Many stroke patients are prescribed ankle foot orthoses to help with foot drop and to prevent or lessen dragging of the affected foot. However, what many patients don’t hear about is the many different types of orthotics that are available for the foot. Some of the functions of foot orthotics are to correct foot deformity, decrease pain, improve shock absorption, and reduce pressure on sensitive areas.

Some of the foot orthotics available include heel wedges, metatarsal bars, sole wedges, metatarsal pads, toe crests, scaphoid pads, and rocket bars to name a few. If you or a loved one are having trouble with foot pain, curling toes, skin breakdown, sores, or any other foot problem that might warrant intervention, then you may want to seek out the help of a podiatrist and/or orthotist. They can help you determine what if any orthotic might be helpful to you or your loved one. Many occupational/physical therapists and general MDs may not even know about the different devices that are available so make sure you seek the help of someone that specializes in working with feet and using orthotics.

If you would like to find out more about the types of foot orthotics that are available, you can visit http://www.footvitals.com/health/orthotics/.

Exercise Tip of the Month: Weight Bearing to Weak Leg

You will often see stroke patients walking with a quad cane or hemi walker. These devices allow for the individual to lean toward the stronger, more dependable side when walking. This can be great for getting a patient up and walking again, but neither a hemi walker or cane encourage patients to put more weight on the weaker leg.

Weight bearing to the weak leg is important for several reasons including maintaining bone strength and mass, slowing down osteoporosis, maintaining or improving muscle strength in the affected leg, and improving balance. This does not mean you have to give up your hemi-walker or quad cane, but I do encourage stroke patients to do weight bearing exercises on a daily basis to the affected side.

Weight bearing on the affected leg can be accomplished by standing at a counter or high table and shifting weight toward the weaker side. First try while holding on and then without holding on. As the patient gets good at maintaining weight on the weak leg without the knee buckling or leaning too far forward, the patient can try lifting the strong leg up and down while solely standing on the weaker leg. Then he or she can advance to standing solely on the weaker leg for longer periods of time and even adding arm movement.

Of course not all patients will be able to progress that far, but if one practices, he or she will often get better at weight bearing through the weaker leg. These exercises should not be tried alone and should only be done with a trained caregiver or therapist. This will help decrease the risk of falls. Talk to your physical or occupational therapist about how to do weight bearing to the weaker leg, and have the therapist train your caregiver on how to do these exercises with you.

If you or your loved one are too weak for these exercises, you can ask your therapist if a tilt table, standing frame, or one of the suspension products such as lite gait would be an option for weight bearing to the weak side. You can also ask about applying an air splint to the weak knee for extra support.

Individuals who have had a stroke are at a much higher risk for experiencing hip fractures so improving balance and weight bearing to the weaker leg should be a priority.
Home Exercises for Aphasia

The following are some examples of home exercises that can be done with individuals who have aphasia:

1. Name objects on picture cards.
2. Answer yes/no questions.
3. Sing—singing can be easier than speaking for some individuals with aphasia.
4. Make sentences from words. This can be done by placing three word cards in front of the patient and have them arrange the cards to make a simple sentence such as “I love you” or “The dog barked”.
5. Fill in missing words. Have the stroke patient fill in the last word of a sentence you start. For example say “You drink water out of a ______,” and they would fill in an appropriate word.
6. Pointing to objects in a picture. Show the patient a picture and ask them to point to different objects in the picture (e.g. point to the girl, point to the car, etc.)
7. Have the patient name synonyms or opposites of words.
8. Have the patient come up with as many words that he or she can that start with a certain letter or group of letters.

CAREGIVER’S CORNER: Interacting with Respect

It is sometimes easy to become frustrated when you are a caregiver of a stroke patient. You must remember, however, that the stroke patient often feels like they have lost control of their lives and that they may have emotional and cognitive issues as a result of their stroke. Other patients may have depression which affects their mood. They may not be able to control their emotions or have the impulse control that they had prior to the stroke.

Here are some tips on communicating with a relative or friend that you are caring for:

- Do not talk down to the individual.
- If the person has aphasia, talk slowly and clearly in short, concise sentences.
- Be patient and listen to what the person has to say. Try not to interrupt.
- Have the patient look at your face when you are talking.
- Turn off distractions such as the TV or radio if they have trouble with concentration or attention during conversation.
- If the patient is having trouble following or participating in a conversation and is getting flustered, take a rest and try again later.
- Separate your emotions from your conversations.
- Be kind.
- Do not ask too many questions.
- Use visual aids or gestures when conversing to help with memory and/or comprehension.
- Treat your loved one as an adult and let them participate in decisions regarding their life if they are able.

Clinical Trials

Stroke clinical trials are stroke-related research studies in humans. These clinical studies can help participants gain access to new research treatment before it is widely available. Experimental treatments may not always be effective, and there may be serious side effects so there can be risks involved with such studies. Below is a list of links to help find stroke clinical trials if you are interested:

- Stroke studies at clinicaltrials.gov
- Clinical Trials Resource Center from National Stroke Association
- Stroke Trials Registry at strokecenter.org (also includes links for trials in countries outside of US)
- Stroke studies at Stanford School of Medicine
- Clinical Connection — Enter your own search criteria
- Stroke trials at the Mayo Clinic