



Stroke Education: Road to Recovery



PATIENT EDUCATION

WHEN IT COMES TO **STROKE**

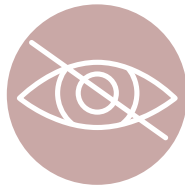
BE FAST CALL 911

ANY ONE OF THESE SUDDEN **SIGNS**
COULD MEAN A **STROKE**



Balance

Watch for sudden loss of balance



Eyes

Check for vision loss



Face

Look for an uneven smile



Arm

Check if one arm is weak



Speech

Listen for slurred speech



Time

Call **911** right away

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Questions to ask your doctor about your stroke

Who is my doctor?

Who is my neurologist?

What type of stroke did I have?

What part of my brain was injured and what does it do?

Why did this happen to me?

Am I at risk of having another stroke?

What medications will I need to take to help me get better and prevent another stroke?

How long is it going to take me to get better?

Am I going to need special exercises or rehabilitation after I leave the hospital?

Is there a recommended diet that I should follow?

Who can help me find equipment to make my life easier?

Are there any local support groups for me and my family?

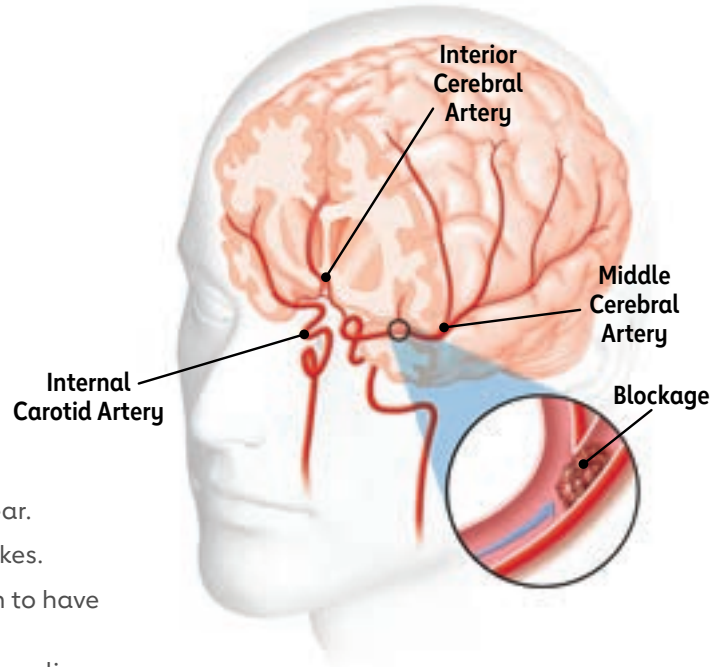
Are there any clinical trials for which I may be a good candidate?

let's talk about

Transient Ischemic Attack (TIA)

A transient ischemic attack (TIA) is often called a mini-stroke, but it's really a warning stroke. TIA and stroke symptoms are the same, although most TIA symptoms last only a few minutes (but up to 24 hours). While TIAs generally do not cause permanent brain damage, they are major warnings and should not be ignored.

- A TIA occurs before about 15 percent of all strokes.
- About 240,000 Americans experience a TIA every year.
- Mini-strokes are often followed by more severe strokes.
- About one-third of the people who have a TIA go on to have a more severe stroke within a year.
- People who have severe strokes often report having earlier warning strokes.



What is a stroke?

A stroke is a "brain attack" that occurs when the blood bringing oxygen to your brain stops flowing and brain cells die. On average, someone in the United States has a stroke every 40 seconds.

What causes a TIA?

When a blood vessel in the brain becomes blocked for a short period of time, the blood flow to that area of the brain slows or stops. This lack of blood (and oxygen) often leads to temporary symptoms such as slurred speech or blurry vision. TIAs are usually caused by one of three things:

- Low blood flow in a major artery carrying blood to the brain.
- A blood clot in another part of the body (such as the heart) that breaks off, travels to the brain and blocks a blood vessel.
- The narrowing of a smaller blood vessel in the brain, usually caused by plaque (a fatty substance) build-up.

What are the symptoms of a TIA?

The symptoms of a TIA are the same as a stroke and often include sudden onset of any of the following:

- Weakness, numbness or paralysis of the face, arm or leg, usually on one side of the body.
- Trouble speaking or difficulty understanding others.
- Loss of vision in one or both eyes or double vision.
- Loss of balance or coordination.
- Severe headache with no known cause.

You may have a series of TIAs, and the repeated signs and symptoms may be similar or different, depending on which area of the brain is involved.

To help you remember some of the signs of a TIA or stroke, use F.A.S.T.:

F.A.S.T.

Face Drooping	Arm Weakness	Speech Difficulty	Time to Call 911
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**American
Stroke
Association.**
A division of the
American Heart Association.

Transient Ischemic Attack (TIA)

How is a TIA diagnosed and treated?

You cannot tell whether you are having a stroke or a TIA, so you should call 911 right away. A diagnosis of TIA can only be determined after an assessment by a health care provider, which can include blood tests, X-rays, ultrasound scanning, a magnetic resonance imaging (MRI), a computed tomography (CT) scan and tests to find out whether there are heart-related problems, such as an irregular heartbeat.

Since TIA symptoms resolve on their own, your health care provider will likely work with you to address the underlying causes to prevent additional TIAs or a stroke. Treatment options will depend upon the cause or causes, your medical history, and the results of any testing. Treatment often includes medication and lifestyle changes and could include surgery. Effective treatment may help reduce your risk for stroke or another TIA.

TIA risk factors:

Anyone can have a TIA, but the risk increases with age. Some of the controllable risk factors for TIAs include high blood pressure, smoking, cardiovascular disease, diabetes, blood clots and alcohol abuse.



If you've previously had a stroke, pay careful attention to the signs of TIA, because they could signal a second stroke in your future. If you've already had at least one TIA, you are almost 10 times more likely to have a stroke than someone of the same age and sex who hasn't.

HOW CAN I LEARN MORE?

- 1** Call 1-888-4-STROKE (1-888-478-7653) or visit stroke.org to learn more about stroke or find local support groups.
- 2** Sign up for the **Stroke Connection**, a free digital magazine for stroke survivors and caregivers, at strokeconnection.org.
- 3** Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/supportnetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your health care provider.

For example:

Which facility close to me is best equipped to treat me if I am having TIA symptoms?

What medical conditions do I have that put me at higher risk for TIA?

How can I reduce my risk for TIA?

MY QUESTIONS:

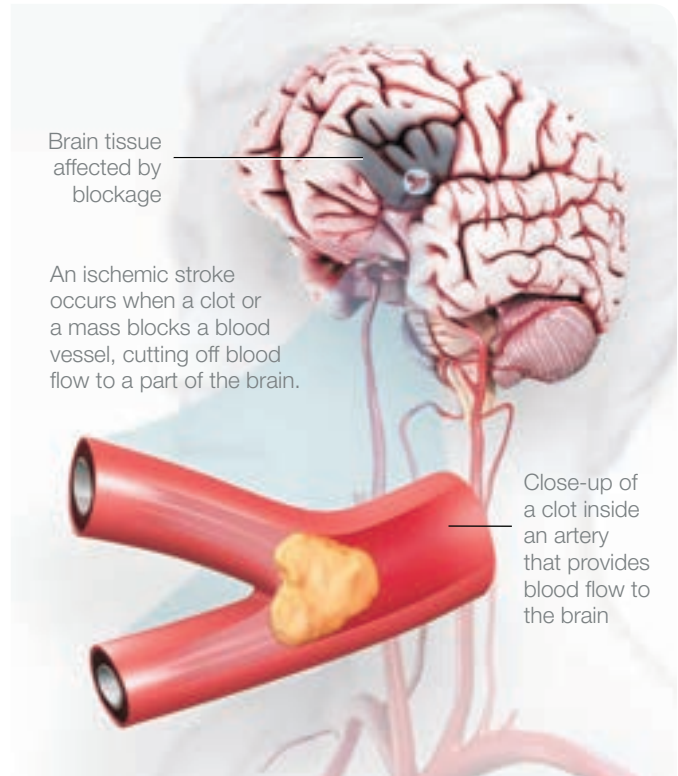
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let's talk about

Ischemic Stroke

The majority of strokes occur when blood vessels to the brain become narrowed or clogged with fatty deposits called plaque. This cuts off blood flow to brain cells. A stroke caused by lack of blood reaching part of the brain is called an ischemic stroke. High blood pressure is a leading risk factor for ischemic stroke that you can change.



Are all ischemic strokes the same?

There are two types of ischemic strokes.

- **Thrombotic strokes** are caused by a blood clot (thrombus) in an artery going to the brain. The clot blocks blood flow to part of the brain. Blood clots usually form in arteries damaged by plaque.
- **Embolic strokes** are caused by a wandering clot (embolus) that's formed elsewhere (usually in the heart or neck arteries). Clots are carried in the bloodstream and block a blood vessel in or leading to the brain.

How are ischemic strokes diagnosed?

When someone has shown symptoms of a stroke or a TIA (transient ischemic attack), a doctor will gather information and make a diagnosis. He or she will review the events that have occurred and will:

- get a medical history from you or a family member.
- do a physical and neurological examination.
- have certain lab (blood) tests done.
- get a CT (computed tomography) or MRI (magnetic

resonance imaging) scan of the brain.

- study the results of other diagnostic tests that might be needed.

How are ischemic strokes treated?

Acute treatment is the immediate treatment given by the healthcare team when a stroke happens. The goal of acute treatment is to keep the amount of brain injury as small as possible. This is done by restoring blood flow to the part of the brain where the blockage was quickly.

There is a clot-dissolving drug called IV Alteplase (tPA) to treat stroke. It can stop a stroke in progress and reduce disability from stroke by breaking up a blood clot that might be stopping the flow of blood to the brain. To be eligible for Alteplase, you must seek emergency treatment right away and have a clot-caused stroke. It must be given within 3 to 4.5 hours after symptoms start. Medication may also be used to treat brain swelling that sometimes occurs after a stroke.

For people with blood clots in larger arteries, Alteplase may not dissolve them completely. In this case, a

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procedure, called **mechanical thrombectomy**, should be done within six to 24 hours of the first symptoms of stroke. In most cases this is done only after the patient receives IV Alteplase. To remove the clot, doctors thread a catheter (thin tube) with a stent through an artery in the groin up to the blocked artery in the brain. The stent opens and grabs the clot. The doctors then remove the stent with the trapped clot. If necessary, other devices may also be used. Patients must meet certain criteria to be eligible for this procedure.

When someone has a stroke, they are at risk of another. Once the medical team identifies what caused the stroke, they may prescribe treatments or procedures to reduce the risk of a second stroke, such as:

- Antiplatelet agents, such as aspirin and clopidogrel, and anticoagulants interfere with the blood's ability to clot. This can play an important role in preventing a stroke.
- Carotid endarterectomy is a procedure in which blood vessel blockage (blood clot or fatty plaque) is surgically removed from the carotid artery in the neck. This reopens the artery and the blood flow to the brain. This is only done in people who have a large blockage.
- Doctors sometimes use balloon angioplasty and



Aspirin can play an important role in preventing stroke because it helps keep blood from clotting.

implantable steel screens called stents to treat and reduce fatty buildup clogging a vessel that may make it easy for clots to form in the bloodstream.

Sometimes a stroke is the first sign a person has of other health conditions, such as high blood pressure, diabetes, atrial fibrillation (a heart rhythm disorder), or other vascular disease. If any of these are diagnosed, the healthcare team will prescribe appropriate treatment.

HOW CAN I LEARN MORE?

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- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to help prevent another stroke?

What medications may I be given?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.

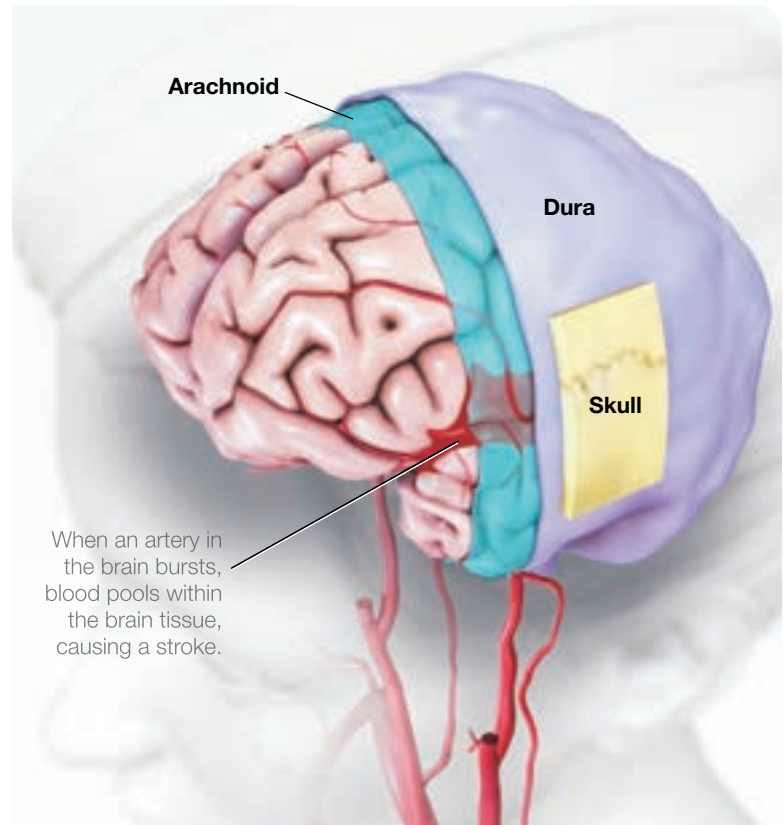


let's talk about

Hemorrhagic Stroke

About 13 percent of strokes happen when a blood vessel ruptures in or near the brain. This is called a hemorrhagic stroke as shown at right.

When a hemorrhagic stroke happens, blood collects in the brain tissue. This is toxic for the brain tissue causing the cells in that area to weaken and die.



A type of hemorrhagic stroke, known as a subarachnoid hemorrhage, can occur when an aneurysm (a blood-filled pouch that balloons out from an artery) on or near the surface of the brain ruptures, flooding the space between the skull and the brain with blood.

Are all hemorrhagic strokes the same?

There are two kinds of hemorrhagic stroke. In both, a blood vessel ruptures, disrupting blood flow to part of the brain.

Intracerebral hemorrhages (most common type of hemorrhagic stroke):

- Occur when a blood vessel bleeds or ruptures into the tissue deep within the brain.
- Are most often caused by chronically high blood pressure or aging blood vessels.
- Are sometimes caused by an arteriovenous malformation (AVM). An AVM is a cluster of abnormally formed blood vessels. Any one of these vessels can rupture, also causing bleeding into the brain.

Subarachnoid hemorrhages:

- Occur when an aneurysm (a blood-filled pouch that balloons out from an artery) on or near the surface of the brain ruptures and bleeds into the space between the brain and the skull.
- Are often caused by high blood pressure.

In addition to high blood pressure, factors that increase the risk of hemorrhagic strokes include:

- cigarette smoking
- use of oral contraceptives (particularly those with high estrogen content)
- excessive alcohol intake
- use of illegal drugs

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How are hemorrhagic strokes diagnosed?

When someone has shown symptoms of a stroke or a TIA (transient ischemic attack), a doctor will gather information and make a diagnosis. He or she will review the events that have occurred and will:

- get a medical history
- do a physical and neurological examination
- have certain laboratory (blood) tests done
- get a CT or MRI scan of the brain
- study the results of other diagnostic tests that might be needed

Diagnostic tests examine how the brain looks, works and gets its blood supply. They can outline the injured brain area. Diagnostic tests fall into three categories.

- Imaging tests give a picture of the brain similar to X-rays.
- Electrical tests record the electrical impulses of the brain (also called an EEG).
- Blood flow tests show any problem that may cause changes in blood flow to the brain.

How are hemorrhagic strokes treated?

Because hemorrhages may be life-threatening, hospital care is required. Medication is used to control high blood pressure. Other medicine may be given to reduce the brain swelling that follows a stroke.

Surgery may be needed depending on the cause and type of the hemorrhage. Surgery is often recommended to either place a metal clip at the base of an aneurysm or to remove the abnormal vessels that make up an AVM.

Some procedures are less invasive and use of a catheter that goes in through a major artery in the leg or arm. The catheter is guided to the aneurysm or AVM where it places a device, such as a coil, to prevent rupture.

HOW CAN I LEARN MORE?

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- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to help prevent another stroke?

How can I control high blood pressure?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



let's talk about

Risk Factors for Stroke

Knowing your risk factors for stroke is the first step in preventing a stroke. You can change or treat some risk factors, but others you can't. By having regular medical checkups and knowing your risk, you can focus on what you can change and lower your risk of stroke.



What risk factors can I change or treat?

- **High blood pressure.** This is the single most important risk factor for stroke because it's the leading cause of stroke. Know your blood pressure and have it checked every year. Normal blood pressure is below 120/80. If you have been told that you have high blood pressure, work with your healthcare provider to reduce it.
- **Smoking.** Smoking damages blood vessels. This can lead to blockages within those blood vessels, causing a stroke. Don't smoke and avoid second-hand smoke.
- **Diabetes.** Having diabetes more than doubles your risk of stroke. Work with your doctor to manage diabetes.
- **High cholesterol.** High cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.
- **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of heart disease and stroke.
- **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain.
 - A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot. This causes a stroke.
- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but most have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.
- **Atrial fibrillation (AFib) or other heart disease.** In AFib the heart's upper chambers quiver (like a bowl of gelatin) rather than beating in an organized, rhythmic way. This can cause the blood to pool and clot, increasing the risk of stroke. AFib increases risk of stroke five times. People with other types of heart disease have a higher risk of stroke, too.
- **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the "sickled" cells stick to blood vessel walls and may block arteries.
- **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men can raise blood pressure. Binge drinking can lead to stroke.

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- **Illegal drug use.** Drugs including cocaine, ecstasy, amphetamines, and heroin are associated with an increased risk of stroke.
- **Sleep apnea.** Sleep disordered breathing contributes to risk of stroke. Increasing sleep apnea severity is associated with increasing risk.

What are the risk factors I can't control?

- **Increasing age.** Stroke affects people of all ages. But the older you are, the greater your stroke risk.
- **Gender.** Women have a higher lifetime risk of stroke than men do. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Heredity and race.** People whose close blood relations have had a stroke have a higher risk of stroke. African Americans have a higher risk of death and disability from stroke than whites. This is because they have high blood pressure more often. Hispanic Americans are also at higher risk of stroke.
- **Prior stroke.** Someone who has had a stroke is at higher risk of having another one.



Age, gender, heredity and race are among the stroke risk factors that you can't control.

HOW CAN I LEARN MORE?

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- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What are my risk factors for stroke?

What are the warning signs of TIAs and stroke?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



Stroke Risk Factor Survey

AGE

- You are a man over 45 years old or a woman over 55 years old

FAMILY HISTORY

- Your father or brother had a heart attack before the age of 55
- Your mother or sister had a heart attack before the age of 65

MEDICAL HISTORY

- You have had a stroke
- You have an abnormal heartbeat
- You have coronary artery disease or have had a heart attack

TOBACCO SMOKE

- You smoke
- You live or work with people who smoke every day

CHOLESTEROL

- Your level of total cholesterol is 240 mg/dL or higher
- Your level of HDL cholesterol is less than 40 mg/dL if you are a man
- Your level of HDL cholesterol is less than 50 mg/dL if you are a woman

BLOOD PRESSURE

- Your blood pressure is 140/90 mm Hg or higher or you have been told that your blood pressure is too high

PHYSICAL ACTIVITY

- You accumulate less than 30 minutes of physical activity on most days of the week

BODY WEIGHT

- You are 20 pounds or more overweight

DIABETES

- You have diabetes or take medicine to control your blood sugar

TOTAL

If you have more than two risk factors, ask a healthcare professional what you should do to lower your risk of stroke.



let's talk about

Lifestyle Changes To Prevent Stroke

You can do plenty to make your heart and blood vessels healthy, even if you've had a stroke. A healthy lifestyle plays a big part in decreasing your risk for disability and death from stroke and heart attack.



How can I make my lifestyle healthier?

Here are steps to take to be healthier and reduce your risk of stroke:

- Don't smoke and avoid second-hand smoke.
- Improve your eating habits. Eat foods low in saturated fat, *trans* fat, sodium and added sugars.
- Be physically active.
- Take your medicine as directed.
- Get your blood pressure checked regularly and work with your healthcare provider to manage it if it's high.
- Reach and maintain a healthy weight.
- Decrease your stress level.
- Seek emotional support when it's needed.
- Have regular medical checkups.

How do I stop smoking?

- The first and more important step is making a decision to quit — and commit to stick to it.

- Ask your healthcare provider for information, programs and medications that may help.
- Fight the urge to smoke by going to smoke-free facilities. Avoid staying around people who smoke.
- Keep busy doing things that make it hard to smoke, like working in the yard.
- Remind yourself that smoking causes many diseases, can harm others and is deadly.
- Ask your family and friends to support you.

How do I change my eating habits?

- Ask your doctor, nurse or a licensed nutritionist or registered dietician for help.
- Be aware of your special needs, especially if you have high blood pressure, high cholesterol or diabetes.
- Avoid foods like fatty meats, butter and cream, which are high in saturated fat.
- Eat moderate amounts of food and cut down on saturated fat, *trans* fat, sugar and salt.
- Bake, broil, roast and boil foods instead of frying.

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- Read nutrition labels on packaged meals. Many are very high in sodium.
- Limit alcohol to one drink a day for women; two drinks per day for men.
- Eat more fruit, vegetables, whole-grains, dried peas and beans, pasta, fish, poultry and lean meats.

What about physical activity?

- If you have a chronic medical condition, check with your doctor before you start.
- Start slowly and build up to at least 150 minutes of moderate physical activity (such as brisk walking) a week. Or, you can do 75 minutes of vigorous-intensity physical activity, or a combination of the two, to improve overall cardiovascular health.
- Look for even small chances to be more active. Take the stairs instead of an elevator and park farther from your destination.



If you have a chronic medical condition, check with your doctor before starting an exercise program.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What is the most important change I can make?

What kind of physical activity can I do safely?

My Questions:

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let's talk about

Changes Caused by Stroke

Your brain controls how you move, feel, communicate, think and act. Brain injury from a stroke may affect any of these abilities. Some changes are common no matter which side of the brain the injury is on. Others are based on which side of the brain the stroke injures.

Frontal lobe

controls personality, reasoning, parts of speech, and muscles

Parietal lobe

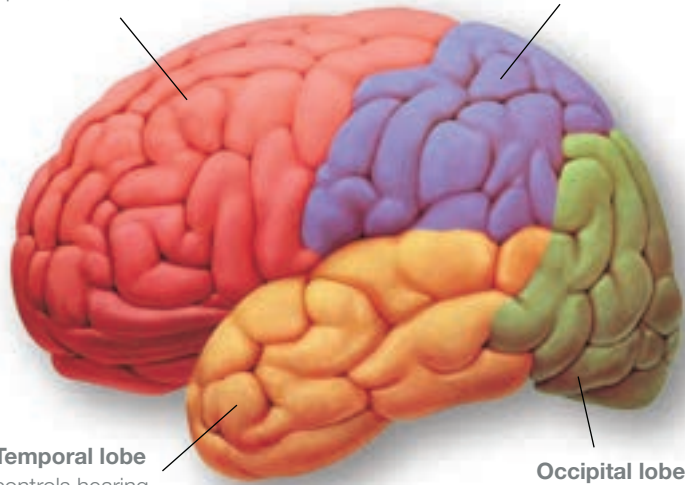
controls speech and sensation (touch and pressure)

Temporal lobe

controls hearing, speech, and short-term memory

Occipital lobe

controls vision



What are the most common general effects of stroke?

- Hemiparesis (weakness on one side of the body) or hemiplegia (paralysis on one side of the body)
- Dysarthria (difficulty speaking or slurred speech), or dysphagia (trouble swallowing)
- Fatigue
- Loss of emotional control and changes in mood
- Cognitive changes (problems with memory, judgment, problem-solving or a combination of these)
- Behavior changes (personality changes, improper language or actions)
- Decreased field of vision (inability to see peripheral vision) and trouble with visual perception

What are common changes with a left-brain injury?

- Paralysis or weakness on the right side of the body.
- Aphasia (difficulty getting your words out or understanding what is being said).
- Behavior that may be more reserved and cautious than before.

What are common changes with a right-brain injury?

- Paralysis or weakness on the left side of the body.
- One-sided neglect, which is a lack of awareness of the left side of the body. It may also be a lack of awareness of what is going on to the survivor's left. For example, they may only eat from the right side of their plate, ignoring the left side of the plate.
- Behavior may be more impulsive and less cautious than before.
- It may be harder for the survivor to understand facial expressions and tone of voice. They also may have less expression in their own face and tone of voice when communicating.

What are common emotional effects of stroke?

- Depression
- Apathy and lack of motivation
- Frustration, anger and sadness
- Pseudobulbar affect, also called reflex crying or emotional lability (emotions may change rapidly)

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and sometimes not match the mood)

- Denial of the changes caused by the brain injury

Will I get better?

In most cases people do get better over time. The effects of a stroke are greatest right after the stroke. From then on, you may start to get better. How fast and how much you improve depends on the extent of the brain injury and your rehabilitation.

- Some improvement occurs spontaneously and relates to how the brain works again after it's been injured.
- Stroke rehabilitation (rehab) programs help you improve your abilities and learn new skills and coping techniques.
- Rehab begins after the stroke is over and you're medically stable.
- Depression after stroke can interfere with rehab. It's important to treat depression.
- Improvement often occurs most quickly in the first months after a stroke. Then it continues over years, perhaps at a slower pace, with your continued efforts.



Emotional changes such as depression are common effects of stroke, but most people do get better over time.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Can other areas of the brain help the damaged part of the brain?

How has my stroke affected me?

My Questions:

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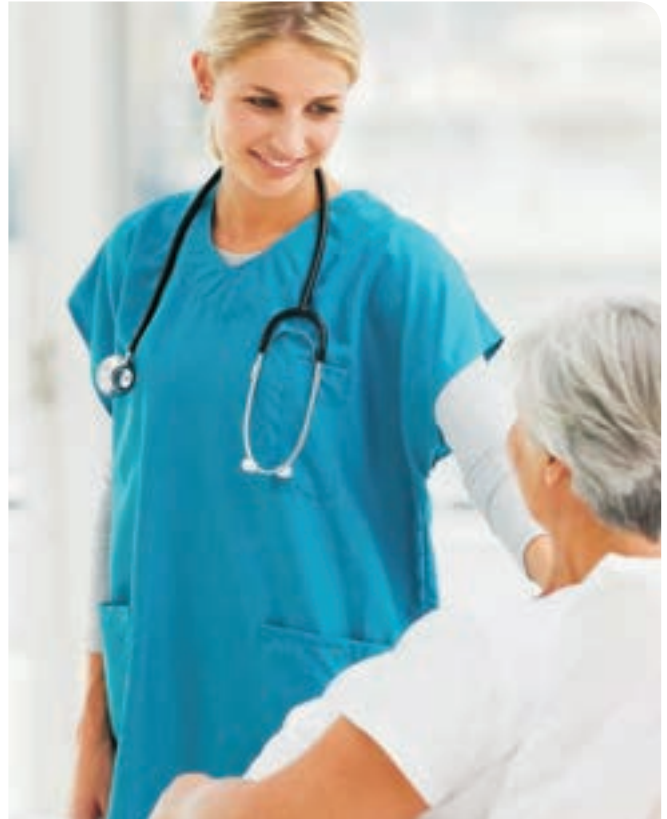


let's talk about

Complications After Stroke

The treating doctor's highest priorities are to prevent complications that can occur as a result from the stroke and to prevent another stroke. Your doctor must determine that you are medically stable and able to resume some self-care activities. This means that all complications must be treated and under control.

Some things happen as a direct result of injury to the brain due to stroke. Others are because of a change in your abilities. For example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.



What are common complications of stroke?

The most common complications of stroke are:

- Brain edema — swelling of the brain after a stroke.
- Pneumonia — causes breathing problems, a complication of many major illnesses. Pneumonia occurs as a result of not being able to move as a result of the stroke. Swallowing problems after stroke can sometimes result in things 'going down the wrong pipe', leading to aspiration pneumonia.
- Urinary tract infection (UTI) and/or bladder control. UTI can occur as a result of having a foley catheter placed to collect urine when the stroke survivor cannot control bladder function.
- Seizures — abnormal electrical activity in the brain causing convulsions. These are common in larger strokes.
- Clinical depression — a treatable illness that often occurs with stroke and causes unwanted emotional

and physical reactions to changes and losses. This is very common after stroke or may be worsened in someone who had depression before the stroke.

- Bedsores — pressure ulcers that result from decreased ability to move and pressure on areas of the body because of immobility.
- Limb contractures — shortened muscles in an arm or leg from reduced ability to move the affected limb or lack of exercise.
- Shoulder pain — stems from lack of support of an arm due to weakness or paralysis. This usually is caused when the affected arm hangs resulting in pulling of the arm on the shoulder.
- Deep venous thrombosis (DVT) — blood clots form in veins of the legs because of immobility from stroke.

What can be done?

If you need medical treatment, your doctor will prescribe it.

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- Medical treatment often involves medical supervision, monitoring and drug therapies.
- Physical treatment usually involves some type of activity that may be done by you, a healthcare provider or by both of you working together. Types of treatment may include:
 - Range-of-motion exercises and physical therapy to avoid limb contracture, shoulder pain and blood vessel problems.
 - Frequent turning while in bed to prevent pressure sores and good nutrition.
 - Bladder training programs for incontinence.
- Swallowing and respiratory therapy, and deep-breathing exercises. These all help to decrease the risk of pneumonia.
- Psychological treatment can include counseling or therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or both. You may also be referred to a local stroke support group.



Physical therapy and range-of-motion exercises are effective ways to strengthen limbs and prevent muscular contracture.

HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**.
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What complications am I most at risk for?

What can I do to prevent complications?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



let's talk about

Living at Home After Stroke

Most stroke survivors are able to return home and resume many of the activities they did before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. The hospital staff can help prepare you to go home or to another setting that can better meet your needs.



For your safety, you may need to have handrails installed in your bathroom.

How do I know if going home is the right choice?

Going home poses few problems for people who have had a minor stroke and have few lingering effects. For those whose strokes were more severe, going home depends on these four factors:

- **Ability to care for yourself.** Rehabilitation should be focused on being able to perform daily activities such as eating, dressing and bathing.
- **Ability to follow medical advice.** This is a critical step in recovery and preventing another stroke or other complications after stroke. It's important to take medication as prescribed and follow medical advice.
- **A caregiver.** Someone should be available who is willing and able to help when needed.
- **Ability to move around and communicate.** If stroke survivors aren't independent in these areas, they may be at risk in an emergency or feel isolated.

What changes do I need to make at home?

Living at home successfully also depends on how well your home can be adapted to meet your needs.

- **Safety.** Take a look around your home and remove anything that might be dangerous. This might be as simple as taking up throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.
- **Accessibility.** You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.
- **Independence.** Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

(continued)



What if I can't go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs for a short time or permanently. It's important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about facilities that might work for you. Possibilities include:

- **Nursing facility.** This can be a good option for someone who has ongoing medical problems. This type of facility provides round-the-clock care.
- **Skilled nursing facility.** This is for people who need more than usual medical attention, continued therapy and more care than a caregiver can provide at home. This type of facility also provides round-the-clock care.
- **Intermediate care facility.** This is for people who don't have serious medical problems and can manage some level of self-care.
- **Assisted living.** This is for people who can live somewhat independently but need some assistance with things like meals, medication and housekeeping.



Many stroke survivors who are unable to immediately return home find the support they need at assisted living or nursing facilities.

HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**.
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What living arrangement would you recommend for me?

Is there a caregiver or stroke support group available in my community?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.

Brain Function

All the activities we perform each day, whether physical or mental, are directed by different parts of our brains. The brain has many parts including the cerebral cortex, brain stem, and cerebellum. By listing some of the functions of each part of the brain, we will provide an overview of what problems occur after injury to these parts.

PARIETAL LOBES

Near the back and top of the head.



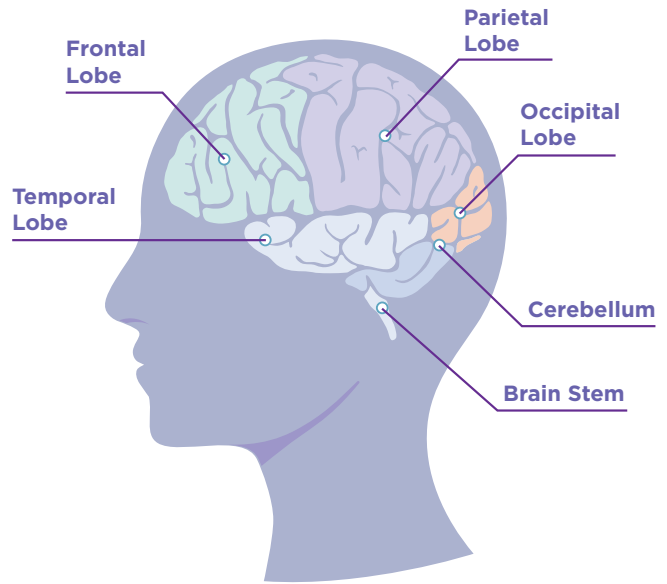
Functions

- Location for visual attention
- Location for touch perception
- Goal-directed voluntary movements
- Manipulation of objects
- Integration of different senses that allows for understanding a single concept

Observed Problems

- Inability to attend to more than one object at a time
- Inability to name an object (Anomia)
- Inability to locate the words for writing (Agraphia)
- Problems with reading (Alexia)
- Difficulty with drawing objects
- Difficulty in distinguishing left from right
- Difficulty with doing mathematics (Dyscalculia)
- Lack of awareness of certain body parts and/or surrounding space (Apraxia) that leads to difficulties in self-care. Inability to focus visual attention
- Difficulties with eye and hand coordination

CEREBRAL CORTEX



TEMPORAL LOBES

Side of head above ears.



Functions

- Hearing ability
- Memory acquisition
- Some visual perceptions
- Categorization of objects

Observed Problems

- Difficulty in recognizing faces (Prosopagnosia)
- Difficulty in understanding spoken words (Wernicke's Aphasia)
- Disturbance with selective attention to what we see and hear
- Difficulty with identification of, and verbalization about, objects
- Short-term memory loss. Interference with longterm memory. Increased or decreased interest in sexual behavior
- Inability to categorize objects (Categorization)
- Right lobe damage can cause persistent talking
- Increased aggressive behavior

FRONTAL LOBES

Most anterior, right under the forehead.



Functions

- How we know what we are doing within our environment (Consciousness)
- How we initiate activity in response to our environment
- Judgments we make about what occurs in our daily activities
- Controls our emotional response
- Controls our expressive language
- Assigns meaning to the words we choose
- Involves word associations
- Memory for habits and motor activities

Observed Problems

- Loss of simple movement of various body parts (Paralysis)
- Inability to plan a sequence of complex movements needed to complete multi-stepped tasks, such as making coffee (Sequencing)
- Loss of spontaneity in interacting with others
- Loss of flexibility in thinking
- Persistence of a single thought (Perseveration)
- Inability to focus on task (Attending)
- Mood changes (Emotionally Labile)
- Changes in social behavior. Changes in personality
- Difficulty with problem solving
- Inability to express language (Broca's Aphasia)



CEREBELLUM

Located at the base of the skull.



Functions

- Coordination of voluntary movement
- Balance and equilibrium
- Some memory for reflex motor acts

Observed Problems

- Loss of ability to coordinate fine movements
- Loss of ability to walk
- Inability to reach out and grab objects
- Tremors
- Dizziness (Vertigo)
- Slurred speech (Scanning Speech)
- Inability to make rapid movements

*Continued
on next page*

Brain Function (cont'd)



OCCIPITAL LOBES

Most posterior, at the back of the head.



Functions

- Vision

Observed Problems

- Defects in vision (Visual Field Cuts)
- Difficulty with locating objects in environment
- Difficulty with identifying colors (Color Agnosia)
- Production of hallucinations, visual illusions - inaccurately seeing objects
- Word blindness - inability to recognize words
- Difficulty in recognizing drawn objects
- Inability to recognize the movement of an object (Movement Agnosia)
- Difficulties with reading and writing

BRAIN STEM

Deep in brain, leads to spinal cord.



Functions

- Breathing
- Heart rate
- Swallowing
- Reflexes to seeing and hearing (Startle Response)
- Controls sweating, blood pressure, digestion, temperature (Autonomic Nervous System)
- Affects level of alertness
- Ability to sleep
- Sense of balance (Vestibular Function)

Observed Problems

- Decreased vital capacity in breathing, important for speech
- Swallowing food and water (Dysphagia)
- Difficulty with organization/perception of the environment
- Problems with balance and movement
- Dizziness and nausea (Vertigo)
- Sleeping difficulties (Insomnia, Sleep Apnea)

www.neuroskills.com/brain-injury/brain-function/





About Left Hemisphere Brain Damage

Some problems that happen after stroke are more common with stroke on one side of the brain than the other. In most people, the left side of the brain controls the ability to speak and understand language. The right side of the brain controls the ability to pay attention, recognize things you see, hear or touch, and be aware of your own body. In some left-handed people, the opposite is found; language is controlled by the right side of the brain and awareness by the left side of the brain. **In most cases, after a stroke to the left side of the brain, the following changes might be observed:**

Speech and language impairments (Aphasia): Aphasia means problems speaking and understanding language. It can affect the ability to speak, read, write, listen, deal with numbers, understand speech or written words, or think of words when talking or writing. How much trouble a person has with aphasia depends on the type and severity of the brain injury. A person may be unable to find the words they want to say or have difficulty putting sentences together. This is like having a word “on the tip of your tongue.” Not all strokes cause aphasia.

Verbal apraxia: Verbal apraxia is a motor speech problem. A person’s ability to coordinate the movement of the mouth to form words or sounds is impaired. It is not caused by loss of feeling or muscle weakness. A person knows the right

words, but has problems forming words or putting sounds together. This may be noticed in the way words are pronounced.

- **Saying words clearly**

A person may substitute (or replace) a correct sound with an incorrect sound. For example, a “cup of coffee” may come out as “a puck of pappy” or a “bup of foppe.”

- **Saying sentences clearly**

A person may repeat a single syllable or phrase. For example, “I dunno” may come out as “dodo-do.”

Difficulty planning and sequencing movements (Motor apraxia): People with motor apraxia may not be able to carry out a learned purposeful movement even though they have the necessary strength and sensation. Their bodies have the physical ability to do the task, but the brain is not able to plan or execute the task in the proper sequence. This can affect their ability to follow instructions or carry out everyday tasks. Some examples include putting shoes on before socks, using a toothbrush as a comb, or putting the head through the arm holes in a shirt.

Very aware of impairments: A person may be anxious about their performance. They are more concerned regarding their progress.

Weakness and loss of feeling on the right side of the body: Since the left side of the brain controls the right side of the body, the person may also have difficulty moving or feeling the right arm and/or leg.



About Right Hemisphere Brain Damage

Right hemisphere brain damage is damage to the right side of the brain. Our brains have two sides, or hemispheres. In most people, language skills are in the left side of the brain. The right side controls attention, memory, reasoning, and problem solving. A stroke involving the right side of the brain may lead to problems with these important thinking skills. A person may have trouble communicating with others because of this damage. In many cases, the person who has had a stroke on this side is not even aware they have a problem.

A person with right hemisphere brain damage may have trouble with:

Attention: Focusing on a task or on what they see or hear will be more difficult.

Perception: A person might have something that is called “left-side neglect.” This means that they may have trouble seeing objects or people on their left side. For example, the person may have trouble reading words on the left side of a page. Food may be ignored on the left side of the plate. A person might run into obstacles on the left side because they are not aware the obstacle was even there.

Reasoning/problem solving/impulse:

A person may not know that there is a problem, like running out of medicine. Or, a person may not know how to solve the problem, like calling for a refill. They may be more rigid in their thoughts and can be more impulsive with increased safety risk.

Memory: A person may not remember information that was learned before. They may have trouble learning new information.

Social communication: A person may not be able to understand jokes or nonverbal cues. For example, a person may not understand what someone means when they shrug their shoulders. They may say the wrong thing at the wrong time or interrupt others.

Organization: It may be harder to put information together logically. This can cause problems when telling stories or giving directions. A person may also have trouble planning. So, they might forget to respond to your calls or emails, or lose information.

Insight: When insight is impaired, it affects a person’s ability to recognize they have a problem. Or, they may not realize that the problems are affecting things at home, school, or work.

Orientation: Knowing the date, time, or where they are will be more difficult. They may not remember information like their birthday, age, or family names.

Weakness and loss of feeling on the left side of the body: The right side of the brain controls the left side of the body. This means that movement and/or feeling will be worse on the left side.

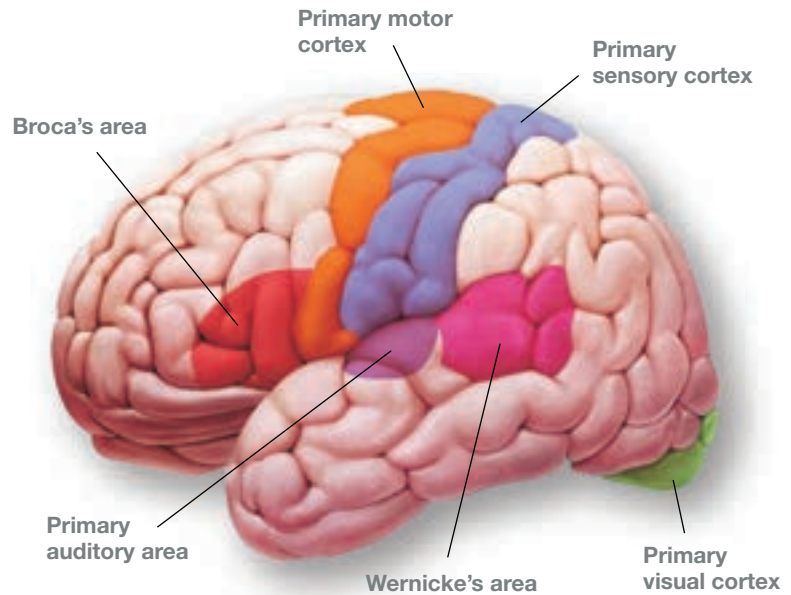
www.asha.org/public/speech/disorders/RightBrainDamage/



let's talk about

Stroke and Aphasia

Aphasia is a language disorder that affects the ability to communicate. It's most often caused by strokes that occur in areas of the brain that control speech and language.



Certain areas of the brain (usually in the left side of the brain) influence one's ability to communicate and understand language. When a stroke occurs in one of these areas, it may result in aphasia.

What are the effects of aphasia?

Aphasia does not affect intelligence. Stroke survivors remain mentally alert, even though their speech may be jumbled, fragmented or impossible to understand. Some survivors continue to have:

- Trouble speaking, like “getting the words out”
- Trouble finding words
- Problems understanding what others say
- Problems with reading, writing or math
- Inability to process long words and infrequently used words

How does it feel to have aphasia?

People with aphasia are often frustrated and confused because they can't speak as well or understand things the way they did before their stroke. They may act differently because of changes in their brain. Imagine looking at the headlines of the morning newspaper and not being able to recognize the words. Or think about trying to say “put the car in the garage” and it comes out “put the train in the house” or “widdle tee car ung

sender plissen.” Thousands of alert, intelligent men and women are suddenly plunged into a world of jumbled communication because of aphasia.

Are there different types of aphasia?

Yes, there are several forms of aphasia. They include:

- **Global aphasia** — People with this aphasia may be completely unable to speak, name objects, repeat phrases or follow commands.
- **Broca's aphasia** — The person knows what they want to say, but can't find the right words (can't get the words out).
- **Wernicke's aphasia** — A person with this aphasia can seldom understand what's being said or control what they're saying.

aphasia

COMMUNICATING
THROUGH THE BARRIERS.

What is Aphasia?

Aphasia is a language disorder that affects the ability to communicate. It's most often caused by injury to parts of the brain that control speech and language resulting from a stroke.

I need to communicate with someone who has aphasia.



Keep It Simple

Speak in short, simple sentences.



Be Patient

Allow plenty of time for a response. Talk *with* him/her not *for* him/her.



Remove Distractions

Turn off radios and TVs.



Be Creative

Try writing, gesturing, pictures and communication tools like an iPad.

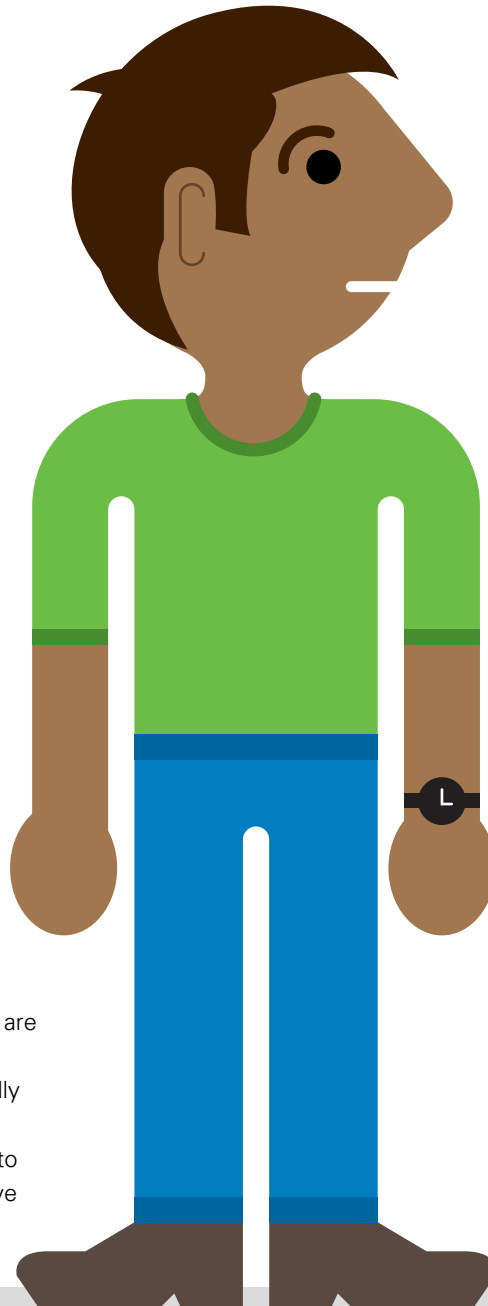


Confirm

Repeat back what you think he/she is saying.

People With Aphasia

1. Communicate differently, but they are as smart as they were before.
2. Their hearing is fine; speaking loudly does not help.
3. Aphasia is not contagious! To talk to people with aphasia, you'll just have to communicate differently.



I have aphasia.



Take Your Time

Remember it may take a while to get the words out.



Let People Know What Works Best For You

Do you want a question asked in multiple ways? Let them know.



Use Assistive Devices

Bring photos, diagrams, pen and paper, etc.



Getting Frustrated Is Okay

Don't blame yourself if you get stuck or stumble on your words. Be patient with yourself as you find what works.

If You Get Stuck, You Can

1. Admit you're struggling.
2. Recap what you have discussed so far.
3. Decide whether to carry on or come back to it later.

Stroke and Vision

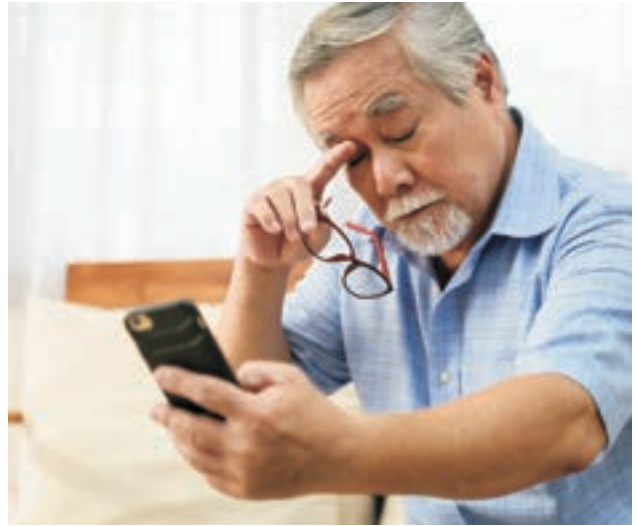
Many stroke survivors report vision difficulties, including poor visual memory, decrease in balance, decreased depth perception and reading problems. Rehabilitation therapy can help improve many conditions. Ophthalmologists and optometrists can diagnose vision problems, and rehabilitation is likely to occur in an optometric practice. Here are some common issues stroke survivors experience:

SPATIAL INATTENTION

This problem, often called neglect, can result in not paying attention to the side of your body affected by stroke. For example, you may not touch food on the left side of your plate or shave the left side of your face. In some cases, it can seem like there's no left side of the body because your brain is not processing information from that side very efficiently. Rehabilitation involves learning to scan from side to side — finding items on a table and a wall, for instance. This problem also affects the ability to judge space, so therapy may involve touching things at different distances or using a full-length mirror to help process visual information. This treatment should be practiced several minutes at a time, five times per week.

SEEING DOUBLE

With double vision, you lose depth perception. An eye patch can help, but it doesn't fix the entire problem. It just reduces the information the brain has to process. Oculomotor dysfunction occurs when your eyes can't track or move



smoothly between objects. This condition often causes reading problems. It may also affect walking. This type of problem rarely gets better without therapy.

VISUAL MIDLINE SHIFT

This problem might make you think the floor is tilted. The walls will also appear tilted, and your body tilts to compensate. Addressing this problem involves balance activities such as training to put more weight on the foot of your unaffected side. Therapists also use special prism glasses called yoked prisms that can affect spatial perception and body posture.

FIELD CUTS

A stroke can cause a lesion in the brain involving the optic nerve that results in a hemianopsia, commonly called a field cut. This can involve several areas in both eyes.

Reading can be a chore, and therapy may involve using a line guide or a device that helps isolate the lines when reading. Relaxation and breathing techniques can help, too. Scanning is a big part of rehabilitation.

How Visual Field Cuts May Appear to Stroke Survivors

NORMAL VISION

Depiction of what a scene would look like with a full visual field.



BITEMPORAL HEMIANOPIA

Peripheral vision is obscured.



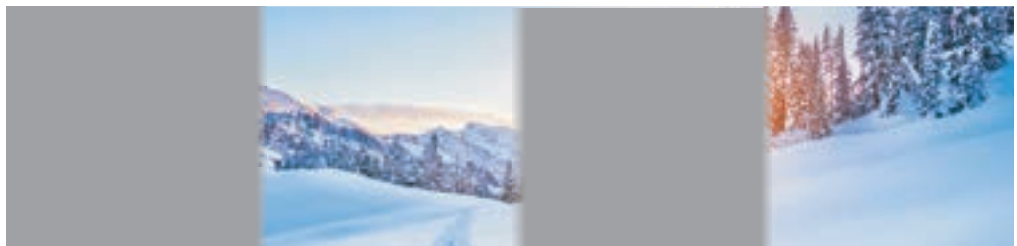
BINASAL HEMIANOPIA

The central portion of the visual field is obscured.



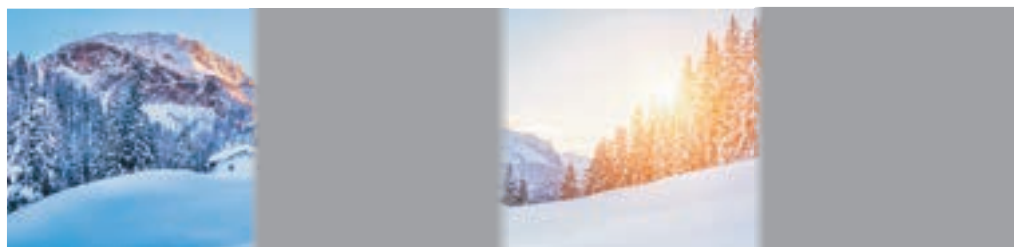
HOMONYMOUS HEMIANOPIA

Each eye obscures the left half of its visual field.



HOMONYMOUS HEMIANOPIA

Each eye obscures the right half of its visual field.



Visual Neglect

Stroke can result in a condition commonly known as neglect, which affects a person's awareness of objects on one side of the body, opposite the injured side of the brain. The person's eyes may be working normally, but the way the information is being processed by the brain is impaired. It is far more common after damage to the right side of the brain.

People with visual neglect are unaware of anything or anyone on their affected side, which can seem very bizarre to others. It is almost as if one half of their world no longer exists. They may hear you but will not look at or acknowledge you until you move around to their non-affected side. They may only eat one half of the food on their plate, bump into people and objects on their affected side, and even wash, shave, or dress only one side of their body. Regardless of gains in physical mobility, a person with neglect may always be at risk of falls or injury due to collision with some unperceived hazard "hiding" on their affected side. The following strategies can help a person improve their visual attention.

TIPS

- People with neglect are often highly distractible. Before they start any important tasks, reduce environmental distractions such as background noise and extra people.
- When you have something very important to show them or tell them, do it on the strong side so as not to frustrate the person.



STRATEGIES TO HELP INDIVIDUALS WITH NEGLECT

1. **Sit on person's affected side** when talking. Hold the person's hand on the affected side to draw their attention to this side.
2. **Place items a person needs on the affected side** during self-care, bathing, dressing, and eating.
3. **Encourage the person to scan the area or room.** For people who like looking out the window or into the hallway, have their bed positioned so those things are on their affected side. Interesting items like colorful lights or the television can be placed on the affected side as well. Have the person scan for letters, numbers, or pictures placed around the room.
4. **Use targets to visually seek on the affected side.** Bright lines can be drawn down the affected side of a paper. Bright post-it notes may be stuck to the affected side of a computer screen. Edges of tables or walls can be used in the environment. The person is taught to return his or her eyes to that target to assist with scanning towards the affected side.



let's talk about

Driving After Stroke

Driving is often a major concern after a stroke. It's not unusual for stroke survivors to want to drive. Getting around after a stroke is important — but safety is even more important.



Can I drive after a stroke?

Injury to the brain may change how you do things. Many people who have had a stroke develop some type of cognitive changes. This may include problems with memory, judgment, problem-solving or a combination of these. So before you drive again, think carefully about how these changes may affect safety for you, your family and others.

What are some warning signs of unsafe driving?

Often survivors are unaware of the difficulties in driving that they might have. Some may not realize all of the effects of their stroke. They may feel that they're able to drive even when it's a bad idea. Driving against your doctor's advice can be dangerous and may be illegal. In some cases, your doctor may have to notify your state that you've been advised not to drive.

If you or someone you know has experienced some of these warning signs of unsafe driving, please consider taking a driving test:

- Drives too fast or too slow for road conditions or posted speeds
- Needs help or instructions from passengers
- Doesn't observe signs or signals
- Makes slow or poor distance decisions
- Gets easily frustrated or confused
- Often gets lost, even in familiar areas
- Has accidents or close calls
- Drifts across lane markings into other lanes

How can I tell if I can drive?

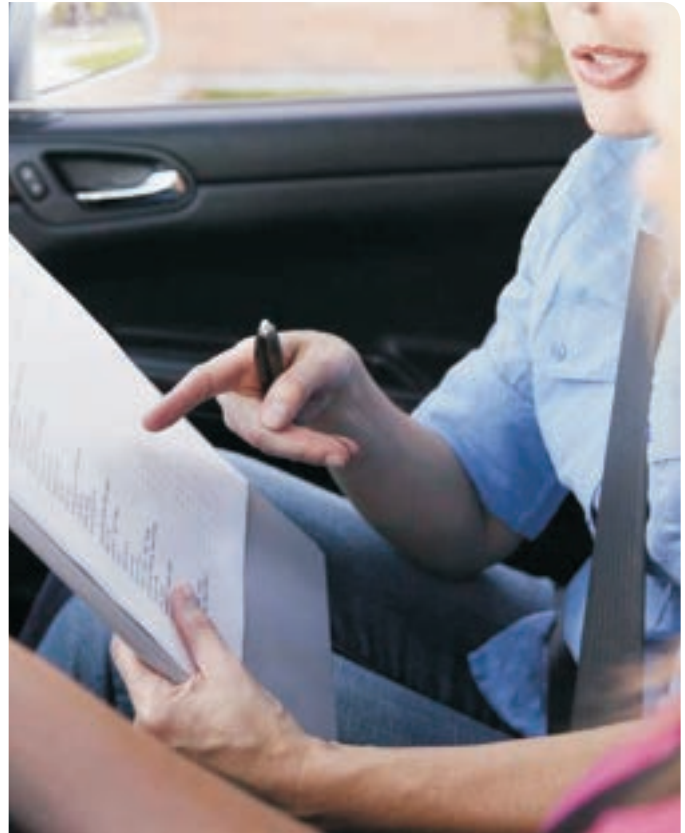
- Talk to your doctor or occupational therapist. They will offer a professional opinion about how your stroke might change your ability to drive. Contact your State Department of Motor Vehicles. Ask for

(continued)



the Office of Driver Safety. Ask what applies to people who've had a stroke.

- Have your driving tested. Professionals such as driver rehabilitation specialists can evaluate your driving ability. You'll get a behind-the-wheel evaluation and be tested for vision perception, functional ability, reaction time, judgment and cognitive abilities (thinking and problem solving). Call community rehabilitation centers or your local Department of Motor Vehicles.
- Enroll in a driver's training program. For a fee, you may receive a driving assessment, classroom instruction and suggestions for modifying your vehicle (if necessary). These programs are often available through rehab centers.
- Ask your family if they have seen changes in your communication, thinking, judgment or behavior that should be evaluated before you drive again. Family often have more opportunities to observe changes than others do.



HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**.
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

When should I test my driving ability?

Is my driving restriction permanent?

If not, when might I be able to drive again?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



Certified Mobility Evaluation Programs

DRIVING EVALUATION PROGRAMS CERTIFIED BY THE DEPARTMENT OF REHABILITATION (DOR)

Community Outpatient Rehabilitation Center

215 N. Fresno St., Suite 250
Fresno, CA 93701
Phone: (559) 459.1842
Fax: (559) 459.1004

Northridge Hospital Medical Center Driver Preparation Program

Gayle San Marco, OTR
18300 Roscoe Boulevard
Northridge, CA 91358
Phone: (818) 885.5460

Mobility Evaluation Program

California Department of Rehabilitation
5140 Florence Ave., Suite C
Bell, CA 90201
Phone: (323) 562.1308
Fax: (323) 562.1142



EMPLOYMENT READINESS ASSESSMENT

This assessment is one tool to help you assess your readiness for employment. On its own, this assessment cannot determine if you are ready to go back to work. If the timing is not right for you to be thinking about employment, then there are some recommendations listed at the end of the checklist.

Instructions:

For each topic, check off one box (in Column 1, 2, or 3). Then:

- 1) Total your check marks for each column at the end.
- 2) Review your answers with a healthcare professional (such as an occupational therapist, psychologist, counselor, vocational counselor, or your doctor).
- 3) You and your healthcare professional can consider the recommendations at the end of the checklist, to help guide you in your continuing recovery and thinking (or re-thinking) about employment.

TOPIC	COLUMN 1: High Barriers to Employment	COLUMN 2: Moderate Barriers to Employment	COLUMN 3: Low Barriers to Employment
Headaches	<input type="checkbox"/> Headaches frequently limit my activities	<input type="checkbox"/> Headaches sometimes limit my activities	<input type="checkbox"/> Headaches do not limit my activities
Sleep	<input type="checkbox"/> I sleep poorly most nights	<input type="checkbox"/> I have some difficulties with sleep	<input type="checkbox"/> I have no problems with sleep
Daytime fatigue	<input type="checkbox"/> I need to take daily naps	<input type="checkbox"/> I need to take occasional naps	<input type="checkbox"/> I don't need to take naps
Seizures	<input type="checkbox"/> My seizures are not controlled	<input type="checkbox"/> My seizures are controlled but I do not have medical clearance to work	<input type="checkbox"/> I do not have seizures (this includes if they are controlled by medication)
Thinking skills	<input type="checkbox"/> I have significant difficulties with thinking skills, for example with memory, concentration, multi-tasking, etc.	<input type="checkbox"/> I have some difficulties with thinking	<input type="checkbox"/> I am able to manage independently with my thinking skills, for example through use of strategies
Emotional wellbeing	<input type="checkbox"/> My mood is down or I get anxious easily. It is an effort for me to do daily tasks and/or to socialize	<input type="checkbox"/> My mood or anxiety has some ups/downs that stop me from doing things on some days	<input type="checkbox"/> My mood is stable. I have no problems with anxiety or depressed mood



RETURN TO WORK



FOR SURVIVORS

Personal care and hygiene	<input type="checkbox"/> I need assistance and reminders for personal care including hygiene and toileting	<input type="checkbox"/> It takes more than an hour to get ready in the morning, or I need some reminders for personal hygiene	<input type="checkbox"/> I am independent for personal care and hygiene. I do not need reminders. I can get ready in less than an hour in the morning
Attending appointments	<input type="checkbox"/> I need assistance to be on time for appointments and to get there	<input type="checkbox"/> I need some reminders to be on time but I can get there on my own	<input type="checkbox"/> I am independent remembering and getting to appointments
Managing time and activities	<input type="checkbox"/> I need help to plan and manage my activities. I am doing very few or no leisure activities	<input type="checkbox"/> I need some reminders to help plan and manage my activities. I am doing some leisure activities	<input type="checkbox"/> I am independent planning, organizing and carrying out my activities. I am doing some or many leisure activities
Mobility (walking, wheelchair)	<input type="checkbox"/> I need assistance or supervision for mobility indoors and outdoors	<input type="checkbox"/> I need some assistance and cannot get around outside on my own	<input type="checkbox"/> I am fully independent for mobility indoors and outdoors
Transportation	<input type="checkbox"/> I need assistance from others for transportation	<input type="checkbox"/> I need some assistance/reminders, for example to help plan transportation	<input type="checkbox"/> I am independent in my planning and taking transportation for all my activities
Managing finances	<input type="checkbox"/> I need assistance to budget, do banking and pay bills	<input type="checkbox"/> I need some assistance or reminders to manage my money	<input type="checkbox"/> I am independent in managing my money including banking and paying my bills
Taking medication	<input type="checkbox"/> I need assistance or reminders for medication	<input type="checkbox"/> I need some reminders for my medication	<input type="checkbox"/> I am independent with my medication
Using strategies	<input type="checkbox"/> I need assistance to use strategies (e. g. notes, planners, pacing, communication aid, and/or to manage anxiety and frustration)	<input type="checkbox"/> I have started to use strategies but I am not using them daily and/ or I require some reminders to use the strategies	<input type="checkbox"/> I am efficient and independent in using strategies, without reminders or assistance from others
Planning and decision making	<input type="checkbox"/> I need others to help me with planning and decision making	<input type="checkbox"/> I need some assistance with planning and decision making	<input type="checkbox"/> I have no difficulties with planning and decision making and others are not concerned about me

Continued on the next page

RETURN TO WORK



FOR SURVIVORS

<p>Rehabilitation therapies</p>	<p><input type="checkbox"/> My rehabilitation activities or therapies take up 2 or more days per week</p>	<p><input type="checkbox"/> I am still involved in some rehabilitation activities, but only once per week or less</p>	<p><input type="checkbox"/> I have completed all of my formal rehabilitation activities and therapies</p>
<p>Up-to-date skills and education</p>	<p><input type="checkbox"/> It has been a long time since I have worked. My training and education might be out of date</p>	<p><input type="checkbox"/> It has been awhile since I have worked. My skills and education may be out of date</p>	<p><input type="checkbox"/> It has been less than 6 months since I have worked. My training and education are up to date</p>
<p>Totals:</p>	<p>Column one: _____</p>	<p>Column two: _____</p>	<p>Column three: _____</p>



RETURN TO WORK



FOR SURVIVORS

Wrap-Up and Recommendations: After you have filled in the checklist; review it with a healthcare professional (for example, an occupational therapist, psychologist, counselor, vocational counselor, or your doctor). Following are some recommendations to discuss with your healthcare professional.

If you have check marks in Column 1 or 2...

You may or may not be ready for paid employment

Recommendations:

Keep focusing your energy on rehabilitation activities and therapies

If you are having problems with headaches, sleep, fatigue, seizures, or emotional well-being then, if you have not already done so, talk to your healthcare professional

Ensure that you are following through on good personal hygiene

Find ways to build your endurance, for example a regular exercise program

Learn useful strategies to manage problems with fatigue, memory, anxiety, frustration, communication, etc. An occupational therapist or other healthcare professional can help with this. Remember, it takes lots of practice and repetition to use your strategies successfully

Aim to become involved in regularly scheduled activities and a weekly schedule (recreation and social activities, exercise)

Some community activities that you may want to try include the following:

- Fitness class (review options with your healthcare professional)
- Stroke support group
- Take a class (e.g., art, photography, music, computer skills)
- Attend public lectures (at library, college)

If most or all check marks are in Column 3:

You may be ready for paid employment. This may be a good time to connect with a vocational rehabilitation counselor to explore options and resources.

Always check with your doctor or other healthcare professional before considering a return to work.

Think about doing some volunteer work. This will help you get back into a regular schedule, make contact with other people, and build your resume.



Stroke Nutrition Therapy



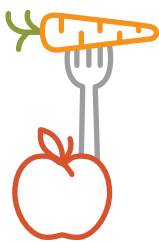
This eating plan is low in sodium (which comes mostly from salt).



You should eat heart-healthy kinds of fat to reduce the buildup of plaque in your blood vessels.



Everyone who has had a stroke should talk to their doctor about what a healthy weight is for them.



You should have plenty of vegetables, fruits, whole grains, and fat-free or low-fat dairy products. These foods contain nutrients that can help keep blood pressure under control.



If you need to lose weight, following the plan can help you because it limits high-fat foods and refined carbohydrates.

IF YOU HAVE DIFFICULTY SWALLOWING



After a stroke, some patients have difficulty swallowing. If you do, check with your doctor to see if you need a special eating plan that changes the texture of foods. Following this plan will prevent food from getting in your windpipe.

TIPS TO CONTROL BLOOD PRESSURE

- **Limit the sodium that you get from food and drink.**
 - Your doctor or dietitian can tell you the limit that is right for you.
 - In general, foods with more than 300 mg sodium per serving may not fit into your meal plan.
 - Do not salt food at the table. Use very little salt, if any, when you cook.
 - Choose carefully when you eat away from home. Restaurant foods can be very high in sodium. Let the person taking your order know that you want low-salt or no-salt choices. Many restaurants have special menus or will prepare food with less salt.
- **Eat plenty of fruits and vegetables that are high in potassium.**
 - Good fruit choices include bananas, apricots, oranges, cantaloupe, and apples.
 - High-potassium vegetables include potatoes, sweet potatoes, spinach, zucchini, and tomatoes.
- **Have fat-free and low-fat dairy products.** These will help you get the calcium and potassium that your body needs.
- **If you drink alcohol, limit the amount.**
 - Women should drink no more than one drink per day.
 - Men should not drink more than two drinks per day.
 - One drink is 12 ounces (oz.) of beer, 5 oz. of wine, or 1½ oz. of liquor.



TIPS TO CONTROL BLOOD CHOLESTEROL LEVELS

- **Eat very little saturated fat and trans fat.** These types of fat can raise the low-density lipoprotein, or LDL (“bad”), cholesterol in your blood.
 - Saturated fat is found in foods from animals, such as fatty meats, whole milk, butter, cream, and other dairy foods made with whole milk. It is also in tropical oils (palm, palm kernel, and coconut).
 - Trans fat is found in all foods made with hydrogenated oils. It may be in fried foods, crackers, chips, and foods made with shortening or stick margarine.
- **Choose unsaturated fats** (heart-healthy fats), such as soybean, canola, olive, or sunflower oil. Liquid or soft tub margarines are also fine.
- **Keep total amount of fat that you eat to less than 25% to 35%** of the calories that you get from food and drink.
- **Limit the cholesterol that you get from food to 200 milligram (mg) of cholesterol per day.** Foods high in cholesterol include egg yolks, fatty meats, shrimp, and dairy foods.
- **Get 20 grams (g) to 30 g of fiber per day:**
 - High-fiber foods include fruits, vegetables, and whole grains. Aim for 2 cups of fruit, 3 cups of vegetables, and 3 oz. of whole grains per day.
 - Soluble fiber is especially good for you. You can get it from oatmeal, dried beans, and peas.
 - As you add fiber to your eating plan, you should also drink more water or other fluids. This will help your body process the fiber without discomfort.
- **Eat cold-water, fatty fish (such as salmon, tuna, mackerel, and sardines) twice a week.** These fish provide omega-3 fats, which are heart-healthy. Be aware, however, that canned fish can be high in sodium. Choose fresh or frozen fish, or buy low-sodium canned types.
- **Add ground flaxseed or flaxseed oil to food, or eat walnuts.** These plant foods are also high in omega-3 fats.



Stroke Nutrition Therapy (cont'd)

FOODS NOT RECOMMENDED

Remember: Most foods should have less than 300 mg sodium per serving and have little or no saturated fat or trans fat.

Food Group	Foods Not Recommended
Grains	<ul style="list-style-type: none"> ■ Baked goods made with hydrogenated oil or saturated fat ■ Grain foods that are high in sodium or added sugar
Vegetables	<ul style="list-style-type: none"> ■ Canned vegetables (unless they are low-sodium or salt-free) ■ Pickles or other vegetables packed in brine, such as sauerkraut ■ Fried or breaded vegetables ■ Vegetables in cream or butter sauces
Fruits	<ul style="list-style-type: none"> ■ Fried fruits ■ Fruit dishes with cream or butter
Milk	<ul style="list-style-type: none"> ■ Cheese (except for low-fat, low-sodium types) ■ Processed cheese products ■ Whole milk ■ Dairy foods made from whole milk or cream (such as ice cream or half-and-half)
Meat and Other Protein Foods	<ul style="list-style-type: none"> ■ Canned or smoked meat or fish ■ Marbled or fatty meats (such as bacon, sausage, hot dogs, regular hamburger) ■ Whole eggs and egg yolks ■ Poultry with skin ■ High-sodium lunch or deli meats (such as salami) ■ Canned beans (except for low-sodium or salt-free)
Fats and Oils	<ul style="list-style-type: none"> ■ Solid cooking fats (shortening, butter, stick margarine) ■ Tropical oils (palm, palm kernel, or coconut oil) ■ Hydrogenated oil (found in many packaged and fried foods)
Other Alcohol (see p. 25)	<ul style="list-style-type: none"> ■ Salt, seasoning mixes made with salt ■ Soy sauce, miso ■ Canned or dried soups (except for low-fat, low-sodium types) ■ Bouillon cubes ■ Ketchup, barbecue sauce, Worcestershire sauce, salsa ■ Sugary drinks (such as soda or fruit drinks) ■ Snack foods made with hydrogenated oil, shortening, or butter ■ High-sodium snack foods (chips, pretzels, salted nuts) ■ High-fat, high-sugar desserts ■ High-fat gravies and sauces ■ Premade foods (boxed pasta mixes, frozen dinners, and so on) if high in sodium or fat

Adapted from Academy of Nutrition and Dietetics



Stroke Nutrition Therapy (cont'd)

RECOMMENDED FOODS

Remember: Most foods should have less than 300 mg sodium per serving and have little or no saturated fat or trans fat.

Food Group	Recommended Foods
Grains	<ul style="list-style-type: none"> ■ Breads and cereals, especially those made with whole grains such as oats, barley, rye, or whole wheat ■ Pasta, especially whole grain pastas ■ Brown rice ■ Low-fat, low-sodium crackers and pretzels
Vegetables	<ul style="list-style-type: none"> ■ Fresh, frozen, or canned vegetables without added fat or salt ■ Highly colored vegetables, such as broccoli, greens, sweet potatoes, and tomatoes are especially good for you.
Fruits	<ul style="list-style-type: none"> ■ Fresh, frozen, canned, or dried fruit
Milk	<ul style="list-style-type: none"> ■ Nonfat (skim), low-fat, or 1% fat milk, buttermilk ■ Nonfat or low-fat yogurt ■ Nonfat, low-sodium cottage cheese ■ Fat-free and low-fat, low-sodium cheese
Meat and Other Protein Foods	<ul style="list-style-type: none"> ■ Fish (especially fatty fish, such as salmon, fresh tuna, or mackerel) ■ Lean cuts of beef and pork (loin, leg, round, extra lean hamburger) ■ Low-sodium cold cuts made with lean meat or soy protein ■ Skinless poultry ■ Venison and other wild game ■ Unsalted nuts and nut butters ■ Dried beans and peas ■ Meat alternatives made with soy or textured vegetable protein (TVP), egg whites or egg substitute
Fats and Oils	<ul style="list-style-type: none"> ■ Unsaturated oils (soybean, olive, canola, sunflower, safflower) ■ Soft or liquid margarines and vegetable oil spreads ■ Salad dressings (nonfat or made with unsaturated oil) ■ Seeds ■ Avocado
Other	<ul style="list-style-type: none"> ■ Herbs and spices to add flavor to replace salt ■ Unsalted, low-fat snack foods, such as unsalted pretzels or plain popcorn

Adapted from Academy of Nutrition and Dietetics

Stroke Nutrition Therapy (cont'd)

Alcohol – Not recommended

Women: Do not have more than 1 drink per day.

Men: Do not have more than 2 drinks per day.
(1 drink = 5 oz. wine, 12 oz. beer, or 1½ oz. liquor)

SAMPLE 1-DAY MENU

Meal	Menu
Breakfast	<ul style="list-style-type: none"> ■ ½ cup orange juice ■ 1 cup nonfat milk ■ ¾ cup oatmeal ■ ½ cup blueberries
Lunch	<ul style="list-style-type: none"> ■ Turkey sandwich: 3 oz. low-sodium turkey breast, 2 slices whole wheat bread, 1 teaspoon mustard, 2 teaspoons low-fat mayonnaise, 2 slices tomato, 1 lettuce leaf ■ 1 cup summer squash ■ ½ cup unsweetened applesauce
Evening Meal	<ul style="list-style-type: none"> ■ Tuna noodle casserole: 3 oz. tuna, 1 cup noodles, ⅛ cup nonfat milk, and 1 teaspoon soft margarine ■ ½ cup steamed spinach ■ ½ cup cooked carrots ■ 1 small whole wheat dinner roll with 1 teaspoon soft margarine ■ 1 cup nonfat milk
Snacks	<ul style="list-style-type: none"> ■ ½ cup canned apricots (in juice, not syrup) ■ ½ cup low-fat, low-sodium cottage cheese

Notes:

Adapted from Academy of Nutrition and Dietetics

MEAL PLAN

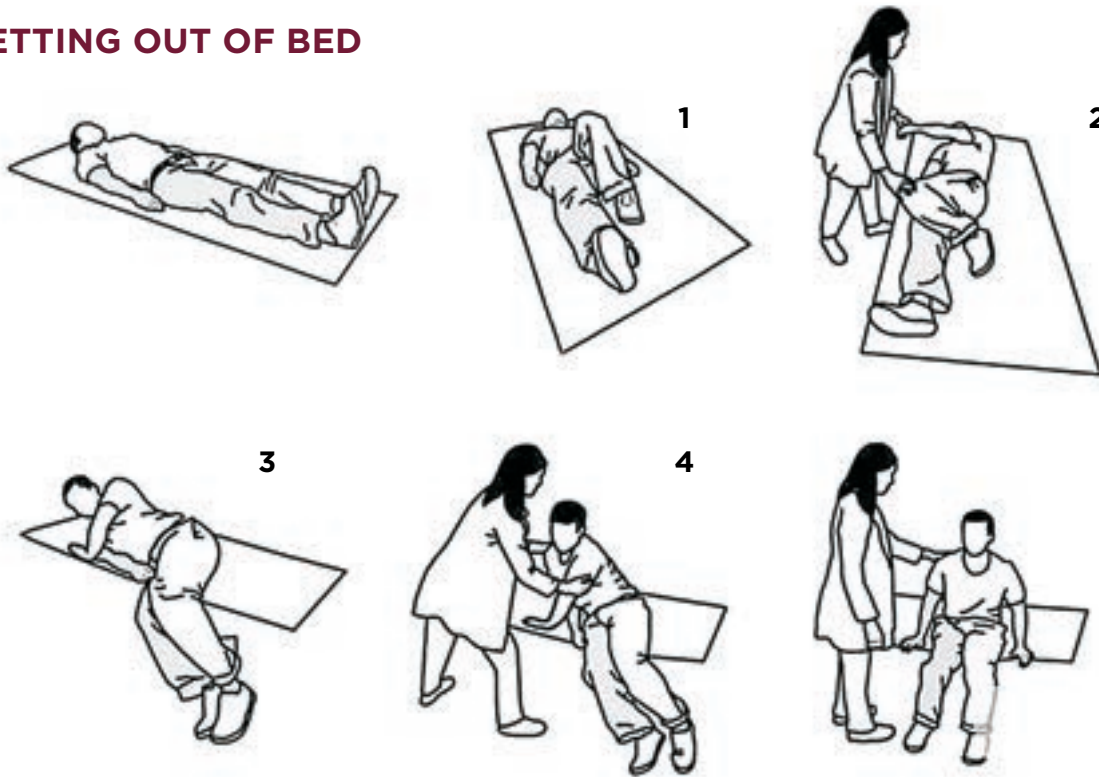
Use this form to develop an individualized meal plan.

Meal	Menu
Breakfast	
Lunch	
Evening Meal	
Snacks	

Notes:

Caregiver Information and Resources

GETTING OUT OF BED



TIPS

1. Bend one leg.

- Bend the leg opposite to the direction you are rolling.

2. Roll onto your side.

- When you roll, do not leave your arm hanging behind. Reach it across your body or rest it on your belly before rolling.

3. Bring both legs off of the bed.

4. Come to upright seated position.

- Caregiver should support behind the shoulders when assisting. Do not pull on the arm.

TRANSFERS INTO BED OR WHEELCHAIR

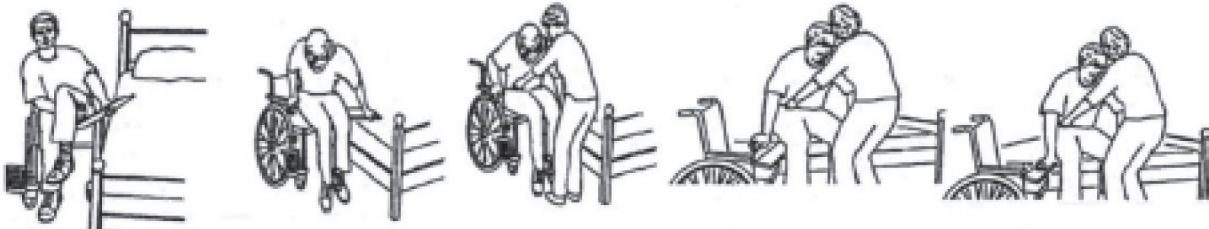
Stand pivot



Modified stand pivot



Slide board



TIPS

1. Set-up for the transfer: Position the wheelchair next to the bed as close to your loved one as you can with brakes locked. You may need to remove the arm rest of the wheelchair if standing completely is unsafe. Use a transfer board as needed, placing it underneath the thigh to bridge the gap.

2. Prepare to transfer: Use your knees to block the weak leg so it doesn't buckle while transferring. Place your hands on both sides of your loved one. Hold onto the transfer belt or onto their pants; *do not pull on their arms.*

3. Transfer: Lean back as you lift and move your loved one into the bed or wheelchair. Your loved one can assist by pushing with their hands & legs as able.

Videos available with instructions

Step 1: Enter the following URL into your web browser: cmcenters.medbridgego.com

Step 2: Enter the appropriate access code as follows:

Stand pivot transfer with walker: **82FAXV4P**

Squat pivot transfer: **NL3A7886**

Slide board transfer: **D33LBE4V**

What to do if You Fall

1. No one expects to fall. It can happen suddenly and without warning.

2. Stay calm

3. Do a body check to see if you are injured:

- Do you have pain anywhere you didn't have before you fell? Or, if you already had pain, is it worse than before you fell?
- Do you have any numbness or tingling anywhere that you didn't have before you fell? Or, if you already had some, is it worse than before you fell?
- Did you become dizzy before you fell?

If the answer is “yes” to any of the questions above, stay where you are and have your caregiver call 911.

Have your caregiver get a pillow/blanket as needed and get as comfortable as you can.

- * If you have someone take your blood pressure (if you have a cuff) and it is low, do not get up quickly. Get up slowly and monitor if you are still dizzy. **If dizziness remains and blood pressure remains low, call 911.**
- * If you are diabetic, have someone check your blood sugar. If it is low, follow guideline provided to you by your MD or dietician to increase blood sugar. **If it does not increase, call 911.**



If the answer is “no” to all of the questions to the left, again have your caregiver get a pillow/blanket to make you as comfortable as possible, and let the adrenaline rush subside before getting up from the floor.

Once you are calmed down, proceed with getting up from the floor per the method that was taught to you by your therapist (*refer to picture handout provided by your therapist for which method to use*):

- a. Using a stool, boosting up backwards onto sturdy furniture or into wheelchair.
- b. Getting on your hands and knees, kneeling next to furniture and boosting up onto furniture.
- c. Tipping wheelchair over backwards and using a sheet to pull patient into wheelchair and bringing wheelchair back to upright position.
- d. The “fireman’s” lift.

HOW CAN I GET UP OFF THE FLOOR?

Using my knees

1 Turn onto your back



2 Roll onto your side



3 Push onto your hands



4 Push up onto your hands and knees



5 Kneel, using stable furniture to steady yourself



6 Place your strongest leg forward



7 Stand up



8 Turn slowly



9 Sit down. Rest and tell someone you have fallen



Boosting up Backwards onto Sturdy Furniture (Able to assist with legs)

TIPS

- If you do not have a stool, use a foot ottoman or even a tool box (mind the handle).
- Furniture precautions: Beds are generally too high, and a toilet may or may not work depending on size/configuration of the bathroom).



Step 1: Place a step stool in front of the nearest piece of sturdy furniture (i.e. couch or coffee table). Avoid dining room chairs or rocking/lounge chairs that can easily tip or move.



Step 2:
Position yourself in front of the stool.



Step 3:
Place your hands on the stool and bend your legs. Position your feet as flat as possible.

Step 4: Lift onto the step stool by pushing with your hands and legs with 1-2 people assisting. They should have one hand on the gait belt and the other hand supporting underneath the back of your thigh. On the count of 3, you all lift together.



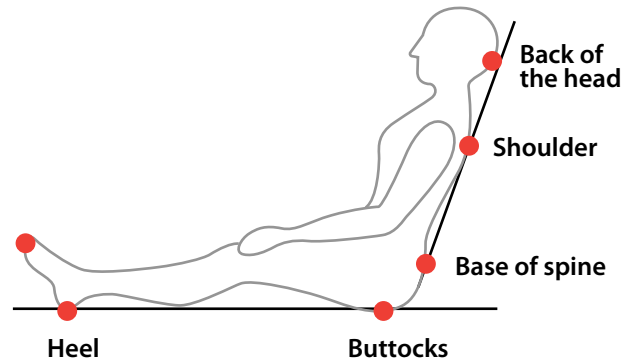
Step 5: Position your arms up onto the furniture behind you. Repeat the same process from step 4 to boost up from the stool onto the sturdy piece of furniture.



Skin Care and Pressure Sores

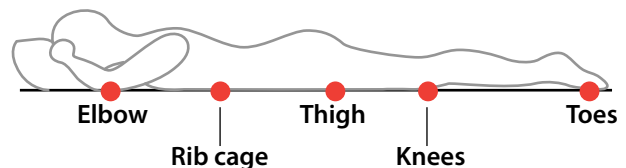
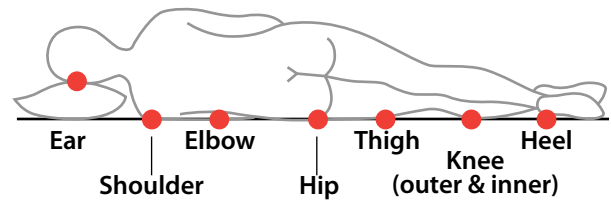
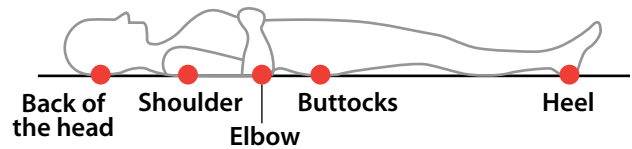
WHAT IS A PRESSURE SORE?

A pressure sore (also called pressure ulcer, decubitus ulcer, decubiti (plural), bedsore or skin breakdown) is an area of the skin or underlying tissue (muscle, bone) that is damaged due to loss of blood flow to the area. Blood flow to the skin keeps it alive and healthy. If the skin does not get blood, it will die.



WHAT DO I NEED TO KNOW?

- Individuals with limited mobility and sensory impairment are at high risk for developing pressure sores
- **Pressure sores can be life threatening.**
- Possible complications:
 - Infections can develop and spread to the blood, heart and bone
 - Amputations
 - Prolonged bed rest necessary for healing can keep you out of work and social activities for months
 - Because you are less active when healing a pressure sore, you are at higher risk for respiratory problems and urinary tract infections
 - Treatment can be very costly in lost wages or additional medical expenses
- Most pressure sores are preventable



HOW DO PRESSURE SORES HAPPEN?

- Too much pressure on the skin for too long, as in sitting or lying too long in one position. The extended pressure cuts off the blood supply to the skin, leading to tissue damage, skin breakdown and a pressure sore.

■ Common high-pressure situations:

- Lying or sitting too long without shifting weight or turning
- Not enough padding in bed (to protect bony areas of the body, such as the heels)
- Clothing and shoes that fit too tightly
- Sitting or lying on hard objects, bulky seams, or buttons on mattresses

- Shearing occurs when the skin moves one way and the bone underneath it moves another way. This can result from slouching while sitting, sitting at a 45-degree angle (as in bed), or sliding during a transfer instead of lifting your body.
- Trauma of any kind (cuts, bumps, burns, scrapes, rubbing)
- Bump or fall: Bumping toes into doorways; bumping your buttocks off the tire during transfers; bumping knees under desks.

WHAT PUTS ME AT RISK OF GETTING A PRESSURE SORE?

- **Loss of muscle mass.** With weakness, muscles tend to shrink, becoming less bulky and getting smaller (atrophy). Muscle mass or bulk serves as a natural cushion over the bony areas. A decrease in muscle mass leads to less protection over bony surfaces and more pressure on the thin skin layers.
- **Being over or underweight.** When you are underweight, you have less natural padding to protect your body areas, so your skin can break down from even small amounts of pressure. But when you are overweight, it is harder to shift your weight and do pressure reliefs. Fat uses oxygen and nutrients that could be nourishing your skin.
- **Decreased circulation.** Lack of muscle movement results in less nutrients and oxygen getting to the skin. The skin does not heal well if there is poor circulation.
- **Edema or swelling** is caused by fluid collecting in the tissues, usually in a part of the body that is not moved frequently and is below the level of the heart (feet, legs, and hands). Skin over areas of edema becomes thin and pale and injuries easily.

- **Smoking is terrible for your circulation.**
- **Diabetes, high blood pressure and high cholesterol decrease circulation.** If you have these diseases, pay particular attention to your feet and ankles. They are farthest away from the heart and are likely to be affected first or worst.
- **Illness or poor overall health.** This includes fevers, infections (such as urinary tract infections), poor nutrition, and chronic diseases such as diabetes.
- **Moisture.** Wet skin (from urine, stool, sweat, water) is more likely to break down.
- **Dry, flaky skin can crack** and become inflamed and infected.
- **Ageing causes skin to become thinner,** dryer, and more fragile. You may need to adjust your pressure relief schedule or switch to a different type of cushion when you get older.
- **Previous skin breakdown.** Scar tissue is more fragile than normal skin.
- **Spasticity** can cause your arms or legs to bump against an object and be injured, or rub against a surface (such as the sheets on your bed), which could produce an open sore.
- **Extreme heat or cold.**
- **Alcohol (or drug) use** often causes people to neglect their pressure reliefs and other personal care needs.
- **Depression is also a risk factor** for developing pressure sores.

HOW DO I PREVENT PRESSURE SORES?

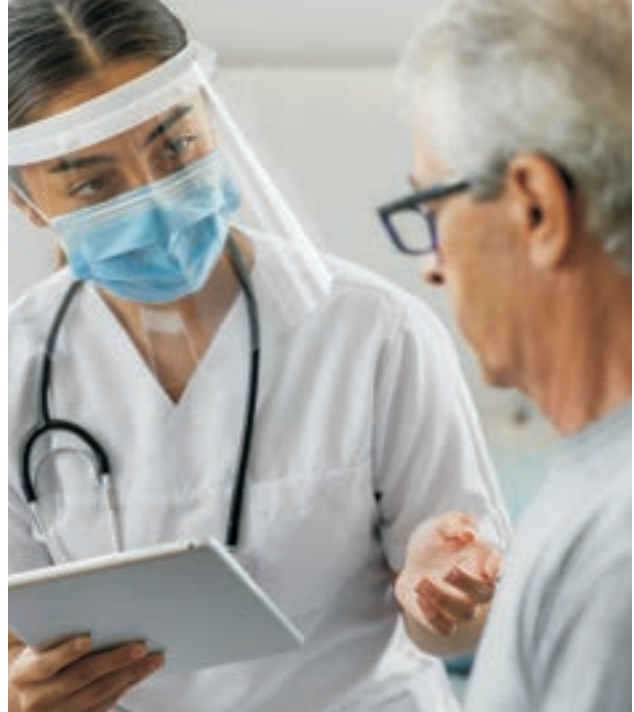
- **Check your whole body routinely.**
- **Relieve skin pressure** by changing positions frequently.
- **Take routine care of your skin.**

Vision Resources

Visual impairments can occur after having an injury to the brain. You may benefit from a comprehensive consultation with a neuro-optometrist or a behavioral optometrist.

Below are providers in Fresno that are able to assist individuals with vision therapy. This is not a comprehensive list, therefore feel free to research other providers and select one of your choosing. You may find additional optometrists at:

www.noravisionrehab.com
and www.covd.org



Dr. Rick W. Ideta

Aloha Family Optometric Group
7215 N. First Street, Suite 101
Fresno, CA 93720
Phone: (559) 226-3937
www.alohafog.com

Dr. Susan Mencarini, OD, FCOVD

145 N. Clovis Ave.
Clovis, CA 93612
Phone: (559) 298-2120

1360 E. Herndon Ave.
Fresno, CA 93720
Phone: (559) 486-5000

Dr. Shaw Yorizane Jr., OD, FCOVD

Fresno Optometrist Comprehensive
Integrated Vision
7411 N. Cedar Ave., Suite 102
Fresno, CA 93720
Phone: (559) 447-5522
www.dryorizane.com

Payment: It is important to determine if your healthcare plan covers vision therapy, as coverage varies depending on your specific plan. If your healthcare plan does not cover vision therapy but does cover occupational therapy, then you may be able to receive vision therapy from an occupational therapist at Community Outpatient Rehabilitation Center (CORC) after an initial assessment by one of the specialized optometrists.

CORC

215 N. Fresno St., Suite 250
Fresno, CA 93701
Phone: (559) 459-1842

Where Can I Find More Information about Vision?

The Low Vision Gateway

lowvision.org

National Eye Institute

www.nei.nih.gov/lowvision/content/faq.asp

Prevent Blindness America

www.preventblindness.org

Hemianopsia.net

www.hemianopsia.net/our-practice

Optometrists Network

www.visiontherapy.org

Neuro-Optometric Rehabilitation Association

noravisionrehab.com

Valley Center for the Blind

3417 W. Shaw Avenue
Fresno, CA 93711
(559) 222-4447
www.valleycenterfortheblind.org





How to Build a Ramp

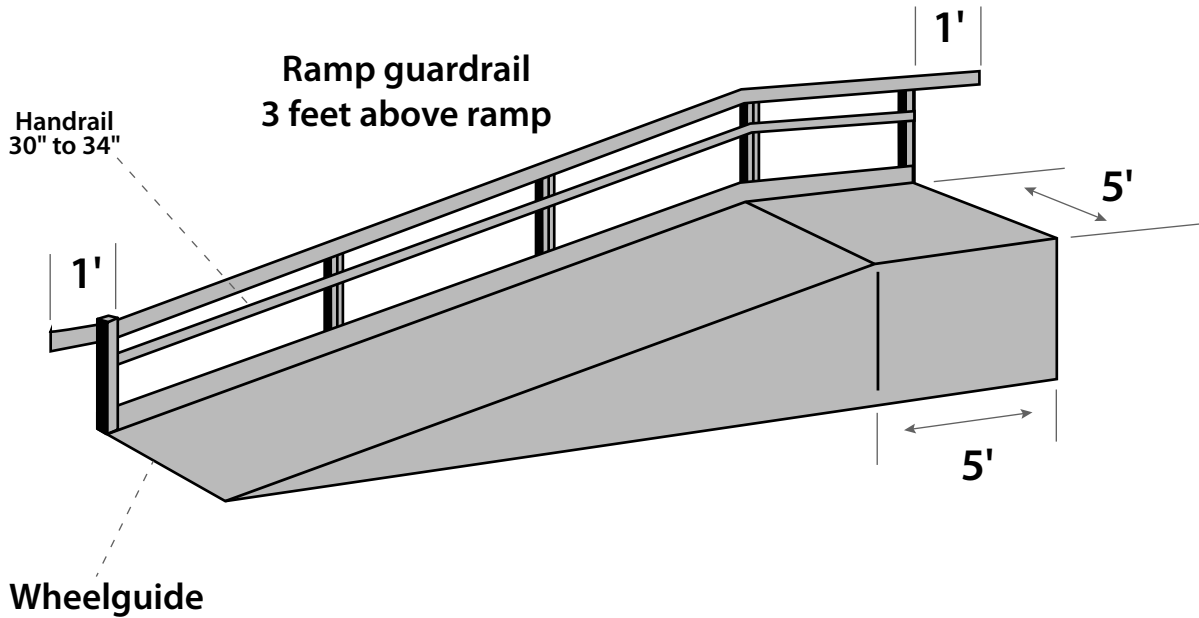
PURPOSE

To allow entry by wheelchair and to aid persons using an assistive device for walking.

CONSTRUCTION

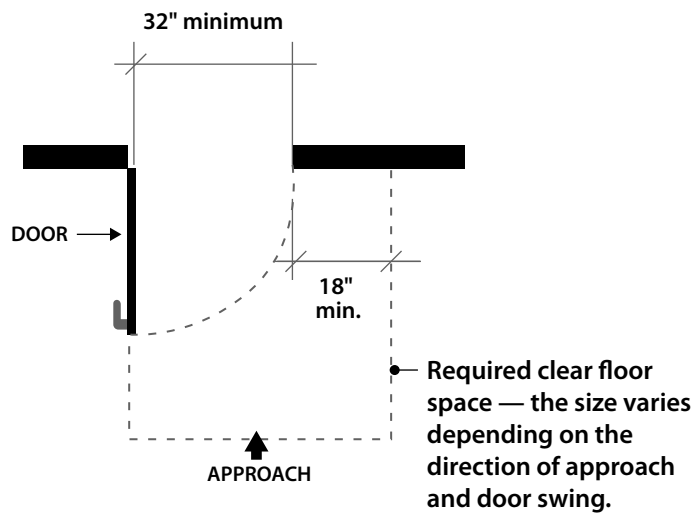
1. The grade should be 1:12, to permit independent use by persons in wheelchairs. This means for every inch of rise (the height of the steps plus the door threshold), you need 1 foot of ramp.
2. You need a 5-foot x 5-foot platform even with the door threshold. Make sure there is at least an 18-inch space when the door is open all the way for the wheelchair to approach the door.
3. Make the ramp 42 inches (3-4 feet) wide and use pressure-treated lumber, marine plywood, or concrete. Make sure the ramp has a non-skid (gritty paper adhesive, non-skid paint, or if using concrete, use a side to side to broom finish, not up and down).
4. There should be a railing on either side, 30-34 inches high, with the ramp at least 2 feet, 7 inches wide. Railings should be 1½ inches thick, extend to 1½ feet beyond ramp, and for safety, have turned down end.
5. There should be a 4-inch wheelguide along the base to prevent wheeling off.
6. If space is limited, the ramp can have a bend in it. In this case, there should be a 4-foot level area at the bend for turning.
7. There should be a level platform at both top and bottom, at least 4-feet long. Also, there should be a level platform at 10-foot or 15-foot intervals for resting.

TIP: You can make your own non-skid paint by mixing sand with the paint. Use 1 pound of silica sand for each gallon of paint.



To make sure your ramp will work for your family member, review it with the rehabilitation therapist. A carpenter should be consulted regarding the construction details, as these will vary with the length needed.

**DOORWAY SPACE
NEEDED FOR
WHEELCHAIR ACCESS**



A plan view of an accessible door

Avoiding Caregiver Burnout

Caregiver burnout is caused by too much long-term stress. It occurs when you feel overwhelmed and can't meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role. Your emotional and psychological health can affect your physical health.

Many caregivers don't take time to care for themselves. They begin to show signs of caregiver burnout. Your healthy body, mind and spirit benefit your loved one just as they benefit you.

WHAT ARE THE SIGNS OF CAREGIVER BURNOUT?

- Excessive use of alcohol, medication or sleeping pills
- Appetite changes—eating too much or too little
- Depression, hopelessness, feelings of alienation, lack of energy to do new things
- Losing control physically or emotionally
- Neglect or rough treatment of the person for whom you're caring
- Trouble falling or staying asleep
- Difficulty concentrating
- Missing appointments

If you recognize the warning signs of burnout, it will only get worse if you ignore them. Take steps to get your life back into balance.

HOW CAN I AVOID BURNOUT?

- **Get information:** It's likely that an older person you care for has multiple health problems. Having a good understanding of these problems along with medications that are being prescribed allow you to be better informed and prepared. This can alleviate stress.
- **Help your loved ones help themselves:** Allow your loved one to be as independent as possible. This may mean using adaptive equipment like grab bars or easy-grip openers and other utensils. As they learn new ways to help themselves, it will lessen the burden on you and will give more independence to your loved one.
- **Ask trustworthy family, friends, and neighbors for assistance:** Ask family and friends for help and accept help when it is offered. Explain what needs to be done, but try not to criticize if others don't care for your loved one in exactly the same way as you would. The important thing is that their needs are met.



- Take care of yourself, too: Take time to eat well, exercise, relax, and enjoy yourself—these are key to avoiding burnout. Look into respite programs to allow yourself a short break. Also, know the warning signs of depression and get help if needed.
- Don't take it personally: If an older person has dementia or other mental or emotional problem, they may get angry or say hurtful things. Remind yourself that this is because of the illness or a way they are trying to cope with their situation. Try not to take it to heart.
- Talk about it: Talking about your experience and feelings can make caregiving less stressful. Consider joining a caregiver support group in your area.
- Contact professionals and organizations that assist caregivers: A wide range of programs, agencies, and individuals in your community can help you manage the challenges of caring for an older person. This assistance may be free, or available at low cost.

Thrift Shops & Other Resources for Adaptive Equipment

FRESNO THRIFT SHOPS

R&M Thrift Store

825 Belmont Ave. (near Fulton)
Open 8 am-6:30 pm, Monday-Sunday

AMVETS Thrift Store

4125 E. Shields Ave.
(corner of Cedar & Shields)
(559) 222-2622
Open 9 am-6 pm, Monday-Saturday

Family Thrift Store

457 N. Fresno St.
(south of Belmont)

Disabled American Veterans Thrift Shop (DAV)

3163 E. McKinley Ave. (at First St.)
(559) 489-0402
Open 9 am-6 pm, Monday-Saturday

Neighbor Thrift

353 E. Olive Ave.
(559) 498-0708

Super Thrift Store with Cars

181 E. Sierra Ave. (near Blackstone)
(559) 440-0870

Driving Specialties

2563 N. Fordham
(559) 291-2563

Mobility Works

120 N. Diamond St.
(559) 408-5835

Fresno Scottish Rite

1455 "L" St.
(559) 268-9631

Catholic Charities

149 Fulton St.
(Near Fulton and Van Ness)
(559) 237-0851
Open 8:30 am-Noon and 1-3 pm
Monday-Friday

They have a "loaning closet" and are near Community Regional.

Please call first and ask to speak with someone from the "senior companion program".

Catholic Charities receives donated medical equipment that they can in turn give away.

CLOVIS THRIFT SHOPS

Hinds Hospice Thrift Store

270 Shaw Ave.
(between Minnewawa & Clovis)
(559) 226-2515
Open 10 am–5 pm, Monday – Friday
and 12–4 pm, Saturday

Clovis Senior Center

Lends out medical equipment
850 4th St.
(559) 324-2754

Old Town Thrift Store

727 Clovis Ave.
(559) 298-0600

Salvation Army

121 W. Shaw Ave.
(559) 297-5944
Open 9 am–6 pm, Monday–Tuesday
and 9 am–7 pm, Wednesday–Saturday

INTERNET RESOURCES

Craigslist

www.craigslist.com
Search by city—for the Fresno area use
www.fresno.craigslist.com

OfferUp

www.OfferUp.com (or app)

Facebook Marketplace

Access through personal
facebook account

OUTLYING AREAS

Chowchilla Lyons Club

Contact Anthony Romeri
(559) 665-1670
*Indicate you are calling
about borrowing medical
equipment from the
Lyons Club. They loan
equipment to those who
have need.*

Second Chance Thrift Shop

G Street & 12th
Reedley, CA
(559) 892-5603

187 W. Olive Ave.
Porterville, CA
(559) 784-7187

Hall Commercial

1121 E. 21st St.
Bakersfield, CA
(661) 323-4306

Keywords to search with:

- Wheelchair
- Walker
- Potty chair
- Bedside comode
- Tub bench/tub seat
- Shower seat/shower chair
- Handicap equipment
- Hospital equipment

Online Resources

STROKE RESOURCES

American Stroke Association

www.strokeassociation.org

National Stroke Association

www.stroke.org

The Stroke Network

(Online stroke support group):

www.strokenetwork.org

GENERAL TOPICS

Preventing Recurrent Stroke

www.stroke.org/sites/default/files/resources/NSAFactSheet_RecurrentStroke_2014.pdf

Reduce Risk and Recognize Symptoms

www.strokecenter.org/patients/stroke-treatment/reducing-your-risk/

Stroke and High Blood Pressure

www.stroke.org/sites/default/files/resources/High%20Blood%20Pressure_Fact%20Sheet.pdf

www.nhlbi.nih.gov/files/docs/public/heart/hbp_low.pdf

Stroke and Diabetes

www.stroke.org/sites/default/files/resources/Diabetes%20and%20Stroke_Fact%20Sheet.pdf

Healthy Eating

www.stroke.org/sites/default/files/resources/NSAFactSheet_Eating_2018.pdf

Importance of Physical Activity

www.stroke.org/sites/default/files/resources/Physical%20Activity_Fact%20Sheet.pdf

Mobility and Spasticity after Stroke:

www.stroke.org/sites/default/files/resources/NSA_Mobility_brochure.pdf

Bowel and Bladder Incontinence

www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/physical/incontinence

Difficulty Swallowing

www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/physical/dysphagia

Sex after Stroke

www.strokeassociation.org/STROKEORG/LifeAfterStroke/RegainingIndependence/PhysicalChallenges/Sex-After-Stroke_UCM_464261_Article.jsp#.W2oPBDpKhaQ

Depression

www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/emotional/depression

Visual Changes

www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/physical/vision

Sleep Problems

www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/physical/sleep

Stroke and Pain

www.stroke.org/sites/default/files/resources/NSAFactSheet_Pain_2014.pdf



Managing Fatigue

www.stroke.org/sites/default/files/resources/Recovery%20After%20Stroke%20Managing%20Fatigue.pdf

Managing Life at Home

www.stroke.org/sites/default/files/resources/NSAFactSheet_ManagingLifeatHome_2014.pdf

Return to Work

www.stroke.org/sites/default/files/resources/Ticket%20to%20Work%20Information.pdf

www.stroke.org/sites/default/files/resources/RTW%20Resources.pdf

www.stroke.org/sites/default/files/resources/Accommodations.pdf

Driving After Stroke

www.stroke.org/sites/default/files/resources/Driving%20after%20Stroke%20-%20Fact%20Sheet-2015_0.pdf

Request for Driver Reexamination

www.dmv.ca.gov/portal/wcm/connect/731f36d0-923a-4dc0-83b6-31f586944d24/ds699.pdf?MOD=AJPERES

Caregiver Support

<http://www.valleycrc.org>

PG & E Baseline Application

(to receive financial assistance for services for qualifying medical conditions)

www.pge.com/includes/docs/pdfs/shared/customerservice/brochuresforms/16pt_Eng_Application.pdf

Free Specialized Telephones Application

(for qualifying medical impairments to make it easier to see, hear, & call)

www.californiaphones.org/application



COMMUNITY REGIONAL MEDICAL CENTER

STROKE SUPPORT GROUP

Meeting for encouragement, education and socialization

MEETING TIME

3rd Tuesday of every month, 6-7:30 pm

Can't join in person? Join us on Zoom

[HTTPS://COMMUNITYMEDICAL.ZOOM.US/J/98740949647](https://communitymedical.zoom.us/j/98740949647)

Meeting ID 987 4094 9647

LOCATION

Community Regional
East Medical Plaza
2335 E. Kashian Lane
Suite 210 (2nd floor)
Fresno, CA 93721

Free Parking is available in the Parking Lot on Wayte Ln/Divisadero St

MORE INFORMATION

Support Group (559) 459-6255

Facebook Stroke Support Group at Community Regional



DIRECTIONS

FROM SOUTH HWY 41

Travel north on HWY 41
Take the Tulare St. exit (#127)
Turn left (west) onto Tulare St.
Turn right (northwest) onto S St.
Turn right at Fresno St. then make a sharp left at Divisadero St./Kashian Lane.
East Medical Plaza is on the right.

FROM NORTH HWY 41

Travel south on HWY 41
Take the E. Divisadero St./Tulare St. exit (#127)
Turn right (west) onto E. Divisadero St.
Go through light, cross over Fresno St. onto Kashian Lane. East Medical Plaza is on the right.

Support Group Mailing List

Sign up to be placed on our mailing list.

PATIENT NAME

CAREGIVER NAME

ADDRESS

CITY / STATE

ZIP

YES / NO

CELL

DO YOU TEXT? (please circle one)

EMAIL

Please circle which support group you would like to join:

STROKE SUPPORT GROUP

SCI SUPPORT GROUP

BRAIN INJURY SUPPORT GROUP

TRAUMA SUPPORT GROUP

**I consent to having my name and address used for the support group circled above.
This information will only be used for LSPRC Support Group Meeting information.**

SIGNATURE

DATE

Please return to:

Community Medical Plaza

Attn: Leon S. Peters Rehabilitation Center, Stroke Support Group

2210 E. Illinois, 5th floor, Suite 503

Fresno, CA 93701



CommunityMedical.org

