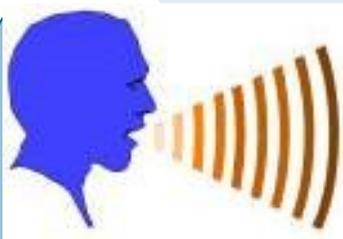


Stroke Recovery Tips

www.stroke-rehab.com

HOARSENESS AND VOICE THERAPY AFTER STROKE



Having a stroke may affect one's voice or vocal cords. These vocal changes may include hoarseness, speaking softer or more quietly than before, or sounding gruff or raspy to name a few. The medical term for such vocal disorders is dysphonia. Sometimes these vocal changes may be due to a stroke causing vocal fold paralysis, paresis (weakness) or spasms in the throat muscles.

Since other symptoms of stroke may be more alarming (inability to walk, arm/leg paralysis, mental changes, loss of vision, etc), vocal disorders may not be as quickly identified. In fact, the caregiver may be the first to notice vocal changes rather than medical staff. If you've had a stroke and you or a loved one have

noticed changes in your voice, you should report those changes to your physician and ask for a speech therapy evaluation.

Vocal changes may only be minor and not affect one's quality of life, but in other circumstances these changes can be quite debilitating. If someone cannot be heard or has to repeat their words to be understood, this can affect social relationships. If an individual who has experienced stroke has a job that requires speaking engagements, talking on the phone, or presentations; dysphonia could prevent return to previous work.

A speech therapist can work on voice therapy with patients who have experienced dys-

phonia. Voice therapy consists of exercises to help coordinate breathing, produce sound, achieve optimal pitch, and improve volume and quality of sound. Another important part of voice therapy is educating patients about vocal hygiene which includes forming healthy habits to protect the voice. These habits include drinking enough water; avoiding yelling or talking in loud environments; avoiding excessive throat clearing, and keeping away from irritants such as cigarette smoke.

Sometimes surgery or botox may be indicated for vocal cord problems. To find out more about dysphonia, voice therapy, and treatments, visit <http://www.nyee.edu/patient-care/otolaryngology/voice-swallowing/therapy>.

MESSAGE AFTER STROKE?

One of the most common questions I receive on my website is "Is it okay to get a massage?". First, I would say always check with your physician to make sure you don't have any medical restrictions that would prevent you from having a massage. In most instances though, there is no reason why one can't get a massage after becoming medically stable.

You might ask, "Why would I want a massage?" or "What are the benefits?" Many of the benefits are the same as for anyone else such as relaxation

and relieving muscle tension. For stroke patients, however, the benefits may go even further. According to the Evidenced Based Review of Stroke Rehabilitation (www.ebrsr.com), there is moderate evidence that massage reduces pain and anxiety levels post stroke. One study even showed that massage helped stroke patients sleep better and that they had significantly lower blood pressure, lower levels of anxiety, lower pain and heart rate scores when compared with a control group. Of course, one must be careful about reading too much into only a couple of studies, but massage does appear

to have some benefits for the stroke patient population.

It is important when looking for a massage therapist to first seek medical clearance and to go to someone that has experience or knowledge of working with individuals who have had strokes or circulatory disorders. Your physical therapist or MD may be able to supply you with a recommendation for a massage therapist. If not, do your own homework. Check reviews and ask any potential candidates about their experience. It may take visits to several different massage therapist to find the right one for you.

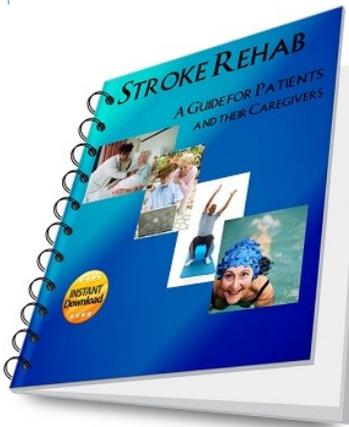
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Stroke Rehab: A Guide for Patients and their Caregivers

Exercise photos included

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



COMPLEX REGIONAL PAIN SYNDROME

Complex Regional Pain Syndrome (CRPS, Type 1) is a chronic pain condition that can occur after stroke and most commonly affects the affected shoulder/hand in stroke patients. Symptoms of CRPS may include excessive pain, changes in skin color or temperature, hypersensitivity to touch, decreased mobility and swelling. The pain experienced with CRPS is often prolonged and described as burning, pins and needles or as if something is clamping down on the affected body part.

Other terms that one might hear used for CRPS is Shoulder Hand Syndrome, Reflex Sympathetic Dystrophy, causalgia, and Sudeck's atrophy. CRPS is not to be confused with Central Pain Syndrome which can result in chronic pain and burning syndromes from damage to brain regions.

The cause of CRPS is unknown. Stroke patients with CRPS are more likely to have

shoulder subluxation. Patients with more upper extremity weakness and less mobility have a greater probability of developing CRPS. Diagnosis of CRPS can be clouded in stroke patients as it is not uncommon to see swollen extremities that are stiff/uncomfortable and not moving well. Since the effects of stroke to a hemiplegic extremity may mimic CRPS, diagnosis should be made by a physician. Remember though that CRPS is characterized by prolonged and excessive pain.

There is no definitive treatment for CRPS, however, treatments which have shown some success in stroke patients include the use of corticosteroids (in the first four weeks) and mirror therapy which is used to control pain. To find out more about how to use mirror box therapy, visit <http://www.ireflex.co.uk/mirrorboxtherapy.com/new-video-presentation-by-dr-ilan-lieberman/>

CAREGIVER CORNER: TOP TIPS

Below are some of the top tips for caregivers of stroke patients.

1. Take care of yourself physically, emotionally and socially. It's hard to care for someone else if you are in poor health, depressed, and feel all alone.
2. Promote independence in your loved one. They will feel a sense of accomplishment for being able to do tasks, and they will be less dependent on you for their needs.
3. Be patient. Do not try to do everything for your loved one because you are impatient. You will also need patience to deal with the emotional ups and downs of your loved one.
4. Keep organized. Having a schedule for appointments, meds, errands, meetings, etc. will make your life less hectic.
5. Ask for help from friends, family, or church members. Other people can give you a break from caregiving, help with errands such as grocery shopping or with home tasks such as cleaning or mowing the lawn.
6. Socialize. Both caregivers and stroke victims need a chance to socialize with others. Try to participate in activities that you did before or new activities of interest.
7. Join a support group. Even if it's online, being able to talk to others in the same type of circumstances is therapeutic. Other caregivers will be able to share helpful hints as well.
8. Make sure the home environment is safe. Helping your loved one avoid falls and accidents is of utmost importance. Fall proof your house!
9. Educate yourself. Don't be afraid to ask questions of medical professionals and use the internet as a resource to find out information about stroke and caregiving.
10. Know your limits. If you are unable to care for your loved one, you may have to consider moving them into a facility outside of your home. Sometimes this is what is best for you and your loved one. Do what is best for your circumstance.