

Stroke Recovery Tips

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Stroke Rehab: A Guide for Patients and their Caregivers

Exercise photos included

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Inside this issue:

- Medications and Stroke Risk **1**
- Exercises for Facial Paralysis or Facial Droop **1**
- Keeping on Track with Recovery **2**
- Caregivers Corner: End of Life Planning **2**

Medications and Stroke Risk

We often read a lot about medications that are needed to help reduce stroke risk, but do you know what medications put you at a higher risk for stroke? As a therapist, I have often talked to patients about the need to take their blood pressure medicine or anticoagulants if prescribed, but I have never done any education on the flip side.

The recent loss of my father made me think, "is there anything he was taking that contributed to his hemorrhagic stroke?" I think it is very important for individuals to be involved with their medication management and to know side effects and interactions of medication. Yes, your physician should know how to prescribe medication safely, but sometimes errors are made or you have several physicians prescribing medicines, so I believe it is of utmost importance to be knowledgeable about your medications.

I do not pretend to be an expert on medication. One must talk to

their physician about what is being prescribed, but I do want to provide you with information that is out there regarding stroke risk. You should not discontinue a medicine without talking to your physician. A recent research study revealed that Cox 2 inhibitors (a form of NSAID) may increase stroke risk. Cox 2 inhibitors include drugs like:

Diclofenac (brand names include Voltaren, Flector, Pennsaid, Cambia, Solaraze, Zipsor, Cataflam)

Etodolac (brand name Lodine)

Nabumetone (brand name Relafen)

Meloxicam (brand name Mobic)

Celecoxib (brand name Celebrex)

Information regarding this recent study can be viewed at <http://www.medicalnewstoday.com/articles/284913.php>

Another study (<http://www.arthritisday.org/news/nsaids-heart-attack-stroke-risk114.php>) showed when compared to a placebo, the risk of stroke was three times higher with ibuprofen (a NSAID). There have been other studies that have shown an increased risk of stroke with NSAIDs as well.

Birth control pills may increase one's risk for stroke.

When taking anticoagulants, it is of utmost important to have the blood monitored to make sure dosage is correct. Having blood that is too thin (increasing bleeding risk) or too thick (increasing clot risk) can increase your risk for stroke.

This is not an exhaustive list of meds that can effect stroke risk. It is important to research each medicine that you are prescribed as well as how it interacts with other medications. Talk to your physician about any concerns you may have so they can be addressed. Present research results to your MD if necessary.

Exercises for Facial Paralysis or Facial Droop

If you have facial paralysis or droop after a stroke, the exercises listed below may be beneficial in working the facial muscles. Check with your therapist or MD to make sure the exercises are appropriate for you:

Smile without showing teeth and then smile with showing teeth.

If one side won't smile, use your fingers to help lift it into place and then try to hold it there after removing the fingers (place/hold exercises)

Pucker lips as if kissing.

Turn the corners of the mouth down as if frowning.

Puff cheeks and release.

Move tongue side to side.

Make different vowel and consonant sounds.

Raise eyebrows up and back down. Can lift eyebrow with finger and attempt to hold after releasing if you cannot raise eyebrow on its own (place/hold exercises).

Knit eyebrows together/down as if angry.

Focus eyes on object down below and then close eyes while still focusing on object (helps achieve eyelid closure and helps prevent eyeball from rolling upward when closing eyelid).

Wrinkle your nose and release then try to flare your nostrils.

Squint eyes (like movement that occurs when too much sunlight gets in your eyes).

Try to wink with one eye then the other.

Facial massage may be helpful to relax tight muscles.

These exercises can be done a few times a day for 5-10 reps at a time. Do not strain too hard and use a mirror to see if you are moving the correct muscles. You can also check with your MD and therapist to see if electrical stimulation to the muscles is an option for you.

Keeping On Track with Recovery

When one is discharged from rehabilitation therapies, stroke recovery has not ended. In fact for many stroke patients, stroke recovery is a lifelong process. Here are some tips to adhere to your stroke recovery process at home:



1. Before being discharged from therapy, make sure your therapist has given you a home exercise program that you understand and that can be graded for increased difficulty. Ways of grading your home exercise program may include adding weights, adding repetitions, adding more challenging positions (standing instead of sitting to do an activity), increasing time, or increasing demands on balance/coordination.
2. Set goals that you want to achieve and write them down. Make sure goals are reasonable. Goals will vary depending on one's severity of stroke, but examples of goals might include something like climbing stairs, getting up from floor, returning to work or more simplistic goals like holding a cup, picking up an object with the hand, or turning on a light switch. Break down goals into component steps to achieve them.
3. Have a workout buddy to increase your adherence to exercise or at a minimum have someone that you are accountable to for reporting your exercise.
4. Keep an exercise/activity log so you can truly see how much you are doing (or not doing).
5. Make sure you are participating in enjoyable or social activities to help maintain your emotional health. Don't stay at home and avoid people especially if you were active and social before your stroke.
6. Diversify your stroke recovery—include exercises for strengthening, balance, flexibility, cardiovascular function, cognitive function, etc. You can change up your activities to make recovery more interesting.
7. Use computers or video games as a fun way to participate in some therapy exercises/activities.
8. Get involved in a stroke support group so others can help inspire and motivate you.
9. Put exercise/rehab equipment together in a convenient location that you can easily get to.

CAREGIVER CORNER: End of Life Planning

Many people put off end of life planning until it is too late. No one can predict when their life will end so it's important to let your wishes be known and legal matters arranged no matter what age you are.

One important thing to consider is what do you want to happen if you are incapacitated. Do you have someone that you want to be medical power of attorney? Do you have specific wishes that you want carried out such as not being placed on a ventilator or discontinuing a ventilator after a certain period of time? Do you want to be resuscitated if you go into cardiac arrest? Do you have a living will in case you are alive but unable to make decisions for yourself.

In addition to what you want to happen if you are incapacitated, you need to plan for what

happens after your death. Who will inherit your property? Who will be the guardian of your children? How will your burial plot and funeral expenses be paid? Have you left information about your account passwords so loved ones can access your accounts? You may need to consider leaving security answers also. When my dad died, we had passwords, but because we were accessing his account from a different computer, it required answers to security questions that we didn't know. If you're married, do you have your spouse on your account? My mother reported my father's death, and they shut down his IRA online

account so that she no longer had access and she could not access anything until the death certificate and certain paperwork was filled out.

Have you considered what happens to your social security, pensions, or other income? When my mother reported my father's death, these entities immediately took back the money that had just been deposited into my parent's joint account days before. If my mother had not been on top of things, her account would have become overdrawn. It's probably a good idea to have a joint account with emergency funds in case a spouse dies as some sources of income may immediately stop or even be taken back. For more information on end of life planning, visit <https://caregiver.org/end-life-decision-making>.

