

CANADIAN STROKE NETWORK

REDUCING THE IMPACT OF STROKE

VOLUME 9

GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

Bonus
A patient's guide
to stroke care

SET GOALS

Check out our
goal-setting guide.

GET ACTIVE

Buy a pedometer, then walk
and track your progress.

BE CREATIVE

Creativity improves
brain recovery.



CANADIAN STROKE NETWORK

MISSION

To reduce the impact of stroke on Canadians through collaborations that create valuable new knowledge in stroke; to ensure the best knowledge is applied; and to build Canadian capacity in stroke.

CANADIAN STROKE NETWORK

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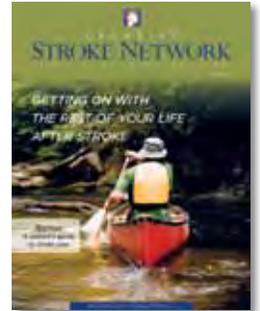
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ON THE COVER:
Getting on With the
Rest of Your Life
After Stroke



LEARN TO TAKE YOUR BLOOD PRESSURE

Buy a home blood pressure kit at the pharmacy and learn to measure your pressure

Pg. 17



Introduction



GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

Groundbreaking national study gathers best evidence about stroke recovery.

- After emergency care ends . . .
- After treatment at the hospital . . .
- After therapy is complete . . .
- After returning home . . .

What then?

Studies show that 50 per cent of people who return home after a stroke don't have a meaningful activity to fill their day.

Isolation and inactivity, in turn, lead to depression and loneliness. For many people, deteriorating health can turn the 'road to recovery' into the path back to the hospital.

That's why the Canadian Stroke Network launched a national project called ***Getting on With the Rest of Your Life After Stroke***.

Rolled out in eleven sites across Canada, the program explored the positive effects of physical activity, leisure, and social interaction – all of which became essential parts of this booklet.



Dr. Nancy Mayo

“Stroke is very prevalent and we can't just let people who've experienced stroke to step out of society – it's not good for them and it's not good for society. We need to return people to the service of the community.”

NANCY MAYO, CANADIAN STROKE NETWORK



“Think of this program as learning to fly. First there is “Lift-off” where participants will learn the ingredients to getting off the ground; then there is “Gaining Altitude” when participants will put into practice in their community and in their own lives some of the learned skills; the final stage is “Full Flight” when the participants have a plan for meaningful activity for the rest of their life.”

MARK BAYLEY, CANADIAN STROKE NETWORK



Dr. Mark Bayley

More than 242 people in nine cities took part in the project. Many of them showed meaningful improvement.

Research from this national project has led to the creation of valuable tools to help people regain their lives after stroke, say project leaders Nancy Mayo, Ph.D., of McGill University and Dr. Mark Bayley of the Toronto Rehabilitation Institute.

These findings encourage people with stroke to:

Be engaged:

- In life
- In exercise
- In your community

Be in charge:

- Of your mood
- Of your health
- Of your recovery

The *Getting On* program uses activities and projects to promote recovery. Turn the page to get started:



Goal Setting

GOAL SETTING 101

- Setting goals is very important to *Getting On With the Rest Of Your Life After Stroke*.
 - People who set goals accomplish more in their day. They also have an increased sense of self-responsibility.
 - Taking responsibility for yourself brings you one step closer to managing your life.
- Choose a manageable long-term goal, and then develop an action plan of short-term goals that will achieve it. Short-term goals need to be broken down into a series of steps.
- **Short-term goals** are things you can achieve in one or two weeks.
- **Long-term goals** take longer to reach—weeks or months.

After choosing a goal, write it down. Don't just think it, ink it!

Every small step adds up!

Key Questions to Ask Yourself

What would I like to accomplish?

- This question focuses on your long-term goal.
- Remind yourself to choose an attainable goal that you care about.

SAMPLE GOAL:

Six weeks from today I would like to visit my sister, who lives in a house with five steps at the entry.



How am I doing right now?

- Don't be discouraged if the answer isn't your ideal – focus on your progress, not the place you started from.
- Make sure to remember the positive things as well as the challenging ones.

SAMPLE GOAL:

I can walk down a corridor. I can walk up two steps. I need to work on building my strength.

What can I do to reach my goal?

- This question focuses on short-term goals: smaller, more gradual steps.

SAMPLE GOALS:

1. I will do my home exercises two times a week.
2. I will walk the corridor in my building three times a week.
3. I will practice a full flight of stairs four times a week. I will ask my partner to come with me while I practice the first week.
4. I will call my sister to arrange a visit in the late morning, when I am less tired and not too stiff.
5. I will make arrangements with the accessible transportation provider. I will ask my carer to help me with this.



<<< Here's an example of someone's goals:



Set short- and long-term goals on the next two pages...





Goal Setting

GOAL SETTING 101

Keeping Track of Your Progress

- When you have chosen a goal, fill this worksheet with the steps you've successfully taken and the ones you will continue to take.
- Every week, write down what you've accomplished, no matter how small the progress might seem.

TIP:

If you have difficulty writing, try typing on a keyboard or asking a carer to write it down for you.

My goal is:

How I'm doing now:

What I can do to achieve my goal:

This week, I accomplished:

How I'm doing now:



What I need to do differently:

This week, I accomplished:

How I'm doing now:

What I need to do differently:

This week, I accomplished:

How I'm doing now:

What I need to do differently:



TODAY, I FEEL...



SAD



HAPPY



APATHETIC



MOTIVATED



WEAK



STRONG



TIRED



ENERGETIC

How are you today? Mark each of the lines above to indicate how you feel. Do this again every day for the next 6 days.

At the end of the week, take a look at your marks on the lines:
what do they say about your general mood?

If your mood this past week hasn't met your ideal, make a list of things you can do to improve it: for example, doing more of your favourite activities might make you happier. You can use the Goals section for help getting started.

You can print more versions of this page at: www.LifeAfterStroke.ca



Goal Setting

PERSONAL STORY



Joy's Message of Hope

SUCCESS STORY

Since 2003, Joy Hamilton has been a woman living with stroke. But she is also a woman living with hope.

“Once I had hope, I began to realize that I was not quite the person I was before the stroke, and that this was a good thing, at least in part,” the 55-year-old Ottawa resident recounts. She found the courage and determination needed to be in control of her life: “to start the return to work, buy a condo, and find physio and exercise on my own.”

Initially, Joy's post-stroke condition was very poor. “A shunt was put into my head to reduce pressure on my brain. Without that, I was expected to die.”

She didn't give up. “Later, I was wheelchair-bound, saw double, and had mild aphasia.” Joy also lost the use of her dominant left hand and arm, developed lymphedema in her chest and left arm, and had “no control over my emotions”.

Even then, her hope and persistence paid off. “Everything has improved immensely,” she says, optimistic despite lingering vision problems and a weak left arm and hand. “I walk with a cane, which I don't use at home; I worked up to the cane from the wheelchair, through a walker.”

No setback is a match for her determination: Joy frequently swims, snowshoes, participates in organized activities, and otherwise enjoys life. “Last year, I went alone to England for a month, where I coped on my own (cooking, laundry) and, with a walking stick, hiked the Wiltshire countryside.” Since her stroke, Joy has also travelled with a friend to multiple sites in the United States, including the Grand Canyon and Washington DC.

“I believe that just plain hope was the one thing that was missed by everyone (except, eventually, by me) in my journey, and it is the One Vital Thing. Just the reassurance that things can and will improve, over what they are, goes a long way to fighting depression.

“The simple hope that the future will be better is indescribably important.”



Healthy Lifestyle

EXERCISE

USE IT OR LOSE IT

- Regular exercise is key to mental and physical health, especially after a stroke. It can even help to prevent another stroke by reducing your weight and toning your body.
- Repetitive movement – whether walking or cycling – trains the brain and has a positive effect on mood and vitality.
- Try not to be discouraged if you can't do everything you used to. Focus on setting gradual, attainable goals and improving a little at a time.
- Make time for exercise every day.
- You should be able to talk and exercise at the same time. If you feel dizzy or have trouble breathing, stop exercising IMMEDIATELY.
- **Remember to keep breathing during your exercise!**

5 Steps

Exercise accomplishes five things:

- 1 Trains the brain
- 2 Strengthens the heart
- 3 Strengthens the lungs
- 4 Builds muscle strength
- 5 Improves flexibility



Healthy Lifestyle

EXERCISE

LIFE AFTER STROKE: A DAILY EXERCISE GUIDE

There are several different kinds of exercise, each with its own benefits.

In your fitness routine, try to include:

- 1 aerobic exercise
- 2-4 flexibility exercises
- 2-5 strength exercises
- 1 speed exercise

Remember to exercise at a level suitable for you; avoid overexerting yourself by taking breaks and respecting the abilities of your body.

Example of a Fitness Program:

AEROBIC:

1. **Nordic Walking** (see page 15).

FLEXIBILITY:

1. **Overhead arm stretch:** Lying on your back, raise arms up over your head and gently lower again. Help the affected arm if necessary.
2. **Hamstring stretch:** **CHALLENGING. Lift one leg up in the air as high as you can, with the knee as straight as possible. Count to five and lower. Repeat with the other leg.
3. **Ankle rotation:** While seated, rotate one of your ankles clockwise to a count of 5. Switch directions and rotate to a count of 5. Repeat with other ankle.
4. **Lower back stretch:** While seated, turn upper body slightly to the left, placing the left arm slightly behind the left hip, grabbing onto the chair. Bring right arm over to hold chair and gently twist to the left. Repeat on other side.



**STRENGTH:**

1. **Leg Lifts:** Sit on the edge of a chair with your back straight. Raise one knee and count to five, keeping your back straight. Repeat with other knee.
2. **Wall Push Ups:** **CHALLENGING. Stand facing with your feet planted about 1 foot from a wall, facing the wall. Put your hands on the wall at shoulder height, then bring your chest to the wall without moving your feet. Push back against the wall.
3. **Sit to Stand:** Sitting on a straight chair, stand up and sit down as quickly as you can. Repeat until you can't do it any longer.
 - First variation EASIER: Put the chair in front of a desk. Hold on to the edge of the desk.
 - Second variation MEDIUM: Hold on to the sides of the chair to help you stand up.
 - Third variation MEDIUM-HARD: Do the exercise without holding on to anything.
 - Fourth variation HARD: When you stand up, have your weaker leg back and your stronger leg forward.
4. **Bridge:** **CHALLENGING. Bend your knees with feet flat on the bed. Lift buttocks off bed as high as possible. Count to five and lower.
5. **Chair Crunch:** Sit up on the side of the bed, or sit on a chair away from the back. Without moving your buttocks, lean back as far as you can and return to starting position.

**SPEED:**

1. **Fast marching:** While seated, move your legs up and down quickly, as though marching.
 - Variation: Stand and hold on to a table or kitchen countertop.



More sample exercises can be found on our website: www.LifeAfterStroke.ca



Healthy Lifestyle

EXERCISE

WALKING ON THE ROAD LESS TRAVELLED

Walking is a great all-purpose way to exercise.

It's an excellent idea to buy a low-cost pedometer; this will help you count your steps and keep track of your progress.

Research shows that the average person should walk 10,000 steps every day. After a stroke, most people walk no more than 2,800 steps a day.

Measuring My Progress

Try to increase your number of steps by 10% every week. (If you walked 1,500 steps this week, make next week's goal 1,650 steps.)

Use the chart on the right to compare your goals with your progress. If you run out of empty boxes, you can download more at www.LifeAfterStroke.ca or photocopy page 14.





Record your activity progress here.

compare goals and progress



This week's date	My target number of steps this week	Number of steps I took this week	My target number of steps next week
March 2-8	1,500	1,500	1,650
How I felt:			
.....			
.....			
.....			

This week's date	My target number of steps this week	Number of steps I took this week	My target number of steps next week
How I felt:			
.....			
.....			
.....			

This week's date	My target number of steps this week	Number of steps I took this week	My target number of steps next week
How I felt:			
.....			
.....			
.....			

This week's date	My target number of steps this week	Number of steps I took this week	My target number of steps next week
How I felt:			
.....			
.....			
.....			



Healthy Lifestyle

EXERCISE

GETTING WITH THE TIMES: MORE FUN EXERCISE IDEAS

Remember, it doesn't matter which activity you do as long as you're moving steadily and often.

Walking or stationary bicycling are good all-purpose, at-home exercises.

Here are some more ideas:



NORDIC WALKING

- Nordic walking is a form of fitness walking with one Nordic pole in each hand.
- **Benefits:** Studies show that using Nordic poles while you walk can give you balance, increase your energy, enhance your workout, and take stress off your weight-bearing joints (hips, knees, back).
- As a result, using a pair of poles makes it easier to walk a longer distance.
- You can buy walking poles online at www.mec.ca or through other retail stores. (They come with instructions and videos to explain proper technique.)



YOGA

- Yoga is a set of disciplines that involve controlling your breath and stretching your body in specific ways.
- Yoga does not need to be complicated. Thinking consciously about your breath (see page 23) and moving your limbs are things you can do at home.
- Yoga offers benefits for both health and relaxation: its postures tone your body and increase its flexibility, while its focus on mindful breathing helps to clear the mind and reduce stress.
 - **Be careful.** Never overextend yourself.
 - Try to find a yoga class specifically for people recovering from illness. The instructors there will know how best to alter the postures.



- If you attend a regular yoga class, make sure the instructor knows that you have had a stroke.
- There is also a wealth of yoga videos and information available online.

TAI CHI

- Tai Chi is a Chinese system of meditative exercise, composed of slow movements, practiced for thousands of years.
- **Benefits:** Tai Chi is excellent for relaxation, balance, and health.
- The movements of Tai Chi are supposed to be done slowly, so take your time – the slower the better!
- Try buying a Tai Chi instruction DVD, or find a class at your local community centre. Remember to only do as much as you can handle.
- There are many different schools of Tai Chi. One (or more) of them is right for you.



AQUA FITNESS

- Exercise – stretching, jumping, dancing – done in the shallow end of a swimming pool, often to music. A great way to socialize with people.
- **Benefits:** a great workout for your muscles, heart, and lungs. The water also reduces tension on your body and makes it easier to move quickly.
- The best part about aqua fitness is that it's fun!
- Contact your local community swimming pool to see if they have a program for you.



“Exercising frequently, including “walking, swimming, floor exercises, snowshoeing, and organized activities”, has given Joy Hamilton the strength to pursue her love of travel despite persistent left-side weakness and double vision. Last year, she travelled alone to England.”

JOY HAMILTON'S PERSONAL STORY - SEE PAGE 9.



Healthy Lifestyle

BLOOD PRESSURE

LEARN TO TAKE YOUR BLOOD PRESSURE

- High blood pressure is the leading cause of stroke. Your blood pressure should be less than 135/90 and, ideally, no higher than 120/80.
- Go to the pharmacy or to your doctor's office to get your blood pressure checked.
- Better yet, buy a home blood pressure kit at the pharmacy and learn to measure your pressure. Ask your pharmacist or family physician for help. You can learn more about managing high blood pressure by visiting the Hypertension Canada website at www.hypertension.ca.



“Our point is to make people realize you can recover tremendously . . . That’s the point of this program — to get your life to recover.”

NANCY MAYO, CANADIAN STROKE NETWORK



Healthy Lifestyle

MEDICATION

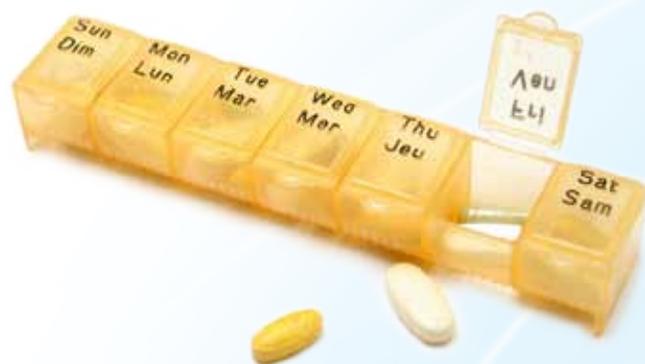
TAKE YOUR MEDICATION AT THE RIGHT TIME AND IN THE RIGHT DOSES

After your stroke, you will be prescribed medications to help reduce the risk of another stroke. These medications are proven to help protect you. Among the important things they do: lower your blood pressure, help your body balance the good and the bad cholesterols and help stop your blood from clotting.

Even if you start to feel better, it is essential that you keep taking your medications so that they can continue to protect you.

It is also important to take your medications at the right times and in the right doses. If you have trouble remembering to take your medications, talk to your doctor and/or pharmacist about ways to remember which pills you need to take and when. Daily pill containers are one way to do this.

Ask your doctor and/or pharmacist to keep track of all the medications you are taking, the doses and any special instructions. Your medication record should be kept up to date.





Use this medication diary to help.



Medication Diary							
Medication	Date Started DD/MM/YY	Dosing Instructions	Breakfast	Lunch	Dinner	Bedtime	Special Instructions
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	--/--/--	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Healthy Lifestyle

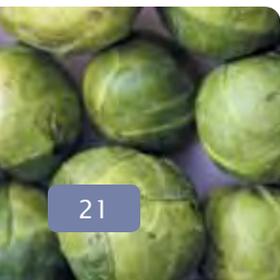
EATING WELL

NUTRITION – YOUR DIET AFFECTS YOUR HEALTH

Because diet affects both weight and blood pressure, eating properly can help you reduce the risk of having another stroke. Be sure to ask your doctor or dietitian which foods you should avoid and which ones are best to eat.

Reduce your Sodium

- After a stroke, one of the most important things you can do is ensure that you maintain a healthy blood pressure. One way of doing this is to reduce the amount of sodium in your diet. Hidden sodium in food raises blood pressure, which is a major risk factor for another stroke.
- Educate yourself: learn how to read a food label.
- Avoid processed or packaged foods.
- Go through your cupboards and refrigerator and read the labels, paying special attention to soups, bread, luncheon meat and frozen meals.
- Avoid foods with more than 200 mg of sodium per serving, and try to consume less than 1,500 mg total of sodium per day.
- Follow *Canada's Food Guide* to build healthy eating habits, and increase your consumption of vegetables and fresh fruit.
- Visit www.sodium101.ca for more information about sodium.





Use this shopping guide to help make healthy choices at the grocery store.



Shopping Tips to go!

Food	Serving Size	Adult Servings/day
Fruit & Vegetables	½ cup	2-3 fruits & vegetables in abundance
Grains	35g (1 slice of bread)	6-8
Dairy & Alternatives	1 cup (50g cheese)	2-3
Meat & Alternatives	75g	2-3

Approximate Calories per day: Female 1,800 Male 2,300

Canadian Stroke Network
Réseau canadien contre les accidents cérébrovasculaires

WWW.CANADIANSTROKENETWORK.CA



Label Guide Sodium

mg per serving

High 400+

Medium 200-400

Low 0-200

Total: 1,500 mg or less per day!

High Sodium Sources:
Meat sandwiches, pizza, soups, dressings and sauces.

GET THE FACTS!
SODIUM101.CA

Whole fresh fruits and vegetables
Whole grains
Low fat dairy
Lean meats and meat alternatives

Fast and processed food
Saturated and trans fat
Red meats and processed meats
Soda and juices
Sugars and syrup
White starchy food (bread, rice, pasta, potato)

Eat less. Exercise more.

Sodium 101

Get the facts! / La vérité choque!

Adequate daily intake : 1500 mg or less
l'Apport quotidien adéquat: 1500 mg ou moins

mg of sodium per serving
mg de sodium par portion

TOO MUCH TROP 400+

WATCH OUT ATTENTION 200-400

GO AHEAD ALLEZ-Y 0-200

Sodium101.ca

To order a free fridge magnet,
contact
info@canadianstrokenetwork.ca

IN GENERAL, a healthy diet includes a lot of fresh fruit and vegetables and a limited amount of processed food. Avoid foods with high sodium and with saturated and trans fats. If you find any in your cupboard, give them away.

Other things you need to do to reduce the risk of having another stroke? Quit smoking and limit alcohol intake.



Healthy Lifestyle

CONTROL STRESS

STRESS INCREASES BLOOD PRESSURE AND HIGH BLOOD PRESSURE IS THE LEADING CAUSE OF STROKE

Stress leads to high blood pressure – and high blood pressure is the leading risk factor for stroke.



Research has shown that adequate sleep, plenty of exercise, good nutrition and strong social support all help to control stress.

Taking 10 minutes, three or more times a day, to stop and relax can also make a big difference.

Try these relaxation exercises:

1

Deep breathing: Take as deep a breath as you can and hold it for a count of 2. Then let the air out, pursing your lips to blow it all out. Repeat as desired. Do three times a day – morning, noon, and night.

2

Abdomen breathing: When sitting quietly, take slow, deep breaths, letting your abdomen push out naturally with each breath. Purse your lips and blow out all the air in your lungs.

3

Mindfulness breathing: Sit or lie quietly and breathe naturally, focusing your mind only on the air moving in and out. Try to clear your mind of any thoughts other than the air you're breathing. Start with 4 breaths and build up – this is an excellent exercise to do when you're trying to fall asleep.

4

Stress ball: Buy a stress ball, tennis ball, or other type of small ball, and squeeze it as hard as you can. Hold to a count of 5. Relieves stress and builds wrist strength.





Daily Life

MY FAVOURITE THINGS

“The key to a healthy recovery is ‘keeping busy’ ”.

DEBORAH TENNANT, LIVING WITH STROKE SINCE 2011

After coming home from the hospital, it’s important to keep busy with things that you enjoy. Too many people with stroke don’t know what to do with their day, so they come home to isolation and inactivity. These can lead to depression, loneliness, and deterioration in health.

List your favourite activities here, and some that you’d like to try. (Use your own ideas, but there are some more on pages 26-33.) If you have trouble writing things down, ask a carer to do it for you or try typing on a keyboard.

When you’ve made your list, place each activity in a category.

I have never done this before – but I would like to try it.

I did this before my stroke – and I would like to do it again.

What did you decide to try?

GOAL: Make an effort to incorporate your favourite activities into your day using the **Time flies** diary found on page 25.

If you need help getting started with an activity, visit pages 3–7 to make a step-by-step plan.



Daily Life

TIME FLIES: MY DAILY DIARY

Getting on with your life after stroke means being able to self-manage. Keeping track of your day helps you **set goals** and **follow your progress**, both of which are essential for recovery.

Next to each thing you write down, draw a **smiley face** – a happy face 😊, a sad face ☹️, or a neutral face 😐 – to remind yourself **how you felt** about it.

Are you spending your day doing things you don't care for? **Try to incorporate more of your Favourite Things.**

Time of Day	What I Did
Before 7:00 am	
7:00-8:00 am	
8:00-9:00 am	
9:00-10:00 am	
10:00-11:00 am	
11:00-12:00 noon	
12:00-1:00 pm	
1:00-2:00 pm	
2:00-3:00 pm	
3:00-4:00 pm	
4:00-5:00 pm	
5:00-6:00 pm	
6:00-7:00 pm	
7:00-8:00 pm	
8:00-9:00 pm	
After 9:00 pm	



For more sample of this chart go to our website at www.LifeAfterStroke.ca



BE CREATIVE

USE BOTH SIDES OF YOUR BRAIN

Creative projects make you use both sides of your brain at the same time. Creativity helps rebuild brain connections. Remember that it's not what you produce that is important; it's the process – thinking, planning and following steps.

Here are fun, creative activities you could do with little cost:

Have you thought of . . .

- Scrapbooking
- Collage
- Painting
- Knitting
- Cooking
- Woodworking
- Needlework
- Music
- Arts and Crafts



You can order craft materials online at www.michaels.com. The website also has videos that demonstrate how to do different projects, as well as printable instructions and project sheets.

Turn your creativity into a community project by donating knitted goods to your local shelter. Homeless shelters need blankets, socks and mitts and scarves. Also consider knitting baby blankets for local hospitals.



Try these worksheets as a starting point.
(see next few pages)





Be Creative Worksheets

photography



Photography can be used to:

- Express your feelings, use photos to document your accomplishments or your frustrations
- Tell a story
- Make a statement
- Revisit an old pastime or start a new pastime
- Assist as a memory aid
- Reflect on things you enjoy, and family and friends

TIPS FOR CHOOSING A CAMERA THAT IS RIGHT FOR YOU:

- Choose a camera with larger power (on/off) and shutter buttons that may be easier to use.
- Choose a camera with a non-slip or rubberized texture on the body of the camera as this will make the camera easier to grasp.
- If you are new to photography, consider asking your sales representative for the most “consumer friendly” cameras. Most camera lines offer cameras that are easy to use. Some cameras even include features like vibration reduction or autofocus.



CAMERA ADAPTATIONS TO SUIT EVERY PHOTOGRAPHER'S NEEDS:

- Try a camera that can be operated with one hand, such as a handheld video camera.
- Add the non-slip material Dycem™ to the camera body with double sided tape so that it is easier to hold.
- Having difficulty holding a camera? Tripods can be used to stabilize a camera so you can concentrate on taking the picture. Mini-tripods are available that can be set on a table or wheelchair laptray.
- Mount the camera to your wheelchair for access and ease*.
- Use a camera that is switch adapted* so that you can control the camera using a larger button.



* These products may not be available at local retail camera sales centres and may need to be ordered from an assistive devices supplier.



For more suggestions on how you can adapt your camera, consult an Occupational Therapist.

WHAT CAN I DO WITH MY PHOTOS?

1. Put them in a photo album or scrapbook with descriptions of your photos
2. Make a collage – see page 30 for collage examples
3. Express yourself



Document your accomplishments:
 “I managed to squat down to get [the flower] into the frame. I think it was my lucky picture.”

HOW CAN I EXPRESS MYSELF AND DESCRIBE MY PICTURES TO OTHER PEOPLE? TRY USING THIS WORKSHEET.

my photo project

Why did I take the picture?	<i>I saw a beautiful flower and wanted to remember it.</i>
How does it make me feel?	<i>I was so happy to get the picture – I was able to squat down and not fall!</i>
Does it remind me of something?	<i>It reminds me of flowers we had in our garden in our first home.</i>
Should something be done?	<i>I am going to share this picture with family and keep up with my exercises so I can squat to do more things.</i>

Why did I take the picture?
How does it make me feel?
Does it remind me of something?
Should something be done?



Express your feelings:
 “There are those stupid shoes. The other ones are too hard to put on and take off. When you teach grade one, you don’t want to be wearing Velcro shoes.”



Assist as a memory aid: “Fixing the kettle. Taking pictures so I know how to put it back together.”



Be Creative



The Art of Living With Stroke: Joe Newton's Story

SUCCESS STORY

Studies have shown that, after coming home from the hospital or rehab, 50% of people with stroke don't have a meaningful activity with which to fill their day.

Joe Newton is not one of those people.

The 63-year-old Torontonian had already been a hobby painter years before his stroke in May of 1999, but he continued to paint during his recovery because "I enjoyed the creative release. There's a real excitement and joy to painting. Your normal releases – say, the recognition at work for a job well done – no longer exist. This is a wonderful substitute."

Watercolours are his favourite medium, chosen for their spontaneity and transparency. It's a good fit for the loose, flowing nature of the landscapes he likes most. (His favourite colour is dark blue.)

Although he continues to live with damage to his left side and to some cognitive functions, art has done wonders for Joe: "Painting has enhanced my sense of independence – it's something I'm able to do and create on my own. It's amazing how fulfilled you feel after completing your first piece of art. It's a real sense of self-worth."

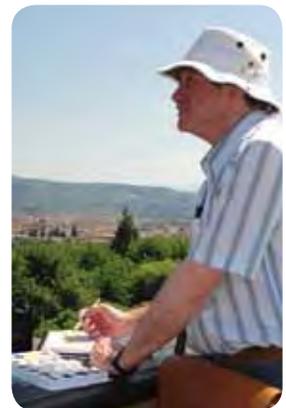
There are even social benefits to painting. As a member of the Toronto Watercolour Society, Joe has found that "letting others view your work increases self-esteem, provides recognition and a sense of accomplishment. It also gets people out, talking to others, and sharing experiences. It's a great way of broadening your mind and opening new options."

Joe suggests that art may even "help ward off depression and increase enthusiasm and commitment to the rest of rehab and other aspects of recovery."

"I find it very therapeutic."

For first-time painters, he recommends buying good supplies and being careful with the choice of subject matter: people with limited mobility, for example, may not be able to visit and paint landscapes in the field. However, Joe knows this needn't be an obstacle.

"Just because a tree is green with a brown trunk doesn't mean you can't paint a tree that looks like a lollipop. Art is about the creation of the artist – your expression. You express a painting from your heart and mind."





Be Creative

Worksheets

collage

A **collage** (From the French: *coller*, to glue) is an art form of groundbreaking novelty made from an assemblage of different forms, thus creating a new whole. An artistic collage work may include newspaper clippings, ribbons, bits of colored or hand-made papers, portions of other artwork, photographs, and such, glued to a piece of paper or canvas. This term was coined by both Georges Braque and Pablo Picasso in the beginning of the 20th century when collage became a distinctive part of modern art.

materials

Magazines or photos: rich sources of images to invoke emotions, memories, experiences, or themes.

Objects: small objects such as beads, fabrics, toys, flowers, stickers, can also be collected which, when added to the pictures, makes a 3-dimensional “montage”.

Base: bristol board, artists boards, cork tiles, any firm surface.

Cutting tools: Exacto knife, scissors.

Glue: any paper glue with a small paint brush, and tweezers to handle glued paper.



Advantages: materials are readily available at little or no cost. Themes can be developed and encourages collecting. You can take your own photographs to enrich the content. Themes can also be self-reflecting, stimulate creativity. Makes great gifts. Suitable for persons with only one functional arm.





Be Creative

Worksheets

Inuksuk

An **inuksuk** (plural **inuksuit**), pronounced “inukshuk”, with the emphasis on the “nuk,” is a stone landmark used as a milestone or directional marker by the Inuit of the Canadian Arctic. Inuksuit vary in shape and size, and perform a diverse array of tasks. It is a symbol with deep roots in the Inuit culture, a directional marker that signifies safety, hope and friendship.

The word *inuksuk* means “something which acts for or performs the function of a person.” They are often built in the shape of a person, with one arm longer than the other. The longer arm points in the direction to go. It also means, “we are all connected”.

materials

Rocks: flat for base, long and flatish for arms, rounded for bodies and heads. Found rocks are the best as they are rough and glue well; wash first. Purchased rocks can be incorporated between the rough rocks but they do not glue well together.

Glue: all-purpose glue for ceramic, glass, tile, plaster, foam is available in all hardware and craft stores (Weldbond). Must dry clear.

There is also tacky glue (Demco Tacky Glue) which is easier to work with but choose one that dries clear. This is available in art stores. 8 oz bottle is \$3 to \$5.

Spray varnish: makes a nice shiny finish (Krylon), available in all art and craft stores, about \$7.

Felt feet: self-adhesive, tiny size to protect furniture.

Assembly: Start with large flat stone, make legs, body, arms and head.

Variations: Could make any type of sculpture or structure, e.g. “fairy” houses. You are limited only by your imagination.



Advantages: Easy to do with one hand, fast, and requires no particular skill. It has meaningful message, makes great gifts. You can collect interesting rocks on your own.



Be Creative Worksheets

cookbook

Favorite recipes for favorite times: what a great gift to give a family member just starting out or to preserve all those great family favorites.

materials

Recipes: could be handwritten, cut out of magazines or newspapers, downloaded from the Internet.

Scrapbook or hard-covered notebook:

Assembling: Recipes could be written into the book or pasted. Side-by-side sheets can be used to add personal notes or illustrations or artwork.



Advantages: Provides opportunities for planning, reminiscing, collecting, and requires few resources. Suitable for people with only one functional arm and for people with aphasia. Makes a great gift. Can be a collective project for sharing or for fundraising. Could be thematic or general.





Daily Life

EXERCISE YOUR BRAIN



- Do a Sudoku like the ones at right – many levels are available, ranging from easy to very difficult. (The ones at right are easier.)
- If you prefer words to numbers, try a crossword puzzle like the one on page 35 – it's good for your hand as well as your brain. Most major newspapers offer printable large-size crosswords online.
- Practice typing on a keyboard. If you're concerned about making mistakes, disconnect the keyboard first.



“This was a great way to get back into ‘normal’ activity, and helped reduce my spastic paralysis.”

JOY HAMILTON



- Read a book. If you have trouble reading, try a large-print novel or maximize the font in your eBook.
- Learn a new skill.
- Do a jigsaw puzzle.
- Find free activities and lectures in your community.
- Absorb culture by visiting an art gallery or museum.
- Attend a concert. Music has been shown to have therapeutic benefits.
- Use your planning skills: organize a schedule and plan activities in advance. (This also gives you something to look forward to.)





Sudoku

Fill the grid so that the numbers 1 through 4 appear only once in each row, column, and 2x2 section. A complete Sudoku contains the numbers 1 through 4 in every row, column, and 2x2 section.



	3		2
1		4	

2		4	
	3		1

1			
	3		2
		4	

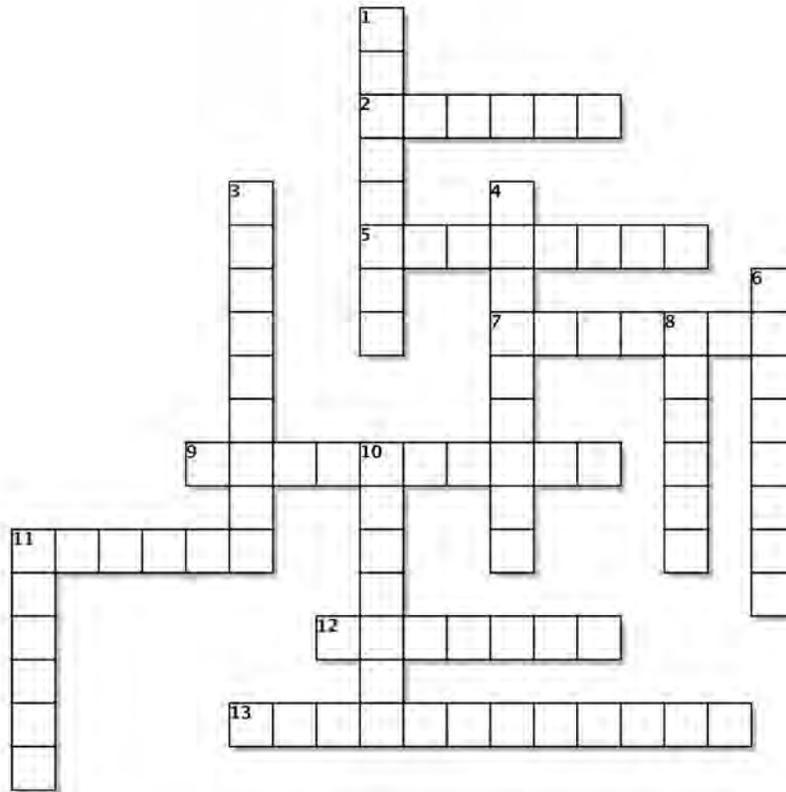
See answers on page 53.



Daily Life

EXERCISE YOUR BRAIN

CROSSWORD PUZZLE



Across

- 2 Walking with _____ poles is good exercise.
- 5 Try to _____ your body every day.
- 7 A post-stroke condition that makes it difficult to use language.
- 9 It's important to know when to take your _____.
- 11 To help reduce your risk of another stroke, reduce your _____.
- 12 Be _____ with someone with aphasia; communicating may take them longer.
- 13 Another name for high blood pressure.

Down

- 1 _____ goals take weeks or months to reach.
- 3 _____ goals take only one or two weeks to reach.
- 4 Practicing calm _____ can reduce your stress.
- 6 A fun activity that involves brushes and colour.
- 8 Getting on with the Rest of Your Life After _____.
- 10 An activity that can include drawings, ribbon, photos, and small objects.
- 11 This can be controlled through proper sleep, diet, and social support.



GIVING BACK

VOLUNTEERING AS A PERSON WITH STROKE

Volunteering is a great way to spend time, become involved in your community, and grow new friendships. Having a stroke does not mean that you can no longer volunteer. In fact, there are many opportunities for people in varying stages of recovery.

Community centers, soup kitchens, libraries, and churches are good places to start, but here are a few additional ideas:

Try this Knit a blanket for the homeless

THE BENEFITS:

- Provides you with a short-term goal, because you can knit one square at a time, as well as a long-term goal: to combine the squares into a blanket.
- You can do it from home and at your own pace.
- Knitting can be done with two or one hands (with the help of special one-handed knitting needles).
- Can be done by yourself or with a group of people; this is a fun activity to accomplish with friends.
- Helps someone who needs a blanket.

Try this Volunteer in a stroke support group

THE BENEFITS:

- Allows you to talk to other people with stroke, who may be easier to relate to, and helps someone facing challenges similar to yours.
- Provides an opportunity to share interests, information, and hope.
- For information about starting your own stroke support group, visit our website www.LifeAfterStroke.ca



See next page -
more on "Volunteering"

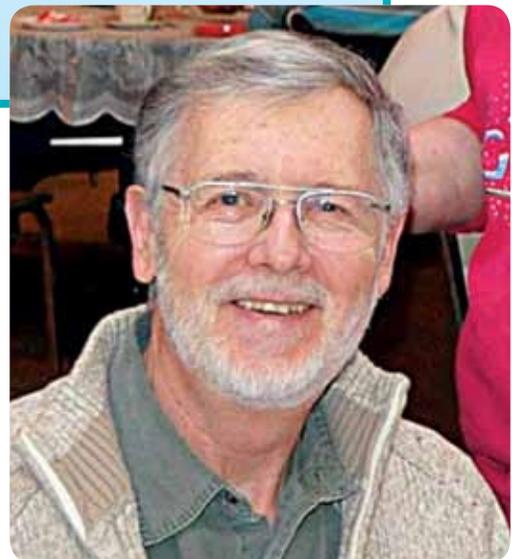




Daily Life

GIVING BACK

“I’m spending time with other people with stroke,” **recounts Murray Robertson**, a 65-year-old Manitoba man with lasting stroke damage to his right side. He spends several hours every week volunteering with the Stroke Recovery Association of Manitoba, “telling my story and being with people. If I go and listen and comment [on their stories], that helps me too. It makes it easier to deal with my own losses and what I can’t do – and reminds me that happiness depends on how well you come to terms with the new life you have.”





Stroke Resources

BUILDING SELF-CONFIDENCE

SELF-MONITORING

The ability to self-monitor (keep track, by yourself, of how you're doing) is one of the most valuable parts of your recovery. Use this checklist to see whether you should think about making changes to your lifestyle.

ANSWER YES OR NO TO EVERY QUESTION.

1. KEEPING FIT

YES <input type="radio"/> NO <input type="radio"/>	I walk for exercise at least 15 minutes a day, most days of the week.
YES <input type="radio"/> NO <input type="radio"/>	I do at least one kind of physical activity a day for at least 30 minutes (e.g., walking, gardening, housework, Tai Chi, swimming).
YES <input type="radio"/> NO <input type="radio"/>	On most days of the week, I set aside time for healthy activities (walking, relaxation, exercise).

2. FEELING POSITIVE AND ACTIVE ABOUT LIFE

YES <input type="radio"/> NO <input type="radio"/>	Each day, I am doing some of the things I really enjoy.
YES <input type="radio"/> NO <input type="radio"/>	I try to make the most of my day.
YES <input type="radio"/> NO <input type="radio"/>	I have plans to do enjoyable things during the next few days.
YES <input type="radio"/> NO <input type="radio"/>	I feel like I am actively involved in life.

3. SELF-MONITORING AND INSIGHT

YES <input type="radio"/> NO <input type="radio"/>	When it comes to health, I know what I can and cannot do.
YES <input type="radio"/> NO <input type="radio"/>	I monitor changes in my health.
YES <input type="radio"/> NO <input type="radio"/>	I know what triggers a health problem.
YES <input type="radio"/> NO <input type="radio"/>	I know what I can do to control my health problems.
YES <input type="radio"/> NO <input type="radio"/>	I have a very good understanding of when and why I am supposed to take my medication.



Stroke Resources

BUILDING SELF-CONFIDENCE

4. CONSTRUCTIVE ATTITUDES

YES NO I am in charge of my stroke; my stroke is not in charge of me.

5. KNOWLEDGE OF SKILLS/TECHNIQUES

YES NO When I have [health] symptoms, I have skills that help me cope.

YES NO I have a good understanding of adapted tools that can make my life easier.

6. SOCIAL INTEGRATION AND SUPPORT

YES NO I get enough chances to talk about my health problems with people who understand.

YES NO If I need help, I have enough people to rely on.

YES NO Overall, I feel well looked-after by friends or family.

YES NO When I feel ill, my family and carers really understand what I am going through.

7. NAVIGATING HEALTH SERVICES

YES NO I communicate very confidently with my doctor about my healthcare needs.

YES NO I confidently give health-care professionals the information they need to help me.

YES NO I make sure my needs are met by available healthcare resources (e.g., doctors, hospitals, community services).

YES NO I work in a team with my doctor and other health-care professionals.

8. RESOURCE GUIDE EVALUATION

YES NO I intend to tell other people that this booklet is very worthwhile.

YES NO The booklet has helped me set goals that are reasonable and within reach.

YES NO I trust the information and advice I was given in this booklet.



When you have answered Yes or No to each question, examine your answers and use the Goal-Setting guide on page 3 to plan your next step.

EXAMPLE:

1. On most days of the week, I set aside time for healthy activities (walking, relaxation, exercise).

If you answered YES: Well done! Exercise is very important to a healthy recovery. Ask yourself:

- How am I going to keep it up?

I can use a calendar to make time for exercise every week.

If you answered NO: Ask yourself:

- Why did I answer No?

I don't have time. I never feel like exercising.

- What can I do to achieve a Yes? What's the first thing I need to do?

I need to make time for exercising. And I need to find a kind of exercise that I like, so that I want to do it.

- How can I achieve my goal?

I can keep track of my day using the calendar to see when the best time for exercising is. I can think of kinds of exercise that I like, such as swimming, and then call my community swimming pool to see if they have a suitable class for me.

When setting goals, keep your goal specific and attainable.



Stroke Resources

PROVIDING SUPPORT

TIPS FOR CARERS

Stroke touches more than the person who has it – the entire family is affected when a loved-one with stroke comes home. Routines change, unfamiliar stroke vocabulary becomes part of daily life, and the process of coping with stroke – and the changes it has made – begins.

Caring for your loved-one with stroke can be very rewarding. However, it can also be frustrating and stressful. Feeling frightened or resentful of changes in your life is completely normal.



There are two important parts involved in being a carer: caring for the person with stroke, and caring for yourself.

Caring for a Person with Stroke

- Be patient: a stroke can make it difficult to relearn even simple tasks. Understanding and kindness go a long way.
 - Remember that stroke is on a five-year timeline – recovery of simple movements occurs quite soon after stroke, but the rest takes time and patience.
- Try to remain positive toward the person with stroke. Encourage every effort that they make, and praise every bit of progress. Document improvement and give reassurance that things will continue to get better.

Visit the Aphasia Institute website at www.aphasia.ca for further information.





- Encourage the person with stroke to adopt responsibilities from the very start, especially within the family. It's important to remind the person that they are not isolated; finding a new role can help maintain social connections.
- Do not be afraid to ask for guidance, whether from doctors or social services.
- Resist the urge to be overprotective. Encouraging the person with stroke to do as much as they can is the best way to foster increased independence in the long run.
- Try to prevent the person with stroke from becoming socially isolated.
 - Encourage friends to visit, gradually at first, and to honestly acknowledge that the person with stroke is still a whole individual who appreciates friends.
 - Social support comes from engaging in a meaningful or creative activity together.

TIP: If visiting a person with stroke, bring an activity to do with them, even if they can only participate a little. For example, bring a magazine about an activity the person found enjoyable before the stroke (fishing, cars, sports, crafts), bring a puzzle, or bake cookies together.

Maintaining Well-Being as a Carer

- It is not selfish or wrong to take time for yourself. Caring for someone with stroke is a big responsibility and can be very difficult, no matter how much you love that person. In addition, you'll care better for the person when you're feeling more relaxed.
- Ensure that you eat properly and get enough sleep.
- Maintain your social life, including contact with old friends. Try to involve the person with stroke in some of your activities, or at least keep them aware of what is happening. Alternatively, find new ways to spend time together, such as joining a stroke support group.

Remember: Many resources exist to guide you.
Educate yourself and know that you are not alone.



Stroke Resources

APHASIA 101

WHAT IS APHASIA?

Aphasia is a communication problem caused by damage to the left side of the brain. It affects roughly a third of people with stroke.

If you have aphasia, you may find it hard to:

- Talk
- Understand speech
- Read
- Write
- Sign or understand signing (for people who use sign language)

People with aphasia know what they want to say. They are intelligent and inherently competent. It's important to recognize that aphasia has not changed their mental abilities or personality.

No two people with aphasia are alike – some have difficulty with only one area of communication, such as trouble speaking or being unable to remember nouns, but most have difficulty in several.

Communication is still a two-way street. However, there is more than one way to move along that road.



**COMMUNICATION TIPS:
FOR THE CARER OF THE PERSON WITH APHASIA**

- Always:
 - Be patient—give the person enough time to answer you.
 - Use a tone of voice appropriate for talking to an adult.
 - Resist the temptation to answer for the person with aphasia, and never talk about the person with aphasia as though they are not there.
 - Remember that some people with aphasia need glasses or a hearing aid, and adjust your communication to their needs.
- Confirm that you understand what the person with aphasia is saying by summarizing or repeating their message (*“let me be sure I understand”*).
 - If you do not understand, make sure to tell the person.
 - Avoid pretending to understand or changing the subject.
 - Never ignore the fact that they are trying to communicate something to you.



Stroke Resources

APHASIA 101

- At the beginning of your conversation:
 - Minimize potential distractions (television, radio, other people talking).
- Make sure you have the other person's attention. Try saying their name before you begin to speak.
- As you are speaking:
 - There's no need to speak louder than you normally would.
 - Emphasize key words by stressing them verbally or writing them down.
 - Limit your sentences to one idea each.
 - Ask one question at a time.
 - Speak slowly and clearly.
 - Maintain eye contact throughout the conversation.
 - Keep your mouth in full sight: avoid gum, candy, and covering your mouth.
 - Pay attention to the other person's gestures and non-verbal communication. Try to encourage gestures.
- Communication styles and tips:
 - Try showing the person what you mean by drawing, writing the message down, or showing them a picture. Point to objects related to your message, or act it out.



- Repeat or rephrase your message if you need to.
- Offer yes-or-no questions. It can sometimes help to give the person with aphasia choices, rather than an open-ended question.
- Avoid changing topics quickly. Try to introduce each new subject and keep related subjects together.
- Avoid making too many corrections and criticisms, as these can frustrate the person with aphasia and discourage them from speaking.
- Try to understand what the person with aphasia is going through. Just knowing that you're there for them can be a huge help.
- If either of you gets too frustrated, suggest that you take a break and come back to that message later.

It can be useful to have the following materials on hand:

- A thick black marker is usually best when writing to the person with aphasia, as it's easier to see than pencil or pen. However, people with aphasia seem to write best in pencil.





Stroke Resources

APHASIA 101

- Blank paper, flashcards, and self-adhesive notes: all of these things can be used to block items on a page (whether words or images) that are not being discussed. The smaller size of flashcards also makes them ideal for writing key words to introduce or change the subject.
- Pencils and pens: for drawing and writing.





Communication tips: For the person with aphasia

- Take your time.
- Take a deep breath before speaking.
- Let your partner know that you need time to think. Let your partner know they should not interrupt you.
- Do whatever you need to in order to get your message across.
 - Gesture
 - Draw
 - Write
 - Point to pictures
 - Answer “Yes” or “No”
- If your partner speaks too fast, ask them to slow down. Say, “Please slow down.” Say, “Please say that again.”
- Go out and interact with people. Being with people is important to your recovery.
- Be patient and kind with yourself.
- Never give up on trying to communicate.



Go to www.aphasia.ca
to submit your tips.



Stroke Resources

APHASIA 101



Living With Aphasia: Carrie Lewis' Story

SUCCESS STORY

Carrie Lewis is a remarkable woman.

This isn't because she lives in Edmonton, Alberta, or because she's 49 years old, or even because she has lived with aphasia in the four years since her stroke; what makes Carrie instantly likeable is her sense of humour and obvious enthusiasm for life.

"I am feeling pretty good, now," Carrie wrote when asked to talk about herself. "I like my independence, being able to walk and drive. Make things, do things like sports, games, talk, see new things, places, people."

Carrie experienced her subarachnoid hemorrhage as "the worst headache I ever had". The stroke left her with aphasia and other changes – "I saw the clock numbers backwards" – as well as a weak left side. She has learned to walk again, but her "left arm is taking longer, with no feeling, but works quite well, anyways."

She is honest about the daily challenges that accompany aphasia. "It is tough some days. I am getting used to my slow answers and bad pronunciations." However, with typical optimism, this has helped her "appreciate those who have English as a second language."

In addition to working each weekday, Carrie attends group speech classes, goes bicycle riding, and has joined a darts group. "All of us try to get other Stroke survivors to come out and play, and socialize. At Darts, we did a lot of talking, and everyone feels comfortable."

"I have a great support from my family and friends. Old friends and new. All of us are a bit smarter, about Stroke and Aphasia."

As for this workbook, Carrie found it to be "a good idea" during her initial stroke recovery, and believes "I will use it" continuously in the future – "I am a work in progress still."

When asked to address other people living with aphasia, Carrie's message comes through strongly and clearly.

"Keep up all your hard work. You can do it!"



Picture communication sheets, using images like those below, can help make self-expression easier. You can find more aphasia resources on our website: www.LifeAfterStroke.ca



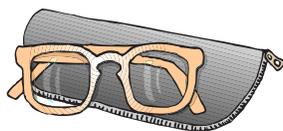
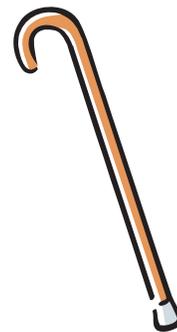
YES



NO



**I DON'T
KNOW**





Stroke Resources

SECONDARY STROKE PREVENTION

After a stroke, you have a 20% chance of a second stroke within two years. That's why it's so important to control your stroke risk factors and maintain a healthy lifestyle.

Reduce your risk factors:

- ✓ **Control your blood pressure** – high sodium is linked to high blood pressure.
- ✓ **Exercise frequently** – it's good for your body and can help reduce obesity.
- ✓ **Eat a balanced diet** – include fruit and vegetables in every meal.
- ✓ **Quit smoking** – if you smoke, your whole body is negatively affected.
- ✓ **Reduce your stress** – high stress levels can increase blood pressure.

Take an active role in preventing a second stroke.



LEARN MORE

THERE IS HOPE AFTER STROKE

To learn more, visit:

- Getting On With the Rest of Your Life After Stroke:
www.lifeafterstroke.ca
- Canadian Stroke Network:
www.canadianstrokenetwork.ca
- Sodium 101:
www.sodium101.ca
- Information about optimal stroke care:
www.strokebestpractices.ca
- StrokEngine Family (info about stroke recovery):
<http://strokengine.ca/family>
- The Aphasia Institute:
www.aphasia.ca
- Canada's Food Guide:
www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php
- Heart and Stroke Foundation:
www.heartandstroke.ca



Sudoku Answers

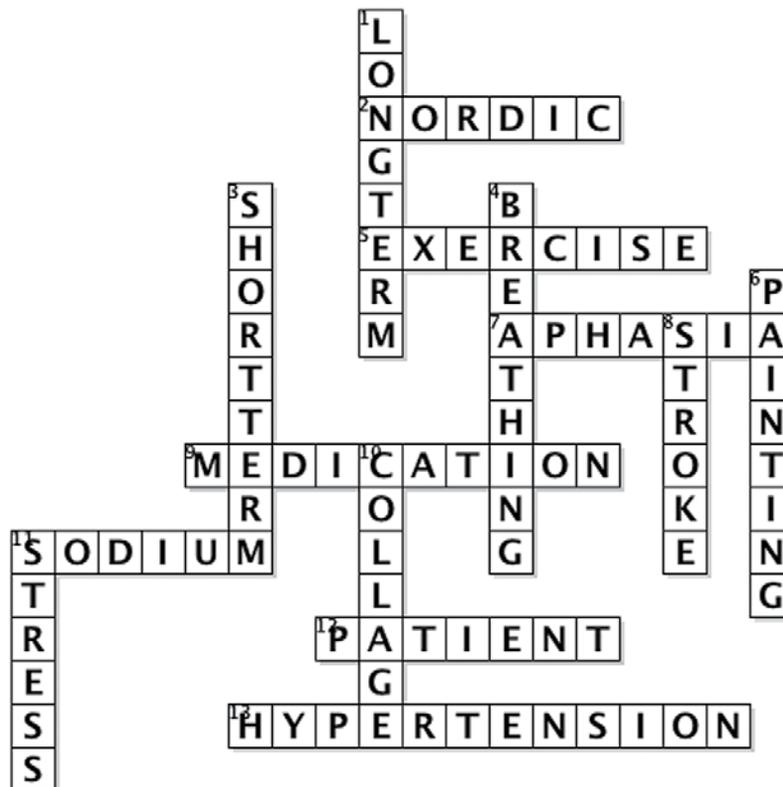
2	1	3	4
4	3	1	2
1	2	4	3
3	4	2	1

3	4	1	2
2	1	4	3
1	2	3	4
4	3	2	1

1	2	3	4
4	3	1	2
2	1	4	3
3	4	2	1

From Sudokus on page 34.

Crossword Puzzle Answers



From Crossword Puzzle on page 35.



The Patient and Family Guide to Canadian Best Practice Recommendations for Stroke Care

UPDATED 2011

Canadian Best Practice Recommendations for Stroke Care have been developed by stroke experts across the country. These recommendations focus on optimal treatment for stroke patients. This guide provides patients and families with practical information drawn from the recommendations.

Learn more about stroke care in Canada at www.strokebestpractices.ca



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires



HEART &
STROKE
FOUNDATION
OF CANADA

Stroke Prevention, Treatment and Recovery: Basic Information for Patients and Their Families

Strokes can be prevented and treated. *Canadian Best Practice Recommendations for Stroke Care* describe how to prevent stroke and how to care for patients with stroke. These recommendations are based on current research. When the *Best Practices* are followed, the impact of stroke can be reduced.

Be informed | Be involved | Take action

KNOW ABOUT STROKE

- Stroke is a medical emergency.
- The faster a possible stroke patient gets to hospital, the better their chances of receiving treatments that could help reverse the effects of the stroke.
- Be familiar with the warning signs of stroke and take immediate action by calling 9-1-1 or your local emergency number.

Know the Signs and Symptoms of Stroke:

Weakness — Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.

Trouble speaking — Sudden difficulty speaking or understanding or sudden confusion, even if temporary.

Vision problems — Sudden trouble with vision, even if temporary.

Headache — Sudden severe and unusual headache.

Dizziness — Sudden loss of balance, especially with any of the above signs.





1

EMERGENCY RESPONSE

- Never drive yourself or the person having a stroke to the hospital. **Call an ambulance.**
- Ask to be taken to the closest hospital that provides expert stroke care.
- You should be seen by doctors and nurses quickly after you arrive at hospital.
- You should receive a brain scan soon after you arrive at the hospital to find out if your stroke was caused by a blood clot or bleeding in your brain.
- If there is a blood clot in your brain, you should be assessed to see if you might benefit from a clot-busting drug (called tPA) that can help re-open blocked arteries. This drug can reduce the severity of the stroke and reverse some of the effects of the stroke. However, it must be given as soon as possible, and no later than four and a half hours after the stroke symptoms started. **Find out if tPA can help you.**
- If you have had a mini-stroke, called a transient ischemic attack or TIA, you need immediate treatment to prevent a major stroke. **Ask about when you will be seen at a stroke clinic if you are not admitted to hospital.**



STROKE CARE IN HOSPITAL

- You should be seen by a team of health-care professionals who are experts in stroke, preferably in a special unit dedicated to the care of stroke patients.
- If your stroke is caused by bleeding into the brain you may be cared for in an intensive care unit for the first few days after your stroke.
- The stroke team will plan your treatment and rehabilitation needs, and discuss these with you. **Get involved in the plan.**
- You should be assessed to see if you have trouble swallowing. Swallowing difficulties are common after stroke and can lead to choking and pneumonia. Your dietary needs should also be assessed.
- If your stroke was caused by a blood clot, you should be given a blood thinner, like ASA (commonly referred to as Aspirin™), to help prevent more blood clots. **Ask if a “blood thinner” can help you.**
- You should have a special scan to see if the blood vessels in your neck are narrowed or blocked and are a cause of your stroke.
- If your neck arteries are narrowed, you should be assessed to see if you need surgery.
- You should have your blood pressure checked to make sure it is not too high. High blood pressure is the leading cause of stroke. **Know your blood pressure.**
- You should have your blood sugar checked to find out if you have diabetes. Diabetes is an important risk factor for stroke.

Stroke Care in Hospital continued on next page.





- It is important to start moving as soon as you are able after your stroke to prevent complications such as pneumonia and blood clots from forming in your legs. You should gradually increase your activity from moving in bed, to sitting up, standing and walking. If you have difficulty moving your limbs or walking, you should also be seen by a rehabilitation therapist for advice and treatment.
- Patients who have had a stroke are at a higher risk for falls. The stroke team should educate you on your risk for a fall, and teach you and your family members how to prevent falls. **Be aware of your fall risk.**
- Before you leave hospital, the stroke team should answer all your questions and help you identify your physical, functional and emotional needs. They should ensure you have a list of all your medications, follow-up appointments, and contact numbers for members of the health-care team in the community and at the hospital. **Have a copy of the discharge plan when you leave hospital. Take this with you to all your appointments. Share your concerns.**



3

REHABILITATION

- Your rehabilitation team should involve you in deciding what kind of rehabilitation you need and develop a plan just for you. **Get involved in making the plan.** Make sure the team understands what you personally want to accomplish during rehabilitation.
- Ideally, you should receive inpatient rehabilitation therapy on a special rehabilitation unit dedicated to the recovery of stroke patients, or from a specialized community stroke rehabilitation team (often called an Early Supported Discharge Team).
- Continue to talk to your rehabilitation team about your progress, your changing needs, and updating your rehabilitation plan regularly.
- As you progress, the location where you receive your rehabilitation may change, and may include moving to a rehabilitation ward at the same hospital, a separate hospital specializing in rehabilitation, at an out-patient rehabilitation centre, in your home or other community programs. **Ask what rehabilitation setting is best for you.**

Rehabilitation continued on next page.

- To achieve the best recovery following a stroke, it is important to practice the exercises and activities you are taught between therapy sessions. The team will work with you and your family to identify the therapy activities you can do on your own. **Be sure you understand how to safely practice these activities between therapy sessions. Ask Questions.**
- Your mood, memory, ability to handle personal affairs and your ability to think should be assessed. **Report any changes you notice.**
- Depression is very common after stroke for both patients and their caregivers. It may affect your ability to participate fully in your recovery and slow down your progress. **It is very important to share your concerns. This is treatable and there is help available for you and your family.**
- Your ability to communicate, use your limbs, walk by yourself, carry out personal care and other daily tasks necessary to safely return home should be assessed. **Know what changes need to be made in your home to make it safe and accessible.**
- You should work with your health-care team to get ready for your return home. **Share your concerns about going home, ask all your questions, and make sure you get the answers you need.**
- When returning home, you may require additional help to continue your recovery and receive follow-up care. **Know what help you may need from others.**
- When you leave hospital, rehabilitation should continue and may occur either in a day hospital, in a clinic, other community services, or at home. **Know what services are available and how to access them.**
- Rehabilitation, recovery and reintegration into the community can continue for days, months, or years after stroke. **Know what community services and resources are available to help you.**



- Get a copy of the Canadian Stroke Network magazine "Getting On With the Rest of Your Life After Stroke" at www.strokebestpractices.ca



PREVENTION

- Once you have had a stroke or mini-stroke, the chance of having another one is higher. Know the signs and symptoms and **be prepared** to respond.
- You need to work with health-care providers to develop a plan to deal with the causes that put you at risk of stroke.
- Know your risk factors for stroke and find out how to reduce them. **Take action.** These include:
 - high blood pressure
 - unhealthy diet
 - irregular heartbeat, such as atrial fibrillation
 - high cholesterol (lipids)
 - diabetes
 - lack of exercise
 - smoking
- You may be prescribed medication like ASA (commonly referred to as Aspirin™) or another blood thinner to take every day.
- If you have atrial fibrillation it is very important to be educated about this diagnosis, **follow your doctor's instructions** for taking blood thinner medication, and if required, have your blood levels checked regularly.
- If you smoke, you and your health-care team should discuss options to help you quit smoking. **There are many programs and treatments available that can help you and your health-care team** should provide you with this information and support you through the process. **Quit smoking.**
- Changes to your mood, the onset of depression, or changes to your ability to manage your daily activities can occur at any time during the months after your stroke. **Be aware of these possible changes during your recovery and report them to your health-care team.**
- A combination of lifestyle changes and medications may be necessary to control your blood pressure, diabetes, and cholesterol. **Take control.**



EDUCATION

If you or a family member has had a stroke or mini-stroke, or if you are at risk for stroke, you should be given key information from health-care professionals at every stage of your care. **Find out:**

- What type of stroke have I had?
- What has the stroke done to me?
- What will my recovery be like?
- What are my physical needs after I leave the hospital?
- What are my emotional needs and those of my family?
- What skills do I need to learn to care for myself after stroke?
- What training is available for my family and caregivers so they can help me?
- What can I do to prevent another stroke?
- How can I access services and support in my community?

Before you leave hospital, you should receive educational materials and information about available services and resources in your community.

- Canadian Stroke Network magazine “*Getting on With the Rest of Your Life After Stroke*”
- Heart and Stroke Foundation’s “*Let’s Talk About Stroke.*”

Ask
questions,
get answers.



There is hope after stroke.
To learn more, visit:

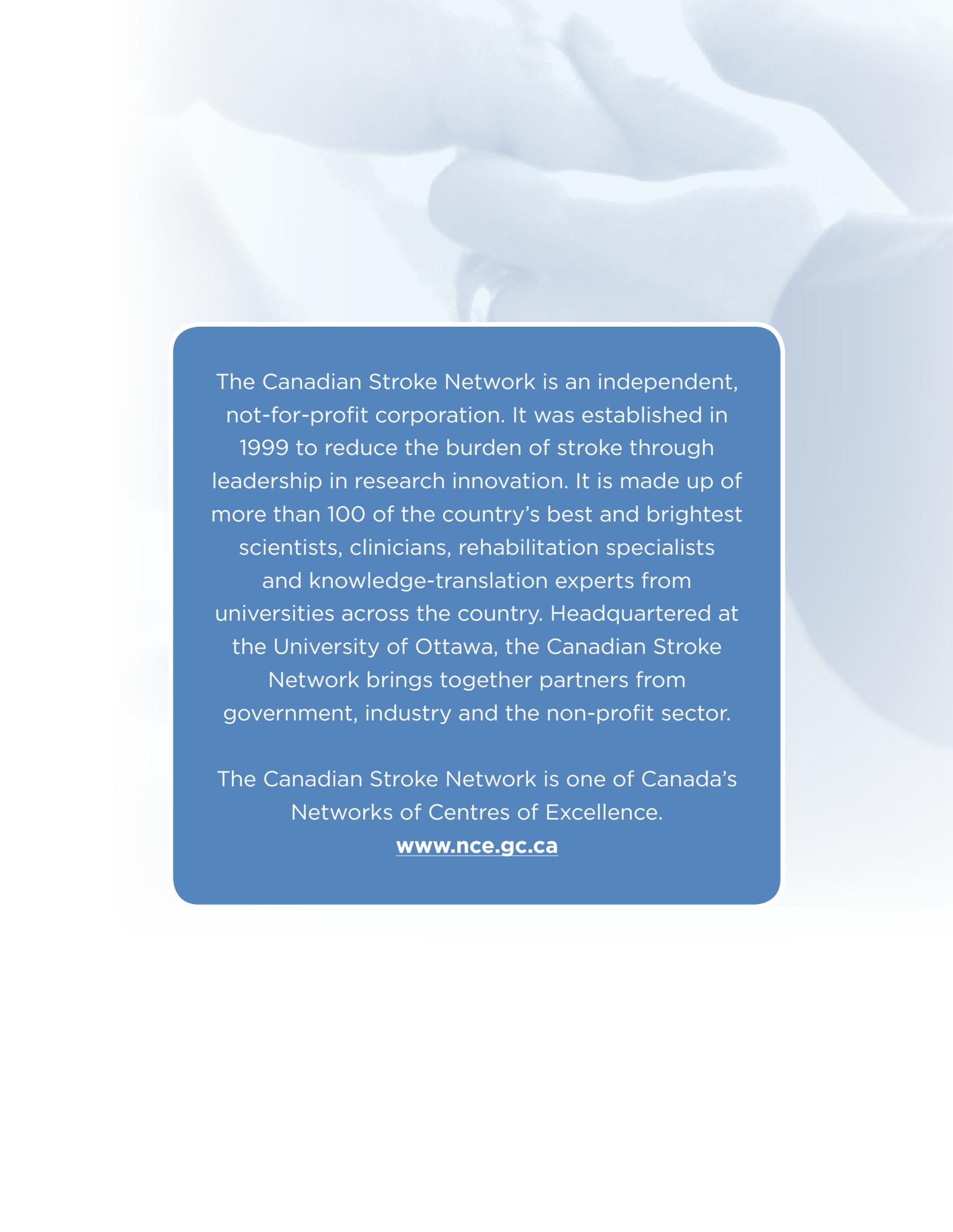
www.strokebestpractices.ca

www.canadianstrokenetwork.ca

www.heartandstroke.ca

www.sodium101.ca

www.strokengine.ca



The Canadian Stroke Network is an independent, not-for-profit corporation. It was established in 1999 to reduce the burden of stroke through leadership in research innovation. It is made up of more than 100 of the country's best and brightest scientists, clinicians, rehabilitation specialists and knowledge-translation experts from universities across the country. Headquartered at the University of Ottawa, the Canadian Stroke Network brings together partners from government, industry and the non-profit sector.

The Canadian Stroke Network is one of Canada's Networks of Centres of Excellence.

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