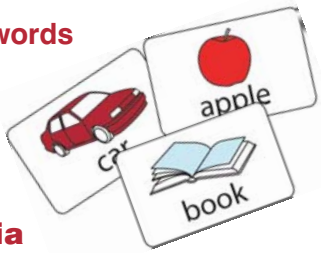
Speech and language therapy

A stroke can affect communication skills – the ability to **speak, read, write** and **understand**. The **speech and language therapist** assesses each person's difficulties and develops appropriate techniques.

Dysphasia

Dysphasia (also known as aphasia) is **difficulty using and understanding** spoken and written **language**. A person who has dysphasia may know what they want to say but **can't find the words**. It may be **hard** for them **to understand** what others are saying, even if their hearing and thought processes are not affected.

Therapy can help people **recognise words** or find **other ways** to **communicate**, like using gestures, word-and-picture charts, symbols or computers.



Dysarthria, dyspraxia and dysphonia

- Dysarthria is when a stroke affects the **muscles in the face**, making it **difficult to form words**.
- Dyspraxia is difficulty with complicated tasks, which means that the person may find it **hard to speak** or understand conversation.
- Dysphonia is when a stroke affects the **muscles in the voice box**, changing the way the voice sounds and making it hard to moderate the voice.

Swallowing

A swallow test is one of the first hospital assessments. Initially this involves seeing if the person **can swallow a little bit of water without coughing or choking**.

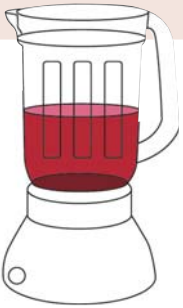
If the person has any difficulties swallowing, they will be seen by a **speech and language therapist**, who can assess the problem. A **dietitian** can then work out a diet that is **easy to eat** and has all the right **nutrients**. Some people will need puréed solid food and thickened drinks.

Whether the person who has had a stroke is feeding themself or having help, they will have to learn how to sit correctly and proper eating methods to **prevent food and drink** from getting into their **windpipe** (this is called aspiration).

In severe cases, if a person cannot eat by mouth, special feeding techniques might be used. Nasogastric feeding is when a **tube is passed up the nose** and down the throat to get food into the stomach. Percutaneous endoscopic gastrostomy (PEG) is a **feeding tube that goes into the stomach** directly through the abdominal wall.

Tips for safe swallowing

- Make mealtimes quiet and relaxed – don't rush.
- Have small, frequent meals.
- Only take a teaspoon at a time and make sure you have swallowed it before having any more.
- Don't mix food and drink in the same mouthful.
- Don't try to talk when you are eating.
- Sit upright for half an hour after each meal.

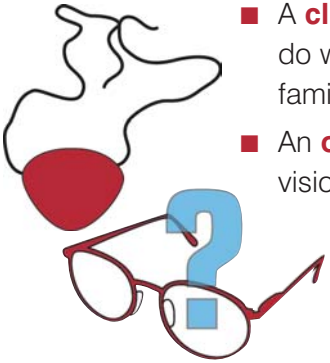


"I was walking to work, and suddenly I went blind in one eye. I stood still for five minutes to work out what was going on. My vision came back and I felt light-headed. I went to the canteen and thought I was going to pass out." ***Claire Simpson***

Vision and eyesight

Often a stroke causes **double vision**, **blurred vision** or **partial blindness**. Sometimes people cannot see anything on the right or left (hemianopia), which can lead to **difficulty** with **balance**, **co-ordination** or **recognising** familiar things or people.

- A **physiotherapist** or **occupational therapist** can help with movement and exercises to **compensate** for, or cope with, areas of blindness.
- A **clinical psychologist** can help with problems to do with processing information, like recognising familiar things or people.
- An **ophthalmologist** or **optician** can recommend vision aids like **glasses** or an eye patch.



Sensation

A stroke can cause disturbances in sensation, such as a decrease or increase in sensation, unpleasant feelings of **hot** or **cold** and **tingling**, like **pins and needles**. Physiotherapy might be able to ease some of these feelings.

The most common types of continence problems include:

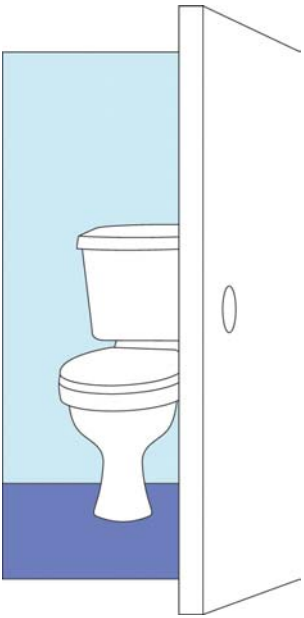
- **urgency – feeling a desperate need to pass urine;**
- **frequency – needing to pass urine often;**
- **incontinence – not managing to get to the toilet in time; and**
- **bedwetting while asleep (called nocturnal incontinence).**

Using the toilet (continence)

Having **problems controlling** the **bladder** and **bowels** is common after a stroke. Incontinence may be caused by nerve damage, loss of muscle control, change of diet and being bedbound.

Communication and **mobility** problems can make it worse – the person may find it difficult to make other people understand that they need the toilet, or they may not be able to get to the toilet in time.

Most people regain control quickly, but help is available from the following if necessary.



- A **continence adviser** – a specialist nurse who can develop a rehabilitation plan, including **bladder retraining** to help 'hold on', pelvic floor exercises to **strengthen muscles**, and **continence aids** like pads and bed covers.
- A **physiotherapist** who can teach **exercises** to improve walking and using a commode or toilet.
- An **occupational therapist** who can advise on how the person's **home** can be **adapted** or what **equipment** would make it easier to use the toilet.

A combination of medication and psychological therapy or counselling is often the most effective treatment for depression.

Psychological changes

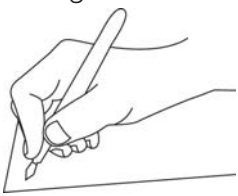
Feelings of **anger, despair, frustration** and **grief** are all **normal** for people who have had a stroke – and their families. Worries about work, money, close relationships and loss of confidence can lead to **anxiety** and **depression**. The tiredness that usually follows a stroke can also make depression worse.

The person may find it hard to control their emotions. Dramatic mood swings and sudden outbursts – such as crying or laughing at the wrong time – can be due to the damage the stroke has caused to their brain.

Helping to understand, and **cope** with, these symptoms and feelings is an **important** part of rehabilitation. If symptoms are severe or last a long time, a GP may refer the person to a **clinical psychologist** or **psychiatrist** for expert advice.

Mental processes

It is common for a stroke to cause problems with mental processes such as **thinking, concentrating, remembering,** making decisions, reasoning, planning and **learning**. A **clinical psychologist** can help assess these difficulties and find ways of overcoming them. For example, people who have memory loss might need to keep notes to remind

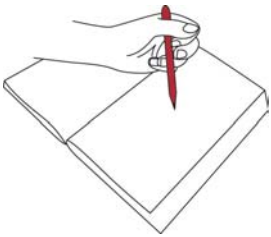


"He has lost confidence, he can't walk, his speech isn't very good, and he has poor short-term memory. It's a real struggle." ***Susie's husband John was 59 when he had a stroke.***

themselves to do routine things. Someone with concentration problems may need to learn to take things more slowly and avoid distractions.

Helping rehabilitation

Unfortunately, however natural it is to feel depressed and anxious, negative feelings will get in the way of progress. It's important for the person to **focus** on what they want to **achieve** and stay **positive**. Here are some tips.



- **Practise the tasks** therapists have taught between therapy sessions – but don't exhaust yourself.
- Understand why each task has been set. This will help keep you **motivated**. Remember that **recovery can be gradual** and even when progress is slow it is worth persevering.
- Don't push people away. **Talking to** others, or even just **being with other people** if you have difficulty communicating, can stop you becoming isolated and withdrawn.
- Stay **healthy**. Plenty of **sleep**, a **good diet** and regular physical **exercise** are all important to your rehabilitation.
- Don't despair if you don't fully regain your previous abilities. Enjoy the best **quality of life** and **independence** that you can.

Tips for carers

- **Be patient**. Rehabilitation is a slow and often frustrating process. Don't worry if there are days when little progress seems to be made.
- **Be positive**. Constant encouragement and praise are needed to keep up everyone's spirits.
- Get the right **balance** between helping and encouraging the person to **gain independence** and **confidence** by doing things for themselves.
- Set a **daily routine** that everyone can stick to. Build in short but regular periods in the day to practise exercises and learn skills.
- **Make time for yourself**. Seeing your own friends and having your own hobbies is an important way to keep up your strength and patience.

Support at home

Family and friends can help in many ways. For example, they can:

- help practise exercises between therapy sessions;
- give **emotional support** and keep the person motivated towards long-term goals;
- adapt to the person's needs, for example, **speaking more slowly** and **using gestures** if they have communication problems; and
- **learn techniques** for dealing with difficult situations, such as how to help the person get up if they have a fall.

For information and advice, and to find out about services near you, call The Stroke Association helpline on 0845 3033 100.

Rehabilitation in the community

Help is available if you need practical advice or simply someone to talk to.

- **Stroke clubs** are a good way for people who have had a stroke and their families to **socialise**, build up confidence and **talk to other people** who have had similar experiences.
- A GP can help with **medical problems** and make referrals to other specialists.
- The Stroke Association's **Dysphasia** and **Family Support Services** are available in some areas.
- Social workers and therapists can give information on making adaptations to the home and finding special aids or equipment.

Gadgets, equipment and home adaptations

A physiotherapist, occupational therapist or social worker can assess a person's needs and arrange for:

- **mobility aids**, such as a walking stick or wheelchair;
- **adaptations** to the home, such as ramps and handrails; and
- **specialist equipment** and gadgets, to make it easier to manage tasks at home.

The Stroke Association

Working for a world where there are fewer strokes and all those touched by stroke get the help they need.

Every three minutes someone in the UK has a stroke. A stroke doesn't discriminate. It can happen to anyone at any time in their life. Strokes are sudden and their consequences can be devastating.

The Stroke Association is the only national charity solely concerned with helping everyone affected by stroke. Our vision is to have a world where there are fewer strokes and all those touched by stroke get the help they need.

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Website: www.stroke.org.uk

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