

Stroke Recovery Tips

www.stroke-rehab.com

UNIQUE ONE HANDED PRODUCTS



Sometimes a stroke victim will lose the use of an arm, making it necessary to learn to do tasks with one hand. There are many products out there that therapists may recommend such as a rocker knife, hair dryer stand, toothpaste squeezer, etc. What therapists and stroke patients may not know about though is tools for one handed use that are more unique or specific to a hobby. Below are a list of some websites that provide info or unique adaptive equipment for one handed use specific to certain hobbies:

Fishing/Hunting Products:

www.adaptiveoutdoorsman.com

www.achievableconcepts.us

www.disabledsportsusa.org/resources/adaptive-sports-equipment/fishing/

Video Game Playing:

www.acpoc.org/assets/pdf/AdaptedGameControllers.pdf

Golf:

www.disabledsportsusa.org/resources/adaptive-sports-equipment/golf-resources/

Gardening:

www.achievableconcepts.us/usa_secateurs_rachet.htm

Bowling:

www.achievableconcepts.us/usa_bowlten.htm

Driving:

www.mobilityworks.com/hand-controls/spinner-knobs.php

Sewing/Knitting/Crocheting:

www.nuts-about-needlepoint.com/

stitching-aids-for-disabled-stitchers/

www.wrightstuff.biz/embroiderhldr.html

www.youtube.com/results?search_query=knitting+with+one+hand

Card Playing:

www.maddak.com/leisure-recreation-aids-playing-card-holders-and-accessories-c-1711_1750.html

Cooking:

www.rehabmart.com/category/Kitchen_Gadgets.htm

onehandcan.com/cooking-2/

Miscellaneous:

www.pinterest.com/asuot/adaptive-equipment-for-an-individual-with-use-of-o/

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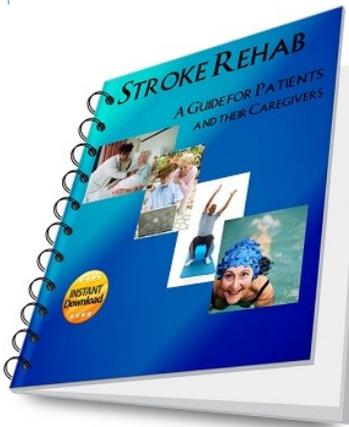
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REHABILITATION PLAN

Have you created a rehabilitation plan for yourself? Can you imagine trying to run a business, teach students a curriculum, or go on vacation without a plan? That would be setting yourself up for failure or at the least creating more problems than you bargained for. Your stroke recovery should have a plan as well. Therapists or doctors may have well intentioned plans, but do these plans include your likes/interests and fit your lifestyle? This is why it is important to create your own plan (you can get input from medical professionals, but ultimately the plan is yours).

Here are some steps you can use to create your rehabilitation plan:

1. Identify tasks/activities that you want to be able to do (e.g. go back to work, cook again, golf, dress yourself, etc.) and prioritize them.
2. Determine what deficits you have that are interfering with doing these tasks (e.g. paralyzed arm, uncoordinated movement, poor balance, speech deficits, etc.)
3. Set specific goals for each task with a timeline. Some tasks may be unattainable. Be honest with yourself and eliminate those tasks for now. For example, if you had a severe stroke with a poor prognosis, returning to work as a house painter may not be a reasonable goal.
4. Determine exercises, activities or adaptations that will help you achieve your goal, and create a schedule (ask a therapist for help if needed). For example, if you want to shoot a gun again, you might add exercises that improve your ability to pull a trigger or an assistive device to support the weight of the gun.
5. Re-evaluate your plan and make adjustments as needed.



**Stroke Rehab e-book:
A Guide for Patients and their
Caregivers**

Exercise photos included

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



MANIPULATING OBJECTS WITHIN THE HAND

Many stroke patients will gain the ability to grasp and release an object, but they will find that manipulating objects within the hand is much more difficult. Manipulating objects within the hand includes tasks such as buttoning, handling coins, holding and taking pills, fastening jewelry, needlework, manipulating tools, etc. Sometimes patients will have mobility in the fingers, however, they cannot make the fingers work independently of each other to do a task. Below are some exercises that specifically address in hand manipulation skills:

1. Before trying a fine motor task, perform the task with your non-affected hand analyzing the movement necessary to do the task. Then try the task with the affected hand remembering to incorporate the specific movements used by the other hand.
2. Practice rotation exercises. Rotation is the ability to turn an object with the fingers. Examples would include rotating a pen or other object in the hand, turning coins over with your fingers, or spinning a top.
3. Practice shift exercises. Shift is the ability to move an object linearly with the fingers. Examples include walking your fingers up and down a pencil, fanning-playing cards in your hand, or buttoning buttons (use large buttons if small ones are too hard).
4. Practice translation exercises. Translation is the ability to move objects from the fingertips to palm and vice versa. Examples include picking up a coin and shifting it to the palm to hold onto or moving a coin out of the palm to the fingertips to put in a container.

For video examples of these in hand manipulation skills, visit <https://www.youtube.com/watch?v=wGdyXpqO7Jo>.

CAREGIVER CORNER: COMPLACENCY WITH STROKE RECOVERY

Sometimes, caregivers tell me that their loved one that had a stroke won't do home exercises or will not work with them on stroke recovery. This could be due to a stroke's affect on initiation/emotions/cognition or maybe due to depression in the stroke patient, but it may just be the stroke patient's preference.

Everyone is different, and some patients may just want to enjoy life without worrying about countless exercises. A good example I can think of is a 85 year old man that I once saw. He could transfer from his wheelchair and use his good arm for almost all tasks. He only walked very short distances with assistance, and his affected arm was severely impaired due to sensation and coordination def-

icits. His loved ones would bring him in for more therapy every year. The man told me he just wanted to live life. He enjoyed the activities he could do with his non-affected arm, he was able to do most self-care tasks, and he was more interested in enjoying life than spending a lot of time trying to do therapy with his arm and leg. His limbs were not getting any return in sensation and were not functional for him for the most part. This gentleman was content with his decision regarding stroke recovery. That doesn't mean he was content with the affects of the stroke, but he had prioritized what was important to him with the condition he was in.

Obviously when someone first has a stroke, there can be drastic gains made, and it

is important to focus on therapy during this stage (often in the first year), however, once a patient's recovery has stabilized and gains are slower and/or smaller, I think it is important to support the stroke patient's decisions regarding therapy/recovery if they are cognitively intact. Some patients will push on for years continuing to make gains whether small or large. Others will learn adaptive techniques and not show much interest in trying to exercise affected limbs.

As a caregiver, it is sometimes hard to accept the patient's choice if you are not in agreement with it. It is perfectly acceptable to express your opinion and to encourage, but try to limit nagging or forcing your views on your loved one. The patient has a right to make decisions regarding recovery and exercise, and you are unlikely to change their opinion with a forceful approach.