

Stroke Recovery Tips

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PREVENTING HEART ATTACK & STROKE DURING HOLIDAYS

Research has shown that heart attacks are most common during the holidays and most prevalent on Christmas Day. Here are some tips from St. Luke's Medical Center that can be taken for prevention:

1. Limit or avoid high fat foods. Eating a high fat meal can cause dysfunction to the artery lining that can cause blood not to flow as freely.
2. Do not drink more than one drink in a row. Alcohol can irritate the heart muscle causing increases in blood pressure and heart rate
3. Try to limit stress and enjoy the holidays .
4. Stay a safe distance from a burning fireplace. Particles from fireplace smoke can lodge in the lungs and trigger a clot
5. Know the symptoms of heart attack and stroke. One needs to be able to recognize the symptoms so that medical care can be sought quickly. Symptoms for heart attack can include feelings of indigestion, shortness of breath, sweating, chest tightness or pain, and pain can be present in the arm, neck, and back. Symptoms of stroke can include muscle weakness particularly on one side of the body, difficulty with speech, numbness, difficulty walking, vision problems, dizziness, loss of balance/coordination, and severe headache.
6. Seek help immediately if experiencing symptoms of heart attack or stroke. Delaying treatment can result in worse outcomes or death.

To read the entire article from St. Luke's Medical Center, visit <http://www.stlukeshouston.com/NewsAndEvents/pre-vent-holiday-heart-attacks.cfm>

I would like to add one more precaution to take during the holidays that is of my own opinion. Older individuals will often visit grandkids or younger individuals who have more energy and want to participate in more vigorous activities. If you are not use to participating in vigorous activity, you should pace yourself, not let your heart rate get too high, and rest as needed. Do not over exert yourself. Also avoid extreme temperatures and dress appropriately (layer as needed for cold outdoor temps but warmer indoor temps).



STANDING BALANCE EXERCISES

Here are some exercises to help improve standing balance. One must take care to properly perform all exercises to prevent falls and may need to hold to a steady surface such as a counter or heavy chair when first learning the exercises. Trained caregivers or a therapist should be present when the stroke patient attempts standing balance exercises unless one has been given the okay by their therapist to do exercises on their own. If you are a caregiver, have a therapist train you in how to properly support the knee when applicable.

Sit to Stand with Clasped Hands



Clasp hands together & reach forward lifting bottom off of sitting surface then coming to full stand if able. If unable to do full stand, partial stand is acceptable. Return to seated position and repeat.

Weight Shift Side to Side



While standing, attempt to shift weight from right leg to left leg

Weight Shift Forward and Back



While standing, shift weight forward onto the toes & then back

on the heels. Make sure body weight is evenly balanced between the two legs.

Step Forward and Return



One must learn to take weight through the weak leg in order to take a step forward with the non-affected leg. In

this exercise, start with the feet parallel, keep the affected leg planted and step forward with the stronger leg and then back to the starting position. You can also try stepping back with the stronger leg and returning to starting position. As one is able to master the step forward and step back, then the two exercises can be combined. Start with feet parallel. Step the stronger leg forward then backward behind you (the feet will not return to parallel until you have finished all of your reps of forward and back).

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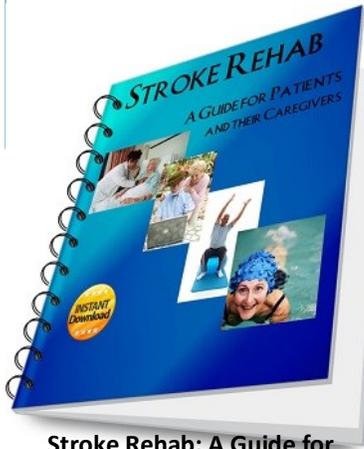
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Stroke Rehab: A Guide for Patients and their Caregivers

Exercise photos included

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



PHYSICAL EXERCISE RECOMMENDATIONS FOR STROKE PATIENTS

The amount of exercise that a stroke patient can tolerate depends on the type of exercise, severity of stroke, and the person's recovery from stroke. Some individuals experience stroke, recover quickly and then return to their normal activities including daily exercise. Others are affected more severely and may not be able to participate in even simple exercise programs. Most individuals who experience stroke fall somewhere in between these two extremes. After stroke, it is important to consult your physician prior to initiating an exercise routine especially to determine if there are any cardiac conditions to consider.

The AHA Scientific Statement regarding Physical Activity and Exercise Recommendations for Stroke Survivors states that 3-7 days of aerobic

exercise per week for 20-60 minutes (or multiple 10 minute sessions), 2-3 days of strength training per week, 2-3 days of flexibility training per week, and 2-3 days of coordination and balance activities per week are recommended.

The type of exercise in which a stroke victim can participate of course will depend on the physical capabilities of the person. Examples of aerobic exercise might include walking, stationary bike, arm bike, chair aerobics, or pool exercise. The more severe the stroke, the harder it is to participate in such activities and this is when it may be necessary to divide exercise into 10 minute intervals as well as find the right activity that involves moving large muscle groups. Exercise will often have to be adapted for stroke victims.

CAREGIVER CORNER: PREVENTING HOLIDAY BURNOUT

The holidays usually present enough stress of their own, but the burden for caregivers is even greater as they try to care for their loved ones and get all their holiday errands done. Here are some tips to prevent excessive holiday stress and caregiver burnout:

1. Seek respite care for your loved one so that you can get your holiday errands done. This may involve having a friend or relative watch your loved one, hiring a caregiver for a few days, or finding an adult day care facility or senior citizen center to watch after your loved one.
2. Invite friends or family to help with holiday tasks allowing you to socialize and get things done at the same time. Examples would be baking together, a decorating or gift wrapping party, and shopping trips.
3. Take time for yourself each day to do something you enjoy - (e.g. watching a tv show, reading, having a favorite snack, phoning a friend, a relaxing bath, exercise, etc.)
4. Join a support group. There are many online

support groups so that you do not have to travel away from home but can still connect with other caregivers. You can also gain helpful tips and hints from others. Visit <http://www.stroke-rehab.com/caregiver-assistance.html> for resource and support group info for caregivers.

5. Attend to your health care needs. You may not be able to continue as a caregiver if you do not address your own health issues.
6. Don't overschedule and let others help.

STRATEGIES TO HELP WITH NEGLECT OF ONE SIDE

Neglect presents as lack of awareness of one side of the body or lack of response to stimuli on one side. The stroke patient may act oblivious to one side. Some examples of neglect include eating food on only one side of the plate, inability to see objects off to one side, grooming or dressing only one side of the body. When asked to draw an object, a stroke victim with unilateral neglect may only draw half of the object. Some strategies to deal with neglect include:

1. Approach the stroke patient from the affected side & talk to the person from this side. This is to make the person turn to that side & increase awareness of it.
2. Have the patient take their non-affected arm and stroke the affected arm, perform passive range of motion, and stretch the affected arm. This helps increase awareness of the affected side.
3. Keep the action toward the affected side of the patient (e.g. television, radio, people moving around).
4. Provide markers for patients with decreased peripheral vision. Putting a marker at the beginning or end of a reading passage or at some point in the room and instructing the patient to find the marker when reading or scanning the room can let them know how far to turn their head to compensate for the visual deficit.
5. Physically guide the patient's affected hand through movements/activities.