

# Stroke Recovery Tips

[www.stroke-rehab.com](http://www.stroke-rehab.com)

## MOVEMENT DISORDERS ATTRIBUTED TO STROKE



Have you noticed that you have a twitch or tremor after having your stroke or maybe jerky, writhing, or involuntary movements? Sometimes movement disorders can occur after stroke. These disorders are more frequently noticed with strokes that occur in the basal ganglia or thalamus but can occur from strokes in other areas of the brain as well. These disorders can appear right away or even several years after stroke. Some of the movement disorders that can occur after stroke :

**Hemichorea**—unilateral, rapid involuntary movements of bending/straightening or rotation

**Hemiballismus**—involuntary

flailing, violent movements of the limbs

**Tremor**—involuntary, quivering movement (often in the hands)

**Myoclonus**—sudden, involuntary jerking of a muscle

**Dystonia**—sustained muscle contractions causing twisting and abnormal postures

**Athetosis**—slow, writhing movements usually of the hands and feet

**Pseudoathetosis** - abnormal, writhing movements usually of the fingers caused by lack of position sense (patient doesn't know what position his limbs are in due to loss of proprioception)

**Asterixis**—called the flapping tremor (hands may look like a bird flapping its wings) and is characterized by failure to sustain a muscle contraction with lapses in muscle tone

**Parkinsonism**—slow movement with increased tone and tremor

If you are experiencing abnormal movement after stroke, visit with your neurologist to see if you are a candidate for medication. There are various medications that may help decrease unwanted movement depending on the location of the stroke and the movements occurring.

Reference: Handley, et. al. Age Ageing. 2009;38(3):260-266 .

## SHORT TERM MEMORY DEFICITS

After stroke, one may experience short memory deficits. There are many techniques that can be used to compensate for decreased memory. Some of these include

Make a memory journal to keep track of information/daily activities. You can refer to journal as needed to help with memory.

Timers/cell phone reminders/day planners can be helpful with activities such as cooking, getting to appointments, taking meds etc.

Keep a consistent daily schedule (e.g. meals, exercise, naps, shower at a regularly scheduled time)

Use memory strategies such as imagery, chunking, mnemonics, associations, etc.

### Activities to improve short term memory include:

Trying to learn a new musical instrument or hobby.

Make sure you get enough sleep and exercise.

Stay involved in social activities/opportunities to communicate with others.

Working crossword puzzles

Playing memory games such as memory match with cards.

Using opportunities in everyday life to work on memory recall.

Work on memory recall activities directly related to their job/work.

Functional use of memory and problem solving in everyday life is most beneficial.

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## CENTRAL PAIN SYNDROME

Central Pain Syndrome (CPS) is a condition that can result from a stroke or other neurological conditions. It has been identified by other names including:

- \* Central Post Stroke Syndrome
- \* Posterior Thalamic Syndrome
- \* Dejerine-Roussy Syndrome
- \* Post Stroke Pain
- \* Thalamic Pain Syndrome
- \* Retrolenticular Syndrome
- \* Thalamic Hyperesthetic Anesthesia

CPS effects approximately 8% of all stroke patients according to a 1996 article from the Journal of Neurology, Neurosurgery, and Psychiatry.

### Symptoms

CPS pain is often relentless and can affect small areas of the body such as the hands and feet or large portions of the body. The pain is often moderate to severe and has been described by various stroke patients as burning, pins and needles, aching, sharp pains, a wet sensation, throbbing, or as if a probe has been applied to a raw nerve such as in a dental procedure. CPS pain is commonly characterized by hypersensitivity to touch and temperature. Many who experience Central Pain Syndrome may wear light clothing or avoid

bed covers to keep pressure off of the skin. The pain can appear immediately after having a stroke or have a delayed onset of months or even years after a stroke.

### Treatment Options

Treatment for post stroke pain may include the following:

Medications - Antidepressants, anticonvulsants, and less commonly narcotic painkillers.  
Intravenous Lignocaine Infusions

TENS - Transcutaneous Electrical Nerve Stimulation

Surgery including Deep Brain Stimulation or Motor Cortex Stimulation

Unfortunately, treating CPS can be difficult and may require changing meds several times to find something that works. Meds may have to be started at lower dosages, taken long term, and gradually increased in dosage to prevent adverse side effects. Many times, medication will only take the edge off the pain but not eliminate it. Physicians are often unfamiliar with CPS so it is important to seek the advice of a physician with experience in neurological and post stroke pain.

## CAREGIVER CORNER: WHAT'S FOR DINNER?



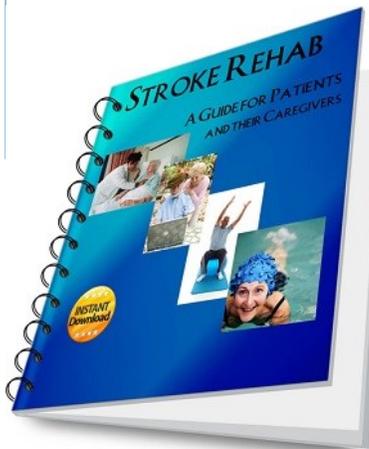
Okay, so here is one of my pet peeves: the spouse of my stroke or heart attack patient continues to prepare greasy, fatty foods or artery clogging desserts for the patient. If you truly want to help prevent future heart attacks and strokes then you should stop preparing unhealthy meals and encourage a healthy diet for your loved one. I'm not saying that you can control what someone else puts into their mouth, but many times family members are responsible for grocery shopping and preparing meals for a stroke patient and can influence their diet. When you

are in charge of meal planning and preparation, it is important to buy and prepare heart healthy foods.

Healthy food intake can help control blood pressure, help prevent future strokes and heart attacks, and decrease excess body fat. Reducing excess weight can also improve one's mobility and ability to get around. In order to determine the right diet/food intake for your loved one, it is advisable to meet with a registered dietician. Often stroke patients will meet with a dietician in the

hospital so you may want to go through any materials sent home to see if a specific diet was recommended. If not, you can always schedule for you and your loved one to meet with a dietician. For some good tips on eating healthy after stroke, you can read this article from the Cleveland Clinic:

[http://my.clevelandclinic.org/disorders/stroke/hic\\_eating\\_well\\_after\\_a\\_stroke.aspx](http://my.clevelandclinic.org/disorders/stroke/hic_eating_well_after_a_stroke.aspx)



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

*Exercise photos included*

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

## DEALING WITH STUBBORN HAND EDEMA

Sometimes after stroke, one may develop edema in the affected hand. Therapists will often use techniques to help with edema including compression gloves or sleeves, manual edema mobilization (a type of gentle manual therapy that helps the flow of fluid), positioning of the arm, and elevating the hand particularly above the heart when sleeping.

One solution that your therapist may not have tried is called a chip bag. A chip bag can be made by taking a small piece of stockinette tubing, placing foam such as packing peanuts inside the stockinette, and then sewing the ends. The chip bag is then placed under the edema glove on the dorsum of the hand. The chip bag will help decrease the edema. I have found this tech-

nique to be helpful with patients that have particularly stubborn hand edema.

Sometimes, edema is more widespread than just the hand and one may notice it in the legs or feet as well. It is important to consult with a MD regarding edema especially when present in more than just the affected hand. A patient may need tests and treatment to rule out other problems or may need meds to treat the edema. Also, if using compression gloves or sleeves, be aware that there can be contraindications and precautions especially for those that have volume overload, CHF or these type of disorders so always check with your MD first to make sure compression devices are okay or indicated for you.