



## THE STROKE TEAM

A team approach is the most successful approach to Stroke Treatment and Rehabilitation. It ensures there is communication between medical and health clinicians and allows for team members to work cooperatively for the person affected by Stroke, and also their families and carers.

### DOCTORS

A specialist, such as a Neurologist or General Physician, assumes overall responsibility for management of the patient's recovery in the acute phase of hospitalisation. Registrars and resident doctors are available to provide day-to-day patient care. Once rehabilitation has commenced, a specialist in rehabilitation may be involved in ongoing medical care. It is their role to assist patients and families to make choices and adjustments to the patient's rehabilitation, and implement measures designed to prevent further Stroke. Your General Practitioner (G.P) should be fully informed of all aspects of care and rehabilitation once the person is discharged from hospital.

### NURSES

The Nurse's role is very important. They develop an understanding of the person's condition while in hospital and assist the person to eat, bathe and dress. The Nurse's regular observations of the patient's condition provide valuable information to medical staff. They are the team member who get to know you and your family as they provide the primary care for the person affected by Stroke on a daily basis.

### SOCIAL WORKER

The Social Worker meets patients and families as soon as possible after the Stroke occurs, to advise on likely family, social or financial impacts, and to advise on how to obtain assistance if necessary. Family members may be experiencing emotional problems as a result of their relative's Stroke — the Social Worker is skilled in counselling and can assist in this area. When patients return home, the Social Worker may arrange assistance through My Aged Care or NDIS. Not all people affected by Stroke recover sufficiently to return home. The Social Worker can assist the family to make decisions on care, find a suitable Residential Age Care Facility or other accommodation and discuss costs and the availability of government support.

PLEASE TURN OVER



# The Stroke Team



## **PHYSIOTHERAPIST**

A Physiotherapist assesses the effect of the Stroke on movements. They plan a rehabilitation programme, taking into consideration the patient's general health, previous level of activity and interests. Not all people affected by severe Stroke achieve full recovery, so the Physiotherapist will assist you to set appropriate goals, which are adjusted after continued reassessment. Early emphasis may be on movement such as turning over in bed, rising to the sitting position, maintaining balance in the upright position, transferring to and from a chair, standing and walking, and developing to more complex activities as progress is achieved. The Physiotherapist coaches people in coughing and deep breathing exercises in order to prevent chest infections.

## **SPEECH PATHOLOGIST**

Communication and swallowing difficulties can impact on a person's ability and confidence when socialising and participating in daily activities. A speech pathologist can provide specialised therapy and advice regarding the best way to assist a person with a communication/swallowing disability. Speech pathologists are specialists in treating adults and children with communication disabilities, including swallowing problems. A speech pathologist will tailor a treatment program to suit individual needs. A therapy program aims to: promote recovery of communication/swallowing skills, which may include introducing alternative means of communicating/ swallowing, and providing support and information for clients and families.

## **NEUROPSYCHOLOGIST**

The Neuropsychologist assesses the effect of the Stroke on memory, thinking, personality and other aspects of brain function. A neuropsychological assessment provides information about a patient's intellectual and behavioural strengths and weaknesses. These assessments are used to aid in the diagnosis of the Stroke and may also guide therapy. Repeated assessments may be used to measure improvements or other changes that occur with time. The Neuropsychologist is also concerned with the treatment of behaviour and memory difficulties, including counselling and advising patients and families about problems which might occur in day-to-day living as a result of the Stroke. They also advise on issues related to returning to the workforce.

## **OCCUPATIONAL THERAPIST**

The Occupational Therapist (OT) assesses the effects of the Stroke on independence and daily living activities. They teach the methods of adapting to changed circumstances by designing specific activities concentrating on the skills needed to return home. The OT will visit the person's home, to assess their ease of movement through doors, navigating stairs etc, and will assist the patient to generally manage at home. They will often recommend some simple modifications to the home and advise on home aids, such as a shower chair and handrails.