BED POSITIONING FOR STROKE PATIENTS

Many of my stroke patients will ask if it's okay to lie on their weak side or they will ask how they should position themselves in bed. Here are a few pointers on positioning in bed after a stroke when you have weak or paralyzed limbs. Use a pillow under the head for all three bed positions.

1. If lying on the back, support a pillow under the weak arm. If you cannot move the weak leg, then it would be a good idea to keep the heel raised off the bed to prevent skin breakdown or unnecessary pressure. You can also roll up a towel or use a pillow next to the weak leg to keep it from rolling outward.

2. If lying on the stronger side, support the weaker arm and hand on 1 or 2 pillows. The shoulder will be positioned slightly forward. You will also support the weaker leg on 1 or two pillows, and you can place a pillow behind the back if needed to keep yourself from rolling backwards.

3. If lying on the weaker side (and yes, you can lie on that side), position the weaker arm on the bed with the shoulder forward, the weaker leg straight, and the stronger leg supported on a pillow. Make sure that you are lying on the shoulder blade rather than directly on the shoulder joint.

4. For positioning in a chair, the stroke patient should sit up straight with good back support. The weaker arm can be supported on a firm pillow, and the feet should be flat on the floor with the knees in alignment over the feet.

Hemiplegic Dressing Techniques

When one's arm has been paralyzed by a stroke, it can be difficult to dress oneself. Occupational therapists teach patients one-handed or hemiplegic dressing techniques so that patients can become independent with dressing. Some of these techniques and other tips may include:

1. Dress the weaker limb first. This means you put the weaker arm in the shirt sleeve first or the weaker leg in your pants leg first.
2. When putting your weaker arm in a shirt sleeve, make sure to pull the shirt sleeve up over the elbow before proceeding to put the shirt over your head or stronger arm.
3. Use sports bras or camisoles which are easier to don than bras with clasps.
4. If you do use a clasp bra, front clasps are more easily accessed than back clasps. Back clasps can be fastened in front then spun around.
5. Use shoes with Velcro closures or buy a pair of elastic shoe laces so that you can slip shoes on/off without untying them.
6. One handed shoelace tying can be used for shoes with shoelaces. Review one handed shoelace tying at http://www.fieggen.com/shoelace/onehandedknot.htm
7. Skirts can be donned over the head and pulled down to the waist if needed.
8. A sock can be put on with one hand by using the fingers and thumb to spread the opening of the sock so that it will fit over the foot.
9. One can also order special adapted clothing that is specifically made for patients with mobility limitations. Adapted clothing comes with special closures and some items can be donned/doffed from the wheelchair without standing up. Visit www.silverts.com for adapted clothing ideas.
10. When standing to pull up pants use a sturdy surface to lean up against or stand close to the bed so you can sit back down if you begin to lose your balance.
11. Use a footstool if you have difficulty reaching your feet.
STANDING LEG EXERCISES

The following leg exercises can be done from a standing position for patients who are able. Add weights to make the exercises more difficult. Exercises can be done from 10-30 reps.

Squats—Bend and straighten the knees as if trying to sit back on a chair.

Knee Lifts—Raise the knee up and down then repeat on the other leg or march in place.

Knee Extension — Kick the foot out straightening the knee as if kicking a ball. Repeat on the other leg.

Leg Abduction—Keeping the leg straight, lift it out to the side. Repeat on the other side.

Hamstring Curls—Bring the foot toward the buttocks, bending the knee.

Heel Raises—Raise the heels up off the floor so that you are standing on the toes and then back down.

CAREGIVER CORNER: COMMUNICATING WITH PHYSICIANS

As a caregiver, you may be in charge of taking your loved one to doctor appointments. If your loved one is unable to fully communicate with the MD due to cognitive or speech issues, then you will need to be your loved one’s advocate. Here are some important tips to remember for doctor visits:

1. Make sure that your loved one has filled out a form stating that you can talk to the doctor about their medical condition. HIPAA privacy laws in the US prevent medical staff from discussing patient issues with anyone unless the patient has signed forms saying otherwise. You may want to have your loved one fill out a medical power of attorney so you can assist with all of their medical matters. Discuss this with your attorney.

2. Take a list of medications with you to the doctor’s office. It is important for the MD to know all the medicine a patient is taking especially if medicines have been ordered by various doctors or the patient is experiencing side effects. Remember that the pharmacist can be a good resource regarding medication side effects and interactions.

3. Do not be afraid to ask questions, and take a list of questions with you. Do not try to rely on your memory as it is inevitable that you will forget something you wanted to ask.

4. If you forget to ask a question during the appointment, you can call back to the doctor’s office and ask to speak to a nurse. The nurse may be able to answer your questions or will relay your message to the MD and call you back with any answers.

5. If you or your loved one are not satisfied with your medical care, seek a second opinion or look into changing medical providers if differences can’t be worked out.

IT’S FINALLY HERE: STROKE REHAB GUIDE!

I have been working on my e-book for quite some time. If you remember from past e-zine issues, I originally planned to publish the e-book in July. Better late than never!

The name of the e-book is Stroke Rehab: A Guide for Stroke Patients and their Caregivers. It has over 130 exercise photos and provides information regarding stroke rehabilitation including:

- Neuroplasticity
- Range of Motion
- Sitting Balance
- Standing Balance
- Weight Bearing
- Regaining Arm Control
- Arm & Leg Exercises
- Constraint Induced Therapy
- Fine Motor Coordination
- Sensory Re-education
- Edema Management
- Brain Exercises
- Vision Exercises
- Dysphagia
- Dysarthria
- Oral Facial Exercises

Aphasia
Compensatory Techniques
Adaptive Equipment
Home Exercise Equipment
Adaptive Clothing
Stroke Resources
Caregiver Resources
Clinical Trials
& Questions from Stroke Patients