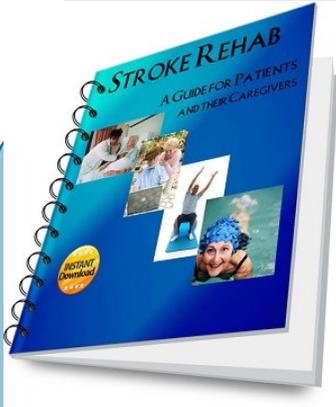


Stroke Recovery Tips

www.stroke-rehab.com

MIRROR BOX THERAPY



Stroke Rehab: A Guide for Patients and their Caregivers

Exercise photos included

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

Mirror box therapy or mirror therapy is a simple rehabilitation technique that can be used at home. Recent research results regarding the outcomes of mirror box therapy have been positive. The therapy is performed by having the stroke patient look into a mirror while moving the non-affected extremity. When looking into the mirror, the brain perceives the limb moving to be the affected limb, and this actually stimulates the portion of the brain that controls movement to the affected side. In essence, the mirror tricks the brain into thinking the affected limb is moving and this helps to “rewire” the brain.

In order to do mirror therapy, the affected limb needs to be occluded from sight. For the

arm, a patient can make a simple mirror box or one can be purchased online. The box will need to allow for the stroke patient to slip the affected arm inside to occlude it from vision. On the side of the box that the patient will look into, there will need to be a good quality mirror attached for the patient to see the reflection of the non-affected upper extremity. The patient can then perform various movements with the non-affected arm as well as functional activities such as bringing a cup to the mouth, stirring, pouring, etc. If doing mirror therapy for the leg, a longer mirror will be needed that the patient can place between the legs and that will occlude the affected leg from vision. An

optimal amount of mirror therapy would be 30 minutes a day, 5 days a week for 4 weeks.

To see a video regarding how to make a mirror box and perform mirror box therapy, one can go to <http://www.youtube.com/watch?v=FR6Q4Z0GXK0> or <http://www.youtube.com/watch?v=hMBA15Hu35M>.



DRIVING AFTER STROKE

Some stroke victims will be able to return to driving and others will not. It is important to be assessed for driving after having a stroke to make sure that you can safely return to driving. Some important considerations for stroke patients wanting to return to driving are:

1. Do you have the reaction time needed?
2. Is your vision intact, and have you had an eye exam since having your stroke?
3. Do you have the physical mobility to drive (e.g. do you have enough arm/leg movement to drive)?
4. Do you have the cognitive abilities needed to

- drive?
5. Have you had any seizures?
6. Have you been cleared by your MD to return to driving?
7. Have you talked to your local motor vehicle department to see what the requirements are for you to return to drive?
8. Do you need adaptations made to your car so that you can drive?

Driving assessments may show that a person should only drive during the day or during light traffic. Driving rehabilitation may be needed to address deficient areas. Many stroke patients want to return to driving as quickly as possible, but it is important to not only think of

your safety but of the safety of those around you. If you return to driving without being properly assessed or without clearance from your MD, you could find yourself in litigious circumstances if you had a wreck. Even worse, you could injure someone or yourself by trying to return to driving prematurely or by trying to drive when you are unable to safely do so. Don't let your eagerness to drive cloud your judgment. To find driving rehab specialists and assessors in the U.S., go to http://myaota.aota.org/driver_search/index.aspx/index.aspx.

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SEX AFTER STROKE

Intercourse can be resumed after a stroke once a patient's physician has given the go ahead. Patients and their spouses may be concerned that sexual activity may lead to another stroke, however, this is not likely to happen. Blood pressure does rise during sexual activity, but this rise is similar to what happens when one participates in other daily activities. If the stroke patient has resumed other daily activities and has been given the okay to resume sex by a physician, sexual activity can most likely be resumed without a problem.

Sometimes sexual problems may occur after stroke. Many times there may be psychological issues such as patients being fearful of having another stroke, being concerned about their body image, or feeling unattractive. Even though some things have changed, it's important for stroke patients to know that they are still desired by their spouse or significant other. It's important for partners to talk and communicate about sex.

Physical limitations can occur after stroke as well. Some of these limitations include paralysis, loss of sensation, bowel or bladder

dysfunction, erectile dysfunction, difficulty having orgasms, and spasticity. Stroke patients may need to come up with different positions to make sex more comfortable or easy to perform. Lubricants may be necessary if vaginal dryness is an after effect of stroke. If bowel or bladder functioning is a problem, going to the bathroom before sex may help.

Medications may also affect one's sex life by making erections difficult or decreasing sexual desire. It's important to talk to one's physician about the effects of medication.

Other tips to make resuming sex easier include:

Ease back into sex slowly—start with kissing and hugging.

Keep personal hygiene under control to maintain attractiveness.

Make sure to be rested before having sex. Have the stroke patient try the bottom position during sex if being on top is too strenuous.

Use romantic activities to set the mood.

Consult with a counselor or MD if difficulties are present that cannot be resolved.

CAREGIVER CORNER: LEISURE ACTIVITIES FOR STROKE REHAB

One of the most common complaints I get from caregivers is that their loved one who has had a stroke won't do exercises at home. This may be due to cognitive deficits, brain changes resulting in lack of initiation, or it may be due to the habit of being sedentary. Some people just don't like exercise. Whatever the reason, it can complicate the stroke patient's recovery process. In order to get a stroke patient interested in recovery exercises, it's best to incorporate the leisure activities that they enjoy most. Research has shown that neuroplastic changes occur in the brain when the limbs are used repeatedly in functional activities.

Some ideas for leisure ac-

tivities that can be used to promote stroke recovery include painting, crafts, sports, puzzles, cards, games, playing musical instruments, dance, yoga, volunteer work, church activities, baking, gardening and more. Obviously, a stroke patient may not have the needed movement to perform an activity as before, but activities can be adapted so that the stroke patient can participate.

Some examples of incorporating leisure activities are described below. If you have a loved one that enjoys arranging flowers, you could have them work on picking up a flower and putting it in a vase. If they can't pick up their arm high enough

to place the flower in a vase, then move the vase down to a lower position. For painting, start with larger, easier strokes such as trying to paint a skyline. For cooking, let the patient stir food or pour in ingredients. If someone likes tennis, let them try a video version of tennis such as Wii Tennis or try holding a racket and hitting a balloon. If someone likes cards, let them use the affected hand to play solitaire. The possibilities are endless in how you can involve your loved one in activity without them even realizing that they are "exercising". It doesn't matter if the activities are slow and tedious at first. Have the patient continue with activities, and they will begin to improve their speed and quality of movement with time.

