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Stroke Recovery Tips

www.stroke-rehab.com

HOME MODIFICATIONS FOR STROKE PATIENTS

Below are some recommendations for home modifications that may be helpful for a stroke patient:

Widen doors for wheelchairs.

Make sure the shower and toilet are accessible. This may involve widening doors , putting up grab bars, remodeling the bathroom, making counters wheelchair accessible, or purchasing equipment such as shower chairs, transfer tub benches, hand held shower heads, or raised toilet seats.

Remove trip hazards including throw rugs, cords, and toys. Make sure pathways are not too narrow. You may need to rearrange furniture.

Make sure there are no animals that will jump on the patient causing them to fall.

If steps are present that the patient cannot navigate, then you may need to build a ramp.

Make sure flooring does not interfere with walking or pushing a wheelchair. Consider more appropriate flooring for wheelchair and walker use.

If the patient is in a wheelchair, move items down within their reach.

If the patient needs 24 hour supervision, make sure there is adequate help whether it be family, friends, or hired caregivers to assist. This job should not fall on only one person!

Purchase a medical alert system.

For the patient who is able to work in the kitchen, one might consider these modifications:

Use lightweight, non-breakable dishes.

Use a rolling cart to push items around in the kitchen if grip strength or holding items is a problem.

If the patient uses a walker then a walker tray or walker with a seat might be used for transporting items.

Slide items along countertops as needed if it is too difficult to pick them up.

Organize pots/pans/dishes where they are easily reached to prevent falls or straining.

If there are problems opening containers or cutting up food due to hand weakness, there are multiple products that are made to help meal preparation easier. Some of these products are described at http://extension.missouri.edu/p/GH7015#handle

Inside this issue:

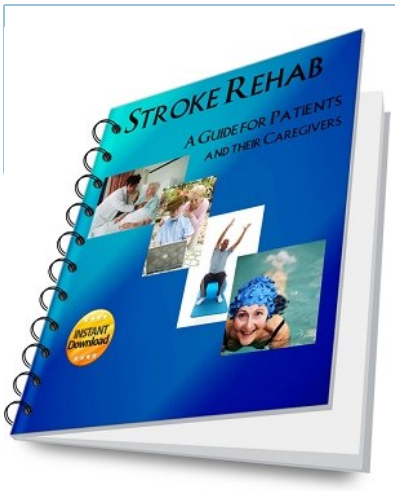
Constraint Induced Movement Therapy

Constraint Induced Movement Therapy (CI) involves limiting the movement of the strong side and "forcing" the weaker side to attempt activities. The research results for this type of therapy have been positive. Patients should have at least some minimal movement in the affected arm to try CI therapy. According to literature, requirements to participate in CI therapy usually are at least 10 degrees of wrist extension and 10 degrees of finger extension.

The non-affected arm is usually restrained from three to six hours a day and the patient attempts to use the affected arm during this time. If the stroke patient can tolerate restraint of the stronger arm for 6 hours a day, then CI therapy is usually prescribed for 2 weeks. If the patient cannot tolerate six hours, restraint time is sometimes reduced to three hours a day but attempted over a longer period of time (e.g. a month or six weeks). Some ideas for tasks to try with the weak arm include:

Dusting a table
Move, scoot, or slide objects
Turn pages in a book
Turn a faucet on or off
Flip a light switch
Turn a doorknob
Open a door
Wash your face
Brush hair
Pick up objects
Pour liquids back and forth into containers
Write, draw, paint, or finger paint
Flush the toilet
Pinch clothespins
Pet your dog or cat
Hit a balloon
Roll a ball
Play with putty
Squeeze a ball
Place bean bags or other objects on a target
Try to push up from sit to stand with the weak arm
Turn cards over
Practice hitting keys on a keyboard or piano
Play an app on a cell phone or tablet
Carry a light bucket or briefcase by the handle
Eat finger foods
Play games, use pegboards, or other activities requiring arm/hand use

CI therapy is hard work and may not be right for everyone, but a good concept to take from it is that you must use the affected arm if you want to see improvement. Even if you do not try CI therapy, it is a good idea to attempt activities like those above on a daily basis with the weak arm. For more information regarding Constraint Induced Movement Therapy, one can visit www.citherapy.net.



Stroke Rehab: A Guide for Patients and their Caregivers (pdf download) $14.99

EVIDENCED BASED THERAPY FOR STROKE

A buzz word one may have heard from therapists in the past few years is "evidenced based therapy" or "evidenced based practice". Evidenced based therapy refers to providing quality care based on scientific evidence, clinical expertise, and patient's perspective and needs.

It is not unusual to find a therapist treating patients without clear evidence as to why they are using a particular treatment. This can be problematic and wasteful if there is current research that determines a specific approach is not effective. On the other hand, if a therapist only relies on scientific studies, they may miss important treatment opportunities based on a patient's individual needs or may not effectively use their clinical experience to help patients. Therapists also have to be careful and make sure that research studies meet certain standards. There are many flawed studies that occur and some studies only refer to a certain population. If a therapist is administering a treatment to an 80 year old woman who is status post stroke and has severe arthritis based on a study that was performed on teenagers who had stroke then it's possible that treatment is not appropriate.

Patients should be concerned about receiving evidenced based therapy to make sure they are receiving the best care possible. If you would like to view the latest information on evidenced based research for stroke rehabilitation, you can visit http://www.ebrsr.com. Another helpful website discussing various treatments is http://www.strokengine.ca.

CAREGIVER CORNER: SEIZURES

Approximately 10 percent of stroke survivors will experience a seizure according to th e National Stroke Association. Often this is not communicated with a caregiver so when a seizure does occur, they are often frightened, unsure of what is going on, and unprepared.

Seizures can cause a variety of symptoms depending on the type. Some symptoms may include:

Jerking or twitching
Staring into space
Muscle stiffness
Loss of consciousness
Convulsions
Loss of bowel/bladder control
Falling down
Changes in consciousness
Drooling
Clenching teeth
Making strange noises

If your loved one is having a seizure, the National Institutes of Health recommends the following guidelines:

Roll patient on their side to prevent choking

Cushion the patient's head

Loosen clothing around the neck and remove glasses

Try to keep the patient's airway open (gently tilt head back if necessary)

Do not restrict patient from moving unless in danger

Do not put anything in the patient's mouth

Clear the area of any sharp or dangerous objects that the person might hit during the seizure

Note how long the seizure occurred and the symptoms so you can pass this on to emergency personnel

Stay with the person until the seizure ends

Treatment is available to help prevent seizures so have your loved one seek treatment if a seizure is experienced.

ROBOTICS IN STROKE REHAB

Here are some of the robotic technologies currently used in stroke rehabilitation and the websites where you can find out more information:

www.in-motion.com:
InMotionArm
InMotionWrist
InMotionHand
InMotionAnkle

www.myomo.com:
Myomo Mpower 1000

www.motorika.com:
ReoGo
ReoAmbulator

www.tyromotion.com
Amadeo
Diego
Pablo

www.hocoma.com
Armeo
Erigo
Lokomat

www.alterg.com
Alterg Bionic Leg

www.kineadesign.com
Kineassist

www.Healthsouth.com
Autoambulator

www.kineticmuscles.com
Hand Mentor
Foot Mentor