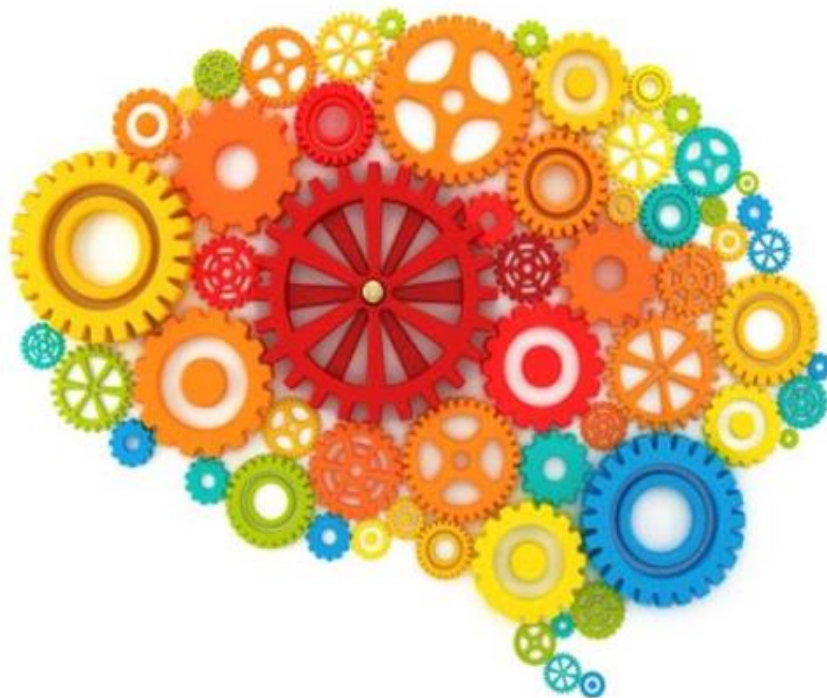


Getting Back in Gear: Life after Stroke



A Survivor's Guide



While a stroke can affect everyone in a different way, this education book is designed to provide information about many of the common impairments that one might experience after a stroke.

Stroke Survivor Education Manual Table of Contents

General information:

Welcome to Roper Rehab.....	1
What to expect your first day.....	2
Rehab team members.....	3-4
How does the brain work?.....	5-6
What is stroke, signs and symptoms.....	7-9
Risk factors.....	10-11
Wellness and prevention.....	12
Heart healthy nutrition.....	13-15

How can stroke affect me?

Complications.....	16
Mobility.....	17
ADL/IADL.....	18
Cognition.....	19-20
Communication.....	21-22
Swallowing.....	23-24
Emotional and mood changes.....	25
Spasticity.....	26-27
Vision, perception and neglect.....	28-29
Insight and safety awareness.....	30
Bowel and bladder changes.....	31-32
Sexuality.....	33-34
Fatigue.....	35
Upper extremity positioning.....	36
Lower extremity positioning.....	37
A stroke in the cerebellum.....	38

Important information for return home and to the community:

Medication management.....	39-41
Stress management.....	42
Home safety and fall prevention.....	43-45
Adaptive equipment.....	46
Community re-entry.....	47-48
Return to driving.....	49-50
Return to work.....	51
Information for caregivers.....	52-53
Preparing for discharge.....	54
What do different assist levels mean?.....	55
Community resources.....	56-59
Support groups.....	60

If you have questions or would like more information on a specific topic, please don't hesitate to reach out to a member of your rehab team or to Katie Hall, Stroke Program Coordinator, at 843-720-8349 or Kaitlyn.hall@rsfh.com and we would be happy to assist you!

What's going on?

You had a stroke.

You are at Roper Rehabilitation Hospital in Charleston,
South Carolina.

You are on the _____ floor of the hospital

Your room number is _____.

You are here to work with nurses, doctors and therapists
to get well.

The month is _____.

The year is _____.

What to Expect at Roper Rehabilitation Hospital

Welcome to Roper Rehabilitation Hospital! Now that you have arrived, let's work on getting back in gear.

What is the therapy schedule?

- You will have at least 3 hours of therapy on 5 out of 7 days during the week. This time will consist of occupational therapy, physical therapy, speech therapy and therapeutic recreation.
- On your first day of rehab, each therapist will perform an evaluation where he/she will assess things like strength, range of motion, balance, coordination, speech, swallowing and cognition. They will also assess how well you can perform activities like dressing, bathing, and walking.
- You will receive a written therapy schedule the night before each therapy day with the time and name of the therapist working with you the following day.
- On some days your therapy will start around 6:30-7am with occupational therapy assisting you in getting ready for the day followed by all other therapies, usually your therapy will be completed by 4pm.
- On days the OT does not help you get ready, your nurse or tech will assist you.

Things to keep in mind:

- When sitting in your wheelchair your seat belt will be fastened for your safety, this seatbelt has an alarm in it to help us keep you safe.
- When in your bed the bed alarm will be on for your safety.
- When you need to get out of your wheelchair or out of bed, please call a staff member before getting up.
 - *Family members should not assist you until they have been cleared by the therapy team*
- Please do not leave the rehab unit unless you have a staff member with you or your doctor has written an order for you to leave the unit with a family member.

Rehab Team Members

Physician:

- He/she is in charge of your overall treatment
- Evaluate your physical ability
- Prescribe medication as necessary to manage things like mood, sleep and pain

Nurse:

- Provide you and your family education on medications
- Assess your bowel and bladder functions and address any wound care
- Administer medications to manage things like mood, sleep and pain
- Collaborate with your doctor on any medical needs or changes

Neuropsychologist:

- May provide counseling and education to you and your family members.
- He/she will assess and treat problems you may have with thinking, memory, mood and behavior.

Social Worker/Case Manager:

- Will provide you and your family information about community resources.
- Will help plan for your hospital discharge and return to the community.
- Help determine your eligibility of health benefits.

Occupational Therapist (OT/COTA):

- Provide training in activities of daily living (ADL)... grooming, dressing, bathing, toileting.
- Work on skills such as improving upper extremity use/function, cognition, vision/perception, strength, balance and endurance.
- Provide training on functional transfers.
- Help you to return to or adapt to your everyday life

Physical Therapist (PT/PTA):

- Work on skills such as improving lower extremity use/function, improving normal movement patterns, endurance, balance, improving walking function and ability to negotiate stairs
- Teach you how to be as physically independent and as safe as possible
- Provide training on functional transfers

Speech Therapist (SP):

- Help you with communication problems such as difficulty understanding what others say or expressing yourself clearly.
- Evaluate your swallowing abilities if you have difficulty swallowing.
- Assess skills such as memory, problem-solving, orientation, attention and judgment.

Recreational Therapist (TR):

- Help you to improve your health and well-being.
- Take you on community outings.
- Provide you and your family with education on stroke.

Patient Care Tech (PCT):

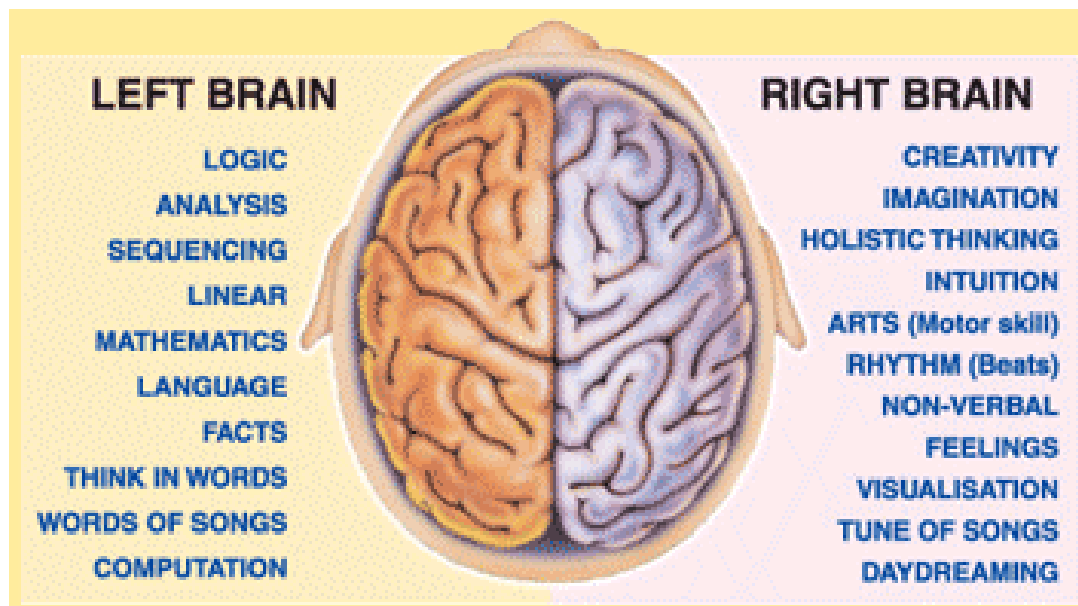
- Help you throughout the day with your needs (including but not limited to: helping you to/from the bathroom, helping you into bed when you need to rest, helping you to bathe and dress)
- Check your vitals (your blood pressure, temperature and oxygen levels)

Treatment Assistant (TA):

- Help to assist the therapists during treatment times and provide an extra set of hands if needed.
- May assist with meal groups and feeding if needed.

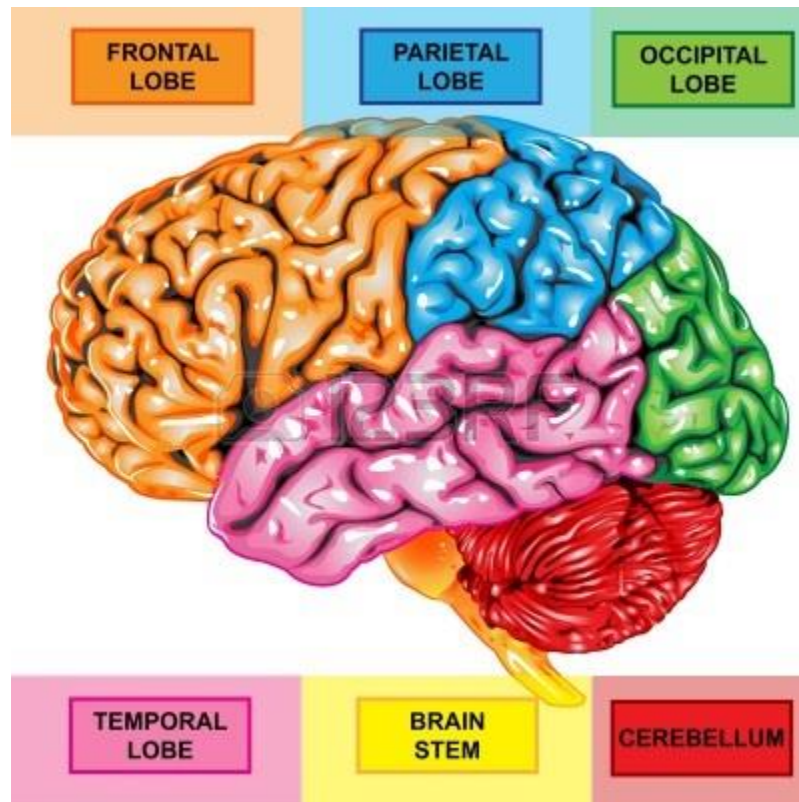
How Does the Brain Work?

- Your brain is made of cells called neurons which function like on/off switches that connect different parts of your brain as well as connect our brain to your body.
- There is information coming into and going away from your brain all the time. When your brain is injured, some parts may work fine while other parts of your brain are in need of repair, or are slowly being reconnected.
- The brain has 2 hemispheres – the right and the left.
 - The right deals with visual activities and plays a role in putting things together. Damage to the right side can result in denial of injuries and neglect.
 - The left deals with language and analyzing information. Damage to the left side can result in difficulty organizing and using language.
 - The right side of the brain controls the left side of the body, and vice versa.
- The impairments you experience after your stroke will depend on what part of the brain has been affected.



There are 6 major areas of the brain:

- The temporal lobe controls the processing of auditory information (what you hear)
- The frontal lobe controls movement, emotions, motivation and organization
- The parietal lobe controls speech, taste, reading and sensation
- The occipital lobe controls vision
- Brainstem controls basic life functions (i.e. heartbeat, breathing)
- Cerebellum controls balance and coordination



What is a Stroke?

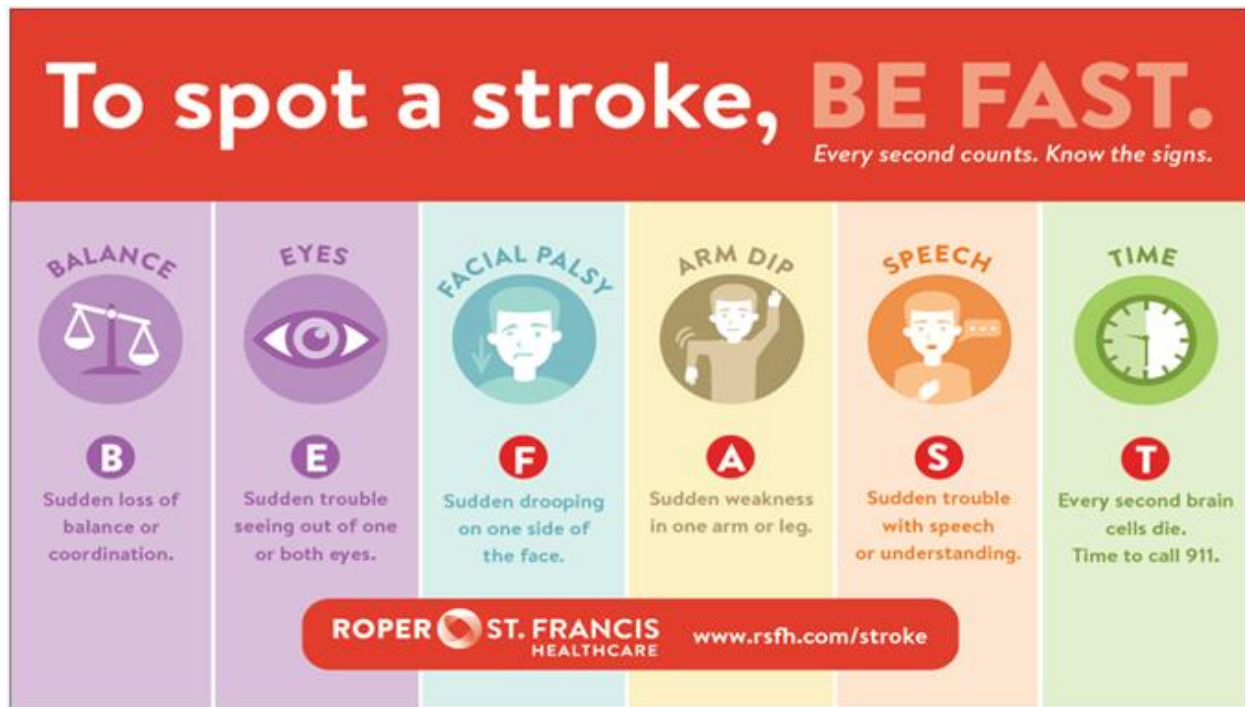
- A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (ruptures).
- There are two types of strokes:
 - An ischemic stroke is when a blood vessel is blocked by a clot
 - A hemorrhagic stroke is when a blood vessel bursts or ruptures
- A stroke is also called a cerebrovascular accident or CVA.
- When the brain does not receive the oxygen that it needs, cells in the brain die.
- You'll have trouble with different things depending on what part of the brain has been injured.

What are signs and symptoms of a stroke?

- Difficulty speaking or understanding
- Weakness on one side of your body
- Numbness and tingling on one side of your body
- Facial drooping
- Headache
- Dizziness
- Sudden difficulty seeing in one or both eyes
- Sudden trouble walking, loss of balance or coordination

What should I do if I think I am having a stroke?

- Call 911 IMMEDIATELY!
- It is important to get to the hospital as soon as possible, so don't wait
- Check the time so you know when symptoms began.



What are some changes caused by stroke?

- Hemiparesis (weakness on one side of the body)
- Hemiplegia (paralysis on one side of the body)
- Cognitive changes (such as problems with memory, judgment, problem solving)
- Impaired balance
- Sensory changes
- Visual changes
- One-sided neglect (ignoring or forgetting about your affected side or one side of the environment)
- Dysarthria (difficulty speaking or slurred speech)
- Aphasia (difficulty getting your words out and/or understanding what is being said to you)
- Dysphagia (trouble swallowing)
- Loss of emotional control and changes in mood

How does the brain heal after stroke?

- The brain can begin to heal after the injury is stabilized and blood flow returns to the brain tissue.
 - Brain cells that were not damaged can re-activate, and cells that were not too badly hurt can begin to slowly repair themselves.
 - New connections can be formed between cells that are still healthy, so that healthy parts of your brain can help do things that damaged parts are no longer able to do.
- Therapy will include difficult tasks to help the brain 're-wire' these skills or teach new ways to do things when the brain may be unable to recover.
- The more you practice the skills that were impacted, the more you promote the brain to 're-wire'.
- Typically, the quickest amount of recovery occurs within the first 6 months to a year, however many people continue to recover years after their stroke.
 - Much of your recovery will take place once you leave rehab and continue with follow up therapies.



Risk Factors for Stroke

A combination of risk factors can impact our future risk for stroke. Many strokes can be prevented by managing these risk factors to the best of your ability.

There are some risk factors that we cannot change, such as:


- Age
- Gender
- Genetics
- Race
- Prior stroke

There are also some risk factors that we can change, such as:

- High blood pressure
- Tobacco use
- Diabetes mellitus
- Carotid or other artery disease
- TIAs
- Atrial fibrillation or other heart disease
- Certain blood disorders
- High cholesterol
- Physical inactivity
- Obesity
- Excessive alcohol intake
- Illegal drug use

What can I do?

- Know your blood pressure and have it checked often.
 - *High blood pressure is the #1 preventable cause of a stroke!*
- Don't smoke and avoid other people's tobacco smoke.
- Eat a heart healthy diet low in saturated fat, cholesterol, and salt.
- Be physically active.
- Maintain a healthy weight.
- Get regular medical check-ups.
- Follow your doctor's orders for taking medicine.
- Control your blood sugar if you have diabetes.
-



Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	<input type="checkbox"/> >140/90 or unknown	<input type="checkbox"/> 120-139/80-89	<input type="checkbox"/> <120/80
Atrial Fibrillation	<input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular heartbeat
Smoking	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to quit	<input type="checkbox"/> Nonsmoker
Cholesterol	<input type="checkbox"/> >240 or unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Exercise	<input type="checkbox"/> Couch potato	<input type="checkbox"/> Some exercise	<input type="checkbox"/> Regular exercise
Diet	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly overweight	<input type="checkbox"/> Healthy weight
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
TOTAL SCORE	<input type="checkbox"/> High Risk	<input type="checkbox"/> Caution	<input type="checkbox"/> Low Risk

Wellness and Prevention for Stroke

Survivors

National Stroke Association Stroke Prevention Guidelines:

1. Know your blood pressure. Have it checked at least annually. If it is elevated, work with your healthcare professional to control it.
2. Find out if you have atrial fibrillation (Afib) – a type of irregular heartbeat. If you have it, work with your healthcare professional to manage it.
3. If you smoke, stop.
4. If you drink alcohol, do so in moderation.
5. Know your cholesterol number. If it is high, work with your doctor to control it.
6. If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.
7. Include exercise in your daily routine
8. Enjoy a lower sodium (salt) and lower fat diet
9. If you have circulation problems, work with your healthcare professional to improve your circulation.
10. If you experience any stroke symptoms, call 9-1-1 immediately. Every minute matters!



Nutrition

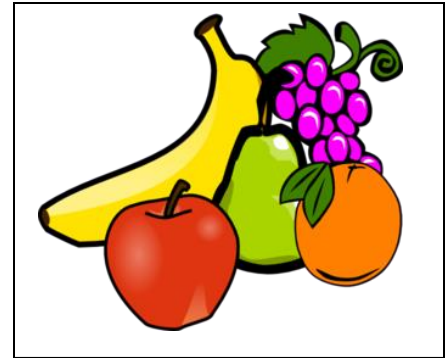
Eating a heart healthy diet is an important part of managing your risk factors reducing your risk for future stroke.

What kinds of foods are good for me?

- Fruits
- Vegetables
- Fish (salmon, albacore tuna, mackerel, herring or trout, which are rich in omega 3 fatty acids)
- Whole-grain, high-fiber foods (oatmeal, brown rice)
- Dairy: Fat-free and low-fat (1%) products
- Beans
- Lean meats (skinless poultry, ground round)

What kinds of foods should I avoid?

- Trans fats and saturated fats (potato chips, fried foods)
- Sugar
- Salt (sodium)



Tips for healthy eating:

- Grocery shop on the outer aisles. You'll find produce and fresh selections of foods. Avoid processed and ready-made foods on the inner aisles. They're usually higher in sodium and sugar and cost more as well.
- Chop vegetables and fruit ahead of time and keep them handy for snacks and cooking
- If your week is busy, cook healthy meals over the weekend and keep them in the refrigerator or freezer for easy access.

Simple Rules for Diabetes:

If you have diabetes, you should not eat:

- Sugar
- Candy
- Cookies, cake or ice cream
- Donuts and pastries
- Honey or syrup
- Jam or jelly
- Regular soft drinks
- Foods that contain a lot of carbohydrates such as: breads, cereal, rice, fruit, juice, milk, yogurt, potatoes, corn

Here are some rules to follow if you have diabetes:

- Eat 3 meals a day
- Eat at the same times each day
- Use only sugar free foods

Tips for Heart Healthy Eating:

If you have high cholesterol, it is important to choose the right foods such as:

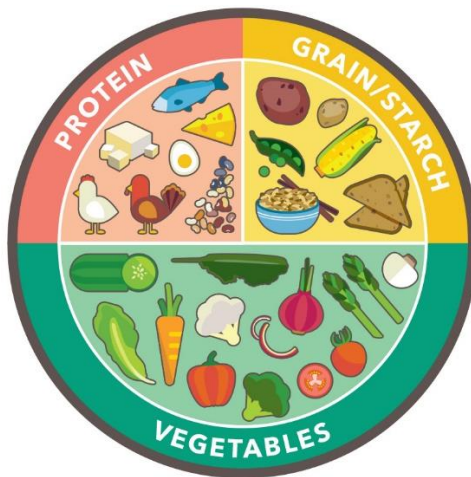
- Fresh fruits and vegetables
- Whole grain breads
- Skim or 1% milk
- Fat free yogurt
- Margarine spread or fat free margarine
- Low cholesterol egg substitutes

You should avoid foods like:

- Fried foods
- Whole milk
- Butter and cream sauces
- Bacon and sausage
- Hard cheeses (such as cheddar)

If you have high blood pressure, it is important to be mindful of how much salt you eat

- You should limit your salt intake to less than 2000mg per day
- Salt is often hidden in foods, such as:
 - Canned foods (soups, vegetables)
 - Deli meats
 - Pre-seasoned meats and vegetables
 - Frozen prepared meals
- Salt is often called SODIUM on food labels
 - Choose “low sodium” or “no salt added” options



Complications after Stroke

There are some complications that you might experience after stroke such as:

- Brain edema (swelling of the brain)
- Seizures
- Depression, anxiety, or other changes in mood
- Falls
- Wounds
- Spasticity and/or limb contractures
- Pain
- Deep venous thrombosis (DVT): a blood clot in your legs
- Urinary tract infection (UTI)
- Changes in bowel and bladder control
- Pneumonia

What can be done?

- If you need medical treatment, your doctor will prescribe it. Medical treatment often involves medical supervision, monitoring and drug therapies.
- Physical treatment involves activities that may be done by you, by a healthcare professional or both. These activities may include:
 - Range of motion and strengthening exercises with your therapists
 - Frequent turning in bed and proper positioning when sitting
 - Splinting or bracing
 - Bladder training programs
 - Swallowing therapy
 - Respiratory therapy
 - Counseling and support groups are available to assist in coping

Understanding Mobility after Stroke

Why might I have difficulty moving around after stroke?

- Decreased strength
- Impaired sensation (difficulty feeling your body parts)
- Decreased balance
- Increased tone (spasticity) or tightness in your muscles
- Decreased coordination
- Increased swelling (also called edema)
- Decreased safety awareness
- Decreased awareness of your affected side or environment (neglect)
- Visual deficits
- Apraxia or difficulty carrying out movements

What can be done to improve my mobility?

- Physical and Occupational Therapy will work with you to create an exercise program to improve items in the list above
- Practicing skills with your therapists or caregivers such as bed mobility, transfers, wheelchair mobility, walking, toileting, bathing and dressing.
- Positioning in a certain way to improve posture during daily tasks
- Splints or braces may be used to support weak or tight limbs
- Education and practice using equipment such as walkers or wheelchairs to assist you in moving around safely



What are Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)?

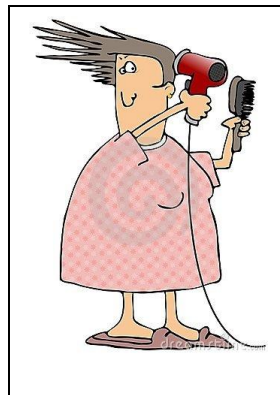
Stroke can impact your ability to perform self-care activities. Your occupational therapist, along with other members of your rehab team, will work with you so that you can gain independence performing important self care activities.

Activities of Daily Living include (ADL):

- Bathing
- Dressing
- Grooming (brushing teeth, brushing hair, washing face and hands, shaving, applying make-up)
- Toileting
- Eating

Instrumental Activities of Daily Living include (IADL):

- Meal preparation
- Making your bed
- Light housekeeping (ex. Dusting)
- Laundry
- Community re-entry (ex. Shopping)
- Medication management
- Managing finances
- Using transportation



Thinking (Cognition) after Stroke

Cognition is the term that refers to the brain's thinking. There are many different mental activities that are involved in cognition. When someone has a stroke, one or more areas of cognition can be affected. The problems may be obvious, or they could be unnoticeable in simple tasks.

Areas of cognition that can be affected by stroke include:

- Visual Perception:
 - You may be able to see fine but still have difficulty recognizing things, judging distances, reading, or paying attention to one side.
- Attention:
 - You might have difficulty keeping focused on a task. You may be easily distracted.
- Orientation:
 - You may be confused about where you are, your situation, and the month or year.
- Organization:
 - You may have difficulty doing parts of a task in the correct order such as dressing or making a phone call.
- Memory:
 - Short term memory is most affected by stroke. Short term memory includes things like recalling who visited you yesterday or what you ate for breakfast.
- Reasoning and Problem Solving:
 - You may have difficulty identifying that there is a problem, figuring out why a problem occurred, or deciding how to safely solve a problem.

What can family and friends do to help cognition?

- Minimize distractions when the person is trying to complete a task or participate in conversation. This includes turning off the television, limiting visitors, and not speaking over the person.
- Be patient and give the person extra time to figure out what they want to say or do.

- If the person is having trouble figuring out how to complete a task in the correct order, talk them through each step.
- If the person has difficulty with memory, write down important information such as who visited, when a loved one will return, or upcoming events.
 - Using lists, apps and calendars can be helpful tools.
- Do not be upset if the person does not show much facial expression. A lack of expression can be caused by the stroke itself. It does not always mean the person is depressed or uninterested.
- If the person has difficulty paying attention to one side, try to stand on the side they typically ignore. This can help them learn to pay more attention to the neglected side.
- If the person is not oriented, casually tell them what the month is, the place, or what is happening. Keep a calendar visible to help them with the date.



Communication after Stroke

After a stroke, some people have difficulty communicating.

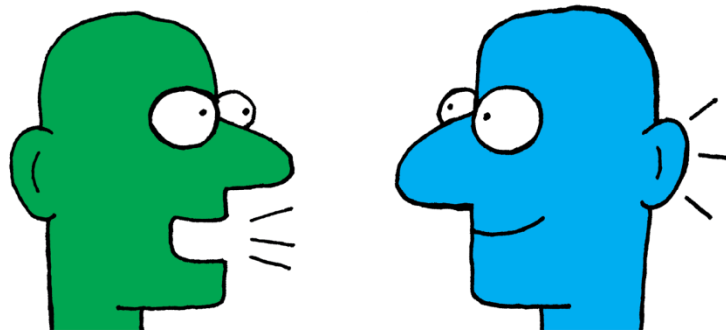
The most common problems with communication are:

- **Dysarthria:**
 - Slurred speech due to weak muscles in the mouth and face.
- **Aphasia:** A disorder of language. This is most often caused by a stroke that effects the left side of the brain. There are different types of aphasia. These include:
 - *Expressive Aphasia* (Broca's aphasia): Difficulty expressing thoughts or naming things because the person can't find the right words. As a result, their speech may sound choppy, they may use only single words, or they may not be able to speak. They may call something the wrong name or get stuck on a word.
 - *Receptive Aphasia* (Wernicke's Aphasia): Difficulty understanding language. The person may misunderstand what others say. They can hear the words but can't understand their meaning. They are able to speak, but their speech may sound jumbled, lack meaning, or contain non-sense words. They are usually unaware of how they are speaking and may talk excessively.
 - *Global Aphasia*: Severe difficulty understanding *and* speaking.
- **Apraxia of Speech:**
 - Difficulty speaking because messages from the brain to the mouth are disrupted. The muscles are not weak, but the person has difficulty moving their lips or tongue to the right place to make the sounds for speech. As a result, the wrong sounds may come out when they are speaking.

What can family and friends do to help communication?

- Be patient. Give the person plenty of time.
- Don't say words for the person. Allow them to finish their own sentences.
- Use objects, gestures, and facial expressions to help the person understand your message.

- Do not pretend you understand if you do not. Tell the person “I’m sorry. I don’t understand.”
- Speak slowly and clearly. Use simple words and sentences. Do not shout.
- Make the environment quiet. Turn off the TV or other distractions. Only 1 person should speak at a time.
- Don’t say things around the person that you do not want them to hear.
- Encourage the person’s attempts at communicating.
- Talk with the speech-language pathologist for more information on why your loved one is having difficulty communicating.



Swallowing Problems (Dysphagia) after Stroke

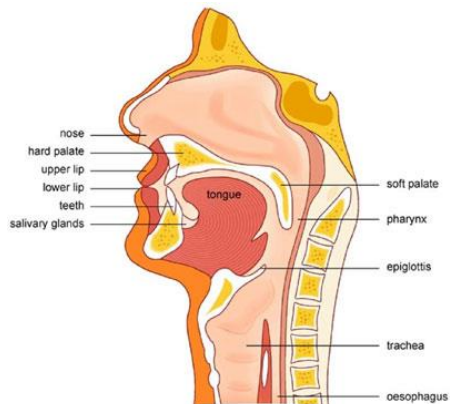
Swallowing disorders, also called dysphagia, can occur in up to 65% of stroke patients.

Difficulty swallowing can happen at different stages in the swallowing process:

1. **Oral phase:** This phase includes sucking, chewing, and moving food or liquid into the throat. If someone is having difficulty with the oral phase, you may see:
 - Food/drink spilling out of the mouth or pocketing in the cheek. This usually happens on the weak side. The patient may be unaware if their sensation is impaired.
 - Difficulty coordinating the muscles for chewing and moving food
2. **Pharyngeal phase:** This phase includes the swallow reflex that occurs when food reaches the back of the throat, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the windpipe (trachea) instead of the food pipe (esophagus). Food/drink that goes “down the wrong pipe” is called aspiration. This can be dangerous because food/drink in the lungs can lead to pneumonia. If someone is having difficulty with the pharyngeal phase, you may see:
 - Coughing/choking when swallowing, particularly with thin liquids. Though in some patients, aspiration occurs silently (without any cough reflex) due to impaired sensation.
 - A “gurgly” voice
 - Frequent throat clearing
3. **Esophageal phase:** This phase includes the relaxing and tightening of the openings of the esophagus and squeezing food through the esophagus into the stomach. If someone is having difficulty with the esophageal phase, you may see:
 - Complaints of food feeling like it “sticks”
 - Reflux

A Speech Language Pathologist evaluates and treats dysphagia. This may include:

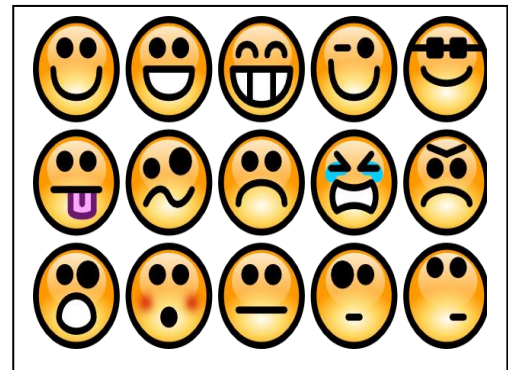
- Changes to your diet, such as pureed foods, avoiding foods that are tough to chew, or having meats chopped.
- Thickened liquids. A special product, called thickener, can be added to liquids to make them thicker and safer to swallow.
- Special exercises and techniques for safer swallowing
- Education on proper positioning during meals
- An x-ray procedure, called a Modified Barium Swallow Study, which helps diagnose swallowing difficulties.



Emotional Changes after Stroke

What kind of emotional changes are common after stroke?

- Emotional lability (psuedo-bulbar affect or PBA)
 - Rapid mood changes
 - Laughing or crying
 - Lasts longer than seems appropriate
- Depression
 - Feelings of sadness
 - Hopelessness or helplessness
 - Irritability
- Anxiety
- Anger
- Apathy or not caring what happens
- Lack of motivation
- Frustration



How can I cope with these changes?

- Let yourself cope without feeling guilty about your emotions
- Ask about a support group or counseling
- Get enough exercise
- Participate in activities you enjoyed prior to your stroke
- Give yourself credit for progress you've made, even small gains!
- Ask your doctor for help
- Get enough sleep at night
- Stay involved with hobbies you have
- Seek support from your loved ones

Spasticity after Stroke

What is spasticity?

- Spasticity is a muscle control disorder that is characterized by tight or stiff muscles and a decreased ability to control those muscles.
- Spasticity is caused by an imbalance of signals from the brain and/or spinal cord and the muscles.

How is it treated?

- Physical exercise and stretching:
 - Stretching helps maintain full range of motion and prevent permanent muscle shortening.
- Braces:
 - Braces can hold a muscle in a normal position to keep it from contracting.
 - It is important to check your skin to make sure the brace isn't causing a blister or sore.
- Oral Medications:
 - Several oral medications can help relax your muscles such as: Baclofen (Lioresal), Tizanidine hydrochloride (Zanaflex), Benzodiazepines (Valium and Klonopin), Dantrolene sodium (Dantrium).
 - Side effects may occur with oral medications, such as weakness, drowsiness, or nausea.
- Intrathecal Baclofen Therapy (ITB):
 - ITB delivers medication where it's most effective and minimizes side effects that often accompany oral medications.
 - A small pump is surgically implanted to supply Baclofen to the spinal cord.
- Injections
 - Some medications can be injected to block nerves and help relieve spasticity in a particular muscle group.
 - This treatment weakens or paralyzes the overactive muscle.
 - Side effects are minimized, but there may be soreness where injected.

Every individual responds differently to the different treatment available. Talk with your doctor to determine which treatment would be most effective for you.

What if it is left untreated?

- While some increase in muscle tone may not pose a problem, sometimes muscles can become contracted into an abnormal and often painful position.
- Spasticity in the arm can cause a tight fist, bent elbow and arm pressed against the chest.
 - Can impact your ability to perform daily activities such as bathing and dressing.
- Spasticity in the leg may cause a stiff knee, pointed foot and curling toes.
 - Can impact your ability to transfer, walk and balance.

What makes spasticity worse?

- Being too hot or cold
- Time of day
- Stress
- Tight clothing
- Bladder infections and spasms
- Menstrual cycle (women)
- Certain body positions
- New skin wounds or ulcers
- Hemorrhoids
- Being very tired or not getting enough sleep
- Quick movements

Vision and Perception

Stroke can affect the ability to see (vision) and/or interpret your surroundings (perception). Impairments in these areas may lead to difficulty participating in everyday tasks and difficulty with awareness of your surroundings.

Visual acuity issues: Am I seeing clearly?

- eyes do not move normally (due to muscle weakness)
- difficulty focusing on objects and maintaining that focus/attention
- difficulty seeing objects in certain areas of your vision/"blind spot"
- slow speed, control, and coordination of eye muscles

Apraxia: difficulty performing purposeful movements despite having appropriate motor power, sensation, or coordination.

- difficulty performing motor tasks (example: you have difficulty reaching for a cup or you have difficulty moving your mouth to chew normally)
- difficulty with the concept of what is to be done or object use (example: I don't know how to use my toothbrush or I put the toothbrush in my mouth the wrong way)
- difficulty forming and organizing intelligible words
- difficulty with dressing self due to body scheme issues or spatial relation issues (example: I don't know which sleeve to put my arms into)

Body Scheme disorders: difficulty integrating sensory information or being aware of body part relations.

- decreased awareness/recognizing ones parts and relationship to each other
- difficulty recognizing the presence or severity of paralysis or weakness
- decreased awareness or inattention to parts of the body on one side (unilateral body neglect)

Unilateral Neglect/Inattention: vision is intact, but your brain does not interpret/is not aware of objects or body parts on one side.

- can occur on the body level (example: decreased awareness/attention to one arm or one side of your face or head)
- can occur within your immediate environment (example: you do not attend to items on one half of your plate)
- can occur within your environment farther away from you (example: you run into doorways, people, objects on one side of you when navigating the environment)

Agnosia: lack of recognition of familiar objects perceived by the senses. Some examples include:

- cannot recognize objects when presented visually but can recognize an object using touch or auditory information
- cannot recognize a familiar person by looking at their face
- cannot recognize colors
- difficulty interpreting maps, home plans
- getting lost in a familiar place
- unable to recognize objects by touch
- unable to recognize differences in sounds, including words and non-word sounds



Safety and Insight After Stroke

What is impulsivity/impaired safety awareness?

The impulsive stroke survivor will not think before acting and has difficulty with impulse control. Impulsiveness is most common in survivors who have had a stroke on the right side of their brain. Safety may be compromised because you may attempt to complete activities that you are incapable of doing safely (such as driving, cooking, going to the bathroom without help, walking or transferring without assistance, or standing from a wheelchair before checking if brakes are locked, etc.).

What is lack of insight?

- Impaired reasoning or thinking skills
- Lack of awareness of your limitations and/or deficits
- Difficulty knowing when mistakes or errors have been made
- Difficulty making connections between performance and outcomes
- Impaired memory and difficulty learning new information

What can I do?

- You and your family and/or rehab team will need to identify the reason you are having difficulty with self awareness
- Feedback strategies such as using videotaping or checklists can be helpful to demonstrate your performance and become more aware of things to improve upon
- Set goals and plan the best way to meet these goals
- If you are having trouble due to decreased memory and attention, use the strategies you have learned to help improve your performance
- Create a safe environment and think ahead in terms of needs (for example: keep needed items in reach such as the phone, remote and drinks/snacks)
- Keep other items out of reach such as sharp knives, matches/lighters, car keys, etc.

Bowel Function after Stroke

What types of bowel changes might I experience?

- Constipation – being unable to have a regular bowel movement
- Bowel incontinence- being unable to control your release of stool
- Each of these may result from:
 - Reduced fluid intake
 - Diet
 - Not moving around enough
 - Side effects from prescription drugs
 - Being unaware you need to use the bathroom
 - Weakness in the muscle that holds a bowel movement
 - Being unable or reluctant to ask for help

What can I do?

- Eat healthy foods
- Drink plenty of water
- Ensure you have enough fiber in your diet
- Be active during the day to help stimulate the process
- Schedule a predictable pattern (example: going to the toilet after breakfast each day)
- Talk with your doctor. Your doctor may prescribe medications if problems persist
 - Stool softener
 - Enema
 - Oral laxatives
- Wear protective undergarments as needed



Bladder Function after Stroke

What types of bladder changes might I experience?

- Urinary incontinence- being unable to control your urination.
 - Soon after stroke, many survivors will need to use a catheter to urinate.
 - Most stroke survivors will regain control of their bladders; however, others continue to experience incontinence.
- Urinary retention- trouble urinating or not completely emptying your bladder.
 - This can lead to bladder stones or urinary tract infections (UTI).
- Signs and Symptoms of UTI include:
 - Urine with a bad smell, cloudiness, blood, or sediment.
 - Burning when urinating or around a catheter.
 - Fever and chills.
 - Cramps in lower abdomen, low back, or side.
 - Frequent urination or feeling that you need to go when your bladder is empty.

What can I do?

- A UTI needs immediate treatment, so see your doctor as soon as you notice symptoms.
- Go to the bathroom at regular times to help train your bladder (example: trying to use the bathroom every 2-3 hours regardless of urge).
- Get help from others as soon as you feel the urge to urinate so that you can get to the bathroom in time, it often takes longer to physically get to the bathroom after stroke if you're having difficulty with your mobility.
- Drink plenty of fluids during the day and limit them at night.
- Ask your physical therapist to help you strengthen the muscles around your bladder.
- Speak with your doctor, medications may be prescribed.
- Wear protective under garments if needed, especially in public where restrooms may not be as readily available.

Sexuality and Intimacy after Stroke

Part of getting back into a normal routine involves resuming a healthy sex life. However, stroke-related physiological and psychological changes may affect both sexual desire and performance for both men and women.

How can a stroke affect my sex life?

- Decreases in strength and balance can affect the positions you and your partner might choose
- Increased levels of fatigue
- Decreased sexual desire
- Impotence
- Trouble controlling your bowel and/or bladder
- Depression
- Anxiety
- Spasticity (stiffness in your muscles)
- Pain
- Fear of having a recurrent stroke during sex
 - It is unlikely that another stroke will occur during sexual activity
 - The act of sex takes up almost as much energy as walking up 2 flights of stairs
 - Increasing heart rate and breathing is normal, but talk to your doctor if you have safety concerns
- Side effects from medications
- Body image concerns
- Changes in your relationship

What can I do?

- Begin slowly! Start by re-introducing familiar activities such as cuddling, kissing, touching and hugging.
- Couples must be open to discussing concerns and feelings to each other. It is important to communicate your wants and needs.

- If fatigue is a problem for you or your partner, it is important to take plenty of rest breaks throughout the day. The best time for sex may be after resting or in the morning.
- Your sense of touch may be different following stroke, take time to experiment.
- Women of childbearing years should talk to their doctor about appropriate birth control. Birth control pills are not usually recommended for stroke survivors, but there are other forms of contraception that may be appropriate.
- To avoid injury, couples may need to work on safe positioning.
- Couples should experiment with different positions (using pillows might be helpful to support the affected body parts).
- If you have additional questions or concerns, speak with your physician, therapist or counselor.



Fatigue after Stroke

Fatigue is one of the most common problems you may have after a stroke. Fatigue makes you feel tired, exhausted, or lacking energy. Feeling fatigued does tend to improve over time.

3 types of fatigue:

- Physical Fatigue- muscle weakness, worse in the evening, better after a good night's sleep.
- Psychological Fatigue- decreased motivation, associated with depression/anxiety, gets worse with stress.
- Mental fatigue- decreased concentration, difficulty staying focused, having to give extra effort to think with even common tasks.

Ways to help you decrease your fatigue:

- Get plenty of sleep at night and take only brief 30-minute naps during the day.
 - Sleeping too much during the day can negatively impact nighttime sleep.
- Do not use alcohol, marijuana, or caffeine.
- Gradually build up your tolerance to activity.
- Exercise daily.
- Develop a daily schedule and prioritize most difficult activities earlier in the day.
- Limit visitors when needing rest time.
- Talk to your doctor about other medical problems that could contribute to your fatigue or medication options to help decrease fatigue.



Upper Extremity Positioning after Stroke

Following your stroke, your arm may be weak or completely paralyzed. When muscles in your arm are weak, your shoulder is at risk for injury, because the joint is not stable without muscular support. To help prevent this from happening, your therapist will work with you on proper positioning with things such as:

- wearing a supportive device when standing
- using a lap tray or arm trough for your wheelchair
- taping your shoulder to provide support
- support with pillows in the wheelchair or bed
- increasing your awareness of your arm, while laying down, rolling, sitting, standing, transferring, walking, etc.
- working on stretching/strengthening exercises/re-education to affected muscles and nerves
- avoid keeping your arm pulled in toward your body with your hand across your stomach and elbow bent



*****DO NOT perform self-range of motion exercises or allow others to move your arm above shoulder level or overhead. This can cause increased pain and damage to the structures within the joint. Your therapist will give you or your caregiver appropriate exercises to perform.***

Because you may not be using your arm as much as normal (or at all), swelling may occur. Helpful hints to help with swelling:

- do not let your arm hang down
- be sure that your arm is always supported (elevated in bed when possible)
- your therapist may recommend using a garment (glove or tubigrip) to help to keep the swelling down
- your therapist can teach you how to properly massage if needed

Your therapist may also provide you with a splint to help with positioning of your hand or arm. Follow the instructions that he/she gives you for a wearing schedule. If the splint causes redness or irritation or something does not seem right, remove the splint, and let your therapist know, he/she can adjust it if needed.

Lower Extremity Positioning after Stroke

After your stroke, your leg may be weak or paralyzed. You may also experience tightness in your muscles called spasticity. For these reasons, it is important to pay close attention to how your leg is positioned.

The affected leg may need to be positioned following the stroke:

- When sitting
 - To assist with proper positioning to prevent muscle shortening
 - To assist with the relief from spasticity or “pushing”
- When lying in bed
 - To assist with the control of edema/swelling
 - To assist with proper positioning to prevent muscle shortening
 - The team may consider the use of a positioning boot for assistance with the foot and ankle positioning
 - To assist with pressure relief to prevent pressure sores
- Your physical therapist, occupational therapist , speech therapist & nursing staff may assist with this positioning

What can I do?

- Make sure the legs are in a neutral position (avoid excessive bending, rotation, twisting)
- Ask staff to assist with leg elevation when edema is present
- Ask to staff to assist with floating heels to prevent pressure sores
- If you are uncomfortable or in pain, ask the rehab staff to help to reposition you

A Stroke in the Cerebellum

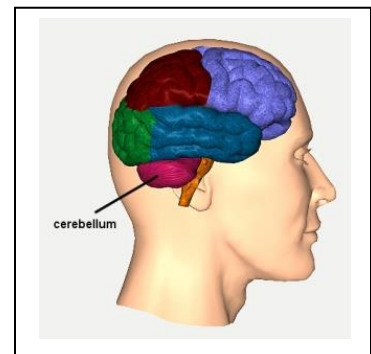
Having a stroke in your cerebellum can present differently than having a stroke elsewhere in your brain.

What is the cerebellum?

- The cerebellum is part of your brain located at the back of your head
- It plays an important role in:
 - Coordination
 - Balance
 - Posture
 - Controlling eye movements
 - Reflexes
 - Equilibrium

How will a stroke in the cerebellum affect me?

- Decreased coordination
- Decreased balance and righting reactions
- Vertigo or “room spinning” dizziness
- Nausea and/or vomiting
- Difficulty controlling your head and eye movements
- Light sensitivity



What can be done to improve my symptoms?

- Medications may be used to address nausea and/or vomiting
- Medications may be used to address vertigo or “room spinning” dizziness
- Physical and Occupational therapies will work on improving your balance and coordination
- Exercises may be used to improve or strengthen your head/eye movements

Medication Management



Will I need to take new medications after stroke?

- Your doctor will be in charge of prescribing medications to you need
- Many stroke survivors take medications called anticoagulants or antiplatelet agents to prevent blood clots (common examples are Heparin and Coumadin)
- Some stroke survivors may take medications to manage blood pressure
- Some stroke survivors may take medications to manage cholesterol
- Some stroke survivors may use medications to manage diabetes

How can I manage all of my medications?

- Follow your doctors' instructions and take all medications as prescribed
 - Make sure you understand the directions before leaving the hospital or pharmacy
- Ask about side effects
- Don't take medications unless your doctor tells you to
- Some medications will interact with what you eat and drink, be sure to read the label on the medication bottle
- Visit your primary care doctor on a regular basis
- Write down questions for your doctor before your visit so that you'll remember to ask
- Use a pill box to keep all your daily pills in order
- Ask a friend or family member to help
- Sign up for automatic refills at your local pharmacy
- Keep an updated medication list with you all the time
- If you have multiple doctors make sure they are informed of what other doctors have prescribed

My Medication Record

Name: _____ DOB: _____

Allergies: _____

Medication Name	What is it for?	When do I take it?	How much do I take?	Who prescribed it? (<i>List contact information</i>)	My next refill is due:

Medication Name	What is it for?	When do I take it?	Who prescribed it? List Contact information.	My next refill is due:

Stress Management

It is important to recognize how stress affects you, how to learn to deal with it and develop healthy habits to ease your stress.

What is stress?

- Stress is a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances
- Stress causes a release of a hormone that causes your breathing, blood pressure and heart rate to elevate temporarily to help you deal with the stressful situation
- Chronic stress can cause an increase in your heart rate and blood pressure

How can stress make me feel?

- It can make you feel angry, afraid, excited or helpless
- It can make it difficult to sleep
- It can give you aches in your head, neck, jaw and back
- It can lead to habits like smoking, drinking, overeating or drug abuse
- You may not feel it at all, even though your body suffers from it

How can I cope with stress?

- Try positive self-talk
- Take 15 to 20 minutes a day to sit quietly and relax
- Engage in physical activity regularly
- Try to do at least one thing you enjoy every day
- Slow down, try to pace yourself
- Get organized or make a 'to do' list to help you focus on important tasks



Home Safety Tips and Reducing Fall Risk

Why am I at increased risk for falling after a stroke? You may have some of these impairments related to your stroke:

- Weakness
- Difficulty with balance
- Decreased sensation (decreased ability to feel your body parts, numbness, tingling)
- Visual deficits
- Decreased cognition (problem solving, memory, paying attention to task, safety awareness, insight into your deficits)
- Decreased coordination
- Dizziness
- Fatigue

Other things that can increase your risk for falling may include:

- Side effects from medications
- Environmental hazards
- Not using recommended equipment
- Making unsafe decisions

Assessing your home environment and making small changes can help reduce your risk for fall. Follow this simple checklist below:

Stairways:

- Be sure handrails are secure and not broken
- If you don't have handrails, consider having 1-2 installed
- Ensure proper lighting
- If you have trouble with vision or depth-perception, consider placing a colored strip on the edge of each step

Bathroom (MOST COMMON PLACE THAT FALLS OCCUR!):

- Install grab bars around the toilet and shower/tub
- Place non-skid strips in the shower/tub
- Use a tub or shower seat/bench to sit while bathing
- Install hand held shower heads
- Be sure all bath mats are secured (or removed)
- Use a nightlight as many people need to use the bathroom during the night

Kitchen:

- Place items that you use frequently in a place that you can easily reach them (ex. on counter tops, in easily accessible drawers and cabinets)
- Avoid using a step stool
- Be sure there are no electrical cords in a place that you may trip on them

Bedrooms:

- Clear clutter or any items you do not need out of the way so that you can move freely
- Be sure there are no electrical cords in a place that you may trip on them
- Keep important items (such as a telephone) nearby such as on a bedside table so that you do not need to reach for them
- Ensure there is proper lighting

General tips for reducing fall risk:

- Review your medications and possible side effects with your physician on a regular basis
- If you are having issues with dizziness, speak with your physician
- Use equipment as recommended (ex. walkers, canes, shower chairs)
- Ask for help from family, friends and other caregivers if you feel unsafe performing a certain task
- Allow others to assist you as needed so that you can stay safe
- Wear proper fitting shoes or grip socks on your feet to avoid slipping

- Remove throw rugs as corners and edges may cause you to trip
- Be aware of environmental hazards (ex. wet floors, uneven sidewalks)
- Have your vision checked on an annual basis
- Consider working with a physical or occupational therapist if you are having difficulty with your mobility and daily tasks or experiencing frequent falls
- Take a moment before completing a task to be sure that it is safe
- Don't rush!
- Be cautious of your pets as they can be potential tripping hazards!



Adaptive Equipment after Stroke

On the first therapy day, loaner equipment is usually given to patients for use in the hospital. The following are examples:

- Walkers, canes and wheelchairs
- Upper and lower extremity orthotics, splints or braces
- Toileting and bathing equipment
- Adaptive equipment for getting dressed or writing
- Eating devices
- Communication equipment



While you are here, your therapists will teach you how to use these devices. Therapists and nursing staff will continue to work closely with you to determine which devices may be recommended for you to use upon discharge from the hospital.

Before you go home, your therapists will recommend and order equipment you will need in the home setting:

- Your social worker will then let you know what is covered by your insurance and what amount, if any, you may be responsible for.
- The ordered equipment will be delivered to your hospital room either the afternoon before you leave or in the morning on your day of discharge.
- If any equipment is not covered and you do not purchase the recommended item through the vendor we use, your therapist will discuss with you and your family where the item can be purchased by your family.
- After you go home, you will continue to use the recommended equipment as your therapy staff has shown you and if repairs are needed, you will need to contact the vendor that supplied the equipment to you.

Community Re-entry after Stroke

- After days or weeks of inpatient rehab, stroke survivors will re-enter the community setting. Unlike the controlled environment of the hospital with smooth floors and wide doorways, the outside world presents endless obstacles such as: uneven ground, curbs, carpet, heavy doors, narrow doorways and spaces to negotiate.
 - For many stroke survivors, getting back into the community and being independent with functional activities is an important goal of rehab.
 - The rehab team will focus on the physical, social and cognitive aspects of rehab to help you achieve your goal of gaining independence.
 - During your rehab stay, some of these activities may be simulated on the rehab unit and some may take place in other locations inside and outside of the hospital.
- Once you return home, it can be challenging to determine when you are ready for a community outing. When will you be ready?
 - When you feel comfortable.
 - When you have transportation.
 - When you're able to safely get in and out of a vehicle.
 - When you're going to outpatient therapy.
- How can you prepare for an outing?
 - Plan the time that you will leave and the time you return home (shorter/quicker trips may be best to begin).
 - Secure transportation.
 - Call the establishment ahead of time if you have questions.
 - Ensure you know where the restrooms are.
 - Bring any medicine that you may need.
 - Bring a change of clothes if necessary.
 - Will you stop along the way or go there and back home? Prepare for any stops you may make.
 - Check the weather and prepare appropriately.

- Examples of short/simpler trips:
 - Grocery store, restaurant, community center, church, hair salon, visit friends/family home.
- Examples of longer/more complex trips:
 - Air travel, all day adventures, overnight trips, work, school, volunteering, going more than 1 place while out.
- What are the benefits of community re-entry?
 - Build relationships.
 - Develop a sense of belonging.
 - Improved overall well-being.
 - Explore different places and environment.
 - Foster independence.
 - Enhance overall quality of life.
 - Promote personal growth.
- Transportation options:
 - Friends/family (consider type of vehicle)
 - Public transportation (CARTA, <https://www.ridecarta.com/>)
 - Charleston area: TEL-A-RIDE (<https://www.ridecarta.com/services/tel-a-ride/>)
 - Uber/Lyft (ask for XL if need to store equipment such as wheelchairs)



Driving after Stroke

Many stroke survivors will be able to drive again. **However, it is very important that you have been cleared by a medical physician and/or participate in a driving evaluation.**

How can a stroke affect my driving ability?

- Decreased reaction time
- Visual changes
- Weakness in your arm and/or leg
- Decreased sensation
- Impaired balance
- Decreased coordination
- Difficulty multi-tasking
- Decreased awareness of one side of your body or environment
- Impaired memory or other cognitive changes

Roper Rehabilitation Hospital Driving Program

- Roper Rehabilitation Hospital Driving Program is the only program in the Lowcountry that offers behind the wheel assessments
- A driving evaluation is performed on an outpatient basis
- The program is taught by Occupational Therapists, a Certified driving instructor and Certified Driving Rehabilitation Specialists
- You must have a doctor's prescription, a recent medical history and a current learner's permit or driver's license
- The evaluation will last from one to three hours to assess:
 - Driving history
 - Medical history including vision

- Ability to drive (movement, strength, sensation, coordination, vision, balance and reaction time)
- Thinking ability (reasoning, judgment, memory, attention span, understanding road signs and rules of the road)
- Ability to interpret and react to what is happening around you
- If indicated, the driving portion of the evaluation will include:
 - Assessing your skill entering and leaving the vehicle
 - Your ability to use the car's instruments and basic handling skills
 - Your safety and judgment behind the wheel
 - Special equipment needs while driving
- In general, a driving evaluation is NOT covered by insurance
- For more information contact Paige Castellow at paige.castellow@rsfh.com or Sarah Bagley at sarah.bagley@rsfh.com
- To schedule an appointment, contact the Outpatient Occupational Therapy Department at (843) 606-7605 or by fax at (843) 606-7919.
<https://www.rsfh.com/rehabilitation-services/rehab-hospital/driving-program>



Returning to Work after Stroke

Recovery following stroke may be measured in weeks, months or years. Many employees with mild strokes experience nearly complete recovery. Some with more severe strokes experience only mild long-term difficulties. Others may require care or special services for the rest of their lives. Many employees will adapt over time in a structured, supportive environment.

Workplace Considerations:

- What limitations is the stroke survivor experiencing, and how do these limitations affect their job performance?
- What specific job tasks are problematic as a result of these limitations?
- What accommodations are available to reduce or eliminate these problems?
 - Memory assists – Checklists, reminders, watches
 - Energy conservation assists - Reduced workday or week, scheduled breaks
 - Organization assists - Calendars, established routines during the day,
 - Physical assists – Lighting, enlarged reading materials
- Has the employee been consulted regarding possible accommodations?
- Do supervisory personnel and employees need training regarding stroke?

Fatigue:

- Fatigue may result from the stroke itself
- Fatigue may also result from additional physical and mental effort required to do tasks that once were performed with little or no effort

Employers can lessen the impact of fatigue by :

- Implementing a gradual return to work plan
- Set scheduled breaks
- Start with familiar tasks that the employee can complete without fatigue
- Gradually increase the complexity of work tasks

Information for Caregivers

While the role of a caregiver varies, you may be doing some of the following throughout the recovery process:

- Taking part in informed decision making and treatment planning
- Coordinating appointments with healthcare professionals
- Helping ensure that medications are refilled and taken properly
- Assisting with walking and transportation
- Helping with everyday tasks such as meal preparation, bathing and toileting
- Monitoring survivor health; being aware of pain, dietary instructions, depression or risk factors that may lead to a second stroke
- Managing financial or legal and end-of-life matters
- Providing encouragement and support for your loved one and family members
- Supporting survivor independence

While much of your time will be spent caring for your loved one, it is equally important that you take care of yourself:

- Enlist the help of family and friends as needed. Many offer their help when a loved one is hospitalized and after they return home; it is up to you to let them help you! Whether it be providing meals, assisting with household chores or assisting with care.
- Attend to your own health needs! Eat a healthy diet, get enough sleep, find some time for exercise and activity and attend your own medical appointments.
- Find time for yourself and your interests!
- Find support for yourself: local support groups, online forums, blogs, family, friends etc.
 - *Roper offers a support group specifically for caregivers! See the back of this book for details!*

10 Tips for caregivers: How to cope

1. **Accept that you cannot do this alone.** Do not feel guilty enlisting the help of friends and family.

Assign them specific tasks if they offer to help.

2. **Educate yourself.** Learn about your loved one's condition and how to effectively communicate with healthcare professionals.

3. **Allow yourself to grieve.** It takes time to accept the loss of your former lifestyle/relationship, but remember that time will also bring about new goals and dreams for you and your loved one.

4. **Learn to relax.** There are many techniques that you can use, from walking or writing to enrolling in a yoga class or practicing meditation.

5. **Eat well.** A diet rich in fruits and vegetables will keep you healthy and energized.

6. **Stay active.** At least 30 minutes of daily exercise can greatly reduce stress, help you maintain a healthy weight and improve your mood.

7. **Have fun!** Take some time to do activities you enjoy. Maintaining your own identity is crucial and will help “recharge” your energy for better care for your loved one.

8. **Stay social.** Make an effort to interact with people. Meet up—and laugh—with your friends.

9. **Find a caregiver support group.** Being around others who are going through similar experiences provides an outlet for sharing ideas, venting frustrations and supporting each other through hardships.

10. **Take things one day at a time.** The future is uncertain—not just for stroke survivors, but for everyone. Focus on the accomplishments of each day, and don't get carried away with the “what ifs” of the future.



Preparing for Discharge

We know it can be overwhelming when you are preparing to leave the hospital. Here are some things you and your family can do to prepare:

- Write down a list of questions for your doctors, nurses, social workers and/or therapists so that you can have all the answers you need before you leave.
- Keep contact numbers in a safe place (i.e. social worker, stroke coordinator, follow up therapy agency, equipment vendors, primary doctor, neurologist).
- Schedule time with your family and/or caregivers to see you in therapy so that they can be shown how to help you at home. Your social worker or therapist can help you with this.
- Be sure that you and your family or caregiver understand your medication list and ask questions if you do not. Your nurse will review these with you and your family or caregiver prior to discharge
- Most stroke survivors receive follow up therapy when they leave rehab, this can happen at a step-down rehab facility/skilled nursing facility, in the home or at an outpatient clinic.
 - Your therapists will help you decide which is right for you.
 - Your social worker can give you information regarding your insurance coverage and set up follow up therapy services for you.
- Be sure that you have all the equipment you need and that you know how to use it. Your therapists and social worker can help you with this.
- Take this stroke education book home with you! There is a lot of information about stroke, community resources and support groups that you may need later.
- Schedule a follow up appointment with your primary doctor and/or neurologist. It is important to continue to see your doctor throughout your recovery.
- ***You will review follow up surveys about your experience at Roper Rehab, please take a moment to fill these out! We value your feedback and use this information to guide us in improving our program.***

What do different assist levels mean?

When the rehab team sets goals for your loved one, it can be difficult to understand what type of help that may include. Here are some of the terms we use and examples of what that may require for you to care for your loved one at home.

Independent/Modified Independent:

The patient can complete the task independently and they do not need any help. They may or may not use an assistive device such as a walker, cane, reacher, sock aide, long handled sponge etc.

Supervision/Touch Assist:

The patient completes the activity but needs one helper to supervise, provide verbal cues, or provide light touching/steadying assistance. Examples may include providing verbal cues for safety, problem solving and technique or compensation for visual impairments. You may also need to provide light steadying assistance when someone is walking, getting dressed, bathing or transferring to the bed or toilet.

Partial/Moderate Assist:

The patient is able to complete half of the task but needs assistance for part of the task. Examples may include assistance with dressing (putting shirt on, pulling pants up), assistance cleaning themselves after using the toilet, assistance with bathing, physical assistance for transfers, walking and/or getting in and out of bed.

Substantial/Maximal Assist:

The patient completes less than half of the task and needs quite a bit of help to complete the task. Examples may include a lot of help with bathing, dressing, toileting as well as a significant amount of help with mobility tasks such as transfers and standing. Patients at this level may not be able to walk or may walk only with therapy.

Dependent:

The patient is unable to assist in completing the activity and requires the caregiver to fully complete the activity. Examples may include fully dressing and bathing a patient as well as performing all aspects of toileting tasks such as clothing management and cleaning (often using a bedpan). Patients will likely use lift equipment for transfers and will be unable to walk or stand at this level.

Community Resources for Stroke Survivors

Roper Rehabilitation Hospital—Charleston, SC

316 Calhoun Street

Charleston, SC 29401

Contact: Katie Hall (Stroke Program Coordinator)

Kaitlyn.Hall@rsfh.com

1-843-720-8349

Lowcountry Senior Center—James Island, SC

865 Riverland Drive

Charleston, SC 29412

1-843-762-9555

lowcountryseniorcenter@rsfh.com

<https://www.lowcountryseniorcenter.com/lowcountry-senior-center/>

Waring Senior Center—West Ashley, SC

2001 Henry Tecklenberg Drive

Charleston, SC 29414

1-843-402-1990

Waringseniorcenter@rsfh.com

<https://www.lowcountryseniorcenter.com/waring-senior-center/>

Mount Pleasant Senior Center—Mount Pleasant, SC

840 Von Kolnitz Road

Mount Pleasant, SC 29464

1-843-856-2166

spompeii@tompsc.com

<https://www.tompsc.com/222/Senior-Center>

MUSC Cares Clinic—Charleston, SC

Offers free therapy services to unfunded and underfunded stroke survivors

Rutledge Garage on Ashley Avenue (MUSC outpatient therapy clinic)

158 Ashley Ave

Charleston, SC 29425

1-843-792-8019

MUSC Stroke Recovery Research Center – Charleston, SC

77 President Street, Building C

Charleston, SC 29425

1-843-792-1589

stroke-recovery@musc.edu

www.musc.edu/srrc

South Carolina Vocational Rehabilitation

4360 Dorchester Road

North Charleston, SC 29405

1-843-740-1600

www.scvrd.net

American Stroke Association

7272 Greenville Ave

Dallas, TX 75231

1-888-4-STROKE

1-888-478-7652

strokeconnection@heart.org

www.strokeassociation.org

National Aphasia Association

PO Box 87

Scarsdale, NY 10583

1-800-922-4622

naa@aphasia.org

www.aphasia.org

Adaptive Expeditions

PO Box 13312

Charleston, SC 29422

1-843-637-7269

Joe@adaptiveexpeditions.org

<https://adaptiveexpeditions.org/>

South Carolina Assistive Technology Program

Center for Disability Resources

8301 Farrow Road

Columbia, SC 29203

1-803-935-5263

<http://www.sc.edu/scatp/>

South Carolina Legal Services

Charleston Office

2803 Carner Avenue

Charleston, SC 29405

1-843-720-7044

www.southcarolinalegalservices.org

Access Ability

7944 Dorchester Road, Suite 5

North Charleston, SC 29418

1-843-225-5080

info@abilitysc.org

<http://www.abilitysc.org/>

Trident Area Agency on Aging

4450 Leeds Place West, Suite B

North Charleston, SC 29405

1-843-554-2275

info@tidentaaa.org

Roper St Francis Driving Solutions Program

316 Calhoun Street

Charleston, SC 29401

843-606-7605

Paige.castellow@rsfh.com

<https://www.rsfh.com/rehabilitation-services/rehab-hospital/driving-program/>

Local Support Groups for Stroke Survivors

Roper Rehab Stroke Support Group

Meets the first Thursday monthly at 3:30PM at Roper Rehabilitation Hospital. Sessions alternate between virtual meetings and in-person meetings. *This group is for both caregivers and stroke survivors.*

Contact: Katie Hall, kaitlyn.hall@rsfh.com, 843-720-8349

Neuro Caregiver Support Group of the Lowcountry

Meets the second Tuesday of each month at 5:30PM. Meetings are held virtually. *This group is specifically for caregivers!*

Contact: Michelle Moore, michelle.moore@rsfh.com, 843-720-8378

Encompass Health Stroke Support Group/Low Country Support Group

Meets the third Thursday of each month at 5:30PM at the MUSC/Encompass Rehab Hospital in North Charleston.

Contact: Rick Shideler, lowcountrysupportgroup@gmail.com, 803-517-9871

Aphasia Support Group

Meets the last Friday monthly at 2:30 at the Garden Room at MUSC Midtown in Mount Pleasant.

Contacts: Michelle Moore, donnellm@musc.edu or Stephanie Cute, cute@musc.edu, 843-792-6656

****Please contact the stroke support group to determine if the meeting is still active and that the time and place are correct. These groups often change, but these are the most up to date details available!***

**You can search for a stroke support group in any state online by visiting*

<https://www.stroke.org/en/stroke-support-group-finder>



Stroke Support Group

A stroke changes everything, but you and your loved ones can learn to cope.

Come join other stroke survivors and their families to:

Learn about Stroke

Share experiences

Support one another in challenges

Explore current stroke resources

First Thursday of each month
3:30 – 4:30 p.m.

Roper Rehabilitation Hospital
Wellin Neuro Rehab Unit (3 Pettit)

Support groups alternate between in-person and virtual sessions.

For more information, or to join our monthly newsletter,
contact Katie Hall at (843) 720-8349 or Kaitlyn.hall@rsfh.com.

rsfh.com/rehabhospital



Neuro Caregiver Support Group

OF THE LOWCOUNTRY

Support for caregivers of people with brain injury and stroke

Second Tuesday of each month
5:30 – 6:30 p.m.

Meetings are virtual via Zoom

TO JOIN OR LEARN MORE

Contact Michelle Moore at michelle.moore@rsfh.com or (843) 720-8378



Roper Rehabilitation
Hospital



Stroke Recovery Research Center

We're changing what's possible for stroke survivors.



Are you a stroke survivor interested in participating in stroke recovery research?

We need you!

Contact us at:

843-792-1589 | stroke-recovery@musc.edu

Or visit us at:

chp.musc.edu/research/stroke-recovery