

Stroke Recovery Tips

www.stroke-rehab.com

UNILATERAL NEGLECT



Neglect of one side of the body (unilateral neglect) or of objects located to one side of the body can occur as a result of stroke. There are several types of neglect including personal neglect or neglect of one's own body, peri-personal neglect which is neglect of objects within a person's reach, and extra-personal neglect which is neglect of objects further away or out of a person's reach.

To encourage a patient to be more aware of the neglected side, caregivers should attempt talking to patients from the affected side as much as possible.

Some ideas to help improve neglect include:

For personal neglect:

- Combing hair
- Shaving
- Putting on clothes
- Washing face and body
- Putting on makeup

Place stickers on clothing on neglected side of the body and have patient search and remove them

For peri-personal neglect, try some of the following:

- Sorting socks
- Folding clothes
- Placing items in cups or sacks on a table

Finding items in a cabinet, on a shelf, or in the refrigerator

Sorting mail

Playing solitaire or other games

Crafts

For extra-personal neglect:

Finding rooms off of a hallway

Making the bed

Dealing cards to people sitting around a table

Locating items in a room

Remove items from a room then have patient put them back where they go

Walking or using wheelchair to navigate a building or house

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APRAXIA

Apraxia is a motor planning problem that can occur in some stroke victims that cannot be attributed to weakness, coordination, sensory loss or comprehension deficits. It results in a patient being unable to perform purposeful or learned movements. Two types of apraxia are ideational and ideomotor. There is also some other forms of apraxia (e.g. speech) that will not be discussed in this article.

With ideational apraxia, patients will use familiar objects incorrectly such as trying to brush their teeth with a hair brush, placing shaving cream on their hair, or stirring coffee with their finger. These patients

present with an impairment of what to do with an object.

Ideomotor apraxia, on the other hand, presents as difficulty with planning movement. Patients with ideomotor apraxia will have the available movement to do a task but have an impairment of planning the movement for the task (e.g. can't mimic movements correctly, can't coordinate correct arm movement or hand placement to use tools or utensils, can't get foot placement correct for climbing stairs).

Therapy treatments for apraxia include task based training, strategy training, and errorless learning. Task based training involves teaching the patient a spe-

cific task (e.g. folding a washcloth), using repetitive practice to learn task, and providing feedback. Strategy training aims at teaching compensatory strategies to patients. This may involve giving the patient instruction (verbal or written), physical assist, feedback, visual cues, and using a mirror/videos/pictures. With errorless learning, the patient learns by doing a task but the therapist intervenes to prevent errors from occurring (e.g. using hand over hand assist to correctly complete a task) and provides training of details.

To learn more about apraxia and treatment, visit <https://fota.memberclicks.net/assets/Conference/Conf13/Hdouts/ws%206%20apraxiapusher.pdf>



DEPRESSION AND STROKE

Post stroke depression is a common occurrence after stroke. Stroke survivors become depressed for many reasons including physical impairment which leads to decline in ability to do daily activities, lack of social support, loss of social interactions with friends, fear of another stroke, biochemical changes in the brain, altered lifestyle, and abandonment by the healthcare system to name a few.

Depression can interfere with stroke rehabilitation as it can cause decreased initiation, concentration problems, hopelessness, fatigue, insomnia, irritability, decreased attention to detail, and loss of interest in activities. Caregivers and healthcare providers should be on the lookout for depression. Symptoms of depression can include:

- Sadness
- Pessimistic attitude
- Irritability
- Insomnia
- Fatigue
- Emotional/crying
- Giving up
- Loss of interest in previously enjoyable activities
- Appetite changes
- Weight loss or gain
- Decreased memory/attention

Many stroke patients are not receiving treatment for post stroke depression. This may be due to medical professionals and caregivers writing off depression as a normal response to having a stroke. Stroke patients with depression, however, can be treated whether the depression is due to changes in the brain or a psychological response to stroke. If you or a loved one is experiencing post-stroke depression, you can seek treatment from a neuropsychologist or neuropsychiatrist that specialize in emotional/psychological disorders related to neurological disease or changes.

Other helpful tips to deal with depression include having a good family/friend support system and finding a stroke support group so you can interact with others that are going through the same type of circumstances. Support groups can be found online or in person. For more information regarding stroke support groups, visit <http://www.stroke-rehab.com/stroke-support-groups.html>. To see answers and advice given to caregivers and stroke victims with questions about emotional and mental changes after stroke, visit <http://www.stroke-rehab.com/emotional-and-mental-issues-after-stroke.html>



CAREGIVER CORNER: RESPITE CARE

Are you a caregiver of a stroke patient and need someone to care for your loved one while you take a needed break, go on vacation or attend to business but have no one to turn to? If so, you should look into respite care.

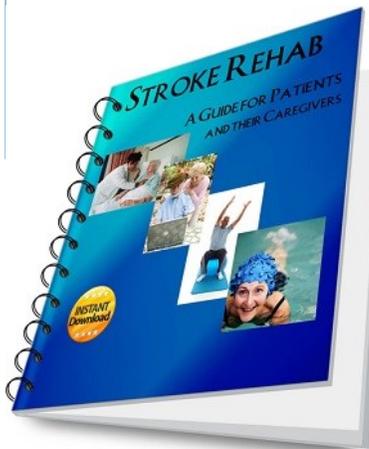
Respite care provides short term relief for caregivers of individuals that would otherwise require facility care. Respite care may be in home or at a facility and may be for only part of a day or for several weeks. The cost of respite care will vary but in some circumstances, federal and/or

state programs may help cover some of the costs.

When evaluating respite care services, make sure the facility or person has good credentials, is licensed if required by your state, and has the necessary qualifications to care for your loved one. If hiring an individual, make sure to do a background check, find out what hours can be worked (including holidays), get references, find out how much experience one has and make sure he or she is CPR certified.

If using a facility, make sure that background checks are performed on their employees, tour the facility first, and make sure the employee-to-patient ratio is adequate. When touring the facility, pay attention to employee hygiene (e.g. hand-washing), whether call lights are being answered (if applicable), cleanliness of the facility, and whether employees are attending to patients or just socializing with their co-workers.

To find out more about respite care and to search for respite providers in your area, visit <http://archrespite.org/respitelocator>.



Stroke Rehab: A Guide for Patients and their Caregivers

Exercise photos included

Visit <http://www.stroke-rehab.com/stroke-rehab-e-book.html>

Clinical Trial Opportunity

I was contacted about a clinical trial that is going on to evaluate a product for shoulder pain after stroke and was asked to share the information in my newsletter. The clinical trial is currently enrolling at centers in several states across the country, including New York, New Jersey, and North Carolina and is testing a device for the treatment of post-stroke shoulder pain. The device uses mild electrical stimulation delivered via a thin wire implanted under the skin to block pain signals sent from the brain.

The study is open to people over age 21 who had a stroke at least six months ago, who are experiencing shoulder pain, and who meet certain other criteria. There are no costs to participate in the study, which

will last about 4 ½ months and involves nine medical office visits and some follow-up phone calls.

For more information about the study, patients can visit www.painafterstroke.com or call 1-877-352-8156.