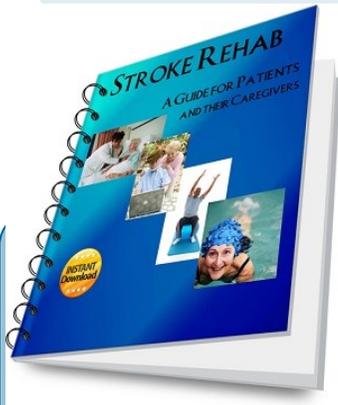


# Stroke Recovery Tips

www.stroke-rehab.com

## Stroke and Pseudobulbar Affect



**Stroke Rehab: A Guide for Patients and their Caregivers**

Exercise photos included

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

Pseudobulbar Affect is a disorder of emotional expression that can occur after stroke or other neurological disorders. Stroke can damage areas in the brain that control emotion or expression. Symptoms of PBA often include uncontrollable bouts of crying or sometimes laughing. If you are experiencing sudden, intense emotional reactions that appear to be exaggerated, sudden, and/or unexpected, then you should consult with your doctor to see if PBA may be the cause.

Sometimes persons affected by PBA will avoid others or social situations due to their uncontrollable emotional outbursts. It is not unusual for PBA to be misdiagnosed as depression and thus inappropriately treated. If your physician is unfamiliar with PBA, you may want to ask for a referral to be evaluated by a physician who is familiar with the disorder. It is possible to have both PBA and depression. Depression is characterized by continuous hopeless-

ness and sadness that can last for months or longer whereas PBA is often expressed in more sudden outbursts of crying/laughing that do not appear appropriate for the situation. A diary to help you better understand what situations evoke your symptoms and one that you can share with your doctor to help determine if you have PBA can be found at: [http://www.pbainfo.org/sites/default/files/pdf/PBA\\_Diary\\_Chart.pdf](http://www.pbainfo.org/sites/default/files/pdf/PBA_Diary_Chart.pdf)

If PBA is mild, treatment may be aimed at counseling or using strategies to manage emotions. These strategies can be taught by a neuropsychologist, behavioral or speech therapist. For example, if certain situations evoke strong emotions in a person, then the therapist may have the patient practice skills that help divert their attention from the situation. Another example to manage symptoms may include breathing techniques and

imagery.

If PBA is more frequent or severe, a person may be prescribed medication. According to the National Stroke Association, the only FDA approved medication for PBA in the US currently is the combination preparation of dextromethorphan (DM) 20 mg with quinidine (Q) 10 mg taken twice daily. These medications were tested on individuals with ALS and MS, but the FDA approval also extends to using these medications with stroke patients suffering from PBA.

PBA can be debilitating causing individuals to feel isolated, frustrated, and like they are a burden to others. It can negatively impact one's mental health and daily functioning and impair social functioning. It is imperative to be assessed for PBA if you are experiencing symptoms consistent with the condition.

## Goals and Stroke Recovery

If you are currently receiving therapy after having a stroke, your therapist probably has asked you what your goals are and is helping you toward achieving those goals (assuming your goals are realistic). If on the other hand, your therapist has not discussed goals with you, and you are not sure what goals the therapist has set for you, then you need to find out and ask them to make adjustments if it is not in align with your own goals. If you have discontinued therapy, you still can set goals for your stroke recovery.

When setting goals, they should be realistic. For example, if someone had a severe stroke with full paralysis on one side, it would

not be reasonable to set a short term goal of walking up stairs or driving, but it would be reasonable to work on maintaining sitting balance without help. If you currently walk with a cane, a short term goal may be to walk without a cane but not to play racquetball as this would not be a reasonable progression in a short period of time. Your therapist can help you set realistic goals.

If you are not currently receiving therapy, then it's a good idea to still write down your goals and have a plan to achieve them. It's advisable to only work on a few goals, and you can revise your goals over time to meet your needs. When analyzing how to meet a goal, you must consider your deficits.

For example if walking without a cane was your goal, then you must know why you are needing the cane. Is it because your leg muscles are weak? Is it because you have drop foot and may need an orthoses? Is it because you are not weight bearing properly through both legs or swinging one leg through properly? By examining why you can't do something, you can work on the components needed to meet your goal or figure out a way to adapt the components (e.g. using assistive devices or orthoses) to meet your goal. If you have been out of therapy a long time, you may want to consult a therapist to help you problem solve how to meet your goals. Continued on next pg.

### Inside this issue:

Stroke and Pseudobulbar Affect	1
Goals and Stroke Recovery	1-2
Balance Exercises	2
Caregivers Corner: Fall Prevention	3



## Goals and Recovery continued:

Once you have set your short term goals and have analyzed what you need to do to achieve goals, it is time to write the plan to achieve your goals. Sticking with the example of walking without a cane, the plan may include something like leg strengthening four days a week, consulting with an orthotist to get a foot drop orthoses, exercises to improve leg swing, and walking without your cane 10 steps each day with a caregiver present for safety. You then could grade your plan by increasing resistance during strengthening exercises or walking more steps without your cane each day, etc.

In addition to setting goals, analyzing your problem areas, and writing a plan, it is also important to keep a daily exercise or activity log to measure your progress and to make sure you are following through. This will also help you determine if your plan is working. If you do your exercises but do not see improvements, then you may need to adapt the exercise and activities you are doing. In the case of our example above, you might add stationary bike riding 20 minutes a day and balance exercises if the original plan didn't show enough gains.

It is very easy to get complacent after discharging from therapy so if you don't have goals and a plan, it will be hard to make progress. Without an activity log, you may fail to follow through and meet your goals. You may also not realize that you need to change what you are doing, but by analyzing your plan and activity log it will help you know when or what changes need to be made.

If someone is unable to write goals, then a caregiver can help write goals and help the stroke patient achieve the goals. This may be the case if the stroke patient is aphasic, is not cognitively able to write goals, or if their dominant hand was affected and they need help with the physical part of writing. Remember also that you can ask your doctor for a therapy prescription if you are unsure of how to achieve goals and would like to do a consult visit to help you write a plan.

If you have trouble sticking to a plan, you may consider hiring a personal trainer to help motivate and guide you. If you hire a personal trainer, make sure they are experienced in working with stroke patients and that you have clearance from your doctor.



Pictures taken from  
 nihseniorhealth.gov

## Balance Exercises

Below are some exercises to help improve standing balance. Check with your physical therapist to see if the exercises are appropriate and safe for you before trying as these exercises will not be appropriate for many patients. For those who are able to do these exercises, some may need a cane or assistive device and others may be able to do exercises without an assistive device.

1. Holding to your cane, a counter or heavy chair practice stepping or lifting one leg forward, side, and back several times then switch to the other side.
2. Practice side stepping and cross stepping.
3. Practice walking along a straight line (you can use painter's tape to make yourself a line to follow).
4. Practice stepping on a
5. Practice weight shifting left and right. If this is not a problem, try to weight shift and stand on one leg. If standing on one leg is not difficult, you can make this exercise harder by standing on a cushioned mat to challenge balance more.
6. Practice stepping over objects that are less than 6 inches in height.
7. Put objects on floor and practice bending down to pick them up without losing your balance. Have a trained

step or step bench (like those used in a step aerobics class) and back down.

caregiver nearby if needed to help maintain balance.

8. Practice catching and throwing a ball in standing.
9. Practice kicking a ball to a target while standing.
10. Practice kicking a ball back and forth to another person.
11. Practice walking and bouncing a ball.
12. Close your eyes and try to maintain your balance. If you are able try standing on one leg with eyes closed.

These are just a few of the balance exercises that can be used to help improve balance. Remember that these exercises will only be appropriate for some and should not be done without first asking your physical therapist if they are appropriate for you. You should always consult with your own medical professional before starting an exercise program.

## Caregiver Corner: Fall Prevention



A frequent complaint I hear from stroke patients and their caregivers is that the stroke patient is falling at home. This is a dangerous situation because falls can lead to broken bones, head injuries, and even death. Here are some suggestions to help make your home fall proof and to help a stroke patient prevent falls:

1. Go through your entire house and remove all throw rugs and tripping hazards such as cords, toys, etc..
2. Make sure there is enough room to navigate through rooms. If the patient is using a walker, make sure there is enough room to navigate with the walker and that it's legs don't get caught on furniture.
3. Install hand rails on steps/ stairs and grab bars near the toilet and shower.
4. Make sure doorways are wide enough for walkers and wheelchairs.
5. Make sure assistive devices such as walkers and canes are always within reach of the patient.
6. Make sure the stroke patient and caregiver have learned how to do transfers and have worked on getting up from the floor (if reasonable) with a therapist before discharging from therapy.
7. Make sure floors are dry when transferring (e.g. when getting out of the shower).
8. Make sure the patient isn't showing signs of being overmedicated such as excessive drowsiness, slurring of words, and difficulty in waking. Address medication issues with a doctor.
9. When sitting up or standing up, have the stroke patient wait for a short time before standing or taking steps as sometimes blood pressure will drop and cause patients to pass out (this is called orthostatic hypotension). Make sure the patient is not dizzy before taking steps.
10. Use bed or chair alarms or have personal sitters if the patient has cognitive deficits and keeps getting up when it is not safe to do so.
11. Make sure footwear is appropriate and not causing falls.
12. Keep night lights on to keep walkways lit at night.
13. Consider using an elevated toilet if sit to stand is difficult.
14. Have eyesight checked as this is a problem for many stroke patients