

Life After Stroke: Regaining Independence



A leading cause of serious, long-term adult disability, stroke can happen to anyone at any time.¹ Stroke attacks the brain, discontinuing necessary blood flow and oxygen. It increases the risk of lasting brain damage and disability by killing 2 million brain cells every minute.

That's why recovering from stroke can take a lifetime. Formal rehabilitation to gain independence is the first step to recovery for many people. It is common for rehabilitation to begin in the hospital, and in stable patients, within two days following the stroke. The quicker patients start rehabilitation, the more likely they are to recover lost abilities.

EFFECTS OF STROKE

Different abilities will be affected by stroke, depending on the degree of brain damage and where the stroke occurred, as every area in the brain is responsible for a specific function. A person can experience any one of the following strokes:

Right-Hemisphere Stroke. Because the right

hemisphere controls the left side of the body, a stroke in this area of the brain will typically cause paralysis in the left side of the body. As the right hemisphere also controls analytical and perceptual tasks, a stroke in the right hemisphere may also lead to spatial and perceptual abilities and judgment difficulties.

Left-Hemisphere Stroke. This side of the brain controls speech and language abilities, as well as movement on the right side of the body. A left-hemisphere stroke would likely cause speech and language problems, as well as paralysis in the right side of the body.

Cerebellar Stroke. Reflexes, balance and coordination are controlled by the cerebellum. A stroke in this area of the brain would lead to coordination and balance problems, such as foot drop, as well as abnormal reflexes.

Brain Stem Stroke. The brain stem controls all involuntary functions, such as breathing rate, heartbeat and blood pressure, along with eye movements, hearing, swallowing and speech. A stroke in the brain stem can be devastating and life threatening.²

STROKE REHABILITATION

Treatment goals help patients relearn basic skills to regain independence, prevent strokes in the future and prevent complications. Stroke rehabilitation can include therapy to regain speaking and comprehension; motor skill strengthening; mobility training; psychological evaluation; range of motion therapy; electrical stimulation to stimulate weakened muscles; constraint-induced therapy to improve function of the affected limb and more.³

Rehabilitation specialists can help stroke survivors learn how to keep muscles strong, use assistive devices to stay mobile, perform appropriate stretching exercises, bathe, shower, dress, eat and other necessary functions and return to work. Feeding, moving and performing normal tasks may not be as easy as they once were before the stroke.

Sometimes, muscles can be weaker or not work at all on one side of the body. Patients may experience muscle spasticity (tight muscles)

and joint contractures (hard-to-move joints) on the weak side of their body. It is not uncommon for muscles that haven't been affected to become weak as well.⁴

Muscle spasms or spasticity, joint contractures, subluxation or dislocation of a joint (commonly the shoulder) and reflex sympathetic dystrophy (complex regional pain syndrome) are typical ways patients may experience pain after stroke. While pain medications can be taken, a health care provider needs to approve anything bought without a prescription. To combat muscle spasms and/or spasticity, a combination of physical therapy, braces and medication can help.

RETURNING HOME

Returning home depends on stroke severity, whether or not the patient can take care of himself, what type of help will be available and if the house is deemed safe. Rehabilitation options, aside from home therapy, can include a rehabilitation unit in the hospital, a subacute care unit, a rehabilitation hospital, outpatient therapy, and/or therapy and skilled nursing care at a long-term care facility.

For patients capable of returning home after rehabilitation, changes may need to take place in order for the patient to stay safe. Consider the proximity from bed to bathroom, and move items that can pose a falling hazard. The National Institutes of Health notes that patients often see improvement in moving, thinking and talking in weeks to months following a stroke. In many people, improvements will continue to be seen years after a stroke. ■

Resources

1. National Stroke Association. Stroke 101. (2010). Retrieved from the World Wide Web, www.stroke.org
2. U.S. Department of Health and Human Services. Stroke. (2009). Retrieved from the World Wide Web, www.women-shealth.gov
3. Mayo Clinic. (2010). Stroke. Retrieved from the World Wide Web, www.mayoclinic.com
4. National Institutes of Health. (2011). Stroke Recovery. Retrieved from the World Wide Web, www.nlm.nih.gov

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