

Stroke Recovery Tips

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Recovering Fine Motor Skills After Stroke

More fine motor exercises for the hand can be viewed at <http://www.stroke-rehab.com/hand-exercises.html>

I have many patients that learn to open and close their hand after a stroke but then lack the fine motor skills needed to do many functional activities. Opening and closing the hand is easier than individual finger control and in-hand manipulation of objects. Here are some exercises to help improve individual finger movements and manipulation of objects within the hand:

Opposition exercises—try touching the thumb to each finger.

Individual finger raises—Place the hand on a table and try to raise each finger individually. To increase difficulty try lifting each finger back and forth over a pencil.

Shifting exercises—Place a pen in the affected hand (regular pen grasp). Try to move the pen with your fingers until your fingers are on the end of the pen. Then

move the pen back the other way so that the fingers are now on the other end of the pen.

Rotation exercises—place a pen in the hand and try to rotate it forward 5 times and then backwards 5 times.

Translation exercises—Set several small objects in front of you. Pick up one object at a time and move it from your fingertips to your palm cupping the object. Then attempt to pick up the next object and move it to your palm without letting the object in your hand fall out. Keep going until your hand is full then try moving the objects one at a time from your palm to your fingertips and place them back on the table.

Place pegs in a pegboard.

Perform therapy exercises.



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Exercise Tip of the Month

If your hand has tone or spasticity and tends to curl, one way to help relax the hand is by putting weight through it. Weight bearing with the hand flat on a firm surface will often decrease tone. The effects are often short lived but may allow you to work on moving the fingers and grasp/release. Once the hands begin to curl again, proceed back to weight bearing until the hand reopens and then try more hand exercises. You can use this technique

repeatedly through an exercise session as you continue to work on hand control.



Over 95% of hip fractures are caused by falls.

One out of three adults age 65 and older falls each year.

Home Safety for the Stroke Patient

Individuals who have suffered stroke are often at a higher risk for falling. In addition, stroke patients who have hemiplegia and impaired mobility often lose bone strength in their affected side resulting in an increased risk for fractures during falls. Thus, it is very important to make the stroke patient's home safe as possible and decrease the risk of falls. Here are some tips to making the home safer:

Remove all throw rugs and raised carpeting which are trip hazards.

Make sure all cords are tucked away.

Install ramps if entry steps are hard to navigate.

Take extra care in the bathroom with wet surfaces. Dry the floor after bathing to prevent slipping.

Use non-slip mats in slippery bathtubs and showers.

Arrange furniture so there is enough room to walk.

Add pouches to walkers so patient can carry items from one room to another and carry a phone in case a fall does occur.

Keep objects off the floor (toys, books, clothes, etc.)

Use a night light for walking at night.

Install grab bars in the bathroom.

Supervise patient when walking on uneven surfaces (e.g. outside on the grass or unlevel sidewalks).

Monitor side effects of any medications which might lead to falls. Assist patient as necessary if medication is causing drowsiness or impaired mobility.

Have patient move slowly. Take a minute after sitting up before standing. Take a minute after standing before taking a step.

CAREGIVER'S CORNER

DON'T BE AN ENABLER!

One of the most common mistakes I see caregivers make is to try and do everything for their loved one who has had a stroke. This can be detrimental to stroke victims as they will develop dependence on their caregivers and doubt their ability to do for themselves. I have seen two individuals with similar impairments but totally different functional capabilities. One walks with an assistive device, performs 80% of dressing

tasks, and can fix a simple meal in the kitchen from their wheelchair even standing to get dishes down. The other individual is bound to a wheelchair, lifted from bed to chair by caregivers, and someone else dresses them, combs their hair, and bathes them. Why such a drastic difference between the two you might ask. The first person's caregiver only helps when absolutely necessary. The second person's caregiver tries to take over most tasks for the stroke patient

causing the patient to be dependent. The motivation for wanting to do everything for your loved one may vary from person to person including reasons such as impatience, frustration, guilt, wanting to help, fear that your loved one may fall, obligation, etc. Regardless of the reason, my best advice for caregivers is DO NOT BE AN ENABLER! Let your loved one learn to do as much as they can for themselves.



Checking Vision After Stroke

Vision changes often occur after stroke. Sometimes there are major changes such as loss of visual field and sometimes there are more subtle changes. It is important to get one's vision checked after having a stroke. Patients themselves may not have good awareness of their vision changes so caregivers should insist on the patient having their eyes examined. One can contact a neuro-optometrist or neuro-ophthamologist if there are

eyesight changes due to stroke. These professionals specialize in working with individuals who have had eyesight changes due to neurological impairment and will be better equipped to deal with problems such as hemianopsia (loss of peripheral vision). Vision rehab may be an option for some patients. Vision may continue to change in the months following stroke so further follow up is important once a patient's vision has stabilized.