Stroke Recovery News

Volume 23, Issue 2

Aphasia - Voice, Speech and Language Difficulties

Aphasia is a disorder that results from damage to portions of the brain that are responsible for language. For most people, these areas are on the left side of the brain. Aphasia usually occurs suddenly, often following a Stroke or head injury, but it may also develop slowly, as the result of a brain tumor or a progressive neurological disease.

The disorder impairs the expression and understanding of language as well as reading and writing. Aphasia may occur with speech disorders, such as dysarthria or apraxia of speech, which also result from brain damage.

Who can acquire aphasia?

Most people who have aphasia are middle-aged or older, but anyone can acquire it, including young children.



What causes aphasia?

Aphasia is caused by damage to one

or more of the language areas of the brain. Most often, the cause of the brain injury is a Stroke. Other causes of brain injury are severe blows to the head, brain tumors, gunshot wounds, brain infections, and progressive neurological disorders, such as Alzheimer's disease.

What types of aphasia are there?

There are two broad categories of aphasia: fluent and nonfluent, and there are several types within these groups. Damage to the temporal lobe of the brain may result in Wernicke's aphasia (see figure), the most common type of fluent aphasia. People with Wernicke's aphasia may speak in long, complete sentences that have no meaning, adding unnecessary words and even creating made-up words.

For example, someone with Wernicke's aphasia may say, "You know that smoodle pinkered and that I want to get him round and take care of him like you want before."

As a result, it is often difficult to follow what the person is trying to say. People with Wernicke's aphasia are often unaware of their spoken mistakes. Another hallmark of this type of aphasia is difficulty understanding speech.

Winter/Spring 2023



STROKE RECOVERY ASSOCIATION NSW

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What is Fluent and Non Fluent Aphasia?

The most common type of nonfluent aphasia is Broca's aphasia (see figure on previous page). People with Broca's aphasia have damage that primarily affects the frontal lobe of the brain. They often have right-sided weakness or paralysis of the arm and leg because the frontal lobe is also important for motor movements. People with Broca's aphasia may understand speech and know what they want to say, but they frequently speak in short phrases that are produced with great effort. They often omit small words, such as "is," "and" and "the."

For example, a person with Broca's aphasia may say, "Walk dog," meaning, "I will take the dog for a walk," or "book book two table," for "There are two books on the table." People with Broca's aphasia typically understand the speech of others fairly well. Because of this, they are often aware of their difficulties and can become easily frustrated.

Another type of aphasia, global aphasia, results from damage to extensive portions of the language areas of the brain. Individuals with global aphasia have severe communication difficulties and may be extremely limited in their ability to speak or comprehend language. They may be unable to say even a few words or may repeat the same words or phrases over and over again. They may have trouble understanding even simple words and sentences.

There are other types of aphasia, each of which results from damage to different language areas in the brain.

Some people may have difficulty repeating words and sentences even though they understand them and can speak fluently (conduction aphasia).

Others may have difficulty naming objects even though they know what the object is and what it may be used for (anomic aphasia).

Sometimes, blood flow to the brain is temporarily interrupted and quickly restored. When this type of injury occurs, which is called a transient ischemic attack, language abilities may return in a few hours or days.

How is aphasia diagnosed?

Aphasia is usually first recognized by the physician who treats the person for his or her brain injury. Most individuals will undergo a magnetic resonance imaging (MRI) or computed tomography (CT) scan to confirm the presence of a brain injury and to identify its precise location. The physician also typically tests the person's ability to understand and produce language, such as following commands, answering questions, naming objects, and carrying on a conversation.

If the physician suspects aphasia, the patient is usually referred to a speech-language pathologist, who performs a comprehensive examination of the person's communication abilities. The person's ability to speak, express ideas, converse socially, understand language, and read and write are all assessed in detail.

How is aphasia treated?

Following a brain injury, tremendous changes occur in the brain, which help it to recover. As a result, people with aphasia often see dramatic improvements in their language and communication abilities in the first few months, even without treatment. But in many cases, some aphasia remains following this initial recovery period.

In these instances, speech-language therapy is used to help patients regain their ability to communicate. Research has shown that language and communication abilities can continue to improve for many years and are sometimes accompanied by new activity in brain tissue near the damaged area.

Some of the factors that may influence the amount of improvement include the cause of the brain injury, the area of the brain that was damaged and its extent, and the age and health of the individual.



Aphasia Cont...

What Therapies are used to Treat Aphasia?

Aphasia therapy aims to improve a person's ability to communicate by helping him or her to use remaining language abilities, restore language abilities as much as possible, and learn other ways of communicating, such as gestures, pictures, or use of electronic devices.

Individual therapy focuses on the specific needs of the person, while group therapy offers the opportunity to use new communication skills in a small-group setting. Recent technologies have provided new tools for people with aphasia. "Virtual" speech pathologists provide patients with the flexibility and convenience of getting therapy in their homes through a computer.

The use of speech-generating applications on mobile devices like tablets can also provide an alternative way to communicate for people who have difficulty using spoken language. Increasingly, patients with aphasia participate in activities, such as book clubs, technology groups, and art and drama clubs. Such experiences help patients regain their confidence and social self-esteem, in addition to improving their communication skills.

Stroke clubs, regional support groups formed by people who have had a Stroke, are available in most major cities. These clubs can help a person and his or her family adjust to the life changes that accompany Stroke and aphasia.

Family involvement is often a crucial component of aphasia treatment because it enables family members to learn the best way to communicate with their loved one.

Family members are encouraged to:

- Participate in therapy sessions, if possible.
- Simplify language by using short, uncomplicated sentences.
- Repeat the content words or write down key words to clarify meaning as needed.
- Maintain a natural conversational manner appropriate for an adult.
- Minimise distractions, such as a loud radio or TV, whenever possible.
- Include the person with aphasia in conversations.
- Ask for and value the opinion of the person with aphasia, especially regarding family matters.
- Encourage any type of communication, whether it is speech, gesture, pointing, or drawing.
- Avoid correcting the person's speech.
- Allow the person plenty of time to talk.
- Help the person become involved outside the home.
- Seek out support groups, such as Stroke clubs.

This article has been adapted from the NIDCD fact sheets on Voice, Speech, and Language: for more information visit the NIDCD website at http://www.nidcd.nih.gov

Learn more about Aphasia and the Current Research and Strategies to Recover Communication After a Stroke @ Creating Connections Stroke Conference 2023 <u>See page 10</u>

cogSMART

CogSMART stands for Cognitive Symptom Management and Rehabilitation Therapy, a form of cognitive training to assist people improve their skills in:

- prospective memory (remembering to do things),
- attention, learning/memory, and
- executive functioning (problem-solving, planning, organisation, and cognitive flexibility).



The aim of the website is to improve abilities which will assist people with cognitive symptoms or impairments perform better in their everyday activities and reach their goals pertaining to school, work, social functioning, and independent living.

The website offers a number of tools whereby users learn and apply their new skills, so they remain motivated to practice their skills and make progress toward their goals.

The CogSMART approach to cognitive training has been successful for people with psychiatric symptoms, brain injuries, and other brain-related conditions resulting in cognitive challenges.

CogSMART uses compensatory cognitive training, rather than extensive drills and practice. In other words, it teaches people how to improve their cognitive skills by using strategies, have them practice their strategy use in the real world, and then troubleshoot any difficulties that come up.

The goal is to help make these strategies become habits, so they can be used automatically when they are needed in the real world.

For the past decade, the CogSMART intervention has been used by therapists with individual clients and groups or classes. This is a web-based and mobile CogSMART app that can be used with or without the guidance of a clinician.

For more information visit the website: www.cogsmart.com

CALD ASSIST - Overcoming Language Barriers in Health Care

CALD Assist is a free app downloadable from Apple App store and Google play Store, which can assist NSW Health clinicians communicate with people with limited English proficiency.

It was developed by Victoria Western Health in partnership with CSIRO. CALD Assist does not replace professional interpreters, but can assist overcome basic language barriers when interpreters are not available.



The app features:

- more than 200 commonly used phrases in low risk/basic care areas, professionally interpreted into ten languages, plus English
- language groupings into seven health areas: COVID-19; dietetics; occupational therapy; physiotherapy; podiatry; speech therapy and nursing
- · translated phrases supported by images, video and audio recordings
- Evaluations of CALD Assist published in peer-reviewed journals have demonstrated improved patient and provider experience, as well as improved provider and patient satisfaction.

The app has been successfully piloted in three NSW Local Health Districts and is recommended for use within NSW Health low risk communication inpatient settings.

It is not recommended for use in Emergency Departments or in areas where there is currently no specific translated health content including maternity, oral health, paediatrics and mental health.

For more information about this app visit Victoria Western Health or CSIRO.

Please contact us on SESLHD-CALDAssist@health.nsw.gov.au

Care Finder Program

Who can use the care finder service?

The care finder service is not available for everyone. It is specifically for vulnerable older people who need intensive support to access aged care and other local services.

To receive care finder support, a person must:

- have no carer or support person who can help them, or
- not have a carer or support person they feel comfortable or trust to support them, and
- be eligible for government-funded aged care (use the eligibility checker to learn more).

In addition, they should have one or more of these reasons for needing intensive support:

- · have difficulty communicating because of language or literacy problems
- · find it difficult to understand information and make decisions
- be reluctant to engage with aged care or government
- be in an unsafe situation if they do not receive services.

How does the care finder service work?

If someone requires this support, then a local care finder organisation can connect them with a dedicated care finder.

The care finder will visit them, usually in person. This can be at their home or another place they would like to meet. They will ask questions to understand the person's situation and support them to work through the steps to address their needs.

What help can care finders provide?

Care finders can help vulnerable older people navigate the aged care system and find support services to improve their quality of life. Care finders can help with both accessing services for the first time and changing or finding new services and supports.

They can help someone with:

- · talking to My Aged Care on their behalf and arranging an assessment
- attending and providing support at the assessment
- · finding and short-listing aged care providers in their area
- · completing forms and understanding aged care service agreements
- · checking-in once services are up and running to make sure everything is OK
- solving other challenges and connecting to supports in the community, such as health, mental health, housing and homelessness, drug and alcohol services and community groups.

How to find my local care finder:

- Visit <u>https://www.myagedcare.gov.au/help-care-finder</u>
- Call My Aged Care on 1800 200 422 (Freecall)



How to stay safe from COVID-19



Australian Government
Department of Social Services

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Preparing for winter – COVID-19

How do I stay safe from COVID-19?

Stay up to date with vaccination



If it has been more than 6 months since your last vaccination or confirmed COVID-19 infection, then you should consider another dose now. Speak to your GP if you are not sure. The best way to find and book a COVID-19 vaccine appointment by visiting http:/covid-vaccine.healthdirect.gov.au/booking/

Be COVID-safe



COVID-safe behaviours help protect you and those around you from COVID-19. You can be COVID-safe by wearing a mask, physical distancing and practicing good hygiene. If you are experiencing symptoms, take a COVID-19 test. If you have COVID-19 and are in a high risk cohort speak to your doctor about anti-viral medication as soon as possible visit here for more information visit https:/health.gov.au/health-alerts/covid-19/protect-yourself-and-others. Information for First Nations Australians is available at www.health.gov.au/health-alerts/covid-19/advice-for-groups-at-risk/Indigenous.

Have an emergency plan



The Person-Centred Emergency Preparedness Plan (P-CEP) outlines how you, together with your support network, will ensure you remain safe during emergencies such as a COVID-19 diagnosis. If you do not have an emergency plan, visit https://collaborating4inclusion.org/ for more information.

Where can I get more information?



People with disability can access up-to-date information on COVID-19 at www.disabilitygateway.gov.au/coronavirus/covid19-vaccines

Notice of Meeting

The 2023 Annual General Meeting of the Stroke Recovery Association NSW will be held on FRIDAY 3 NOVEMBER 2023 at PENRITH PANTHERS LEAGUE CLUB (123 Mulgoa Rd, Penrith NSW 2750).

> Commencing at 10:30 am for a morning tea, followed by an 11:00 am start.

At the conclusion of the meeting, a light luncheon will be served.

RSVP to the Association on 1300 650 594 or admin@strokensw.org.au by **25th October 2023.**

Nomination forms for Board positions are enclosed in this newsletter.

Further details about the meeting and voting will be sent out to all members mid-September 2023.



NSW STROKE AWARENESS WEEK EVENTS

4 - 10 SEPTEMBER 2023

Art Showcase and NSW Stroke Awareness Week Launch

| Date: | Monday, 4th September 2023 | |
|-----------|--|---|
| Time: | 10:30 am - 12:00 pm (morning tea included) | |
| Location: | Royal Prince Alfred Hospital (50 Missenden Road, Camperdown) | |
| Online: | This event will also be live-streamed. | |
| Cost: | This event is free of charge. | |
| RSVP: | By Thursday, 24th August 2023. | 1 |
| | | |



| Date: | Tuesday 5th September 2023 | | |
|--|---|--|--|
| Location: | Level 1/162 Goulburn St, Surry Hills NSW 2010 | | |
| RSVP: For more information, contact Sydney Bridge Cer | | | |
| | (02) 9264 6884 | | |

Creating Connections Stroke Conference

| | • |
|-----------|---|
| Date: | Wednesday, 6th September 2023 |
| Time: | 10:00 am - 4:00 pm |
| Location: | Club Burwood RSL (96 Shaftesbury Road, Burwood) |
| Online: | This event will also be live-streamed for free. |
| Cost: | \$10 for SRA members & students |
| | \$25 for non-members & health professionals |
| RSVP: | is essential by Monday, 28th August 2023. |
| | |



Art Showcase winner announcement & KeyStrokes Choir performance



| Date: | Thursday, 7th September 2023 |
|-----------|--|
| Time: | 11:00 am - 12:00 pm |
| Location: | Royal Prince Alfred Hospital (50 Missenden Road, Camperdown) |
| Online: | This event will also be live-streamed. |
| Cost: | This event is free of charge. |
| RSVP: | is essential by Thursday, 24th August 2023. |
| | |

Reps to Recovery Stroke Challenge

Join us for the Reps to Recovery Stroke Challenge 2023! Boost your rehab by setting personal goals and seeing how much you can progress in just one week! **Date:** Monday, 4th - Sunday, 10th September 2023

Location: Online via Zoom meetings

Cost: This event is free of charge

For more information or to RSVP to any of these events, contact the Stroke Recovery Association NSW on 1300 650 594 or admin@strokensw.org.au.



STROKE RECOVERY ASSOCIATION NSW

CREATING CONNECTIONS STROKE CONFERENCE

Sydney Local Health District & the Stroke Recovery Association invite Stroke survivors, carers, families & Health Professionals to attend the annual Creating Connections Stroke Conference!

- Date: Wednesday 6 September 2023
- Time: 9.30am 3.30pm
- Location: Club Burwood RSL (96 Shaftesbury Rd, Burwood)
- Cost: \$10 per member or student
 - \$25 for health professionals and non-members
- RSVP: admin@strokensw.org.au or call 1300 650 594

THE CONFERENCE WILL BE LIVESTREAMED FREE OF CHARGE. TO REGISTER FOR THE LIVESTREAM SCAN THE QR CODE.





Creating Connections Stroke Conference

WEDNESDAY 6TH SEPTEMBER 2023

Club Burwood RSL (96 Shaftesbury Road, Burwood)

| 10:00 am | Open & Welcome - John Garbutt, President, Stroke Recovery Association NSW |
|--|--|
| 10:15 am | Current research and strategies in recovering communication skills after Stroke. - Professor Kirrie Ballard, Speech Pathology, University of Sydney. |
| 11:00 am | Using technology to improve outcomes in Speech Therapy. - Jacinda Choy, Senior Speech Pathologist, Royal Rehab. |
| 11:30 am | Improving your cognition after Stroke. - Natalie Holland, Occupational Therapy Team Leader, Advance Rehab Centre. |
| | |
| 12:00 pm – 1:00 pm | Lunch break |
| 12:00 pm - 1:00 pm 1:10 pm | Lunch break Creating employment opportunities after a Stroke. - Simone Taylor, Business Manager, Scope Australia - Disability Support Services. |
| 12:00 pm - 1:00 pm 1:10 pm 1:40 pm | Lunch break Creating employment opportunities after a Stroke. - Simone Taylor, Business Manager, Scope Australia - Disability Support Services. Stroke survivors accessing the NDIS. - Michael Hampton, Community Voice Manager, Synapse. |
| 12:00 pm - 1:00 pm 1:10 pm 1:40 pm 2:15 pm | Lunch break Creating employment opportunities after a Stroke. - Simone Taylor, Business Manager, Scope Australia - Disability Support Services. Stroke survivors accessing the NDIS. - Michael Hampton, Community Voice Manager, Synapse. My Stroke story. - Panel of Stroke survivors discussing their Stroke stories. |

JOIN THE LIVESTREAM ONLINE BY SCANNING THE QR CODE TO REGISTER

To attend **in person** or for more information, contact the Stroke Recovery Association NSW on





Reps to Recovery Stroke Challenge 2023

Royal Rehab Private Petersham and the Stroke Recovery Association NSW are very excited to be holding the Reps to Recovery Stroke Challenge in 2023.

This challenge will run from Monday, **4th September - Sunday, 10th September 2023**, as part of NSW Stroke Awareness Week 2023.



During this week, Stroke survivors are asked to set an individualised repetition goal based on their Stroke rehabilitation exercises. We suggest that you discuss this with your physiotherapist, exercise physiologist, occupational therapist or speech pathologist to find a suitable goal for you! This goal could be anything from taking 500 steps, raising your arms 30 times, or repeating the steps to drink from a cup — no goal is too big or too small. Track how many reps you can do for the week and share with us!

We want to challenge you to see how many repetitions of exercises you can do using your affected limb. No matter where you are along your recovery path from Stroke, there is always more that can be achieved and improved upon.

If you are interested in receiving an info kit about the challenge (including some great freebies for you to use throughout the challenge week), phone Royal Rehab Private Petersham on 8585 4900 or email Rebecca.judd@royalrehab.com.au or the Stroke Recovery Association NSW at admin@strokensw.org.au.

Important dates for the Reps to Recovery Stroke Challenge 2023:

- Reps to Recovery Stroke Challenge online launch - Wednesday 23rd August 2023 @ 10:30 am

- Reps to Recovery Stroke Challenge Week - Monday 4th – Sunday 10th September 2023

- Motivational check-in Tuesday 5th September 2023
- Online awards ceremony Thursday, 21st September 2023



Royal Rehab Private Petersham

Research Opportunity

High Intensity Interval Training POst-STroke (HIIT-POST): Stroke survivors' views



High-Intensity Interval Training Post-Stroke (HIIT-POST)

HIIT has been shown to benefit the heart, muscles and brain after Stroke greatly. Evidence suggests that many Stroke survivors do not participate in enough exercise, causing problems with activities of daily living and health status. The aim of this study is to identify what is stopping Stroke survivors from participating in HIIT exercises as well as what may help to motivate them to participate.

To be eligible for this study, all participants must meet the following inclusion criteria:

- Diagnosis of single or multiple ischaemic or haemorrhagic Stroke.
- Aged \geq 18 years to allow for consent to be provided.
- Understand written or verbal English as the questionnaires will be provided in English only.

Speech in Adults with Broca's Aphasia after Stroke

The study is to work with patients who are eligible for a developmentally attuned language treatment which will be administered by students at the University of Sydney Speech Pathology Unit. The goal will be to design more specific effective treatment for speaking after Stroke / PPA. The whole study takes 18 weeks and is offered inperson (at The University of Sydney) or by Telehealth (video-link).

To be eligible for this study, all participants must meet the following inclusion criteria:

- Have difficulty speaking in sentences because of Broca's aphasia/Stroke;
- Are between 18 and 80 years of age;
- Were fluent English speakers before experiencing aphasia.



- Do you have difficulty speaking in sentences because of Broca's aphasia / stroke?
- Are you between 18 and 80 years of age?
- Were you a fluent English speaker before your aphasia?

What is the aim of the study?

> Design more specific effective treatment for speaking after stroke / PPA

What does the study involve?

| • | The whole study | takes 18 weeks. We will do treatment for 10 weeks: |
|---|----------------------------------|--|
| | ○ Weeks 1 – 2: | Assessment: 3 to 5 times for 45 minutes |
| | Weeks 3 – 7: | Treatment: 45 minutes, 2 times a week for 5 weeks |

- Weeks 8 9: Take a break
- Weeks 10 14: Treatment: 45 minutes, 2 times a week for 5 weeks
- Weeks 15 17: Take a break
 Week 18: Assessment: 45 minutes

For more information, please contact us on

0431 416 936 or kirrie.ballard@sydney.edu.au

- Schedule of Fees for Adult Clients:
 - · Clients are offered the following service options:
 - Assessment only (\$20.00 service fee)
 - Short therapy block (\$120.00 service fee for 6 sessions)
 - Medium therapy block (\$160.00 service fee for 8 sessions)
 - Long therapy block (\$240.00 service fee for 12 sessions)

Research Opportunity

Does your walking need a boost after stroke?

HiWalk is a new research project to improve walking in people after stroke

Is this you?

- Adult
 More than 6-months but less than 8-years
- after your stroke
 Can walk 10m without assistance
 Would like to improve your walking
 Have adequate English language and
- Have adequate English language and cognitive skills to participate

What is HiWalk?

HiWalk is a physiotherapy program designed to improve mobility.

HiWalk involves attending a rehabilitation gym for up to 3-hours, on weekdays for 3-weeks.

HiWalk consists of different exercises and activities that target walking. The program is tailored to each participant's goals and abilities.

What does participation involve?

- Participation is voluntary and comes at no cost to you
 You will participate in an assessment by a
- Do with participate in an assessment by a physiotherapist
 One group of participants will then participate in the HiWalk program
- The other group will continue their usual activities and will be offered a physiotherapy consultation at the end of the study
- The study team will stay in contact with all participants for 6 months

This project has been approved by Macquarie University Human Researcth Ethics Committee (approval number 520231306850151).



Locations The project will be based at community rehabilitation gyms in: Sydney - Burwood Melbourne - Tarneit

About the research team The HiWalk team includes senior researchers from Macquarie, Monash and Sydney Universities.

> How to find out more Contact Dr Kate Scrivener Email: Kate.scrivener@mq.edu.au Phone: (02) 9850 6625



HiWalk - Boost Your Walking After Stroke

HiWalk is a physiotherapy program designed to improve mobility. HiWalk involves attending a rehabilitation gym in Burwood for up to 3-hours, on weekdays for 3-weeks.

HiWalk consists of different exercises and activities that target walking. The program is tailored to each participant's goals and abilities. Participants will be assessed by a physiotherapist and one group will participate in the HiWalk program and the others will continue their usual activities and will be offered a physiotherapy consultation at the end of the study. The study will last 6 months.

To be eligible for this study, all participants must meet the following inclusion criteria:

- Over 18
- More than 6 months but less than 8-years after your Stroke
- · Can walk 10m without assistance
- · Would like to improve your walking
- Have adequate English language and cognitive skills to participate

Understanding how to use technology to improve the quality of life of young people after Stroke.

Researchers from the University of Tasmania are doing a survey to find out from young (18-30 years) Stroke survivors in Australia about the best ways to meet their needs after a Stroke.

This information will help develop a technology-based solution aimed at improving the quality of life and participation of young Stroke survivors.

You are invited to take part in an online survey which will take approximately 15 minutes to complete.

You can also complete the survey with the help of a carer or someone who knows you well.

To be eligible for this study, all participants must meet the following inclusion criteria:

- · Living in Australia
- Between 18-30
- Had your Stroke before turning 25

UNIVERSITY TASMANIA

Recruiting participants for Young Stroke Research



ARE YOU A YOUNG STROKE SURVIVOR (18-30 years)?

Do you live in Australia?

Did you have a stroke before you turned 25?

Would you like to help decide how technology can be useful for young stroke survivors?

Complete a15-minute survey to provide your opinions of the use of technology in young stroke recovery.

You can complete the survey over the phone or

Online:<u>https://redcap.utas.edu.au/surveys/?s=</u> J8EMKFKM394NWNK4



or scan the QR Code

Go into a draw and win one of four gift vouchers at the value of \$50

For more information, please contact Dinah Amoah on: 03 6324 5441 Email: <u>Dinah.Amoah@utas.edu.au</u>

Research Opportunity

The Carer's Way Ahead: An Online Randomised Control Trial for Families Managing Challenging Behaviour following Brain Injury

The research study aims to determine whether family carers of people with traumatic brain injury find an on-line program about how to manage challenging behaviour useful.

To be eligible for this study, all participants must meet the following inclusion criteria:

- · Adults aged 18 years or over,
- Family member of an individual who has experienced a traumatic brain injury
- · Identify as caring for that person
- · Have access to a computer and printer
- Fluent in English.
- · Living in Australia.



Welcome to the Carer's Way Ahead!

Motion Analysis for the Upper Limb Impairment (FULMA)

Motion Analysis for the Upper Limb Impairment after Stroke (FULMA) is a study to develop a new technology which measures upper limb movement for people who have had a Stroke. Volunteers are invited to participate in the study to help develop this exciting technology, which will help Occupational Therapists and Physiotherapists improve their clinical assessments with Stroke patients in the future.

Participation in the study involves:

- Completion of a series of basic upper limb movements to be recorded by the laptop-based FULMA system.
- Travel to the Prince of Wales Hospital in Randwick. Participants will receive a \$50 travel voucher and \$100 shopping voucher for their time.



To be eligible for this study, all participants must meet the following inclusion criteria:

- Adults (age ≥18 years)
- ≥6 months since your first-ever Stroke
- Stable arm paresis (i.e., difficulty moving your arms) with some ability to extend the hand at the wrist and partially move the fingers and thumb.
- Able to attend an hour-long visit to the Prince of Wales Hospital, Randwick.



STROKE RECOVERY ASSOCIATION NSW

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PO Box 3401 Putney NSW 2112

www.Strokensw.org.au

info@strokensw.org.au

Stroke Recovery Association NSW



@strokeNSW



@strokeNSW

UPDATE YOUR PREFERENCES

Did you know that you can receive your newsletter by email? By switching your preference to email, you can access our newsletters instantly from your computer, tablet, or smartphone. By switching to email, you're assisting in reducing our environmental impact and our costs associated with producing these publications. If you would like to change your mailing preference, please contact the Association on 1300 650 594 or by email to: admin@strokensw.org.au

MEMORIAL DONATIONS

The passing of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam. These donations, which assist us to continue our valuable work, are a wonderful remembrance of the person who has passed away. All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

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STAFF OF THE ASSOCIATION

Chief Executive Officer: Michelle Sharkey OAM

Stroke Project Officer: Maria Nguyen

Community Liaison Officer: Lani Cutuli

> Financial Manager: Cheryl Smith

Event & Communications Officer: Jennifer Rodda

Information & Administration Officer: Alex Wells