



STROKE RECOVERY ASSOCIATION NSW

**PRACTICAL
GUIDE TO
STROKE
RECOVERY WITH
EXERCISES AND
ADVICE**

**ACTIVITIES AND TIPS TO
ASSIST PEOPLE TO
MAXIMISE
INDEPENDENCE AND
RECOVERY**

**Stroke Recovery Association
PO BOX 3401
PUTNEY NSW 2112**

(02) 9807 6422 or 1300 650 594

Email: info@strokensw.org.au

www.strokensw.org.au

Contributors:

**Sunil Uprety
Georgia McKinlay
Matt Pickering
Glenmore Gomez**

Updated:

Michelle Sharkey

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Sunil Uprey
Georgia McKinlay
Matt Pickering
Glenmore Gomez
(Sydney University Occupational Therapy Students 2009)

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Michelle Sharkey
Staff of the Stroke Recovery Association NSW

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The Stroke Recovery Association

WHAT WE DO

The Stroke Recovery Association is a fundamental organisation in providing information about Stroke prevention and recovery. If you require any information after your Stroke please give us a ring or check our website.

We provide:

- ◆ Telephone counselling.
- ◆ Information Kits for people affected by Stroke, their families, carers and health workers.
- ◆ Referrals to other services.
- ◆ Coordination of Stroke Recovery Clubs.
- ◆ Seminars, workshops and presentations for carers, Stroke-affected people and professionals on Stroke.
- ◆ Advocacy on issues relating to Stroke.
- ◆ A library of books, brochures, information sheets and videos on Stroke.
- ◆ Regular publications to our general members and club members.
- ◆ Stroke Awareness Week held annually. During this week there are many activities and events that promote Stroke Awareness in the local communities and highlight the risk factors, prevention and effects of Stroke.

STROKE RECOVERY CLUBS

There are **Stroke Recovery Clubs** throughout Australia. These groups are for people affected by Stroke, their families and carers. Run by volunteers, they provide a social meeting place for people to share their experiences, as well as an opportunity for group activities, speech practice, exercises and companionship. Activities vary from club to club.

For more information contact your State Stroke Association on 1300 650 594 for the Stroke Recovery Club nearest to you

Ongoing Recovery

After a Stroke there will be a number of issues that occur which will change many aspects of life for both the Survivor and the carer. Rehabilitation is a process whereby you are assisted to relearn or find new ways of doing activities or functions lost as a result of the Stroke. A team of health professionals works with you to assist you to reach your maximum level of functioning.

It is difficult to provide definite answers about your expected progress in rehabilitation and the likely outcomes as each person's pattern of injury or illness and potential for recovery is different. No one wants to take away hope or give unrealistic expectations. The best solution is to work on improving the functions you currently have and evaluate your progress regularly.

It is important for all members of the family to be informed and involved in all aspects of your recovery. If you are admitted to a rehabilitation facility, you are assigned a team of Health Professionals who are primarily responsible for your therapy, treatment, education and discharge. This team may include a nurse, doctor, dietician, occupational therapist, physiotherapist, psychologist, recreation therapist, social worker and/ or speech pathologist.

You will find that the main emphasis in rehab is primarily about your physical and mechanical functioning and most survivors are quite focused on regaining the use affected limbs.

However, there are a number of subtle changes that may occur after a Stroke and these are the ones that you may not be aware of as they are less evident. They are often more difficult to diagnose and explain. As with many issues that occur there is very minimum research undertaken in regards techniques to overcome or alleviate these issues. However you will find the assistance of the of an Occupational Therapist and the Speech Pathologist in working with you on these issues is invaluable

Ongoing practice even when you return home is essential for continued recovery and to ensure that you are able to remain positive and active.

In the Stroke Information Kit we identified a number of physical and cognitive deficits that you may be left with as a result of your Stroke. This publication provides you with tips that you can use to make your environment safer and more functional for you after your Stroke. Also included are some valuable practical exercises and ideas that you can use in your life to address any speech and cognitive deficits that may have resulted from your Stroke. Remember this is not exhaustive guide talk to your therapists and join a Stroke Recovery Club for more ideas

Do not give up the more rehab and practice you do the better you will become as you move to reestablish your life after Stroke.

Cognitive Impairment

Cognitive skills are the core skills your brain uses to **think**, read, learn, remember, reason, and pay attention. Working together, they take incoming information and move it into the bank of knowledge you use every day for everything we do in life. It is a skill that our brain uses to process our environment and make decisions about everything we think feel, say and do without necessarily consciously thinking about it. It is a skill that we may not even realise we are using until it is impacted by a Stroke.

MEMORY - After a Stroke, problems remembering what has been said or done, forgetting people's names or faces, and forgetting to do things, may occur. It may also take longer to learn new things and adapt to changes.

- Use notebooks, calendars and diaries
- Keep things in specific places
- Set up regular routines

CONCENTRATION - After a Stroke, sometimes it is harder to pay attention and to stay alert. It can also be difficult to concentrate on more than one task at a time.

- Choose simpler tasks
- Do things for shorter periods of time
- Reduce distractions
- Do only one thing at a time

SPEED OF PROCESSING AND RESPONDING - Some people will take longer to process information and respond Post Stroke.

- Allow more time to complete tasks
- Allow time to respond rather than responding for the person
- Be patient

PLANNING AND SEQUENCING - After a Stroke, some people may have trouble organising the order in which to do things. They may experience difficulty planning the steps needed to achieve the task.

- Divide tasks into smaller logical steps
- Do simpler versions of the tasks with fewer steps
- Use written instructions

PROBLEM SOLVING AND DECISION-MAKING - After a Stroke, they may experience difficulty solving problems and making decisions. The person may find it hard to come up with solutions or the trouble may be getting stuck on one idea and not being able to think of alternatives.

- Allow time to consider alternatives
- Provide clear, simple instructions
- Provide assistance with generating and evaluating ideas or solutions

Energy Conservation and Task Simplification

PRINCIPLES OF ENERGY CONSERVATION

After having a Stroke, you may find that things that were once easy now take more effort. You may also have less energy by the end of the day and get fatigued easily. Energy conservation practices provide guidelines on how to best accommodate the reduced energy levels often associated with Stroke.

- **Sit when possible-** activities such as showering, dressing and meal preparation can all be performed while sitting. Make sure chairs and beds are of the correct height (about knee height) to make it easier to get in and out of.
- **Avoid bending-** use long-handled implements where possible.
- **Avoid straining-** activities such as cutting with blunt knives or scissors, lifting and carrying heavy items, or opening tight jars should be avoided. Seek dietary advice if you are constipated.
- **Work near waist level-** any activity above shoulder level requires more energy.
- **Pace yourself-** rest before you become exhausted. A few short rests are better than one long rest, it is important to balance activity with rest.
- **Plan your time-** Make sure not too many activities are performed in quick succession, and alternate light and heavy activities. Spread the load out over a day or many days. Plan ahead and set priorities.
- **Avoid activity in extremes of temperature and humidity-** early mornings and nights are best.
- Avoid activity within an hour of a meal, as your body is busy digesting.
- **Practice relaxation** to recharge your batteries.

PRINCIPLES OF TASK SIMPLIFICATION

- Slide, don't lift.
- Eliminate unnecessary motions.
- Sit to work whenever possible.
- Use proper work heights.
- Avoid stooping, bending and over-reaching.
- Don't be afraid or embarrassed to ask for assistance.

Energy Conservation and Task Simplification

TECHNIQUES

- Choose combs, brushes, etc. with large handles- they are easier to grip.
- Use pipe insulation from a hardware store to enlarge utensil handles.
- Put on a terry cloth bathrobe if you can't dry your back.
- Use a long handled bath brush for feet and back.
- If you have difficulty manipulating medication containers, ask your physician to write, "Do not put in child-proof container" on the prescription.
- Ease toileting and bathing by using adapted bathroom, i.e., elevated commode, safety rails, tub bench, hand-held shower and grab bars (see below).

PACE YOURSELF

- Work and move at a moderate pace.
- Fast walking takes 1-1/2 times as much energy as slow walking.
- Walking up stairs takes 7 times as much energy as walking on level ground
- Take frequent short rest periods while you are walking to avoid getting tired, instead of a long rest period after you get tired.
- Use slow, flowing motions rather than fast, jerky movements.
- Plan ahead to avoid rushing. This allows you to work at a relaxed pace.
- Alternate light and heavy work throughout the day and week.
- Avoid sudden bursts of activity.
- Naturally, we tire as the day progresses. Remember this when you are planning activities, so your most important tasks do not get abandoned due to exhaustion.

WORK HEIGHTS

- Use work surfaces that are at a level that allows you to work without bending or raising your hand above the elbow.
- Adapt counter space or use a lapboard for wheelchair patients.
- Order desk arms on a wheelchair to allow an individual access to appropriate tables.

CORRECT BODY MECHANICS SAVE ENERGY

- Sit and stand correctly by using good posture.
- Lift with your legs while keeping your back straight.
- Avoid reaching.
- Push, don't pull.
- Use both hands to carry items whenever possible.
- Slide, don't lift.
- Hold objects close to your body when carrying.
- If you need to rest it on your hip to carry, then it is too heavy. Remember this when children visit!
- Also relevant when children visit - be seated, don't bend down to them.

CLOTHING

- Select larger clothing than usual, as it is easier to put on and take off.
- Select clothing that opens in front and opens all the way so that you do not have to step into it.
- Select clothing with large flat buttons.
- Difficulty with small fasteners? Adaptive equipment is available.
- Ease zipper manipulation by using a large paper clip or ring on zipper.
- Buy pants with elastic waistbands.
- Put affected arm/leg in first and take out last.
- Use a long shoe horn if bending over is difficult or not allowed.

COMMUNICATION

- Use a book stand or music stand to hold books.
- Use large print books and magazines, or use a magnifying glass.
- Use writing aids with large handles that are built up with firm tape.
- To play card games, use a card holder which is commercially available (or use a scrub brush).
- Ease telephone speaking by using a phone holder and putting your telephone on loud speaker. This is strange at first but persevere, as you will get used to it.
- Use a wristwatch with a large numbered analogue display.

MEALS - PREPARATION / SERVICE / CLEAN-UP

- Use surface appliances rather than a low-down oven when possible.
- Use long fireplace matches to light a gas oven.
- Gather all supplies and position them where they are to be used before starting the first step of the job.
- Use tea cart to transport heavy objects and to save steps.
- Slide filled pans along stove and counter tops instead of lifting them.
- Use a pull cart to bring food home from the supermarket rather than carrying shopping bags.
- Use an electric appliance when possible (ie. blender, mixer, electric can opener, etc)
- Use prepared mixes, frozen foods, or packaged foods.
- Plan one-dish meals.
- Prepare extra portions for easy reheating later.
- Use light-weight pots and pans with non-stick coating.
- Wear apron with pockets so that you can carry objects around the kitchen. This is also a good way to have the cordless phone with you at all times.
- Eliminate unnecessary work:
 - * Let dishes drain dry
 - * Use paper dinner napkins instead of linen ones
 - * Use placemats instead of tablecloths
 - * Soak pots in hot water and detergent to eliminate vigorous scrubbing.

BATHROOM SAFETY

With their often wet, slippery floors and so many hard surfaces, bathrooms are potentially very hazardous places in the home for anyone with compromised balance or coordination.

Some simple modifications in the bathroom will provide a more secure environment:

- Install grab bars in the bathtub and shower as they are essential safety items for all.
- Non-skid strips in bottom of tub.
- Shower chair and hand held shower hose.
- Raised toilet seat and/or toilet safety rails, as they can provide additional support.
- Place soap bar in the bottom of a stocking, tied to the tap or shower-head, to avoid dropping (and having to bend down - potentially dangerous - to retrieve)

SHOPPING

- Call larger shops and malls ahead of time and reserve a wheelchair.
- Call ahead to make sure the items you want are available.
- Keep memo pad and pencil in all rooms to keep shopping list up-to-date.
- Shop at non-peak hours.
- Have a grocery store deliver groceries.
- Shop on-line if you have access to the internet and a credit card for payment.

CLEANING

- Use tongs to pick up objects from the floor.
- Do not reach when using the dust mop.
- Use light weight, long handled tools.
- Use tea cart to transport cleaning equipment
- When shower curtain gets dirty, throw it in the washing machine with a towel.
- Carry a light basket with all the cleaning supplies you need.

LAUNDRY

- Pin socks together before washing.
- Sort clothes on a table, never on the floor.
- Use sinks that are at a proper work height.
- Sit to iron or better still fold tightly rather than iron at all.
- Use fabric softener to avoid wrinkles. (10 Minutes in a dryer will remove wrinkles if folded when warm)

STORAGE

- Store items where they are used, in an easy to access area.
- Use pull-out storage bins for vegetables etc, to avoid reaching.
- Hang pots on wall, if dust is not a problem.
- Install pull-out or swing-out shelving.
- Keep measuring utensils in containers where they are used.

Adapted from: *PH Central. (2009). Energy conservation and Work simplification techniques.*
<http://www.phcentral.org/medical/conservation.html>

Assistive Devices

An assistive device compensates for loss of function and enhances your ability to take care of yourself more comfortably and safely. Such devices can be as simple as a long-handled bath brush or as complex as a wheelchair. Assistive devices can be obtained from medical and surgical supply stores, listed in your yellow pages telephone directory, or by mail order from self-help companies. The internet is a great place to search for assistive devices. Independent Living Centre can assist in finding companies in your area.

ASSISTIVE DEVICES TO AID IN AMBULATION AND MOBILITY

- Mildly impaired balance/stability - Single-point cane
- Unilateral lower limb pain/mild weakness - Single-point cane; hold with unaffected side
- Moderate impaired balance/stability - Quad cane (narrow or wide base)
- Moderate-to-severe unilateral weakness/hemiplegia - Walk cane/ hemiwalker
- Bilateral lower extremity weakness/paralysis - Bilateral crutches or walker (pickup or front-wheeled)
- Severely impaired stability - Walker (pickup or front-wheeled)
- Impaired wrist or hand function - Platform forearm walker
- Difficulty climbing stairs - Stair-climbing walker
- Impaired bed mobility - Bed rails (half or full); hospital bed (manual or electrically controlled)
- Difficulty with transfer - Transfer (sliding) board
- Difficulty getting up from chair - Seat-lift chair or uplift seat assist
- Difficulty getting in and out of bed – slide sheet.

ASSISTIVE DEVICES TO AID IN COMMUNICATION

- Difficulty holding pens to write - Built-up pen or pencil.
- Difficulty typing - Typing stick.
- Reading difficulty caused by impaired vision - Magnifying glasses, talking clock or smart watches.
- Difficulty dialling and using phone - Push-button dialling or 1- touch dialling with speaker phone; voice-activated phone.
- Difficulty calling for help - Simple buzzers or other signalling devices operated by switches that require minimal pressure; medical alert system, such as Life Alert.

ASSISTIVE DEVICES TO AID IN DAILY LIVING ACTIVITIES

- Limited hand function and fine motor control:
 - Eating - Built-up utensils, universal cuff with utensil hold.
 - Dressing - Button hook, zipper hook, Velcro closure, sock aid, long shoe horn, elastic shoe laces.
 - Bathing - Wash mitts, long-handled sponge.
 - Grooming - Built-up combs or brushes, electric toothbrush, electric razor with custom handle.
- Loss in 1 hand of eating-related functions - Plate guard, rocker knife.
- Impaired coordination, tremor - Weighted utensils.
- Impaired range of motion (ROM) of shoulder, proximal weakness - reacher.
- Impaired mobility for toileting - Bedside or rolling commode, raised toilet seat, grab bars around toilet.
- Impaired mobility for bathing - Tub transfer bench, hand-held shower, grab bars on tub or shower; shower chair.

IMPAIRMENTS DUE TO COMPLETE LOSS OF ALL FOUR LIMBS OR LIMB MOTOR FUNCTION

Brain-computer interface (BCI) devices or motor neuroprosthetic devices are systems that allow individuals to translate in real time the electrical activity of the brain into overt device control such that it reflects the user's intentions. In essence, these constructs can decode the electrophysiologic signals representing motor intent. They do not rely on muscular activity and can therefore provide communication and control for those who are severely paralysed due to injury or disease.

Current BCIs differ in how the neural activity of the brain is recorded, how subjects (human or animal) are trained to produce a specific electroencephalographic response, how the signals are translated into device commands, and which application is provided to the user. Patients with any of a variety of conditions, such as locked-in syndrome, spinal cord injury, stroke, limb loss, or a neuromuscular disorder, may benefit from the implantation of these BCIs, which augment the ability of a patient to communicate and interact with his/her environment.

Adapted from: *D, Kedlaya. (2008). Assistive devices to improve Independence.*
<http://emedicine.medscape.com/article/325247-overview>

Memory Related Exercises

SPATIAL RECALL/PATTERN RECALL TASK

This spatial recall exercise is designed to stimulate the person's short term memory recall by providing him/her with certain manipulated patterns which they then duplicate. The task is spread out over 8 stages with the initial stage beginning with a relatively simple pattern. The complexity of each pattern will gradually increase throughout each stage of the task.

AIM OF THE TASK

The aim of the task is to stimulate the person's short term memory, so that he/she is able to practise remembering a set of codes and patterns. The task will allow the person to participate in short term memory tasks, which is aimed at helping them complete these tasks in their daily lives, i.e. remembering bank card numbers and directions.

METHOD OF IMPLEMENTING TASK:

- The therapist/carer must eliminate all external distractions which may compromise the person's attention, i.e. television, radio, open windows etc.
- The therapist/carer must first construct a pattern on their grid (grid template next page). The therapist/carer begins by constructing a relatively simple pattern comprising of only 2 or 3 beads/markers positioned on top of one another or side by side.
- The person must examine this pattern for no more than 3 seconds and then complete the identical pattern on their grid.
- The therapist/carer must gradually increase the difficulty of the task by increasing each pattern by 1 bead. The pattern should also become more difficult throughout the 8 stages, by placing the beads in a more randomised order rather than a predictable pattern. (Note this step should only be undertaken if the person successfully completes the prior arrangement).
- Upon successful completion of each step, the pattern must continuously become more difficult, so as to challenge the person, and build his/hers association abilities.

(Note: if the person does not complete a pattern he/she must return to the start of the task and complete the previous stages of the patterns.)

This exercise should take no longer than 30 minutes, because with longer sessions the person's attention and interest in the activity may lessen.

Template for Spatial Recall/ Pattern Task

	1	2	3	4	5	6
A						
B						
C						
D						
E						
F						

This grid may be photocopied. Make multiple copies for each session.

You will also need at least 20 beads or game markers.

The Stroke Recovery Association has developed an online template for this that you can use at home. Please call us on (02)9807 6422 and we will be happy to send it out to you for your use.

Colour and Picture Visualisation Task

The colour recall and picture visualisation task is designed to strengthen the individual's recall abilities. This is a simple task that requires the person to look at certain photographs or pictures for no more than 5 seconds. After this is done they are asked a series of questions such as, which objects featured in the picture, the colour of these objects, the number of objects and so on. The design of this task is very simple and easy to use.

AIM OF THIS TASK

The aim of this task is to improve the person's recall and attending abilities (concentration). Listing down the features of the pictures previously viewed challenges the person's recall abilities, whilst viewing the picture and identifying all the features enhances their attending abilities.

METHOD OF IMPLEMENTING TASK

Before commencement of this task the therapist/ carer must collect certain pictures or photographs they wish to use. Examples are provided in this manual, however the same pictures must **not** be used more than once as the person will become familiar with the object, leading to a decrease in attending skills.

- The therapist/carer must eliminate all external distractions which may compromise the person's attention, i.e. Television, radio, open windows etc.
- The therapist/carer places a photograph/picture in front of the person.
- The therapist/carer removes the image from the person's view after 5 seconds. The person must now answer the therapist/carer's questions regarding certain features of the image (Questions asked by the carer should be directly related to certain features of the image, i.e. What colours were in the image? How many people were in the image? What types of food were in the image? etc).
- The therapist/carer will identify how many of the questions the person answered correctly and thus generate a score regarding their performance.
- The task should be completed with a number of different images, each containing different features and questions.
- Sample images and questions are provided on the next page.

This exercise should take no longer than 30 minutes.

If sessions are any longer, the person's attention and interest in the activity may lessen.



- How many different fruits in the photograph?
- Which fruits were in the photograph?
- What colours were the fruits in the photograph?



- How many different shapes were in the picture?
- How many different colours were in the picture/
- Which shapes were in the picture?
- Which colours were in the picture?
- Were there any identical shapes?



- How many different animals were in the photograph?
- How many cats were in the photograph?
- How many dogs were in the photograph?
- What colour was the dog?



- How many people were in the photograph?
- How many women were in the photograph?
- Name some of the items on the table.

Start saving colour magazines and pictures. Use the sample questions and pictures above to guide you in regards to type of pictures and type of questions that would be most useful and appropriate.

Audio and Written Repetition

The audio and written repetition task encourages short term memory recall in the person by requiring them to repeat and put into writing a spoken sentence. The therapist/carer is required to say a sentence and the person will write down the sentence as accurately as possible on the provided paper. The style of sentence should become more difficult as the session continues. The first sentence must be between ten and fifteen words long, with each sentence becoming longer and more complex as the session continues. This activity will encourage short term memory recall and develop attending abilities.

AIMS OF THIS TASK

The task aims to improve the person's short term memory recall and attending abilities, so that he/she is able to confidently participate in conversation and successfully complete instructions and other tasks which require any form of memory recall and concentration.

METHOD OF IMPLEMENTING TASK

- The therapist/carer must eliminate all external distractions which may compromise the person's attention, i.e. television, radio, open windows etc.
- State a 10-15 word sentence to the person. The sentence must be similar to that of every day conversation, i.e. "I went to down to the park today and bought ice cream". The first sentence in the session must be relatively simple to comprehend and remember, thus allowing the person to develop his/her skills throughout the activity.
- The person must then write down the sentence within 30 seconds of initial comprehension of it.
- Upon successful completion of accurately repeating the sentence in writing the person will then be asked to repeat another spoken sentence from the therapist/carer. The therapist/carer must increase the difficulty of each sentence by increasing the amount of words used and changing the subject of the sentence each time.
- Sample sentences are provided at right in order to give the therapist/carer an idea of how the sentences should be structured.

(Note, different sentences must be generated for each session, there must be at least 3 sessions before the same sentence may be reused.)

This exercise should be restricted to no longer than 30 minutes.

If sessions are any longer, the person's attention and interest in the activity may lessen.

SAMPLE SENTENCES FOR REPETITION:

1. I went to the beach yesterday for a surf.
2. I am going to the movies tonight to see 'Transformers 2'.
3. I caught the train to Woy Woy last week and the fee was \$10.
4. I went out to dinner last weekend with some friends and then we had ice cream.
5. It takes 60 minutes to travel from Gosford to Sydney, which encompasses a distance of 80 kms.
6. The trains get so crowded in the mornings, just last week no one was able to get a seat because of this.
7. Songs such as 'With or Without You', 'Beautiful Day' and 'Gloria' have made the band U2 one of the most successful bands in history.

NEUROBICS

Neurobics is a term which describes mental exercises that will hopefully improve your brain function in the same way that aerobic exercise will improve muscle functionality. Think of it as increasing one's mental motion - creating a fitter, more flexible mind.

There are many tasks we do almost automatically, without really thinking: washing up, ironing clothes, brushing our teeth. Well, the idea of neurobics is to engage your brain at times like this, in effect by 'challenging' it with slight changes to the usual method of completing these tasks. The expectation is that doing this will create new neural pathways and create new connections at cellular level - basically, brain growth and repair.

Here are some examples of things you can do to exercise your brain this way:

- Brush your teeth with your non-dominant hand
- Change the arm on which you usually wear your watch
- Use your non-dominant hand to operate your computer mouse
- Reorganise your desk or a cupboard.
- Use your non-dominant hand to dial the phone
- Try a new route next time you walk to the corner shop
- Share a meal and use only visual means to communicate - no talking allowed
- Change the radio station.

Memory Games

Besides the companionship and understanding to be found in Stroke Recovery Clubs, there are plenty of opportunities for social gatherings. Many groups play cards or chess/checkers, some just gather to chat and have a cuppa. Some like to engage their brains in some neural exercise, and play games such as these.

These memory games are from the Stroke Association in the UK. They are very basic but great fun, and would be good for a group of people to play together.

FUZZ

The players begin to count in sequence, each calling out one number in turn: one, two, three, etc. The player who should call out five must instead say, FUZZ. The counting continues until ten is reached, which becomes TWO FUZZ. Fifteen is THREE FUZZ, twenty is FOUR FUZZ, twenty-five is FUZZ FUZZ and so on.

FUZZ BUZZ

This is a harder version of FUZZ. As the number five is replaced by FUZZ, so the number seven is replaced by BUZZ, with multiples of seven becoming TWO BUZZ, THREE BUZZ, and so on, as for FUZZ as well.

NOTE: a mistake in either of these two games should mean that the player who makes it is out of the game but it is better not to be too strict. Either count a point against the player, or correct him/her and continue the game.

ALPHABET GAME

A player calls out a letter, and the other players have to call out the letter which comes *before* it in the alphabet. The first player to do so then calls out another letter, and so the game continues. Example: if a player says M, then the first person to call out L is the next to play. Should he then say X, then the player who says W first has the next call.

If this becomes too easy, play **two** letters ahead; when M is called the players should say K; for X they call V. This is much more difficult.

ASSOCIATION OF IDEAS

The first player says any word he likes, and the second player immediately adds the first word that comes into his mind, and so on with each player in turn. When one or two rounds are completed, the players try to rewind from the last word to the first. Example: table, leg, run, rabbit.

Note: Players must try to speak spontaneously and not prepare what they are going to say before their turn. There should be no helping each other while the game is in progress. It is interesting to find out whether players can still recall the list half an hour later.

I WENT TO MARKET

The first player says, 'I went to market.' The second player asks, 'What did you buy?' The first replies, 'I bought half a pound of tea.' The second player says to the third, 'I went to market,' and when asked what he had bought replies, 'I bought half a pound of tea and a dozen eggs,' ... and so on, each player repeating the previous purchases before adding his/her own.

GAMES

Other games which are fun and stimulating to play are games which were very popular before TV and Computers.

They include:

- Scrabble
- Up words
- Dominoes
- Card Games - All types
- Find -a-Word
- Sudoku
- Cross Word Puzzles
- Checkers/Draughts

ONLINE GAMES

If you are connected to the internet, there are several websites offering free games and puzzles. Some you will have to sign up for (and then put up with the odd promotional email now and again) others are hassle and obligation free. Here are a few web addresses that might interest you:

<http://www.positscience.com/braingames>

<http://freecrosswordpuzzles.com.au/>

<http://www.lumosity.com/k/brain-exercises>

Free trials of brain games are also on offer from 'Designs for Strong Minds', a US company which sells advanced materials for cognitive training. Beware though, even staff at the Stroke Recovery Association, who have not had Strokes, struggled with some of them: <http://www.designsforstrongminds.com/play-sample-games.html> and

<http://www.dsmexercises.com/>

RESOURCE BOOKS

Memory Games: Easy Ways to Keep Your Mind Sharp by Jack Bateman and Helen Tichler

The Brain That Changes Itself by Norman Doidge MD

Puzzle Books that can be purchased at any Newsagency

Visual Recovery

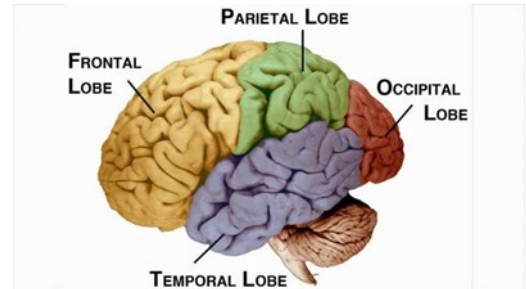
Vision problems occur in 60% of Stroke survivors

Vision can be affected by Stroke in MANY different ways:

- Visual processing disorders
- Eye movement abnormalities

Who is affected?

Vision loss can occur when there is damage to the Temporal or, parietal or occipital lobes and this occurs in over on third of Stroke Survivors.



Visual Field Loss

When part of your field of vision is 'missing' due to damage in the area of the brain responsible for processing this area of vision is damaged. Different areas of your visual field can be affected depending on the location of the Stroke in the brain.

Signs and Symptoms:

- Missing things on one side
- Bumping into things particularly on one side.
- Not recognising someone or something when they enter from the area of the missing vision
- Sometimes the person will be aware that their vision is reduced in a particular area, something they will not (due to overlapping disorders).

Visuospatial Neglect

The person is "unaware" or "ignores" one side of their vision. This can appear similar to visual field loss initially, but is very different and has varying levels of severity. Visual field loss and neglect can occur together.

Signs and symptoms:

- Missing things on one side (usually the left/bumping in to things on one side.
- Not actively looking for things on their left side
- Eating food on only one side of the plate
- Differing types and severity of neglect (not visual
- Only dressing the right side of the body/shaving right side of face/not using left limbs
- Completely unresponsive to sensory stimuli from the left side
- It is different to inattention/sensory extinction which only shows neglect of one side when there is a
- competing stimulus on the other side

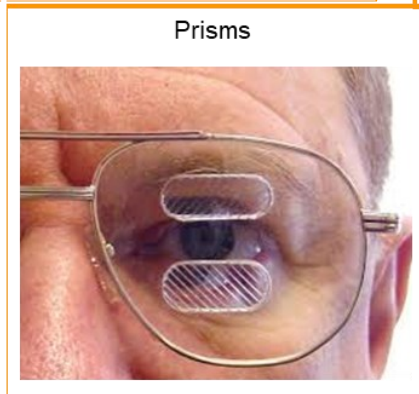
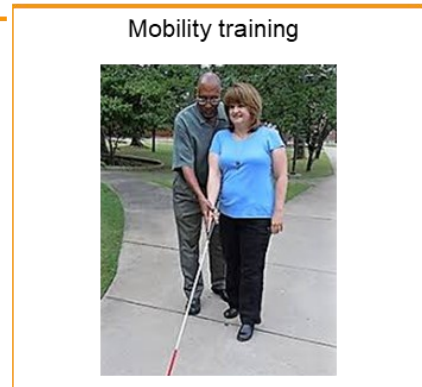
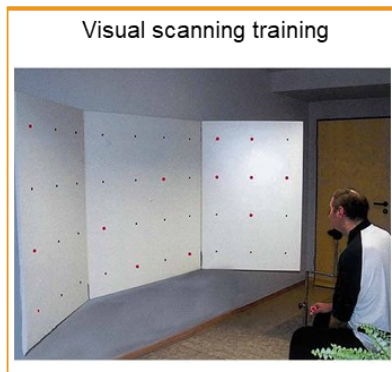
Eye Movement Abnormalities

- CN Palsy of 3,4,6 of their nuclei
Causes muscle weakness and hence an eye turn which is constant or present only when looking in certain directions
- Supranuclear lesions—affecting the motor pathways within the brainstem.
Nystagmus, saccade and pursuit disorders
Usually affects both eyes
- Cerebellar Lesions—affecting sections of ocular motor pathways
Horizontal gaze palsies, skew deviations, saccadic abnormalities

Signs and Symptoms

- Most associated with double vision
- Inability to move one eye or both eyes in a particular directions
- May impact balance and depth perception
- Nystagmus is characterized by involuntary and often rapid eye movements which destabilises fixation and hence causes blurring..

Treatment Options



Assistive APPS

Tap tap see – take a photo and identify objects

KNFB reader – take a photo of any written text and it will read it out loud to you

Identifi – recognise objects, brands, colours, facial expressions, text

Kindle app – download books and read in large print

Visual attention therapy – visual scanning training

MD_evReader – converts regular text into horizontal scrolling text

Managing Fatigue

Fatigue is the weariness you feel from physical or mental effort. It is a common, lasting effect after recovery and rehabilitation from a Stroke or Brain Injury. Sleeping difficulties and a change in sleeping patterns may develop in response to excess stress, which in turn may cause fatigue.

The following ideas may help you to manage fatigue better and return to your normal daily activities smoothly and quickly:

1. Try to remain organised and on time - Rushing causes you to use more energy and may tire you more easily
2. Keep a diary and write information down rather than trying to remember everything in your head
3. Summarise information and pay attention only to the important details.
4. Use relaxation techniques for insomnia and stress
5. Put off anything that is not absolutely necessary - don't spend time worrying about things that don't really matter.
6. Delegate responsibilities - others will be glad to help out, providing you ask and let them know you may need a hand.
7. Work a set routine. Do things that need to be done first, and take regular rest breaks.
8. You may find that you need more rest breaks than you needed prior to the injury. Rest is important. Even when you are doing simple tasks, such as getting dressing rest breaks are needed.
9. Work during the time of day you feel most like working and rest when you feel the need - listen to what your body wants to do and try to work with it. Fighting your need to sleep will increase feelings of exhaustion and despair.
10. Set realistic goals. Do not expect too much from yourself and allow plenty of time to complete tasks. Achieve the priorities and look after yourself
11. Try to maintain a clear mind. Write down and discuss problems/worries to help prevent them building up and using more of your energy than they deserve.
12. Do things slowly, regardless whether it takes a long time or not. Rushing tasks may account for further injury.
13. Have equipment ready before starting task. This will make it easier for you as it will reduce the energy needed to get things ready and provide more energy to do the task.

There are now some medications available to assist with the symptoms of Fatigue. Ask your GP , Rehab Specialist or Neurologist if they are suitable for your situation

Carers

1. Fatigue is also an issue faced by carers. It is important to remember that you too are affected by the Stroke Your life has changed.
2. Be kind to yourself - Do not try to do too much too soon and ask for assistance if you need it

Grading activity levels

When you resume your normal activities it is important to pace yourself and allow for recovery days. A gradual increase in physical activity, domestic tasks and returning to work should occur over a period of weeks and means that you will have less time to sleep and rest. In order to gradually increase work load and decrease rest periods you will need to start at the bottom and work your way up.

An example of this may include cleaning the house. This will involve the following:

1. Start cleaning one room at a time on every second day and rest in the afternoons
2. This may then increase to one room each day and then 2 rooms a few times per week. You will need less rest time as your fatigue decreases.

Soon you will now be able to clean your whole house in one or two days with only small amounts of rest.

Remember

Do not be afraid to take a few minutes to relax, even in the middle of a task. You will feel refreshed and more able to complete what you started.

Allow yourself recovery days.

Don't feel guilty about having a break

Work when you feel like it and rest when you know your body needs to take a break.

Continue to take time for yourself using relaxation strategies on a regular basis

References

[The Acquired Brain Injury Outreach Service](#) - ABIOS is a specialist community rehabilitation service for people with acquired brain injury, their carers and service providers

[Synapse](#) (formerly known as the Brain Injury Association of Queensland) - information for service providers, adults and children on ABI and changes following an acquired brain injury

This article was found online at <http://www.health.qld.gov.au/pahospital/biru/education/fatigue.asp>

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Communication Tips

What can we do to assist people with communication difficulties?

These are some tips that are important to remember when assisting someone who has communication difficulties.

Be patient, this can be a very difficult part of their rehabilitation

Slow down and talk in short, clear sentences

Ensure that people talk to the person only 'one at a time'

When starting to speak - give the person time to tune in.

Touch the person and pause

Say their name first

Ask direct questions that can be answered with a 'yes' or 'no'

Example: *"Would you like a cup of tea?"*

Use words like who, what, where and when.

Example: *"Where is your toothbrush?"*

Don't shout at the person - they are not deaf!

Place the key word at the end of the sentence

Examples:

"Do you want your dinner?"

"It is time for your bath?"

"You have a visitor - it is Tony."

"Shall we go to your car?"

Give the person plenty of time to answer

Never assume that the person is not trying

Never talk about the person in their presence as if they are not there

When someone is fatigued their communication difficulties may be more pronounced

Try to ignore outbursts of anger, weeping, laughing or swearing- some people may not be able to control this.

If the person becomes frustrated, be honest, and try another way to get the message they are trying to give you.

Set up a simple communication process (if possible) using questions that require a yes or no answer or use gestures Thumbs up thumbs down..

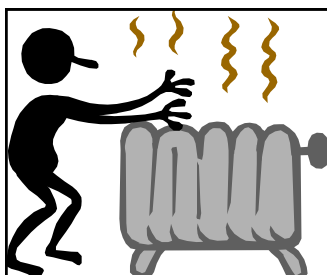
How do I make a Communication Chart?

Use a simple communication chart which you can set up yourself using picture to depict words. Use your computer to set up a communication Chart or Telephone the Stroke Recovery Association and we will send you a laminated one.

I am feeling....



I AM IN PAIN

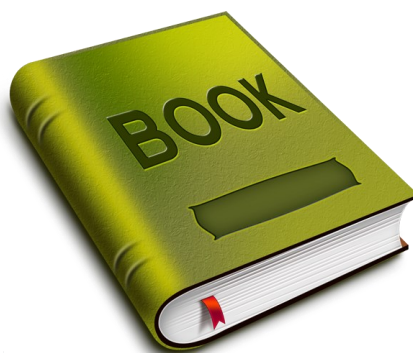


I AM HOT



I AM COLD

How you can help me, I want....



My book please



My glasses please



A cup of coffee please

How do I find a Speech Pathologist?

[Speech Pathology Australia](https://speechpathologyaustralia.org.au)

<https://speechpathologyaustralia.org.au>

Speech Pathology Australia is the national peak body for the **speech pathology** profession in **Australia**. **Speech** pathologists are university trained allied health professionals with expertise in the assessment and treatment of communication and/or swallowing difficulties

For Further assistance and/join a speech practice Group

Contact Stroke Recovery Association
1300 650 594 or info@strokensw.org.au

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Practical Guide to Stroke Recovery

Important Resources

Stroke Recovery Association NSW

1300650594

www.strokwsw.org.au

Carers Gateway

1800 422 737

<https://www.carergateway.gov.au>

Carer Gateway aims to make your life easier. By calling Carer Gateway, you will be connected with a new Australia-wide network of Carer Gateway service providers. They will talk through what you need and help you to find local services and support to help you. Learn about new service

My Aged Care

1800 200 422

www.myagedcare.gov.au

My Aged Care is the main entry point to the aged care system in Australia. My Aged Care aims to make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to find and access services.

National Disability Insurance Scheme (NDIS)

1800 800 110

ndis.gov.au

National Disability Insurance Scheme (NDIS) is an Australian Government initiative to provide financial support to citizens and permanent residents of Australia who have a disability that requires long-term care and assistance, and who cannot afford private disability insurance.

Commonwealth Respite and Carelink Programme:

1800 052 222

The CRCCs will continue to provide information about respite options and other support services in their local areas; provide a link to those services and assist carers to access short-term and emergency respite support.

Centrelink

13 10 21

www.centrelink.gov.au

Government Agency that provides financial assistance and pensions, for people with disability, carers and people who are ill. You may be entitled to a carers allowance if you are caring for someone with a Stroke.

Independent Living Centres Australia

1300 885 886

lcaustralia.org.au

Formerly known as the Independent Living Centre. The organisation has information on a comprehensive range of products and equipment for people with disabilities. The centre does not sell items they only display them.

Technical Aid for the Disabled (TAD):

1300 663 243

www.tad.org.au

Technical Aids for Disabled designs aids where commercial aids are not available. TADs' custom built items are often produced at a fraction of the cost thank to the efforts of skilled volunteers. We also modify existing equipment to improve its suitability for the individual client. They also provides computers on loan to people with disabilities.

Australian Physiotherapy Assoc NSW:

(02) 8748 1555

www.physiotherapy.asn.au

Provides the names of Physiotherapists in your local area. (Ask if they make home visits).

Speech Pathologists Association NSW:

(02) 9743 0013

www.speechpathologyaustralia.org.au

Will provide the name of a speech pathologist in your local area.

Occupational Therapists NSW;

(02) 9648 3225

www.otnsw.com.au

Will provide names of Occupational Therapists in your local area. (Ask if they provide this service at home).

Taxi Subsidy Scheme:

1800 623 724

RTA Disabled Drivers Parking Permit:

13 22 13

Notes

Questions for Therapists

State Stroke Associations

NSW	<i>Stroke Recovery Association</i>	
	Tel:	1300 650 594 (02) 9807 6422
	Email:	info@strokensw.org.au
	Website:	www.strokensw.org.au
QLD	<i>Stroke Association of QLD</i> <i>Now under the auspice of Synapse</i>	
	Tel:	1800 673 074
VIC	<i>Stroke Association of Victoria</i>	
	Tel:	(03) 9077 1246
	Email:	admin@strokeassociation.com.au
	Website:	www.strokeassociation.com.au
SA	<i>Stroke SA Inc.</i>	
	Tel:	(08) 8352 4644
	Email:	strokesa@chariot.net.au
	Website:	www.stroke.org.au

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STROKE RECOVERY ASSOCIATION NSW