

# Stroke Recovery Tips

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

## VISUAL CHANGES AFTER STROKE



Having a stroke may affect one's vision. Sometimes visual changes are blatantly obvious to a stroke patient and/or caregiver, but often they can be subtle. Gross changes in vision such as major loss of peripheral vision on one side can become obvious when a patient doesn't eat 1/2 of the food on one side of their plate, doesn't see items on one side of their body, can only read one side of a book page, or only draws one side of a figure (such as half of a circle). Sometimes patients will lose large portions of their visual field and may not see objects right in front of them. This can increase a person's risk for falls and must be identified.

Subtle changes in vision such as

a slight loss of peripheral vision or problems with eye tracking may not be as obvious but can become very dangerous in some situations such as when a stroke patient tries to return to driving.

I always recommend that stroke patients have their vision checked before returning to driving. If it has been established that there are visual deficits, I highly recommend patients see a neuro-optometrist. Neuro-optometrists specialize in working with patients that have had changes in vision due to neurological issues and can prescribe special glasses and/or exercises that a general optometrist may not be familiar with. There has been several occasions in my

therapy practice where patients have visited their regular optometrist and returned telling me they received a good report on their vision, when in actuality it was obvious during therapy sessions that their vision was indeed impaired. When sent to a neuro-optometrist, these same patients were found to have visual deficits.

Various eye exercises can be used to help improve vision but are specific to each patient's particular deficit. For examples of eye exercises, visit <http://www.stroke-rehab.com/eye-exercises.html>. For more info on visual changes after stroke, visit <https://nora.cc/for-patients-mainmenu-34/vision-a-brain-injury-mainmenu-64.html>.

## STROKE EFFECTS IN DIFFERENT PARTS OF THE BRAIN

When I ask therapy patients where their stroke occurred, a common answer is "the left/right side" or "the front/back" of the brain. When I ask if they know the specific part of the brain that was affected, very few are able to tell me. Unfortunately, in the outpatient therapy setting, this information is often not provided to the therapist either.

The reason it is important to know what area of the brain is affected is because different deficits result from injuries to different parts of the brain.

Knowing these deficits can help with rehabilitation and also help caregivers understand why a stroke patient may be acting a certain way.

The brain is divided into three different areas including the brainstem, cerebellum and cerebrum. The cerebrum is further divided into the parietal, frontal, occipital, and temporal lobe.

The following is a synopsis of effects of stroke to different regions of the brain:

**Brainstem**—Strokes to the brainstem are often fatal, but when they are not, they can affect breathing, swal-

lowing, the digestive process, eye movements and one's heartbeat.

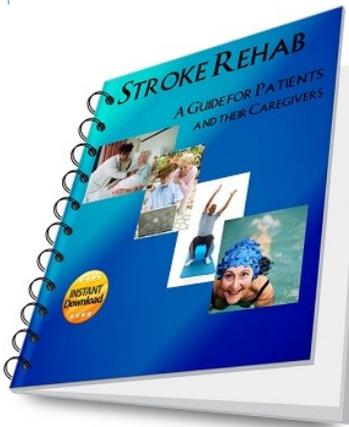
A stroke in the cerebellum can cause impaired balance, dizziness, incoordination, tremors and other movement disorders.

A stroke to the parietal lobe will often result in problems with body awareness.

A stroke to the frontal lobe often results in hemiparesis or hemiplegia to one side of the body. It can also impair decision making. If the left frontal lobe is affected, aphasia may occur.

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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>

## STROKE EFFECTS IN DIFFERENT PARTS OF THE BRAIN CONT.

Strokes to the occipital lobe will often cause visual deficits.

Strokes to the temporal lobe may result in Wernicke's aphasia and memory deficits. Wernicke's aphasia is characterized by patients speaking in long sentences that may not make sense.

Furthermore, stroke patients with damage to the right side of the brain tend to be more impulsive and have more problems

with attention.

Patients with damage to the left side of the brain often have more problem with language disorders.

Knowing the parts of the brain affected by stroke can bring great insight to caregivers and healthcare workers and allow them to better work with a stroke patient. It will also help therapists know areas to emphasize in rehabilitation.

## ASPIRATION

A side effect of stroke that may or may not be obvious is dysphagia or swallowing problems. Everyone who has a stroke should be evaluated for swallowing issues regardless if symptoms are present or not. Dysphagia can lead to aspiration which is inhaling liquid and/or food into the lungs. Pneumonia can result from aspiration which in turn can be deadly.

Normally, aspiration would cause someone to cough, but with a stroke, a person's sensation can be diminished and lead to silent aspiration where no coughing is present. This is

why it's important to be evaluated regardless if there are any symptoms or not.

Initial testing may include an assessment by a speech language pathologist. Further testing may include a barium swallow study and fluoroscopy which involves viewing the structures involved in swallowing via radiographic (x-ray) means.

If dysphagia is detected, it is important to follow all swallowing precautions until cleared by the MD/speech language pathologist.

## CAREGIVER CORNER: FINDING EQUIPMENT

Some medical equipment is covered by insurance, but there are many forms of equipment that are not. Sometimes, patients have already exhausted insurance benefits for equipment but then need a different kind of equipment. Finding the right equipment can be expensive and time consuming for caregivers. I would like to provide some website resources to find economical equipment.

Certain equipment can be ordered without worrying about the size/fit, but I do recommend that if

someone needs a wheelchair that they be fitted and that a wheelchair not be blindly ordered online. For other equipment, however, online retailers can be a great source for economical equipment.

If a loved one has a problem that can be solved by equipment, you can often search that problem online. Once you identify equipment that can help, you can search for the best price/value. Some of the websites I recommend for finding equipment include the following:

[www.activeforever.com](http://www.activeforever.com)

[www.thewright-stuff.com](http://www.thewright-stuff.com)

[www.easierliving.com](http://www.easierliving.com)

[www.aidsforarthritis.com](http://www.aidsforarthritis.com)

[www.maxiaids.com](http://www.maxiaids.com)

[www.comforthouse.com](http://www.comforthouse.com)

[www.wayfair.com](http://www.wayfair.com)

[www.lifesolutionsplus.com](http://www.lifesolutionsplus.com)

[www.parentgiving.com](http://www.parentgiving.com)

[www.amazon.com](http://www.amazon.com)

