Recovery After Stroke: Ability to Go Places

Getting out of the house allows stroke survivors a chance to regain a sense of freedom, control and independence. Going to the places you want to go, doing the things you enjoy, and spending time with other people will help the recovery process.

Driving involves many skills — skills that can be affected by stroke. Luckily, most stroke survivors can regain the ability to drive safely by getting new training and/or using special equipment. Those who are unable to do so learn new ways of getting around.

Getting Behind the Wheel

The first step is to get an evaluation by a driver rehabilitation specialist (DRS). The DRS is a person trained to work with drivers who have disabilities. The evaluation will include:

- a vision exam
- a perception test to see if you can react in a timely manner

The DRS may offer tips to improve your driving skills and can train you on the use of equipment that will make driving easier. Improving your driving skills will keep you and others around you safe.

To find a DRS in your area, contact:

- The American Occupational Therapy Association. Call 1-800-377-8555 or visit www.aota.org on the Internet.

Tips For Safe Driving

- Always make sure you and your passengers wear seatbelts.
- Drive in familiar areas.
- Drive on roads that are not busy.
- Use clearly marked lanes.
- Combine trips.
- Keep windshields clean to help you see better.
- Turn off the radio, phone, and other things that can
take your attention away from driving.
- Avoid driving at night.
- Plan your travel so that you are off the road during rush-hour traffic or during bad weather.

**Adaptive Equipment**

There are many types of equipment that can be fitted on your car to help you drive again. Of course, you will have to get training on how to use the equipment safely.

Examples of adaptive equipment include:
- A spinner knob that is attached to the steering wheel to allow controlled steering with the use of one hand.
- Hand controls for the accelerator and brake.
- Left-foot pedals if you are unable to use your right foot to accelerate and brake.
- Wheelchair and scooter lifts.

Your DRS will help you find equipment that meets your needs.

**Getting Around Town**

When you go out, plan ahead to make sure that your needs can be met.

Ask questions before going somewhere new:
- How easy is it to get to the place I am going?
- How far is the parking area from the entrance?
- Are there handicapped parking spaces?
- Are there steps leading into the building? How many? Are there hand railings?
- Are there ramps leading into the building?
- Are doorways wide enough (at least 32 inches) for a wheelchair?
- Is there a bathroom that meets my needs?
- Will a wheelchair fit in the bathroom stalls? Do the stalls have grab bars?
- Is there an elevator in the building?

**Longer Trips**

After you get used to leaving the house, you may be ready to travel. Whether an overnight trip or a long
vacation, a change of scenery can be a morale booster to you and your loved ones.

Again, advance planning will go a long way in making your trip smooth and enjoyable.

Use this sample checklist to remind you to:

- Check with your doctor before making your plans. You may need some specific travel tips.
- Call the places you plan to visit in advance and ask about accessibility of hotels, restaurants, attractions and transportation.
- Take all medicines and essentials in a bag you carry with you.
- Ask for a hotel room that is close to the elevator and includes a walk-in shower.
- Talk with your airline in advance about special needs, including meals.
- Two to three weeks before your trip, reserve rental cars with hand controls. Wheelchair rental vans can be rented at most places, but plan ahead to get one because supplies are often limited.
- Try renting a scooter to get around. You can rent scooters in many major cities.
- Bring your health insurance cards with you. Know the policies and procedures of your insurance company.
- Carry a list of all the medicines you are taking and your drug allergies in your wallet. Take this with you at all times.
- Plan to do less, rather than more. Travel can be stressful and tiring, especially for stroke survivors. Allow plenty of time for rest, regular meals and exercise.

Unable to Drive?

You may not be able to drive after suffering a stroke. You may have trouble turning the steering wheel or thinking clearly about the cars around you. Don’t worry. You can still maintain your independence and get to the places you want to go. There are several alternatives to driving. Plan ahead to make the most of your outing.
Consider these options for getting around:

- Ride with family and friends.
- Take a taxi, shuttle bus or van.
- Use public transportation such as buses, trains and subways.
- Try a scooter.
- Walk.

Who Can Help

- A driver rehabilitation specialist (DRS) – a driver’s education teacher who specializes in drivers with disabilities.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”
Problems with bladder and bowel function are common but distressing for stroke survivors. “Going to the bathroom” after suffering a stroke may be complicated by:

- Urinary incontinence – being unable to control your urination.
- Urinary retention – trouble urinating or not completely emptying your bladder.
- Constipation – being unable to have a regular bowel movement.
- Bowel incontinence – being unable to control your release of stool.

These issues occur when stroke has damaged the part of the brain that controls waste removal or the brain signals for it. In some cases, an infection or other issue may be the problem.

**Urinary Incontinence**

Soon after stroke, many survivors need to use a small flexible tube, called a catheter, to urinate. When they improve, the catheter is removed and they begin a regular urination pattern again.

Most stroke survivors do regain control of their bladders and urinate normally. Others continue to suffer from urinary incontinence and are unable to control their urination.

**Treatments**

Treatments vary depending on the cause of your problem. Some feel the urge to urinate but cannot hold it until they reach the bathroom.

Some tips that may help:

- Go to the bathroom at regular times to help train your bladder. Urinating every 2-3 hours – whether you feel the urge or not – can help prevent accidents.
- Get help from others as soon as you feel the urge to urinate. They may be able to get you to the bathroom in time.
- Drink plenty of fluids during the day and limit them in the evening. This will reduce the number of times you
have to go to the bathroom at night.

- Limit caffeine and alcohol at night.
- Ask your physical therapist to help you strengthen the muscles around your bladder. Pelvic floor muscle exercises, called Kegel exercises, may help. These exercises were designed to improve urine control in women after childbirth. They may help you as well.
- Make sure that you have privacy and plenty of time to sit on the toilet or commode chair.

**Urinary Retention**

Also common among stroke survivors is urinary retention. This is when you do not completely empty your bladder. If untreated, it can lead to bladder stones, reflux (reverse flow of urine back to the kidneys) or a urinary tract infection (UTI).

A UTI needs immediate treatment, so see your doctor as soon as you notice symptoms.

**UTI symptoms include:**

- Urine with a bad smell, cloudiness, blood or sediment (solid deposits).
- Burning when urinating or around a catheter.
- Fever and chills.
- Cramps in lower abdomen or side.
- Pain in lower back.
- Frequent urination or feeling like you have to go to the bathroom even though your bladder is empty.

**Treatments**

Special treatments may be needed for conditions that cause urine retention. In these cases, your doctor may prescribe a drug such as Ditropan®, Levsin® or Cystospaz®. Inform your doctor of other drugs you are taking, because they may be the cause of your urinary-retention.

**Ongoing Problems**

You may still have problems, despite all attempts to correct.

- Use a catheter if needed. Ask your doctor which type is best for you.
- Try pantiliners, waterproof underpants or disposable adult diapers. Be sure to carefully clean and lubricate the urinary area to avoid skin irritations. Also, drink plenty of water to dilute your urine.
Constipation and Bowel Incontinence

Constipation and bowel incontinence (involuntary release of stool) may result from:

- Reduced fluid intake.
- Diet.
- Not moving around enough.
- Side effects from prescription drugs.
- Being unaware that you need to use the bathroom.
- Weakness in the muscle that holds a bowel movement until you reach a bathroom.
- Being unable or reluctant to ask for help.

To prevent problems, plan ahead and take extra efforts to retrain the bowel.

Useful Tips

- Schedule a predictable pattern. It is important to restore a regular schedule of bowel movements at established times as soon as possible. Opportunities to use the bathroom should be planned according to previous bowel habits.
- Give yourself privacy.

- The sitting position allows you to lean forward, aiding the process.
- Be active during the day to stimulate the process of bowel movement.
- Eat healthy foods to reduce constipation and improve bowel control.

Treatments

If problems persist, your doctor may suggest one of these drugs or treatments:

- A stool softener or bulk agent, called a suppository. Shaped like a bullet, suppositories are inserted into the anus 30 minutes after a meal to stimulate a bowel movement. At first, you may need a strong suppository. As your pattern changes, you can switch to a more mild form (such as glycerin).
- When using suppositories, you should drink more liquids than usual. Never use them for a long period of time.
- Enema or shot of liquid put into the rectum through the anus. Do the enema at a set time every day (usually morning or evening) and
adhere to your schedule. If enemas cause bleeding or abdominal pain, consult your doctor right away.

- **Oral Laxatives** may be helpful in some cases, but be aware that their action times can be unpredictable and they can cause incontinence in a person with poor bowel control.

**What Can Help**

- Talk with your doctor about symptoms and treatments.
- Be kind to yourself and remember that you are not alone. Many people have – and are embarrassed by – these issues.
- Get information on stroke recovery from National Stroke Association.
- Visit [www.stroke.org](http://www.stroke.org) or call 1-800-STROKES (1-800-787-6537).
- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to manage your bladder and bowel movement problems.
- Speak honestly with your caregivers about these issues. They’ll be glad you did, and together you can work out the best solution.

**Professionals Who Can Help**

- A general physician or doctor
- Urologist, a doctor who specializes in diseases of the urinary systems.
- Gastroenterologist, or a specialist in medical problems of the stomach, intestines and associated organs.
- Many nurses are trained to deal with continence problems.
- Physiotherapists can provide training and exercises to improve walking and transferring from a bed or chair to a commode or toilet.
- Occupational therapists can help if your home needs to be adapted or equipment is needed to make it easier for you to use the toilet.
- Social workers can help with financial issues. They can with grants to adapt the bathroom or to build a new one, and can also arrange for a variety of support
services, such as walking aids or wheelchairs.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as speaking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Healthy Eating

Eating well after stroke is key to your recovery. Choosing healthy foods can help you keep up your energy level for therapy, exercise and favorite activities. And, healthy eating will be easier once you learn to deal with new eating challenges brought on by your stroke.

After a stroke, 8-34% of survivors suffer from malnutrition. This means they aren’t getting enough vitamins and minerals because they aren’t eating enough healthy foods.

Choosing Healthy Foods

Healthy eating is good for you. It will help you manage your weight and blood pressure. Both are crucial to prevent another stroke and stay healthy. Ask your doctor to arrange a visit with a licensed dietician. The dietician will teach you how to plan meals and snacks to improve your health.

- Plan to eat a variety of foods each day.
- Have a rainbow of color on your plate.
- Eat at least five servings of fruits and vegetables per day.
- Your doctor may suggest a special diet to help you lose weight. Or you may need to eat foods with less salt or fat.

Too Tired to Eat or Cook?

Meal planning, grocery shopping and cooking require a lot of energy. But being tired doesn’t mean you should give up on healthy eating.

Planning ahead can help you get the nutrition you need for your stroke recovery.

- Eat your biggest meal early in the day when you have the most energy. The last meal of the day can be simple, such as a sandwich or cereal.
- Look for pre-washed, pre-cut fruits and vegetables at the grocery store. Most places offer apple slices, baby carrots, broccoli florets, celery sticks, mixed vegetables, salad greens and spinach.
- Ask family members and friends to make healthy
meals that you can store in the refrigerator or freezer. Save these foods for the days you are too tired to cook.

- If preparing and eating three meals a day takes too long or takes too much energy, eat six small meals per day instead.
- Many communities offer a “Meals on Wheels” program. Check with your local social services to see how you can get healthy meals delivered to your home through this program.
- Seniors can often get healthy, low-cost meals at senior centers. Check your local newspaper for locations, times and menus.

Have You Lost Your Appetite?

Many survivors don’t feel as hungry as they used to and forget to eat during the day.

- Try eating smaller healthy meals throughout the day.
- Attractive, tasty, pleasant-smelling foods may enhance appetite.
- Be sure to plan three meals a day plus snacks to maintain your health and energy – even when you’re not so hungry.
- Eat high-calorie foods in your meal first.
- Sometimes, poor appetite is caused by depression. Your appetite is likely to improve after depression is treated.
- Walk or do some light exercise to stimulate your appetite.

Challenges When Eating

It’s hard to eat healthy when you have trouble swallowing, chewing, or using eating utensils.

Swallowing or Chewing Problems

Stroke can weaken or paralyze muscles that help us swallow or chew. About 40-60% of survivors have swallowing difficulties, called dysphagia.
Dysphagia can lead to serious medical problems such as dehydration (not enough water), malnutrition (not enough vitamins and minerals), choking, pneumonia and aspiration (when food or liquid leaks into the airways).

Talk to your doctor if you have any of these signs of dysphagia:

- Cough and sputter frequently.
- An unusually husky voice or the need to clear your throat often.
- Food and saliva escape from your mouth or nose when you try to eat.

Most people recover quickly. Some require treatment with a speech-language pathologist (SLP). The SLP can test for dysphagia and suggest strategies or treatments for swallowing and eating.

What can help:

- Cut foods into smaller pieces before chewing.
- Use a blender or food processor to puree foods to the texture of baby food.
- Choose soft foods such as cooked cereal, mashed potatoes, eggs, cottage cheese, applesauce, canned fruits and soups.
- Thicken liquids to keep them from going down the wrong pipe. Natural thickeners include tapioca, flour, instant potato flakes, oats and matzo meal.
- A normal swallow is complex. It involves 25 different muscles and 5 nerves. Your SLP may help you exercise these muscles or teach you new ways of swallowing.
- Sometimes, a feeding tube is needed.

Eating Utensils

After your stroke, you may have trouble grasping or holding utensils. Take advantage of special products that can help you:

- Flatware with larger handles or Velcro straps can be easier to grasp.
- Knives with curved blades can help you cut food with one hand.
- Plate guards can help keep food on the plate when using one hand.
- Rubberized pads under the plate can keep it from sliding around.
Search for these products and more on the Internet or go to one of the websites below:

- www.dynamic-living.com
- www.elderstore.net/disabled
- www.abledata.com

**Vision and Eating**

Vision loss on one side can make it hard to see everything on the plate.

- During meals, rotate your plate or move it right or left so that it is easier to see.

**Meals and Social Outings**

Eating out is common in the United States. It can also be good for your recovery. Eating out on occasion relieves you of the duties of cooking meals and washing dishes. It also can help you connect socially with others. But, many stroke survivors shy away from restaurants and social outings because they have problems getting around or filtering out noise. Some of the following tips may help:

- Call ahead to see if the place has parking, entry ramps, eating space and bathrooms needed to host guests in wheelchairs.
- Choose a place that is less crowded, doesn’t have a lot of blaring music, and has smaller tables.
- Find a quite corner, if possible.
- Avoid busy times.
- Go to a familiar restaurant where you know the menu.
- Request a booth or table where you can sit across from others but face a wall; this can reduce distractions in the restaurant.
- Mentally rehearse what you want to order.
- Have family or friends help you order.
- Consider using picture cards if you have problems ordering.
- Bring a card that says “I have aphasia” and show it to the restaurant staff.

Visit the following website to get the “I have aphasia” cards or for more information on companies that offer photo cards:

- www.aphasia.org/aphasiaaddresources.php#speech
What Can Help

- If you wear dentures, see your dentist to check how they fit. Loose dentures can interfere with chewing and swallowing. Dentures that don’t fit well can also cause you pain, which can kill your appetite. Medicines, mouth dryness and other medical changes can affect denture fit. Have your dentist check them at least once a year.

- Nutrition drinks and liquid supplements, such as Ensure®, can be used to supplement your diet if you are not getting enough nutrients due to eating problems.

- If you’re diabetic, be aware that a stroke can change your ability to eat the same foods or give yourself insulin shots. Talk to your doctor about how to manage your diabetes given your changes.

- Medical conditions such as high blood pressure or bladder and bowel problems require changes in your diet.


- Contact your local stroke association.

- Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas for eating healthy.
Eating is important to your health. After stroke, small changes can make a big difference.

Professionals Who Can Help

✓ A dietician or nutritionist
✓ Speech and language therapist – to find one in your area call the American Speech-Language-Hearing Association at (800) 638-8255.
✓ Dentist
✓ A general physician or doctor, for diet recommendations or referrals.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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www.stroke.org
Recovery After Stroke: Coping with Emotions

Dealing with a flood of emotions can be hard for stroke survivors. Some emotions are normal responses to the changes in your life after stroke. Others are common but should not be considered a normal part of stroke recovery. If you suffer from depression, anxiety or emotions that are not in line with the occasion, seek help.

Dealing with Depression

Grieving for what you have lost is good for you. But when sadness turns to depression, it’s time to act. Depression can take hold right after a stroke, during rehabilitation (rehab) or after you go home. It can be – but not always – caused by brain damage from the stroke. Mild or major, it is the most common emotional problem faced by survivors.

Depression symptoms include:

- Feeling sad or “empty” most of the time
- Loss of interest or pleasure in ordinary activities
- Fatigue or feeling “slowed down”
- Sudden trouble sleeping or oversleeping
- Sudden loss of appetite or weight gain
- Being unable to concentrate, remember or make decisions like you used to
- Feeling worthless or helpless
- Feelings of guilt
- Ongoing thoughts of death or suicide, suicide planning or attempts
- A sudden change in how easily you are annoyed
- Crying all the time

Some useful tips:

- Make the most of rehab; the more you recover, the better you will feel
- Spend time with family and friends
- Maintain your quality of life by staying active and doing things you enjoy
- Seek help soon after you note symptoms
Your treatment may include counseling, medicine or both.

**Having Extreme Anxiety**

Anxiety is an overwhelming sense of worry or fear. It can include increased sweating or heart rate. Among stroke survivors, feelings of anxiety are common. Often, stroke survivors suffer from both depression and anxiety at the same time.

Anxiety can affect rehab progress, daily living, relationships and quality of life. So, be sure to seek help right away.

Anxiety symptoms include:

- Ongoing worrying, fear, restlessness and irritability that don’t seem to let up
- Low energy
- Poor concentration
- Muscle tension
- Feeling panicky and out of breath
- Scary rapid heart beat
- Shaking
- Headache
- Feeling sick to your stomach

Again, treatment may include counseling, medicine or both.

**Uncontrolled Emotions**

Do you find yourself laughing or crying at all the wrong times? If so, you may suffer from Pseudobulbar Affect (PBA). Also called emotional incontinence or pathologic lability, PBA is a common medical problem among stroke survivors. It can cause you to laugh at a funeral or cry at a comedy club. It can even make you cry uncontrollably for little or no reason. For this, it is often confused with depression. But, **PBA is not depression.**

People with PBA are unable to control their emotional expressions the way they used to. When this happens in social settings, they feel embarrassed, frustrated and angry. They also sense that others are uneasy. They may avoid work, public places and family get-togethers. This can lead to feelings of fear, shame and isolation.

There is no treatment approved by the Federal Drug Administration (FDA) for PBA, though antidepressant drugs can help.

These things may help you cope with PBA:

- Be open about it. Warn people that you cannot always control your
emotions. Explain that the emotions you show on the outside don’t always reflect how you feel on the inside.

- Distract yourself. If you feel an outburst coming on, focus on something boring or unrelated. Try counting the number of items on a shelf.
- Note the posture you take when crying. When you think you are about to cry, change your posture.
- Breathe in and out slowly until you are in control.
- Relax your forehead, shoulders and other muscles that tense up when crying.

What Can Help

- Ask your doctor about emotional changes and symptoms early on.
- Ask your family to stimulate your interest in people and social activities.
- Stay as active as possible and stay involved in your hobbies.
- Set goals and measure accomplishment.
- Plan daily activities to provide structure and sense of purpose.
- Stay involved with people, thoughts and activities that you enjoy.
- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to help you manage your emotions.
- Speak openly and honestly to your caregivers about your emotional changes. They’ll be glad you did, and together you can work out a solution.

Professionals Who Can Help

- Psychologists, psychiatrists and other mental health professionals experienced with stroke-related emotional disorders.
Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Managing Fatigue

Feeling tired is a common complaint after a stroke. About 30-70% of survivors suffer from fatigue. It can be frustrating and can slow down recovery. It can even affect those who are doing well after stroke.

Fatigue and Health Issues
Stroke-related health issues can really sap your strength or energy. Examples include:

- Heart disease
- Infections caused by not being able to move (such as pneumonia)
- Problems with your bladder or bowel movements
- Weight loss caused by changes in eating habits, poor appetite, or swallowing trouble
- Depression or extreme sadness
- Chronic pain
- Muscle weakness or paralysis

Medicines and other treatments may help. They can improve problems with depression or pain, which may increase your energy level. But, some drugs that treat stroke-related issues can have side effects that leave you feeling tired and worn out. Ask your doctor to explain the side effects of any drugs.

Rev Up with Rehabilitation
Tasks that once were simple – sitting up, standing and walking – now require more physical and mental effort. Doing these things can tire you.

Working with a physical therapist (PT) or an occupational therapist (OT) may help. They can teach you:

- Ways to conserve energy
- Exercises to build stamina
- How to move more efficiently

Through rehab, you relearn basic skills such as talking, eating, dressing and walking. You also improve your strength, flexibility and endurance. As you regain some of your independence, you
may also regain some of your energy.

As your physical condition and health issues improve, fatigue will be less of a problem.

### What Can Help

- Ask your doctor and therapists how to keep or regain your energy.
- Know that fatigue is a genuine symptom after stroke; you will tire more easily.
- Don’t overdo it. Plan rest time.
- Find out what exercises, foods or habits can help restore your strength.
- Try not to spend too much time in bed. Lots of bed rest can result in loss of muscle strength.
- The sudden change in blood pressure when you stand up can make you dizzy. Be sure to stand up or get out of bed slowly.
- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to help you manage fatigue.
- Speak openly and honestly with your caregivers about your fatigue. They’ll be glad you did, and together you can work out the best solution.

### Professionals Who Can Help

- A general physician or doctor.
- Physiatrist, a doctor who specializes in physical medicine and rehab.
- Occupational therapist, who helps stroke survivors manage daily tasks.
- Physical therapist, who treats problems with moving, balance and coordination.
Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

**Remember to ask your doctor, “Where am I on my stroke recovery journey?”**

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Recovery After Stroke: Health Insurance

Stroke recovery can require lots of time and medical attention. Ideally, some of that medical care is covered by health insurance. Dealing with health insurance companies, however, can be a challenge. But, taking the time to understand the specific benefits of your health care plan will help you manage your stroke recovery.

Dealing with Insurance Companies

Rehab programs can be costly. So it is important to know what portion of the bill your health insurance will pay and what you will have to pay “out-of-pocket.” It is also good to know if you can choose any doctor you want. Some plans require that you choose a doctor or specialist in a particular “network.”

There are two main types of health plans: Indemnity plans and managed care plans.

Traditional “Indemnity Insurance”

This type of health insurance usually:

- Involves a deductible, or amount you must pay toward your medical expenses before the insurance company will pay anything at all on your behalf.
- Pays part of your expense (usually 80%), once your deductible is met.
- Pays only for “covered” services listed in material sent by the insurance company.
- Allows you the flexibility to go to any doctor or rehab facility you choose.
- Requires more paperwork than other plans because you have to fill out and submit claim forms to receive your insurance benefits.
- Involves higher payments by you.

Managed Care

Managed care plans provide complete health services at reduced prices for their members, who agree to use doctors and facilities that belong to their plan. Under managed care plans:

- All medical costs are covered except for a small co-payment that you have to pay each time
you are seen by a doctor or therapist.
- Your out-of-pocket expenses are often less.
- Your choice of providers, facilities and services is usually limited to those within the network of health care providers. If you see a doctor or therapist that is not in the network you may have to pay full price.

There are different kinds of managed care plans. The two most common are:

- Health maintenance organization (HMO). With an HMO, you usually have to get a referral from your doctor in order to see a specialist.
- Preferred provider organization (PPO). With a PPO, no referrals are necessary. You can go to any specialist in the network or pay more to go to a specialist that is not in the network.

**Settings and Services**

Stroke recovery may require extensive rehabilitation. This may include many services in different settings. Check with your health insurance company to make sure you are covered under the following settings and services.

- **acute care (inpatient) and rehab hospitals** – provide 24-hour medical care and a full range of rehab services in a hospital setting.
- **sub-acute facilities** – provide daily nursing care and a fairly wide range of rehab services.
- **long-term care facilities or “skilled nursing homes”** – provide rehab services several times per week to long-term and short-term residents.
- **outpatient facilities** – provide a wide range of rehab services for people who live at home and can come to the center for treatment several times a week.
- **home health agencies** – provide rehab services to stroke survivors in their own homes.

It is important to remember that there are inpatient and outpatient settings and services.

Inpatient services are those that are given to hospital residents who get treatments while they are staying in the hospital. Outpatient services are those given to patients who live in their own homes. These patients come into an office to see a doctor or therapist. Insurance companies
sometimes pay different rates/benefits for these two types of services.

**Key Questions on Coverage**

Figuring out what your insurance plan pays for requires that you ask a lot of questions. Examples include:

- Does the plan cover rehabilitation services? Which services?
- Does the plan require me to pay more for rehab services than for regular doctor visits?
- Are my doctors and facilities in the provider network?
- Does the plan require my primary care doctor to give me a referral to see a specialist?
- Does the plan provide coverage for prescription drugs?
- What medical equipment is covered by the plan (power wheelchair, adaptive equipment, braces, equipment to continue therapy at home)? How much of the equipment cost is paid by health insurance? How much do I pay?
- Does the plan limit the number of days for rehab program visits (either inpatient days in a facility or outpatient days/doctor visits, or combined)?
- If days are limited, are they renewed from year to year?
- Does the plan limit coverage, or require special referrals for treatment of a pre-existing condition or a repeat experience, such as a stroke?
- Does the plan require me to have speech therapy in order to receive occupational therapy (help with performing daily activities)?
- Does the plan cover outpatient speech therapy?
- Does the plan limit the dollar amount it will pay for a particular setting or service?
- Can the plan suddenly remove my doctor or therapist from the network, leaving me without coverage to continue with them? Can the plan decide I will no longer be covered? In either situation, how much advance notice would I receive?
- What are the procedures to appeal a decision made by the health insurance plan? Does the insurance company or an independent reviewer handle an appeal?
- Does the plan exclude “cognitive therapy” (a form of treatment used to change
patterns of thinking, such as depression)?

- What type of home care is covered? What do I pay for home care?

**Disability Benefits**

If you are working in a place where you are covered by the Family Medical Leave Act (FMLA), you must apply as soon as possible. For one, FMLA will protect your job. Also, you often have to apply for FMLA before you can apply for short-term and long-term disability from an employer-sponsored plan.

It is important that you apply for disability benefits shortly after your stroke. These benefits can assist you financially until you are able to go back to work.

There are several types of disability benefits that may apply to you, including private disability insurance or government disability benefits. Private disability insurance benefits are provided by an employer or through a disability insurance plan you purchased on your own. If you have private disability insurance, take these steps to apply:

- If your disability insurance is through your employer, contact human resources to assist you in applying for benefits.
- Check with your employer to see if you will have to pay taxes on the money received.
- If you have your own disability insurance policy, call your insurance agent to help you apply for benefits.
- Not all disability plans are the same. Some will pay if you cannot do your current job. Others will only pay if you cannot do any job at all. Check to see which applies to your situation.
- Check your life insurance policies because they may pay your premiums while you are disabled.

**Government Disability Benefits**

The Social Security Administration (SSA) has two programs that provide money to people who are disabled and unable to work.

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

You can learn more about Social Security programs on the web at [www.ssa.gov](http://www.ssa.gov) or by calling (800) 772-1213. There are a few things to consider:
• If you are already retired and receive a Social Security benefit, you will not be eligible to receive additional benefits.
• SSA’s definition of disability is a physical or mental condition that lasts for at least 12 months and keeps you from working.
• Apply for benefits even if you plan to go back to work.
• You will need to describe to them the impact the stroke has had on you physically – they need to know why you can’t work.

Because of the time needed to process the paperwork, be sure to contact them as soon as possible. Also, make and keep copies of all the documents you send to them and letters they have sent to you. Keep track of the names of all the people you talked to, dates and what they told you.

Changes in Your Abilities

After stroke, what you are able to do may change many times. For example, you may start walking after years of using a wheelchair. Or you may regain sensation in an arm or leg. You may even lose the ability to do something that you once could do. Changes may happen shortly after stroke or take place years later.

Either way, they generally require new rehab treatments.

Under Medicare and many private health plans, you are entitled to “re-enter” the system at any time if you experience a change in your abilities. This means that you can re-apply for added rehab benefits based on the change.

What Can Help

Every health insurance plan has coverage limitations. But you may have options for getting the rehab services you need.

• Try contacting the “exceptions” department of your health plan.
• Ask to work with a case manager for chronic or catastrophic illness.
• Seek help from your employer in dealing with the plan.
• Trade inpatient rehab days for outpatient days. Some plans have short inpatient coverage but longer home care/outpatient coverage.
• File an appeal if you feel you are being denied payment or a medical service to which you are entitled.
• If you need help talking to your insurance company about your health care and recovery, consider contacting resources...

www.stroke.org
in your community, including vocational rehabilitation services, aging agencies, disability law/elder law projects and the Social Security Administration Office of Disability (http://www.ssa.gov/disability).

- For more information on Medicare coverage for stroke rehab, call (800) MEDICARE or visit www.medicare.gov
- For information on your specific private health insurance plan, contact your insurance company or your employer’s benefits administrator.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Managing Life at Home

Managing life at home is an important part of stroke recovery. Whether your “home” is a house, apartment, assisted living facility or retirement home, you still want some independence in your everyday activities.

Stroke affects each survivor differently. To live well after stroke, you may need to make some changes in your home and daily routine. A few simple changes can help you keep up your energy level for therapy and the activities you enjoy.

Preparing to Go Home

Ask your doctor to arrange a home visit by an occupational therapist (OT), who is trained to help you manage daily activities and regain your independence.

- The OT will check your home and may suggest simple changes to make everyday living easier.
- Arrange for changes to be finished before you return home.

The OT may suggest some of the following:

- Change areas of your home to allow for a wheelchair (front door, bathrooms, or areas where you spend time).
- Move extra furniture out of the way to make room for a wheelchair or for walking with a walker or cane.
- Add or adjust lighting throughout your home to decrease glare and help you see better in low-lit areas.
- Obtain and use equipment to make getting into and out of the shower or bathtub easier.
- Keep telephones or call devices within easy reach.

Also talk to your OT about your everyday activities before you return home.

- Make a safety checklist of different situations and possible solutions.
- You may want to make a short home visit with the OT before you leave the

www.stroke.org
hospital – if allowed by your health insurance company. This will help you find out what changes are needed and give you time to arrange for them to be made before you go home.

**Staying Safe and Connected**

- Write out emergency phone numbers in large print on index cards and keep them in handy locations all over your home.
- Arrange for people to check in with you regularly.
- Accept help with household chores such as cleaning, meals and errands. Allow family and friends to drive you places.
- Allow loved ones to support your recovery goals by going to therapy with you, helping with exercises, and playing cards or doing puzzles together.
- Encourage your friends and family to visit or call when they can.
- Plan outings with your friends when you are ready. They will be eager to see you and to celebrate your recovery.

**Getting Around Safely**

Forty percent (40%) of stroke survivors suffer serious falls within a year after their strokes. The following tips may help you avoid falling in your home:

- Move extra furniture out of the way, either to corners or another room.
- Clear paths to the kitchen, bedroom and bathroom.
- Move electrical cords out of pathways.
- Wear non-skid shoes and avoid slick surfaces.
- Remove loose carpets and runners in hallways and stairwells or fasten them with non-skid tape to improve traction.
- Replace thick carpeting with lower pile carpeting to make wheelchair or walker movement easier.
- Install handrails for support in going up and down stairs. Check to make sure they’re securely fastened to the wall.
- Consider stair glides, stair lifts and platform lifts if you need to use the stairs many times during the day.
Cleaning Up

To make cleaning and other household chores easier:

- Use simple cleaning products such as disposable wipes and mop heads.
- Choose one multipurpose cleaning solution for most of your cleaning.
- Use smaller, lightweight containers, wheeled push carts and cleaning tools with long handles or extensions.
- Work on small areas.
- Take frequent breaks.
- Let your friends, family, neighbors, or even a maid or cleaning service do some of the work for you.
- Consider a home health aide to help you with daily chores.

Doing Laundry

Doing laundry will be less challenging if you make a few simple changes.

- Move laundry machines to a place where you can easily get to them.
- Stackable, front-loading machines may be easier to reach and take up less space.
- Use easy-to-reach, labeled detergents and laundry supplies.
- Have easy-to-read markings for wash settings.
- Use a nearby table or cart at the right height for you to sort and fold clothes.
- Use an ironing board that folds down from the wall.

Using The Bathroom

Bathrooms are usually tight places and can pose challenges. To make bathing both simple and safe, consider the following:

- Sturdy hand rails
- Grab bars in the tub or shower
- Non-slip flooring strips installed inside and outside of the tub
- Bath tub benches and toilet chairs
- Easy-to-use water control knobs with easily seen settings or long-handled levers.
- An adjustable or handheld showerhead.
- Bathing supplies that are easy to reach and use.

To make toileting safer:

- Use a cane, walker, wheelchair or grab bars to
stabilize and balance yourself whenever you get on or off the toilet.

- Install a raised toilet seat or toilet seat riser to reduce the distance and difficulty in sitting down and getting up.
- Try a three-in-one commode chair with a raised seat, grab bars and a removable bucket. It can be kept near a bed or chair or used over an existing toilet with the bucket removed.
- Use disposable underpants.
- Keep a change of clothing handy in the bathroom for the unexpected.

Some bathroom sinks can be tough to use and hard to access. Faucets can be hard to turn and bathroom products hard to use. To make your time at the sink easier, think about getting some of these products:

- A one-piece faucet that has lever handles or long extensions, allowing you to turn water on and off with a fist or arm movement.
- A cut-out or roll-under sink, which allows room for your legs underneath the sink while you are sitting down – especially useful if you are in a wheelchair or are seated while washing.
- Squeeze bottles and soap pumps, which may be easier to use than original containers.
- Suction pads to hold grooming tools or bottles in place on a counter, requiring just one hand to pick up or use.
- A flip-top toothpaste tube.
- A toothbrush with a larger handle.
- An electric razor (if you shave), which may be simpler and safer to handle than a regular razor.

Ask your occupational therapist and/or physical therapist for more tips.

**Making the Bedroom Safe and Comfortable**

Your bedroom is a place where you should feel safe and comfortable and have a sense of privacy.

To make it safer:

- Make sure that help is easily and quickly within reach via telephone.
- Have a light switch near your bed.
• Move and reorganize clothes and personal items to make them easier to access. This may involve putting the clothes you wear most often in a place where you can easily reach them, lowering closet rods or shelves and replacing drawer handles with ones that you can easily open.
• Use a nightlight and clear a path for easy access to the toilet at night.
• To avoid accidents at night, keep a commode chair near the bed.
• Since some accidents are unavoidable, consider placing disposable “blue pads” underneath your sheets. With cloth on one side and waterproof material on the other, blue pads can prevent bed staining. Some blue pads are disposable and others are washable and reusable.

Getting Dressed
To make dressing yourself easier:
• Avoid tight-fitting sleeves, armholes, pant legs and waistlines.
• Select clothes with fasteners in the front.

• Replace buttons, zippers and laces with Velcro fasteners.
• Speak with other stroke survivors for ideas and resources.
• Try out dressing aids (things that make dressing easier) and adaptable clothing. You can find them on Internet sites and at health supply stores.

Check out the following websites for adaptable clothing:
✓ http://www.makoa.org/clothing.htm
✓ http://www.professionalfit.com/

Taking Care in the Kitchen
To get back into your own kitchen, you may need to adjust to a small space where things can be hard to reach.

And if you have less sensitivity in your hands and arms, you must learn how to manage many sharp or hot objects that pose serious dangers in the kitchen.

To work independently and accident-free in the kitchen, plan ahead for cooking tasks.

• Consider the control buttons you use to turn your stove on and off and change the
temperature from low to high. Controls at the front of the stove are easier and safer to use than the traditional back-of-the-stove controls. Also, push-button controls typically are easier to use than those that turn.

- Automatic shut-off controls can be installed for safety.
- Consider an over-the-stove mirror to help you see stovetop contents if cooking while seated.
- Keep a clear space near the stove where you can place a hot pot or pan quickly.
- Make sure you have oven mitts on hand.
- Keep a fire extinguisher nearby.
- The kitchen table should be at the right height for a wheelchair or for a chair with arms that supports your posture.

What Can Help

- Ask your doctors and therapists to help you solve everyday living issues.
- New resources, equipment and therapies are available each year. Take advantage of them to improve your quality of life.
- Continue to set new goals for your stroke recovery.
- Be creative.
- Contact your local stroke association.
- Subscribe to Stroke Smart magazine at www.stroke.org to view the latest gears and gadgets to assist you. It’s free!
- Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas for managing life at home.
- Speak honestly with your family and caregivers about your home living needs. They’ll be glad you did, and, together, you can often work out the best solution.
- Check out many helpful products at:
  http://www.familyvillage.wisc.edu/at/adaptive-devices.html

www.stroke.org
Professionals Who Can Help

- Occupational therapist, who helps stroke survivors manage daily activities.
- Physical therapist, who assess problems with moving, balance and coordination.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Movement And Balance

Moving around safely and easily may not be something you think about, unless you’ve had a stroke. Many stroke survivors have trouble moving around. These problems range from balance issues to arm or leg paralysis. As a result, about 40 percent of stroke survivors have serious falls within a year of their strokes. But, there is good news. Rehab and therapy may improve your balance and ability to move.

Movement

The most common physical effect of stroke is muscle weakness and having less control of an affected arm or leg. Survivors often work with therapists to restore strength and control through exercise programs. They also learn skills to deal with the loss of certain body movements.

Paralysis and Spasticity

Paralysis is the inability of a muscle or group of muscles to move on their own. After stroke, signals from the brain to the muscles often don’t work right. This is due to stroke damage to the brain. This damage can cause an arm or leg to become paralyzed and/or to develop spasticity.

Spasticity is a condition where muscles are stiff and resist being stretched. It can be found in the arms, fingers or legs.

Depending on where it occurs, it can result in an arm being pressed against the chest, a stiff knee or a pointed foot that interferes with walking. It can also be accompanied by painful muscle spasms.

Treatment for spasticity is often a combination of therapy and medicines.

- Spasticity treatment often includes range-of-motion exercises, gentle stretching, and splinting or casting.
- Medicine can treat the general effects of spasticity and act on multiple muscle groups in the body.
- Injections or shots of botulinum toxin (BOTOX® or MYOBLOC®) or phenol relax stiff muscles by blocking the nerve activity that makes them tight. The shots target only the affected muscle groups. A single shot can relax muscles
for three months or more. It can also improve some activities of daily living.

- A treatment option for severe spasticity is ITB™ Therapy. This involves the delivery of the drug baclofen directly into the spinal fluid. A pump is surgically placed under the skin near the abdomen. The pump delivers constant doses of the drug.
- Surgery is the last option to treat spasticity. Surgery can be done on the brain or the muscles and joints. Surgery may block pain and restore some movement.

**Safety at Home**

There are devices you can add to your home to help you move around easily and safely. Some examples include:

- grab bars
- ramps
- raised toilet seats
- tub benches
- hand-held shower heads
- plastic strips that adhere to the bottom of your tub or shower
- electric toothbrushes and razors

**Movement Aids**

Braces, canes, walkers and wheelchairs may help you move more freely. A physical therapist or orthotist can suggest the best device for your needs. An orthotist makes mechanical devices such as leg braces or splints to help support limb function (orthotics). Of course, training in safety and proper use of orthotics is needed.

**Balance**

Balance is the body’s ability to remain upright. Many stroke survivors have problems with balance. Some have a “static balance problem,” which is trouble balancing when standing still. Others have a “dynamic balance problem,” which is trouble maintaining balance while reaching, walking or turning.

The body uses different systems to stay balanced. First, the sensory system informs the central nervous system about the body’s position in space. Then the central nervous system interprets that information. Next, the central nervous system quickly signals certain muscles to respond when balance is disturbed.

Finally, the body must be strong enough to carry out the response. A stroke can impact any of these systems.

- **Problems with Sensory Messages** - Sensory information is provided from vision, feelings in the legs and feet, and the inner ear. For example, if stroke affects your
vision, you may see double, lose your depth perception, or have trouble orienting yourself.

- **Problems Interpreting the Messages** - In some cases, stroke survivors receive sensory information as normal. But the nervous system cannot interpret that information correctly. For example, a flat surface may appear to tilt upward or an object may seem closer than it actually is.

- **Problems Responding to Messages** - When the central nervous system notices a threat to balance, it signals muscles to respond quickly and in a particular order. Stroke often affects how quickly and effectively you respond.

- **Problems with Strength** - Most stroke survivors have balance problems because one side of their body is weaker than the other. In some cases, the leg may not have enough muscle strength to provide support.

### Treatment of Balance Problems

There are many types of balance problems, but treatment is available.

For balance problems due to weakness, therapy may combine braces and exercises to strengthen the legs. This can include weight-shifting in a standing position, balancing while reaching for an object, or kicking a ball.

Balance problems due to sensory loss require other therapies.

People with damage to the inner-ear sensory system may have dizziness or a spinning sensation (vertigo). Staring at an object while moving your head in different directions may reduce symptoms.

In other cases, survivors with damage to one sensory function can learn to rely more heavily on other areas. For example, people with sensory loss in their feet may learn to use their vision to maintain balance.

### What Can Help

- Get information on stroke recovery from National Stroke Association. Visit [www.stroke.org](http://www.stroke.org) to read the most up-to-date news you can use, or call 1-800-STROKES (1-800-787-6537).

- Subscribe to Stroke Smart magazine at [www.stroke.org](http://www.stroke.org) to view the latest gears and gadgets to assist you. It’s free!

- Contact your local stroke association.

- Join a stroke support group. Other survivors will understand and offer encouragement and ideas for dealing with memory loss.
Professionals Who Can Help

- A general physician or doctor
- Your neurologist or physiatrist
- An orthotist can make you a mechanical device such as a leg brace or splint that will help support limb function
- Physical therapist and occupational therapists
- National Stroke Association at www.stroke.org or call (800) 787-6537.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Dealing with Pain

Some survivors have to deal with pain caused by their strokes. In most people, pain is a sign that the body is being harmed in some way. With stroke, that is not always the case. Sometimes stroke damage to the brain can make even normal touch feel painful. In other cases, pain is felt as a result of muscle tightness or weakness.

You may experience one type of pain or several kinds. The key is to figure out what is causing the pain so that you can treat it.

Types of Pain After Stroke

Pain after stroke can be:

- mild, moderate or severe.
- constant or on-and-off.
- on part or all of the side of your body affected by the stroke.
- felt in your face, arm, leg or torso (trunk).
- aching, burning, sharp, stabbing or itching.

Local pain after stroke is felt in the joints. Often, it comes from the unusual positioning of a joint due to spasticity, a muscle tightness or stiffness common to stroke survivors. Mostly it is seen in the shoulder.

Central pain is constant, moderate or severe, and worsened by touch, movement, emotions and changes in temperature.

The pain tends to be felt in one part of the body, usually an arm or a leg. It is always on the side of the body affected by the stroke. You may not feel central pain in your body until weeks or months after a stroke.

Central pain is produced within the brain as a result of the stroke. It does not stem from damaged nerve endings. Rather, the body sends normal messages to the brain in response to touch, warmth, cold and other stimuli. But, the brain does not understand these signals correctly. Instead, it registers even slight sensations in the skin as painful.
Stroke survivors with central pain may:

- feel nothing when a sharp pin, warmth or cold is applied to their skin.
- experience normal touch as unpleasant and painful.
- feel more pain with emotional stress, cold or movement.

Chronic central pain can cause you to:

- stop using the parts of your body where you feel pain.
- allow muscles to weaken.
- misuse drugs, suffer from depression, and increase dependency on family members.

Treating Your Pain

To find relief, you need to figure out the source of your pain. Pay attention to when it occurs and in what part of your body. Note whether it seems to be caused by something or someone touching you. Report your symptoms to your doctor. Together, you can determine the best treatment.

Some fairly simple solutions you can try at home include:

- Avoid things that can cause pain, such as hot baths, tight or easily bunched clothing, and pressure on the side of your body affected by the stroke.
- Position or splint weakened or paralyzed arms or legs to reduce discomfort.
- Use heat packs or simple exercises prescribed by your physical therapist.
- While sitting or lying down, support your paralyzed arm on an armrest or pillow to relieve shoulder pain from the arm's weight.
- Support your weakened or paralyzed arm with a sling while walking to reduce shoulder pain.

Standard treatments to control chronic pain have limited success in stroke survivors. Over-the-counter pain medicines – aspirin, acetaminophen (Tylenol®), ibuprofen (Advil®) – have not been effective in relieving stroke-related pain. Nor have prescription pain relief drugs. Surgery has not provided much relief, although research continues in this area.

However, these treatments may help:

- Antidepressant, anti-seizure and anti-spasticity drugs.
- Treatment with a physical therapist.
- Injections of cortisone (steroid shots).
• Heat and stretching exercises (for shoulder pain).
• Electrical nerve stimulation, or the application of electrical currents to the skin, may stimulate nerves and muscle fibers and improve muscle tone and strength. This may reduce pain.

Luckily, some stroke survivors with chronic pain have spontaneous remission. That is, one day the pain just goes away.

What Can Help

• Ask your doctor about the best treatments for your symptoms.
• Focus on thoughts or activities that you enjoy. You can still be active, productive and have a good quality of life.
• Get information on stroke recovery from National Stroke Association. Visit www.stroke.org or call 1-800-STROKES (1-800-787-6537).
• Contact your local stroke association.
• Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas for pain relief.
• Try relaxation, meditation or hypnosis to manage your pain.
• Don’t let pain keep you from being active. Not using your muscles can lead to muscle spasms and/or loss of muscle.
• Depression is common among those who suffer from chronic pain. Seek help if you are depressed. Counseling and/or antidepressant medicine can help.
• Speak honestly with your caregivers about your pain issues. They’ll be glad you did, and, together, you can often work out the best solution.

Professionals Who Can Help

• A general physician or doctor.
• Neurologist – specializes in prevention, diagnosis and treatment of stroke and other diseases of the brain and spinal cord.
• Physiatrist – specializes in rehabilitation following injuries, accidents or illness.
• Physical therapist – figures out and treats problems with movement, balance and coordination.
• Psychologist – specializes in the study of the mind and behavior.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Personality And Behavior Changes

Changes in emotions, feelings and behavior are very common after a stroke. Your brain has been injured, and personality and behavior changes can be a reflection of the damage. Understanding and dealing with these emotional issues are as important as facing physical challenges during recovery.

Depression

Sadness and depression are common feelings after a stroke, but they should not be considered a “normal” part of recovery. Depression can prevent you from moving forward in your recovery process.

- Be familiar with the warning signs of depression. People who are depressed often talk about feeling worthless and tired. They may have changes in their appetite and weight, lose enjoyment in usual activities, and attempt or talk of suicide.
- If you suffer from depression, get help from professional counselors, stroke support groups, and/or family members.

Anger

Having a stroke can be an upsetting, life-changing experience. So it’s not surprising to learn that many stroke survivors have feelings of anger and selfishness after their stroke. Not everyone who feels this way deals with it the same. You may talk about or act out your anger. Or you may shut down your emotions and not share your feelings with your loved ones. You may not really even be angry with others. It’s important to remember that this behavior is a result of the brain injury.

- Swearing, refusal, boasting, or aggressive behavior are problems for nearly one in five stroke survivors.
- In a study of stroke survivors who didn’t have a history of depression, almost one third were unable to control their
anger or aggression after the stroke. Researchers believe the behavior is more a result of brain injury than of post-stroke depression.

**Mood Swings / Uncontrolled Emotions**

You may have rapid mood swings or outbursts of uncontrolled or exaggerated emotion. This is known as emotional labiality or psuedobulbar affect (PBA). If you have PBA, the emotions you show are not related or are out of proportion to how you actually feel.

- PBA can cause impulsive, uncontrolled emotional reactions. You may burst into laughter or tears, for no obvious reason.
- The mood swings and uncontrolled emotions usually happen more often in the first few months after your stroke and then go away slowly over time.
- Although PBA is often confused with depression, it is not. It is key to know the symptoms of PBA and to not mistake them for depression or other psychiatric disorders.

**Impulsivity**

Behavioral changes vary depending on how serious the stroke was and where in the brain it took place. The right side of your brain controls emotions, how you communicate when you aren’t talking (non-verbal communication), and your sense of your own body position (spatial orientation). Damage to this part of the brain can cause many emotional issues, including an impulsive style that can be dangerous.

- Stroke survivors who have had strokes on the right side of their brain don’t always know how their brain is damaged. If you have had a right-brain injury, you may not know that you cannot do the things you could before the stroke. You may also experience short attention span, short-term memory loss and poor judgment.
- If you have an impulse, you may be unable to hold back from acting on a thought, such as rising from a wheelchair without checking to see if the brakes are locked.
• What may help:
  ✓ Try to maintain a safe environment
  ✓ Keep a day-to-day routine
  ✓ Have family members and caregivers monitor your activities
  ✓ Have family members and caregivers give orders in simple terms and repeat them often
  ✓ Have family members and caregivers point out the effects of the stroke.

Memory Problems/Confusion
Some stroke survivors act as if they remember things that in fact they do not remember. This is known medically as “confabulation” and should not be confused with intentional lying.

In most cases, the “confabulation” is the brain’s way to cope with memory loss caused by stroke damage. People who do this are confused.

• People who “confabulate” are not deliberately lying or trying to mislead. They are genuinely unaware that their memories are inaccurate.
• The problem sometimes disappears over time.

What Can I Do?
Dealing with the personality and behavioral changes that accompany stroke can be difficult for survivors, caregivers and family members, but help is available.

• Ask your doctor about the best treatments and medicines for you.
• Talk to a professional counselor if necessary.
• Get information on stroke recovery from National Stroke Association at www.stroke.org or call (800) 787-6537, or contact your local stroke association.
• Join a stroke survivor support group.
• Have your caregiver join a caregiver support group, if necessary.

Professionals Who Can Help
• Licensed mental health professional
• General physician or doctor
Rehabilitation is a lifetime commitment and an important part of recovering from your stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Recurrent Stroke

After stroke, survivors tend to focus on rehabilitation and recovery. But, preventing another (or recurring) stroke is also a key concern. Of the 750,000 Americans who have a stroke each year, 5 to 14 percent will have a second stroke within one year. Within five years, stroke will recur in 24 percent of women and 42 percent of men.

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<td>30-Day</td>
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<tr>
<td>5% to 14%</td>
<td>1-Year</td>
</tr>
<tr>
<td>25% to 40%</td>
<td>5-Year</td>
</tr>
</tbody>
</table>

Stroke prevention is also crucial for those who have had transient ischemic attacks (TIAs) or mini-strokes. TIAs are brief episodes of stroke-like symptoms that last from a few minutes to 24 hours. TIAs usually don’t cause permanent damage or disability. But, they can be a serious warning sign of an impending stroke. Up to one third of people who have a TIA are expected to have a stroke. Just like the first strokes, many recurrent strokes and TIAs can be prevented through lifestyle changes, surgery, medicine, or a mix of all three.

Your Lifestyle Choices

Everyone has some stroke risk. But, there are two types of stroke risk factors. One type you can’t control. The other you can.

Stroke risk factors you can’t change include:

- Being over age 55
- Being a man
- Being African American
- Someone in your family has had a stroke
- Having diabetes

Having one or more of these factors doesn’t mean you will have a stroke. By making simple lifestyle changes, you may be able to reduce the risk of a first or recurrent stroke.

These simple lifestyle changes can greatly reduce your chance of having a stroke:
Control your blood pressure
- Find out if you have atrial fibrillation (an irregular heartbeat which allows blood to pool in the heart and cause blood clots)
- Quit smoking
- Limit alcohol
- Monitor your cholesterol levels
- Manage your diabetes
- Exercise often
- Eat foods low in sodium (salt) and fat
- Monitor circulation problems with the help of your doctor

Monitor Your Blood Pressure

High blood pressure is one of the most important and easily controlled stroke risk factors. So it’s important to know your blood pressure range!

Blood pressure is given in two numbers, for example 120/80. The first number, the systolic blood pressure, is a measurement of the force your blood exerts on blood vessel walls as your heart pumps. The second, diastolic blood pressure, is the measurement of the force your blood exerts on blood vessel walls when your heart is at rest.

- For people over age 18, normal blood pressure is lower than 120/80. A blood pressure reading consistently 120/80 to 139/89 is pre-hypertension. If yours falls in this range, you are more likely to progress to high blood pressure. Also called hypertension, high blood pressure is a reading of 140/90 or higher.
- Have your blood pressure checked at least once each year — more often if you have high blood pressure, have had a heart attack or stroke, are diabetic, have kidney disease, have high cholesterol or are overweight. If you are at risk for high blood pressure, ask your doctor how to manage it more aggressively.

Often blood pressure can be controlled through diet and exercise. Even light exercise — a brisk walk, bicycle ride, swim or yard work — can make a difference. Adults should do some form of moderate physical activity for at least 30 minutes five or more days per week, according to the Centers for Disease Control and Prevention. Regular exercise may reduce your risk of stroke. Before you start an exercise program, check with your doctor.
Your Blood Pressure is High

What do you do if you still have high blood pressure, even though you have made an effort to eat healthy foods and exercise? Then it’s time to talk to your doctor.

A doctor can advise you about better lifestyle choices. Medicine may also be needed.

Many drugs can help treat high blood pressure. The most common are calcium channel blockers or ACE-inhibitors. You may have to try several different drugs before you find one that works for you. This is common. So, try not to be discouraged if it happens. Once you find a drug that works, take it as directed and exactly as prescribed, even when you feel fine.

Medicines

Medicine may help reduce stroke risk. In addition to those that treat high blood pressure, drugs are also available to control high cholesterol and treat heart disease. There are also drugs that can interfere with the blood’s tendency to form potential stroke-causing blood clots.

Heart Disease

Many forms of heart disease can increase your stroke risk. One form — known as atrial fibrillation or AF — causes blood to form clots that can travel to the brain and cause a stroke. AF is an irregular heartbeat.

Warfarin (Coumadin®) and aspirin are often prescribed to treat AF. People taking warfarin should be monitored carefully by a doctor. Also, people taking this drug should limit foods rich in vitamin K, which in large quantities may offset the drug’s effects. Examples of these foods include green leafy vegetables, alfalfa, egg yolks, soy bean oil and fish livers.

High Cholesterol

High levels of cholesterol may also increase stroke risk by not letting blood move freely through the arteries. Cholesterol build-up can break off. This can cause a clot to form or a stroke to occur. A few drugs, such as statins, may help lower cholesterol. Some statins have helped reduce the risk of stroke or TIA in people who have had a heart attack. They have even helped some with average or only slightly high cholesterol.
Blood Clotting

There are also a few drugs that can prevent clots, helping reduce risk of a second stroke.

Aspirin is the least costly and longest lasting of these drugs. A newer, more effective option is a combination of aspirin and extended-release dipyridamole, called Aggrenox®. Or, your doctor might choose to treat you with Clopidogrel (Plavix®). Warfarin is often prescribed to prevent clots from forming in those with atrial fibrillation.

Surgical Options

For those whose first stroke was caused by a blockage in the carotid arteries (vessels that carry blood from the heart to the brain), surgery known as carotid endarterectomy may help reduce risk of another stroke.

During surgery, blockages and build-up in the arteries are removed to restore the free flow of blood. Your doctor is the best judge to decide if this is a good option for you.

Compliance is Critical

The key to preventing recurrent stroke is simple: follow your doctor’s suggestions about diet, exercise and weight loss, and take any medicine as directed. Your doctor will decide what’s best for you based on your general health and your medical history. By understanding the basis for these decisions, you’ll be better able to follow the suggestions and make informed choices that will help reduce your risk of stroke.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Redefining Sexuality

Part of getting back into a normal routine involves resuming a healthy sex life. The need to love and be loved, and to have the physical and mental release sex provides, is important. But, having sex after stroke can present problems or concerns for you and your partner. Stroke can change your body and how you feel. Both can affect sexuality.

Stroke survivors often report a decrease in sexual desire and how often they have sexual relations. Women report a strong decrease in vaginal lubrication and the ability to have an orgasm. Men often have weak or failed erections and ejaculations.

Communication Is Key

Talking about sex is hard for many people – more so if you are unable to understand or say words or if you have uncontrollable crying or laughing (a common problem after stroke). But it is critical to talk openly and honestly with your partner about your sexual needs, desires and concerns. And give your partner a chance to do the same.

Fear of having another stroke during sex is common. But it is unlikely that a stroke will occur during sexual activity. Again, talk to your partner about this. It may make both of you feel better. Counseling may also help.

Getting Started

- Start by re-introducing familiar activities such as kissing, touching and hugging.
- Create a calm, non-pressure environment where both of you will feel comfortable.

Depression, Medicines, Pain

It is common for stroke survivors and/or their partners to suffer from depression. When you are depressed, you tend to have less interest in sexual intimacy. The good news is that depression can be treated with medicines. The medicines may increase your interest in sexual activity but also may have side effects that interfere with your ability to enjoy sex.
The same can be said for anxiety, high blood pressure, spasticity (stiffness or uncontrolled jerking), sleeping problems and allergies. Problems in these areas can be treated by medicines. But, the medicines may decrease your ability to enjoy sex. If your ability to enjoy sex has decreased since your stroke, talk with your doctor about medicines that have fewer sexual side effects.

After stroke, many survivors have problems with pain. The pain can contribute to loss of sexual desire, impotence and the ability to have an orgasm. Talk to your doctor about ways to manage your pain.

**Incontinence and Impotence**

If you are having trouble with controlling your bladder or bowel, you may be afraid that you will have an accident while making love. One tip is to go to the bathroom – if you can – before having sex.

If you have a catheter (small, flexible tube) placed in your bladder or urethra, you can ask your doctor’s permission to remove it and put it back in afterwards. A woman with a catheter can tape it to one side. A man with a catheter can cover it with a lubricated condom (rubber). Using a lubricant or gel will make sex more comfortable. Other suggestions:

- Don’t drink liquids before sexual activity.
- Place plastic covering on the bed, or use an incontinence pad to help protect the bedding.
- Store cleaning supplies close in case of accidents.
- Avoid positions that put pressure on the bladder.

Impotence refers to problems that interfere with sexual intercourse, such as a lack of sexual desire, being unable to keep an erection, or trouble with ejaculation. Today, there are many options available to men with this problem. For most, the initial treatment is an oral medicine. If this doesn’t work, options include penile injections, penile implants or the use of vacuum devices. Men who are having problems with impotence should check with their doctors about corrective medicines. This is especially true if you have high blood pressure.
blood pressure or are at risk for a heart attack.

**Tips for Enjoying Sex**

- Communicate your feelings honestly and openly.
- If you have trouble talking, use touch to communicate. It is a very intimate way to express thoughts, needs and desires.
- After stroke, your body and appearance may have changed. Take time for you and your partner to get used to these changes.
- Maintain grooming and personal hygiene, to feel attractive not only for yourself but your partner.
- Explore your body for sexual sensations and areas of heightened sensitivity.
- Have intercourse when you are rested and relaxed and have enough time to enjoy each other.
- Try planning for sex in advance, so you can fully enjoy it.
- Be creative, flexible and open to change.
- The side of the body that lacks feeling or that causes you pain needs to be considered. Don’t be afraid to use gentle touch or massage in these areas.
- Use pillows to prop yourself up on one side. You can lie on that side or have your partner take the position on top.
- If you are not able to make thrusting motions, your partner may want to perform that part of intercourse.
- If intercourse is too hard, remember there are other pleasurable forms of lovemaking, including touching and caressing, hugging, massage, oral sex, self touching and using a vibrator.

**If Not in A Relationship**

If you are not in a relationship, you may be able to fulfill your needs and desires through masturbation (the act of self-stimulation). This is a perfectly normal activity. You should not feel shame or guilt about it.

This practice can help you focus on the touch that is most pleasing and comfortable to you. It allows you to go at your own pace to re-
familiarize yourself with your sexual needs. In fact, self-pleasuring can help you relax and become accepting of your feelings. You can focus on yourself and not worry about someone else.

**What Can Help**

- Ask your doctor about changes to expect when having sex and for advice on how to deal with them. Be sure to discuss when it is safe to have sex again.
- Focus on being loving, gentle and caring with each other. Be romantic with soft music and candlelight dinners.
- Speak honestly with your partner about your sexual changes. They’ll be glad you did, and, together, you can often work out the best solution.
- Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas.

**Professionals Who Can Help**

- A general physician or doctor.
- A urologist, who specializes in urinary functions as well as the male reproductive system and can help answer questions and provide solutions.
- A gynecologist, who specializes in the female reproductive system and sexual problems.
- A licensed counselor can help you or your partner talk about uncomfortable feelings about sex, the effects of stroke on the relationship/individual, or any other issues.

**More References**

**Resurrecting Sex: Solving Sexual Problems and Revolutionizing Your Relationship** by David
Schnarch, James W. Maddock, James Maddock

**The Art of Tantric Sex** by Nitya Lacroix and Mark Harwood

**Men, Women and Relationship: Making Peace With the Opposite Sex** by John Gray

**Dr. Ruth’s Sex after 50: Revving up the Romance, Passion and Excitement!** by: Ruth K. Westheimer, with Pierre A. Lehu

**Rekindling Desire: A Step-by-Step Program to Help Low-Sex and No-Sex Marriages** by Barry W. McCarthy and Emily J. McCarthy

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

**Remember to ask your doctor, “Where am I on my stroke recovery journey?”**

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Recovery After Stroke: Sleep Disorders

Getting a good night’s sleep is an important part of stroke recovery. And yet, sleep problems are common among stroke survivors. When these sleep problems go on for a long time, they are considered sleep disorders. Having a sleep disorder can be frustrating. It can make you tired and irritable. It can affect your health and quality of life. It can also pose serious dangers by increasing your risk for another stroke. The good news is that there are things you can do to get a good night’s sleep again. Your sleepless nights are numbered.

Sleep Disorders Caused by Breathing Problems

About two-thirds (2/3) of stroke survivors have sleep-disordered breathing (SDB). This type of sleep disorder is caused by abnormal breathing patterns. With SDB, your sleep is interrupted several times throughout the night. So, during the day you may be really sleepy or have trouble thinking or solving problems. SDB also poses dangerous health risks because it can increase blood pressure, heart stress and blood clotting.

There are several types of SDB. The most common is obstructive sleep apnea (OSA). With OSA, you may stop breathing for 10 seconds or more, many times during the night. You usually won’t have breathing problems during the day when you are awake.

Symptoms

There are several tell-tale signs that you have sleep-disordered breathing. Some are seen at night and others during the day.

Symptoms you might see at night include:

- loud snoring
- waking up frequently during the night, gasping for breath
- increased sweating
- shortness of breath
- insomnia, or being unable to fall asleep or remain asleep throughout the night
Sleeping problems at night can cause problems the next day, including:

- excessive daytime sleepiness
- memory or attention problems
- headaches
- fatigue (low energy level)
- irritability
- depression or extreme sadness

**Diagnosing a Sleep Disorder**

Most often, your bed partner is the first to notice the symptoms. Or you may notice them yourself. Either way, you should talk to your doctor if you think you may have a sleeping disorder. To officially diagnose the problem, your doctor may arrange a sleep test called a polysomnogram (PSG). This painless, all-night test will study your sleep patterns. It is typically done in a special sleep center.

**Treating Your Sleep Disorder**

Treatments vary, depending on whether your case is mild or more serious.

- You may be able to improve mild cases by losing weight, staying away from alcohol and avoiding sleep medicines.

- For mild to moderate cases, your doctor may prescribe a special dental appliance. Worn at night while you sleep (like a retainer), this tool can open up your airways and improve your breathing.

- In some cases, the problem is caused by your sleeping position and can be treated by keeping you from turning onto your back at night. This can be done by sewing an object such as a tennis ball to your pajamas, making it uncomfortable for you to turn over.

- The most successful treatment is usually continuous positive airway pressure (CPAP), a form of breathing assistance during sleep. CPAP uses air pressure to open up your airways. The CPAP machine is a little larger than an average toaster. It blows heated, humidified air through a short tube to a mask that you wear. The mask must fit snugly to prevent air from leaking. The CPAP machine is portable and can be taken on trips. People using CPAP report having higher energy levels, better thinking
abilities, and improved well being during the day. They also say they are less sleepy.

- Severe cases may require surgery.

Other Sleep Disorders

There are a few other sleep disorders commonly seen in stroke survivors.

- About 20-40% of survivors have “circadian disturbances” or sleep-wake cycle disorders (SWDs). With this sleep problem, your sleep schedule is no longer determined by day and night. Bright light therapy may help you get your sleep-wake schedule back on track.
- Another frequent sleeping problem after stroke is insomnia, or trouble falling asleep or staying asleep throughout the night. Treating this often-complex problem may involve behavioral or medical intervention.

Professionals Who Can Help

- A doctor or sleep medicine specialist
- Health psychologist or behavioral sleep medicine specialist
- Certified sleep center

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Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Social Support

Socializing with family and friends is an important part of stroke recovery. But as a stroke survivor, you may have trouble doing the very things that allow you to connect with other people – talking on the phone, understanding what people say, writing letters, taking walks, shopping, getting around or eating out. This can make you feel disconnected and alone at a time when you need more social support than ever before.

Feeling Good About Yourself

Having a stroke is a major setback. With all the changes in your life since the stroke, you may find it hard to feel good about yourself.

But, getting back your self-esteem is important. Self-esteem affects the way you do things for yourself and your willingness to do the things you like. The better you feel about yourself, the more you will do. And the more you do, the better you will feel.

Getting the Support You Need

Everyone needs support. And, stroke survivors are no exception. There are many ways to get the support you need.

A support group allows you to interact with other stroke survivors who know what you are going through. People in a support group can:

- Help you find ways to solve problems related to your stroke.

Some tips that may help:

- Make the most of your rehabilitation. Through rehab, you regain independence. And, doing things on your own again will make you want to reclaim your social life.
- Don’t be so hard on yourself. Recognize and celebrate any and all progress.
- Work towards a “new normal” instead of trying to do everything you used to do.
- Don’t overdo it. Allow time for rest.
• Share information about products that may help your recovery.
• Encourage you to try new things.
• Listen to your concerns and frustrations.
• Give you a chance to get out of the house.
• Give you a chance to share your story.
• Become your new friends.

Friends and family can also provide support. They can:

• Involve you in their activities.
• Encourage you to join community recreation programs or support groups.
• Arrange for you to attend social gatherings and fun activities.
• List all the phone numbers of the people you care most about, allowing you easy access to them when you need it most.
• Help you buy and write cards or letters to send to people.
• Give you rides to social events.

Some people may not be comfortable with you. They may even avoid spending time with you. Sadly, this is not uncommon. Some tips that may help:

• Try not to take this personally. People are often uncomfortable with things they know little about.
• Take this opportunity to teach others about stroke and how it has affected you.
• Ask for what you need. If you have trouble ordering food in a restaurant, ask your friends and family to help you.

Going Places

So you’re in a wheelchair or sporting a cane or walker. So what? Getting out is good for you. It gives you a chance to be with other people. And each time you successfully go places, you build up your confidence to do it again.

• Be sure to plan your outing in advance.
• If you are unable to drive, get a ride with friends and family. Or, call a local bus company to arrange a ride or use public transportation.

What Can Help

• Accept that your body has changed and realize that you can still be active, productive and have a good quality of life.
• Stay involved with the people and activities you enjoy most.
• Look for opportunities to do something worthwhile or fun.
• Volunteer with local events or non-profit organizations.
Call on the support of people or devices to help you function in your changed body.


Check with your local hospital or rehab program, a senior center, or your local stroke association for a list of resources in your area.

Join a stroke support group. Other survivors will understand your issues, and offer support and ideas for social interactions.

Speak honestly with your family about your social needs. They'll be glad you did, and, together, you can work out the best solution.

Professionals Who Can Help

- Case manager – helps you facilitate follow-up to hospital care, coordinate care from many different people, and find local resources
- Social worker – helps you make decisions about rehab programs, where you will live, insurance, and support services in the home
- Discharge planner – helps you prepare to live independently in the home

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Remember to ask your doctor, “Where am I on my stroke recovery journey?”

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Recovery After Stroke: Thinking and Cognition

Stroke can cause physical problems. It can also affect cognition. Cognition refers to thinking abilities. It’s how people use their brains to talk, read, write, learn, understand, reason and remember. Losing skills in this area may affect how you manage everyday tasks, take part in rehabilitation, and live on your own after stroke.

Stroke and Thinking Abilities

Every stroke is unique. The effect the stroke has on your thinking abilities depends on where and how the stroke injured the brain, and your overall health.

Each side of the brain controls different things. So, a stroke on one side of the brain will cause different problems than a stroke on the other side.

Damage to one side of the brain can cause loss of language skills (talking, reading, writing, understanding what people say). It can also cause “verbal memory” loss or the ability to remember things having to do with words.

Damage to the other side may cause attention, thinking and behavior problems.

Stroke can also damage the front of the brain. In this case, you are more likely to lose your ability to control and organize thoughts and behavior. This makes it hard to think through the steps to complete a task. Front-brain strokes may not affect your ability to do or remember specific things.

Memory Loss

Memory loss after stroke is common, but not the same for everyone. There are many ways your memory can be affected by stroke.

- Verbal memory – memory of names, stories and information having to do with words.
- Visual memory – memory of faces, shapes, routes and things you see.
- If you have memory damage, you may have trouble learning new information or skills. Or you may be unable
to remember and retrieve information.

- Stroke can cause vascular dementia (VaD), a greater decline in thinking abilities. Some experts believe that 10-20% of Americans over age 65 with dementia have VaD. This makes it second only to Alzheimer’s disease as a leading cause of dementia.

- Therapies or medicines almost never fully restore memory after stroke. But, many people do recover at least some memory spontaneously after stroke. Others improve through rehabilitation.

What may help:

- Try to form a routine – doing certain tasks at regular times during the day.
- Try not to tackle too many things at once. Break tasks down into steps.
- If something needs to be done, make a note of it or do it right away.
- Make a habit of always putting things away in the same place where they can be easily seen or found.

Aphasia

After a stroke, one of the most common thinking problems is trouble with communication. Aphasia is one of these problems. About one million people in the United States have aphasia. Most cases are the result of stroke.

Aphasia is a partial or total loss of ability to talk, understand what people say, read or write. It may affect only one aspect of language. For example, you may be unable to remember the names of objects or put words together into sentences. More often, many aspects are affected at the same time.

There are several types of aphasia. They differ by where the brain is damaged.

- Global aphasia is the most severe form. People with global aphasia can speak few familiar words and barely understand what people say. They cannot read or write.
- Another form is Broca’s, or nonfluent, aphasia. People with this often omit certain kinds of words from sentences, speak slowly and with effort, and have a hard time with grammar. They
mainly speak short statements of less than four words, like “walk dog.”

- People with Wernicke’s or fluent aphasia talk easily. But they use the wrong sounds in words, say the wrong words, or even make up words.

You may recover from aphasia without treatment. Most, however, benefit from therapy by a speech and language therapist. The goal is to improve your ability to communicate with other people.

This is done by helping you get back some of your language skills and learning new ways of getting your message across when needed.

Communication tips:

- Use props to make conversation easier (photos, maps).
- Draw or write things down on paper.
- Take your time. Make phone calls or try talking to people only when you have plenty of time.
- Show people what works best for you.
- Stay calm. Take one idea at a time.
- Create a communication book that includes words, pictures and symbols that are helpful to you.
- The Internet can be used to talk to people via email or to create a personal web page for yourself.

What Can Help

- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas for dealing with memory loss.

Professionals Who Can Help

- Neuropsychologist – a doctor who can diagnose and treat changes in thinking, memory, and behavior after stroke. Ask your neurologist for a referral.
- Speech and language therapist
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