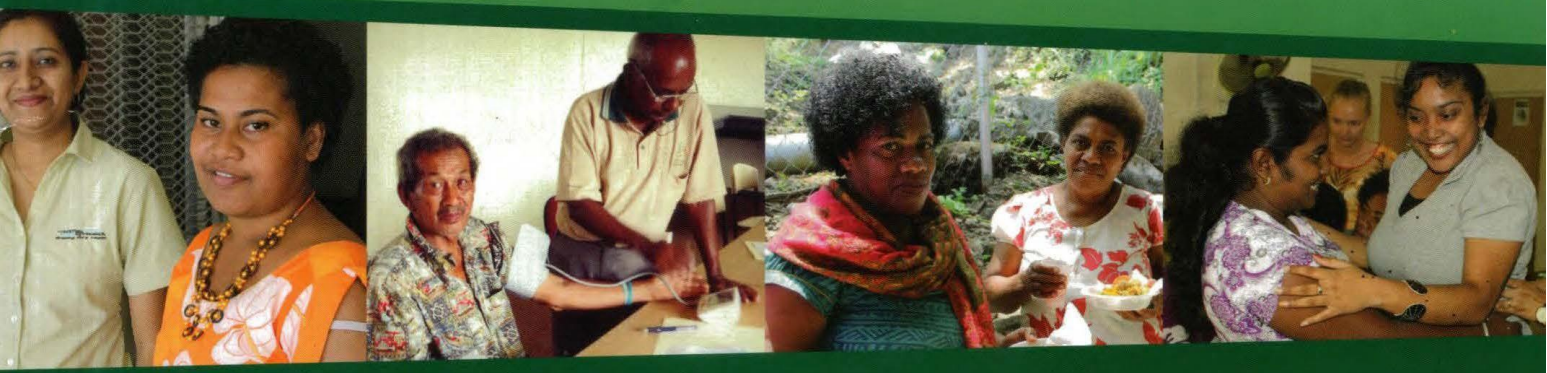

MANAGING AFTER A STROKE

A GUIDE TO ASSIST STROKE SURVIVORS, FAMILY MEMBERS & CARERS

COUNTERSTROKE FIJI

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INTRODUCTION

Managing After a Stroke is a publication designed by Counterstroke Fiji to assist people with stroke become full members of their family and community again.

COUNTERSTROKE FIJI is a voluntary organization that was established in 1988 and its membership is made up of people who have had a stroke, family members, health workers and individuals interested in improving the quality of life of people with stroke.

The work of **COUNTERSTROKE** FIJI is guided by its Constitution and Strategic Plan and vision and mission.

OUR VISION

A Fiji free from disability and suffering caused by stroke

OUR MISSION

To develop strong organizational capacity to:

- Prevent and stop stroke through education and awareness:
- Save lives through empowerment and practical support;
- End suffering by supporting stroke persons and carers.

Statistical evidence has shown that:

- 30% of people who have a stroke die or need a lot of help for the rest of their lives.
- 30% become almost or completely recovered.
- 40% need some help but can do most everyday activities on their own.

It is hoped that this booklet will be found useful by people with stroke, their carers and loved ones and that it will enhance their lives wherever they may be.

COUNTERSTROKE FIJI acknowledges the contribution of the Fiji Ministry of Women and Social Welfare to the printing costs of *Managing After a Stroke* and all those who have contributed over the years to its content.

COUNTERSTROKE FIJI
2010

CONTENTS

ABOUT STROKE

COUNTERSTROKE FIJI acknowledges the source of the following information that is accessible from the Stroke Foundation of New Zealand website: http://www.stroke.org.nz/about_stroke/effects_stroke.html

A stroke is a brain attack - a sudden interruption of blood flow to a part of the brain, causing it to stop working and eventually damage brain cells. The effects can be devastating and may last a lifetime.

EFFECTS OF STROKE

The human brain is divided into regions. Each region controls different movements, senses, or intellectual functions. Therefore, the effects of a stroke depend on which region of the brain is damaged. Fatigue will be an effect of any stroke, and different types of stroke can also cause similar damage.

EFFECTS OF LEFT HEMISPHERE STROKES

Because the left side of the brain controls motor and sensory functions of the right side of the body, a stroke on the left side of the brain affects the right side of the body. The following effects may happen, depending on which area of the left side of the brain has been damaged (the common medical terms used are also provided):

- Paralysis or loss of strength in right side of body (hemi paresis)
- Loss of feeling in right side of body (hemianaesthesia)
- Loss of field of vision to the right affecting both eyes (hemianopia)
- Difficulty speaking e g. can't name objects or express thoughts (dysphasia)
- Not understanding what others are saying (dysphasia).

Other effects of left hemispheric strokes may include

- Inability to read and/or write
- Slurred monotonous speech (dysarthria)
- Difficulty swallowing or eating (dysphagia)
- Loss of awareness to the right and even ignoring the right side
- Thoughts tend to be disconnected
- Memory loss for spoken things
- Difficulty with performing purposeful movement (e.g. combing the hair)
- Confusion between left and right
- Easily frustrated
- Slowness, clumsiness
- Overwhelming urges to perform or repeat some actions
- Difficulty structuring and planning behaviour
- Poor motivation
- Difficulty dealing with numbers (arithmetic).

EFFECTS OF RIGHT HEMISPHERE STROKES

The right side of the brain controls motor and sensory functions for the left side of the body. The following may happen depending on which area of the right side of the brain has been damaged (the common medical terms used are also provided):

- Paralysis or loss of strength in left side of body (hemiparesis)
- Loss of feeling in left side of body (hemianaesthesia)
  Loss of awareness to the left and even ignoring the left side
- Loss of field of vision to the left, affecting both eyes (hemianopia).

Other effects of right hemispheric strokes may include:

- Excessive talking
- Slurred monotonous speech (dysarthria)
- Difficulty swallowing or eating (dysphagia)
- Difficulty recognising familiar faces
- Difficulty seeing how things relate to each other in space
- Difficulty interpreting sounds
- Loss of insight and denying existence of problems
- Depression
- Tendency to sarcasm, or uncharacteristic and at times embarrassing behaviour or comments
- Short attention span
- Memory problems
- Poor judgement of physical abilities (especially safety awareness)
- Muddled sense of time
- Difficulty with abstract thinking (e.g. comparing ideas, solving problems)
- Mood swings
- Lack of interest, difficulty in 'getting going'
- Acting without thinking
- Difficulty in recognising someone else's mood.

EFFECTS OF BRAINSTEM AND CEREBELLAR STROKES

Brainstem Strokes

Brainstem strokes tend to be quite serious. The brainstem is the part of the brain that connects with the top of the spinal cord. It acts as the conduit for all of the nerves that connect the brain above with the spinal cord below, and also the cerebellum (see below). It also contains special nerve cells that keep us awake, control breathing, heart rate and blood pressure, facial and eye movement and sensation, hearing, smell, taste, swallowing, tongue movement, and the muscles of the neck.

Possible effects of brainstem stroke include

- Coma, pronounced drowsiness or disturbed alertness
- Breathing problems
- Spontaneous changes in heart rate and blood pressure
- Nausea and vomiting
- Loss of movement and/or sensation in one or both sides of the body
- Double vision, because one eye cannot move in unison with the other
- Loss of sensation in one eye, or one side of the face, or tongue
- An enlarged or dilated pupil
- Slurred speech
- Loss of movement on one side of the face
- Problems with swallowing
- Lack of coordination or abnormal jerky movements when trying to do something.

Cerebellar strokes

The cerebellum is situated under the cerebral hemisphere, and behind the brainstem. Its major function is to control and co-ordinate movement and balance. When a stroke happens in the cerebellum, the following may occur:

- Loss of balance (ataxia). The person may 'seem drunk'. They walk with the feet more widely apart, and weave or wobble. Alcohol will make this worse because it also interferes with cerebella function
- Slurred and monotonous speech (dysarthria)
- Clumsiness and/or shaking limb (no co-ordination) when the person tries to do something (e.g. drink a cup of tea or pick up an object). If the stroke is only affecting one side of the cerebellum, the abnormality will be on the same side as the stroke
- Abnormal eye movement, the eyes have a quick/slow flicker as they move (nystagmus)
- Abnormal movement patterns of the head and upper body

Because the brain's nerve connections with the cerebellum can be damaged in other types of stroke, some of the abnormalities seen in cerebella strokes may also occur in brainstem or even cerebral strokes.

[Source: http: //wwwstroke.org.nz/about_stroke/effects_stroke.html]

THE EFFECTS OF A STROKE

Stroke affects everyone differently but some common effects are listed below.

PARALYSIS
Weakness or loss of movement down one side of the body.

SPASTICITV
The tightening of the limbs so that when certain actions occur there is involuntary movement For example, a person may yawn or cough and a hand may move involuntarily.

SENSORY LOSS
The inability of the person to feel on the weak side.

SPEECH LOSS
The inability or difficulty to express themselves verbally. Speech loss may occur if the right side of the body is affected and especially if there is a weakening in the muscle of the tongue, lips and loss of breath control. Speech does not ability to read or write.

VISUAL LOSS
The inability to see clearly or at all on the weak side of the body.

INCONTINENCE
The loss of bladder and/or bowel control.

EMOTIONAL PROBLEMS
The tendency to laugh or cry for no apparent reason.

PERCEPTION PROBLEMS
The loss of visual recognition. The inability to see or recognize the parts of his body affected that may result in non-recognition of objects, people and things on that side.

Being aware of and recognizing the effects of a stroke are very important for those involved in the care of a person with stroke.

Amongst other information, this publication provides advice on how to manage these very common effects of stroke.

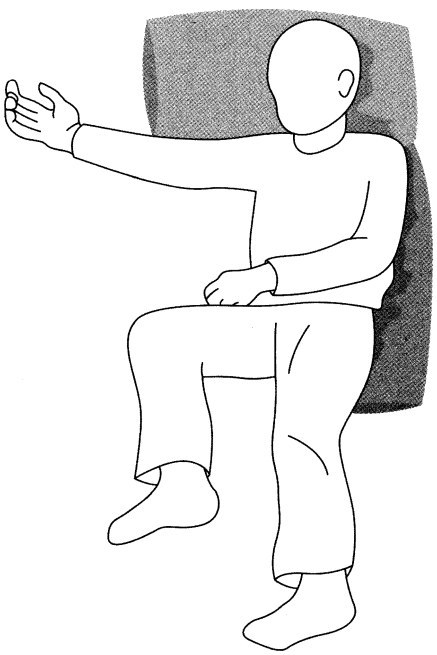
In this publication the *person* means the *person with stroke.*

LYING IN BED THE DOs & DONTs

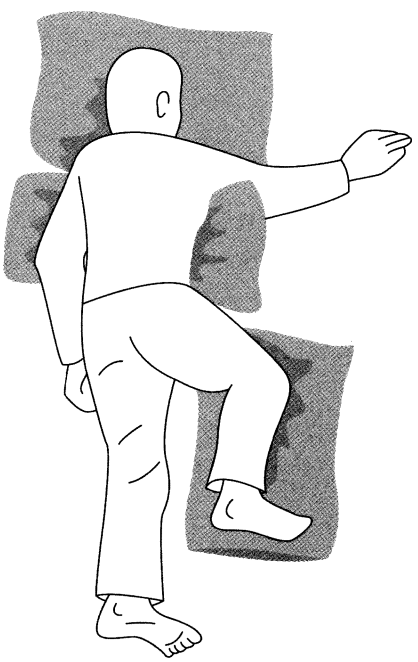
Just after a stroke the person is likely to be in bed for a few days.
There are *dos* and *dont's* that a carer must be aware of and these are listed below:

DOs

- ✓ It is important to lie in bed in a good position to prevent spasticity
- ✓ The ARM should be STRAIGHT *and*
- ✓ The LEG should be BENT and raised on a pillow to keep the joints well supported.



LYING ON THE BACK



LYING ON THE FRONT

- ✓ The person should be turned every two (2) hours to prevent pressure sores.
- ✓ The person should be made to sit up and get out of bed as soon as possible and to become active.
- ✓ Once recovery begins, the positioning of the pillow can stop.

DONTs

- ☒ Do not allow the person to lie in a wet bed as this could lead to sores and infections.
- ☒ The person should not be left in the same position for more than 2 hours.
- ☒ The person should not be left to lie in a bed all day.

GETTING OUT OF BED

Once a person can turn in bed, they can start to help themselves get out of bed.
Sometimes a little help is needed but they should be encouraged to do as much as they can themselves.

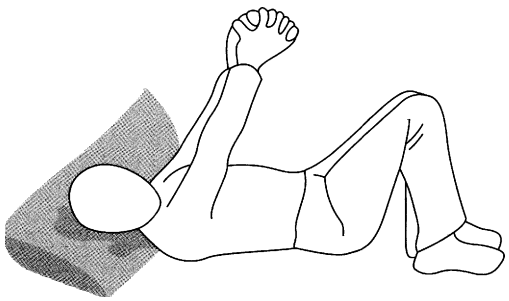


FIG. 1

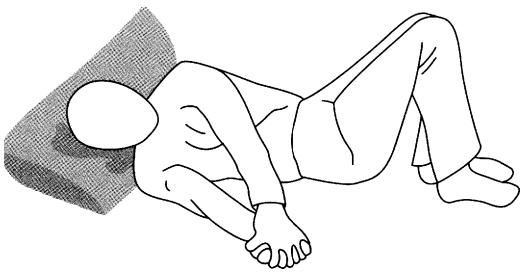


FIG. 2

HOW TO ROLL OVER IN BED

- Clasp hands together, straighten arms and bend both knees. Turn head to the side. *(Fig.* 7)
- Keep arms straight, bring to the side and turn shoulders. *(Fig.* 2)
- Bring knees and hips to the same side. *(Fig.* 3)

If help is needed, pull gently on the back of the shoulder and on the buttock,
remembering to roll the person towards the helper

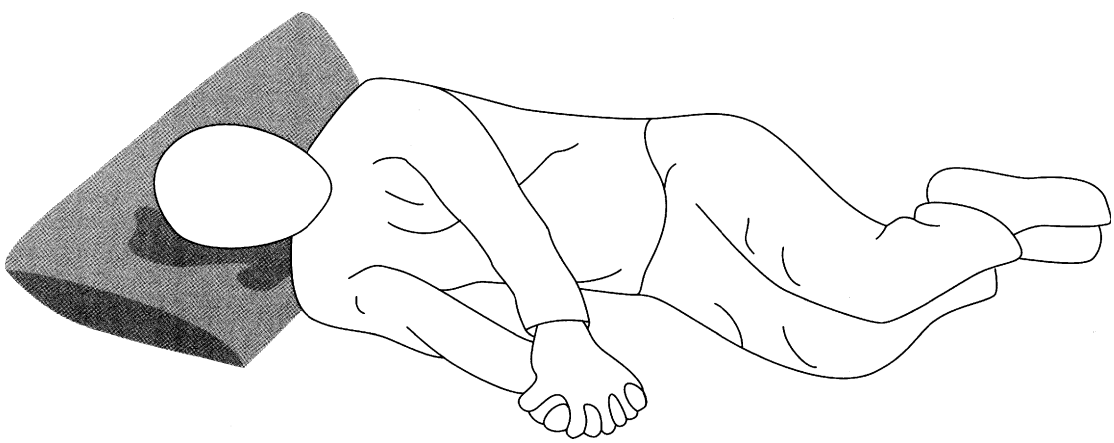


FIG. 3

LYING TO SITTING POSITION

- To sit up on the edge of the bed first roll over towards the WEAK side *(Fig. 4).*
- With the strong foot push the weak leg over the edge of the bed.
- Knees must also be over the edge so that legs hang down.
- Put the strong hand on the bed by the weak shoulder

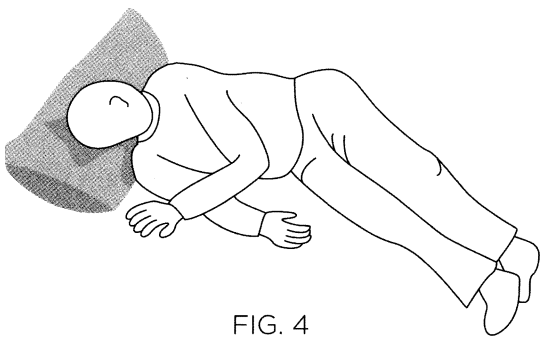


FIG. 4

- Once legs are down *(Fig.* 5) push on the bed with the strong hand. Then push shoulders and head up to the sitting position.

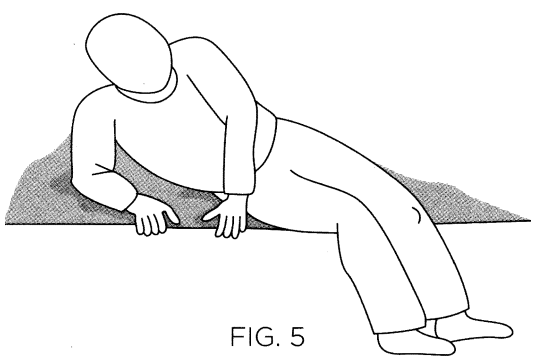


FIG. 5

- Half way up the elbow of the weak arm should rest on the bed. Use this to rest on the weak elbow and move the strong hand nearer the hip. Once up, get into a good sitting position. In the early stages some help may be needed.
- When a person is pushing themselves up put one hand under the knees to pull them off the bed and one hand on the weak shoulder to push them up. *(Fig.* 6). Ensure the person is leaning slightly forward.

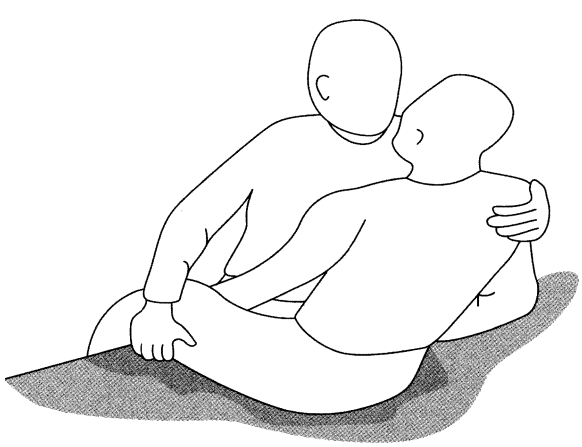


FIG. 6

GETTING INTO BED

- To get into bed, the person needs to sit on the bed up by the pillow.
- Turn body so his/her back turns towards the pillow
- Cross STRONG LEG behind the weak leg.
- Lift weak leg onto the bed with our strong leg at the same lie down on the bed.
- If help is needed do this by lifting the legs on the bed.

MOVING UP THE BED

Initially two (2) helpers may be needed.

- The first helper assists the person to a sitting position *(Fig.* 7).
- Each person put one arm around the back and holds firmly *(Fig.* 2). The other arm goes under the knees. DO NOT HOLD the person under their weak shoulder

FIG. 1

FIG. 2

Both helpers face the top of the bed remembering to bend their knees keeping their BACK STRAIGHT. Lift and move up the bed.

As the person begins to do more for themselves lifting can be done with only one helper.

- Person uses their strong arm and leg. Helper holds them around the back and under the weak leg. *(Fig.* 7)
- When the helper lifts, the person uses their strong arm and leg to push him/herself up the bed. *(Fig.* 7) and *(Fig.* 2)

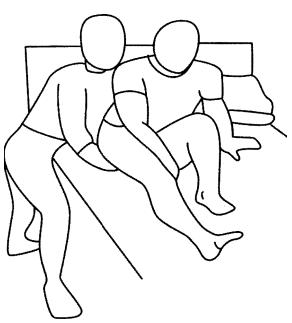


FIG. 1

To push themselves up the bed (Fig. 2)

- Use strong arm to bend the weak leg.
- Then bend the strong leg.
- Lean towards the person's strong side.
- Push bottom backwards but lean to the strong side with chest forward.

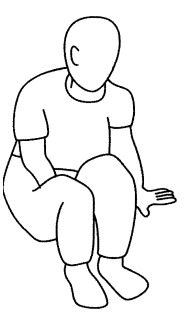


FIG. 2

LIFTING

There are a number of ways in which a person can be lifted:

(a) the through arm lift

(b) the pelvic hold lift and

(c) the forearm hold lift.

Try to remember that in most cases the person can help so encourage them to do so.

(a) THROUGH ARM LIFT is mainly used to lift person back in the chair when they have slipped down.

FIG.1

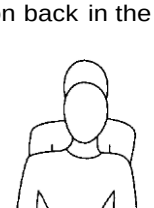


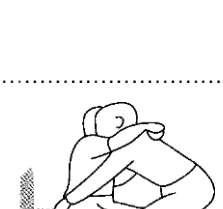
FIG. 2

FIG. 3

- Person crosses arms with weak arm on top. *(Fig.* 7)
- Lifter behind puts his arms under shoulders and grasps both weak and strong arms together. *(Fig. 2)*
- Two people lift as shown remembering to keep their backs straight. *(Fig. 3)*

(b) PELVIC HOLD LIFT is to assist person to stand or to move to another seat.

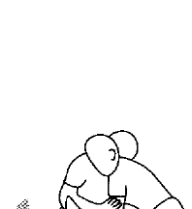
- Hold weak hand with the strong hand behind helpers neck OR waist.
- Helper holds the persons hips OR just above waist.
- Helper blocks the weak foot and knee to help weak leg to straighten.
- If moving to another seat, helper can help the person swing around.



PELVIC HOLD LIFT

(c) FOREARM HOLD LIFT is used to help the person to stand.

- Helper folds weak elbow
- Blocks foot.
- Blocks knee.
- Stand together.



FOREARM HOLD LIFT

FOREARM HOLD LIFT - UP

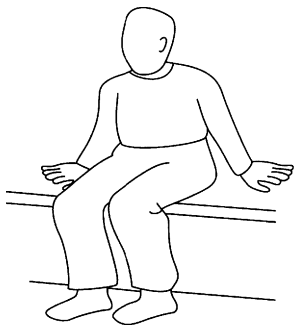
EXERCISE OF THE JOINTS

Even though there may be no physical body movement as a result of the stroke, it is very important to move all the joints from the beginning. However, the following caution is advised:

- ✓ Seek medical advice or consult a physiotherapist before massaging or stimulating of muscles.
- ✓ Massage if often used but this can cause more spasticity in the muscles unless used with medical advice.
- ✓ If the muscles are stimulated they may increase involuntary movements and may cause very tight bent arms which can be painful.

A GOOD SITTING POSITION

- First place feet on the floor slightly apart.
- Hips and knees at right angles.
- Back straight.
- To keep your balance you must be in a safe place.
- If sitting on the bed have both the strong and weak arm can give some support.
- The helper can hold the weak elbow straight so the person can lean on the weak arm. This helps the strength come back in some cases.

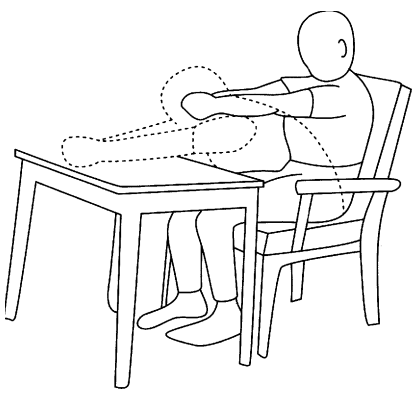


A GOOD SITTING POSITION

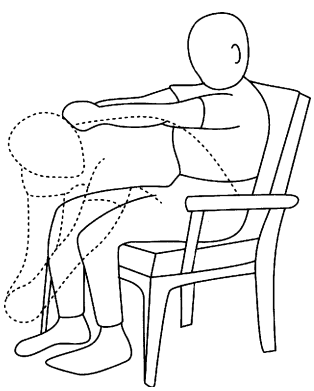
If the chair or bed is too high feet will hang down.
If the chair is too low knees will be too bent.

EXERCISES WHILE SITTING

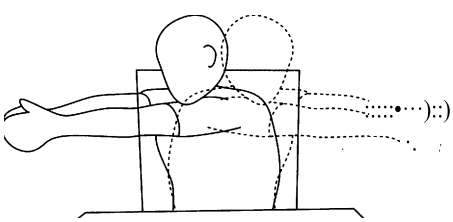
Performing simple exercises whilst sitting is recommended.



REACHING FORWARDS ACROSS THE TABLE



REACHING DOWN TOWARDS TOES.
FAIRLY GOOD BALANCE IS NEEDED.



ARM SIDE SWING

ALSO ARM STRETCHES OVER THE HEAD.
DO NOT FORCE ANY EXERCISES.
GENTLE SWINGING EXERCISES ARE BEST.

PAINFUL WEAK SHOULDERS

After a stroke the person may lose arm movement or it may become "floppy" so that it hangs down. If care is not taken a subluxed shoulder may happen. This is a very painful shoulder which has dropped down slightly.

This occurs because helpers pull on the arm and shoulder when lifting the person and the weight of the arm hanging down pulls on the shoulder joint.

The shoulder is normally a smooth curve. A subluxed shoulder has a hollow area an inch below the top of the shoulder which can easily be felt.

TO PREVENT DAMAGE:

- Lift the person correctly. Do not pull the arm or the shoulder.
- Wear an arm sling as soon as possible after a stroke.
- The person should sit with ELBOW on a table in front of them. *(Fig.* A)
- Rest ELBOW on a pillow or the arm of a chair. *(Fig.* B)
- Do not allow the arm to hang down when walking or to hang over the side of the chair.

FIG. A - WEAK ARM ON THE TABLE

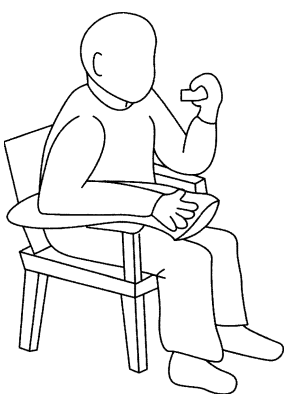
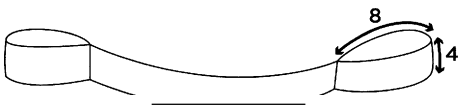


FIG. B - WEAK ARM ON A PILLOW

ARM SLING

. **MAKING A SUNG WITH LOOPS AT BOTH ENDS**

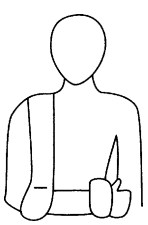
- Use 150cms (60 inches) of strong material which does not stretch. Cut a strip 25cm (8 inches) wide.
- Fold the material and sew the seam to make it 4 inches wide but double thickness.
- Fold one end over about 8 inches and sew firmly to make a loop.
- Fold the other end over in the same way.



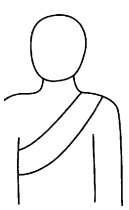
ARM SLING

USING THE SLING

- Slip one loop over the weak hand and push up to the elbow.
- Bring the stray up in front of the shoulder.
- Take the strap diagonally down the back and under the strong shoulder.
- Put the weak hand into the loop. The wrist rests in the loop.



FRONT VIEW

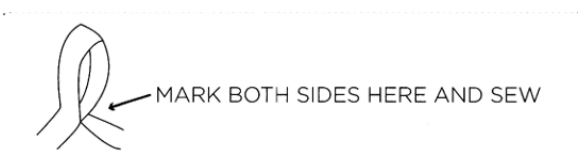


BACK VIEW

Check that the sling is the right length by pulling the sling up on the weak shoulder.

When the hollow area below the shoulder disappears and the arm pulled well up, mark the two sides of the loop that is made at the shoulder.

Take the sling off and sew the loop to shorten the sling.



If pain persists the sling may need shortening more.

Remember to exercise the shoulder and elbow of the weak arm to prevent it becoming stiff

SITTING TO STANDING

This is the same as from a bed or chair.

Some help will be needed at first until standing balance is good;

Give less and less help until the person can manage alone.

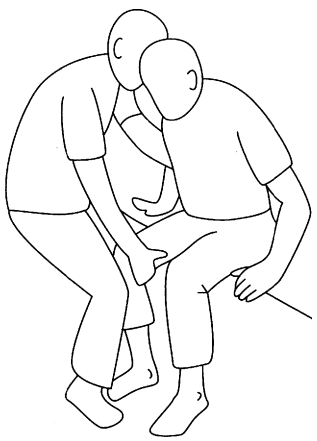


FIG. 1

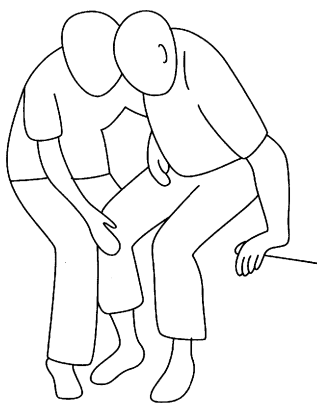
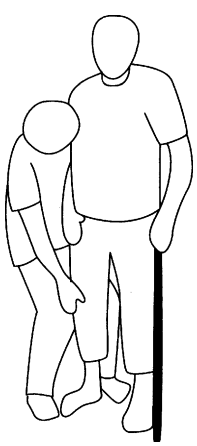


FIG. 2

- Person wriggles hips forwards one by one to sit near edge.
- **Helper** gently helps weak hip forward. Pull on hip and back of weak knee. *(Fig. 7)*
- Place feet first on floor 9 inches apart. Lean forward with head up and push with strong hand on bed to stand up.
- **Helper** puts his/her foot in front of weak foot with knee and hand on the weak knee to stop it bending. **Helper** assists by putting arm at the waist. *(Fig. 2)*
- Once standing, straighten knee and stand up straight. Be careful not to lean to one side.
- **Helper** pushes weak knee back with hand or knee and supports the weak arm at the elbow.
- The person should take the bodies weight through the weak leg. This will help to bring back the power.



STANDING

USING A CHAIR TO HELP STANDING

Once sitting balance is good it will be easier to stand and move to a chair with a little help.

Move to the edge of the bed by shuffling the hips forward. The helper stands in front.
The chair must be at right angles on the strong side.

FIG. **1**

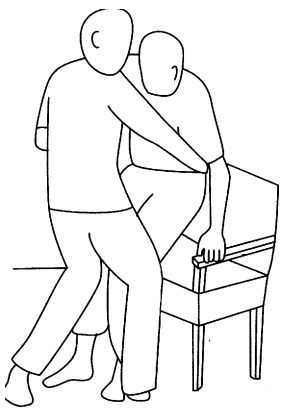


FIG. 2

- Helper holds weak arm at the elbow. Blocks the weak leg by putting foot in front of the weak foot and knee to stop the weak leg bending. *(Fig.* 7)
- Person pushes with the strong arm on the bed to stand.
- Helper presses knee against weak knee to keep it straight when person steps and turns with strong leg towards the chair. They also support with both arms.
- Person reaches for chair arm with the strong hand after turning. *(Fig.* 2)
- Lean forward and sit down slowly.
- Leaning forward when standing or going to sit helps maintain balance and standing easier.

The **helper** must always remember to keep back straight.

GETTING DRESSED

There are many ways of getting dressed. There is no right or wrong way. At first help may be needed but with practice most people with stroke can manage alone.

BEFORE STARTING

- Make sure clothes are within reach.
- Loose clothing is recommended.
- If sitting balance is good, sit on the side of the bed to get dressed.
- If sitting balance is poor, sit in a chair with armrests.
- For those whose balance is poor it is advisable that shorts or pants are put on whilst lying in bed. The person can then sit up in the chair to dress the rest of the body.
- When sitting the person should ensure that feet are flat on the floor and about nine (9) inches apart. This should allow the person to feel safe.

GENERAL RULES

- ✓ Put the weak arm or leg in first.
- ✓ ' Take out the strong arm or leg first.
- ✓ People with good sitting balance should be able to dress themselves.
- ✓ Person may need some help to stand if standing balance is poor.

The following ways of getting dressed are only some suggestions and persons with stroke are encouraged to find their own way.

RE-LEARNING

After a stroke people tire easily thus it is advisable to first practice with one item of clothing.
When the person can manage this without help, try the next item.

The best order to practice is:

- singlet or T-Shirt
- shirt
- shorts
- trousers

At first some help may be given but it is best to allow the person to do more until they can manage on their own.

METHOD FOR SINGLET AND T-SHIRT

FIG. 1

FIG. 2

FIG. 3

FIG. 4

- Put singlet on knee bottom towards the body. *(Fig.* 7)
- With strong hand roll up the shirt to sleeve on weak elbow. *(Fig. 2)*
- With strong hand lift weak towards the body and put weak hand into armhole. *(Fig. 3)*
- Pull sleeve over weak hand. *(Fig. 4)*

FIG. 5

FIG. 6

FIG. 7

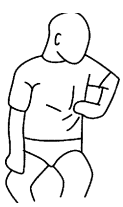


FIG. 8

- Put strong hand in its sleeve and pull up above the elbow. *(Fig.* 5)
- On weak side push sleeve about the elbow. *(Fig.* 6)
- Gather shirt back with strong hand, bend head. *(Fig.* 7)
- Pull the shirt down back and front. *(Fig.* 8)

ANOTHER WAY OF PUTTING ON A T SHIRT

- Put singlet over the head first.
- Pull the armhole for the weak arm to the centre front.
- Using your strong hand help put your weak hand into the arm hole.
- Pull singlet straight.
- Put in your strong arm. Pull down back and front.

TO REMOVE A T SHIRT

- Hold collar at the back of the neck.
- Bend head.
- Pull T-Shirt over your head.
- Take arms out of the sleeves.

METHOD FOR SHIRT ANO FRONT OPENING DRESSES

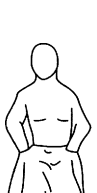


FIG. 1

FIG. 2

FIG. 3

FIG. 4

- Put shirt on lap with inside up and collar towards chest. *(Fig.* 7)
- Find sleeve for weak arm and put it open on lap. *(Fig.2)*
- Using strong hand lift weak hand into sleeve opening *(Fig.3)*
- Pull sleeve onto the weak arm over elbow up to the shoulder. *(Fig.4)*

THEN EITHER

Put strong arm into the sleeve and get it above the elbow *(Fig.* 5)
With strong hand gather the collar and back of the shirt *(Fig.* 6)

FIG. 5

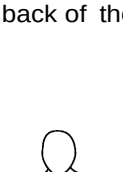


FIG. 6

FIG. 7

FIG. 8

Lean forward, bend and push shirt over it. *(Fig.* 7)
Pull shirt down both at the back and front *(Fig.* 8)

OR

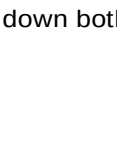


FIG. 9

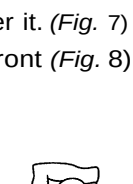


FIG. 10

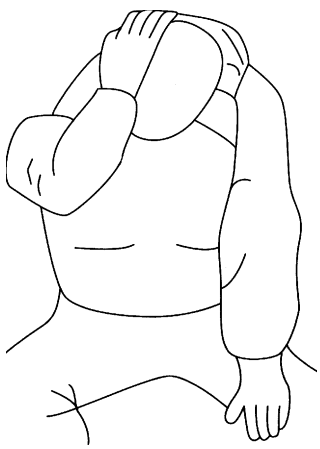
FIG. 11

FIG. 12

- Pull sleeve up to shoulder. With strong and hold end of the collar. *(Fig.* 9)
- Lean forward and bring shirt around the back of your neck. *(Fig.* 70)
- Put strong arm into its sleeve. *(Fig.* 77)
- Pull shirt down at the back and front. (Fig. *72)*

Shirts and T-shirts sometimes get stuck on the weak shoulder.
If this happens just push the shirt backwards off the shoulder with the strong hand.

REMOVING THE SHIRT



METHOD ONE

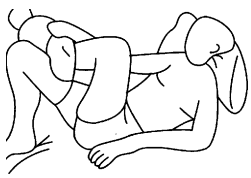
- Unbutton shirt
- Lean forward and with strong hand reach at back of neck for collar and shirt
- Pull shirt forwards over your head then take out strong arm.
- Take out weak arm.

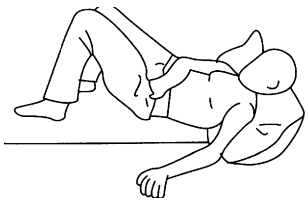
METHOD TWO

- Unbutton shirt. With strong hand push shirt off weak shoulder.
- Take strong arm out of its sleeve.
- Lean forward and pull shirt from around back.
- Take out weak arm.

METHOD FOR SHORTS, PANTS AND TROUSERS

ON THE BED





- This way can be used if sitting balance is poor.
- Bend strong leg. Cross the weak leg over the strong knee.
- Put shorts over foot.
- Put weak leg down and pull shorts up over the knee.
- Put shorts on strong leg.
- Pull shorts up as far as you can.
- Bend both legs then lift bottom off the bed. Pull shorts up using the strong hand.

SITTING IN A CHAIR

FIG. 1

FIG. 2

FIG. 3

FIG. 4

- Using strong hand lean forward and hold weak ankle. *(Fig.* 7)
- Lift weak leg and cross it over the strong leg. *(Fig. 2)*
- Put trousers over the weak foot. *(Fig. 3)*
- Lower weak leg so foot is on the floor. *(Fig.4)*

FIG. 5

FIG. 6

FIG. 7

FIG. 8

- Put in strong leg. *(Fig.* 5)
- Pull trousers up as far as you can whilst sitting. *(Fig.* 6)
- Hook weak hand into waist band or pocket. This stops the trousers falling down when you stand. *(Fig.* 7)
- Only stand on your own if balance is good and pull trousers up. *(Fig.* 8)

FIG. 9

FIG. 10

- If balance is good stand to fasten trousers. *(Fig.* 9)
- Often it is safer to sit to fasten trousers. *(Fig.* 70)
- Elastic waist bands are easier to manipulate.

REMOVING TROUSERS

- Unfasten trousers while sitting then stand and allow them to fall down.
- Then EITHER cross weak leg over the strong leg and take off trousers then uncross leg and strong leg out.
- OR take strong leg out then use strong foot to push the trousers off the weak foot.

REMEMBER find the easiest way for the person to dress themselves as there is no right or wrong way.

SPEECH AND LANGUAGE

SPEECH

A person may have problems that affect speech and/or language which is likely to occur if the right side of the person is paralyzed.

A speech problem is the difficulty or inability to form the different sounds needed to make spoken words. The person knows the words to say and is able to write them or point to letters to form the word but is unable to make the sounds clearly. This may be because the muscles in the face, vocal cords or tongue are weakened or there may be a problem with breath control.

The person understands what you are saying but finds it difficult to respond verbally. Instead of speaking, the person can communicate in other ways such as writing or drawing, pointing at letters, pictures or objects, gestures or sign language. When needing responses try to ask questions that need only a yes or no answer so that the person can nod or shake their head. This doesn't improve speech but it does lower frustration and this is very important.

LANGUAGE

A language problem is difficulty in understanding and/or expression. It may affect non-verbal, written or spoken language. Non-verbal language is the use of gestures, pointing or pictures. Difficulties in understanding language are **not** due to hearing loss or bad eyesight so check hearing and sight are good.

Difficulties to use language are **not** due to paralyzed muscles. Because a person has a language problem it does **not** mean they have lost memory or that they are confused.

For a person with a language problem, words have lost their meaning to objects, situations and actions. The person still knows the words but cannot link them to their meanings.

The way speech and language are affected varies from person to person in terms of their expression and understanding.

IF THE PERSON HAS DIFFICULTY UNDERSTANDING SOMEONE SPEAKING

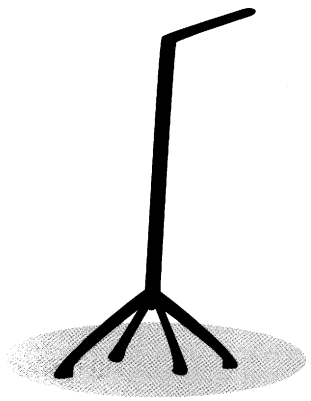
- ✓ Be sure the person is listening and watching before you speak.
- ✓ Speak slowly and use short sentences.
- ✓ Use gestures with the speech.
- ✓ Allow the person time to reply. Repeat the sentence if needed.
- ✓ If your message is not understood try saying it in a different way.
- ✓ To show a picture or write the word down may help.
- ✓ Talk about familiar topics and daily events as they occur.
- ✓ Do not talk FOR the person unless it is necessary.
- ✓ Encourage them to talk.
- ✓ Encourage them to speak slowly and clearly one word at a time.
- ✓ If the person has tried unsuccessfully to reply, make it easier by asking a shorter question needing a YES or NO answer.
- ✓ It may help to point or gesture when you speak.
- ✓ If reading is unaffected, write down essential words such as family members, places and often used articles. The person can then point to the word he needs. Pictures and photographs can also be used.
- ✓ If you are not able to understand the person, let him know and tell them you will try again later. This way the person will not become too frustrated.

A speech therapist is a person who can teach the person how to help themselves.
Ask a doctor or health worker or Counterstroke Fiji to help locate a therapist.

WALKING

Before walking begins the person should have fairly good standing balance. A person will need a stick or a quad-stick to hold in the **STRONG** hand.

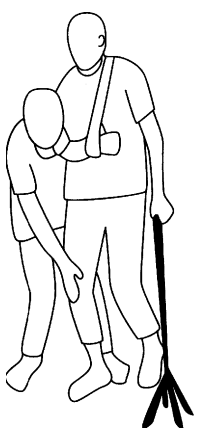
- The right height of the stick is very important.
- To measure it, have the person stand up straight with their strong arm hanging straight by their side.
- The handle of the stick should reach the boney bump just **above** the **back** of the wrist.
- At first help will be needed. The helper must stand by the weak side. If there is no stick, have two helpers, one each side.
- If a stick is available the walking pattern is **move stick** then **weak leg** then **strong leg.**
- Go slowly with small steps at first.



QUAD-STICK WITH 4 LEGS

ADVICE FOR THE HELPER:

- The helper assists by using their foot to push the stroke person's weak foot forward.
- Make sure it is flat and there is space between it and the stick.
- Press the knee back as the person takes the weight on the weak leg and brings the strong leg forward.
- Continue with the same pattern.
- The person may lean towards the weak side until their balance has improved. As movement returns reduce help until the person can manage alone.



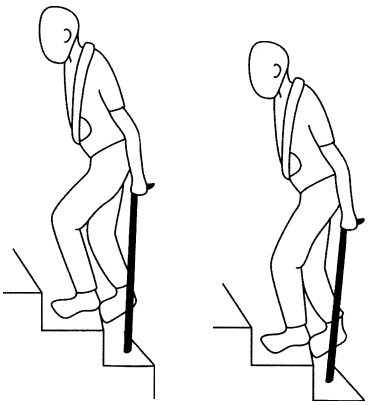
WALKING WITH A QUAD-STICK

STEPS AND STAIRS

Once the person can walk steps can be tried.
Only go one step at a time at first.

GOING UP THE STEPS

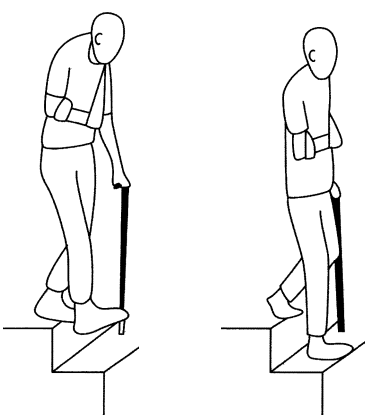
- The walking pattern is **strong leg** then **weak leg** then **stick**
- **HELPER** may need to lift weak foot over the top of the step.
- Make sure the weak foot is flat on the step before weight is taken on the weak leg.



GOING UP THE STEPS

GOING DOWN THE STEPS

- The walking pattern is **stick** then **weak leg** then **strong leg.**
- **HELPER** may need to guide the weak leg down onto the step.
- Make sure foot is flat.
- Press knee back for support.
- Coming down is more difficult than going up.
- Be safe, take it slowly and give lots of encouragement.



GOING DOWN THE STEPS

GETTING UP FROM THE FLOOR

Some people sleep on the floor, but sometimes people fall onto the floor. If you have fallen always rest for a while in a comfortable position before you try to get up.

FIG. 1

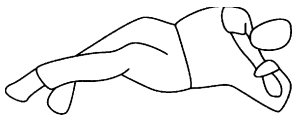


FIG. 2

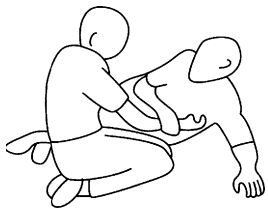


FIG. 3

- ✓ Relax
- ✓ Roll onto **STRONG** side.
- ✓ Lift body up onto out-stretched arm. A Helper may need to assist.

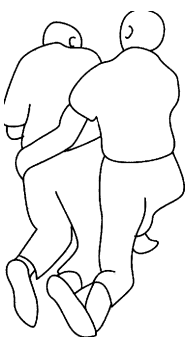


FIG. 4

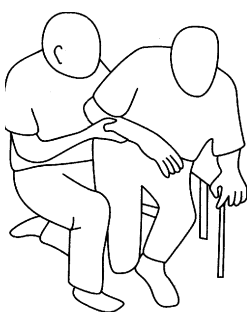


FIG. 5

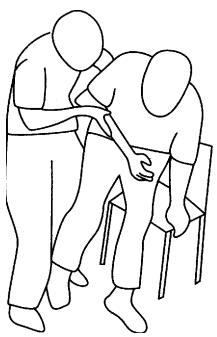


FIG. 6

- ✓ Turn onto knee. Keep knees slightly apart.
- ✓ Helper bends one knee and holds persons weak elbow.
- ✓ Person bends the strong knee and holds onto the chair with strong hand.
- ✓ Using strong arm and leg push to stand up.
- ✓ Helper holds weak elbow and stands up with person.
- ✓ Turn and sit on the chair.

RULES FOR FEEDING

POSTURE

Make sure the persons is sitting comfortably with head upright in the lead up to eating or drinking.

RELAX

Ensure the person is in a calm frame of mind

REMAIN QUIET

Remain quiet before and while eating and drinking.

YAWNING

Before the meal ask the person to yawn as this will ease any tightness or constriction in the throat.

FEEDING ROUTINE

- ✓ Small amounts
- ✓ Closed lips
- ✓ Chew
- ✓ Pause
- ✓ Purposeful swallow
- ✓ Pause

EATING REMINDERS FOR THE STROKE PERSON

- Do not mix fluids and solids
- Take time. Do not hurry. Always stop eating if you feel tired. Have small regular meals not one large one.
- After meals drink a small amount of water to clear or clean it so that there are no food particles left. Then give a small cough make sure throat is clear
- Remain sitting for at least half an hour after eating or drinking.

CHANGES AT HOME

It may be easier for you if a few changes at home are considered.

- Have the bed and chair the right height so feet are flat on the floor with knees and hips at right angles. To raise the height of the bed or chair blocks can be made. Decide on the extra height needed and add two inches. Using blocks of wood 4" x 4". Cut out hole in centre 2" deep Hole must be big enough for bed or chair leg to fit securely.

- Make sure there is plenty of space at home to walk around safely

- Fit grab rails where they are needed. **A GRAB RAIL** is a handle that is 6" or larger that is firmly screwed to the wall. It can be of metal or wood. Fit them:
  - **(a)** By steps
  - **(b)** In the shower
  - **(c)** By the toilet
  - **(d)** Or anywhere it is needed.

A grab rail makes it easier to get up from sitting, safer going up steps and can be used to steady a person in the shower.

KITCHEN TIPS

- To open Jars with one hand, put the jar in a drawer and push drawer in with your hips. Open the jar with the strong hand.
- To light a match with one hand, stick the sandpaper to a table and leave matches in an open box. Strike the match on sandpaper.
- Cutting vegetables, meat or fish with one hand will need a board with 4 nails 2 inch high 2 inches apart
- Secure the board to the table or use a very heavy board.
- Put the meat carefully on the nails.
- Use strong hand to cut the meat.

SUGGESTIONS FOR HELPING PERSONS WITH SWALLOWING DIFFICULTIES

Before you begin make sure that the patient is sitting upright and chin slightly tucked in.

To make swallowing more safe follow these suggestions:

- Use only small mouthful of food placed towards the back of the mouth.
- If weakness is more pronounced on one side, place the food on the stronger side or place on the tongue
- Encourage the patient to chew. Give verbal instruction because if is concentration is poor he may forget to chew properly. This is important even with a soft diet because it:
  - **(a)** Stimulates flow of saliva
  - **(b)** Increases feeling in the mouth
  - **(c)** Moves food around the mouth to position it swallowing
- When food has been adequately chewed, shift his concentration from chewing to swallowing.
- Do not give additional mouthfuls until chewing and swallowing has been completed.
- Encourage patient to swallow once, then a second time, and then cough to clear throat

LIQUIDS

- When using cup/glass begin with it full, so that the patient does not have to tilt his head back to drink.
- Take small sips, **do not pour liquid into the mouth.**
- Ensure one mouthful before taking another one.
- Clear liquids like water and Tea have a tendency to make the patient choke.
  Thicken liquids by using thicker fruit juices, custards, instant puddings, Semolina, Sago are all useful.

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