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How to Live Successfully with a Stroke

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How do you define *Success*?

Living your life as fully as possible; taking advantage of the opportunities and the options available to you.



Objectives

- Define and explain the different phases of a stroke
- Explore what is good care at each phase
- What are the challenges with each type of stroke
- What specialized services are available
- Is there more I, you or we can do?



The Three Phases of a Stroke

Phase 1: *the acute phase*

Phase 2: *the recovery phase*

Phase 3: *"is this it?"* a.k.a. *"community integration"* a.k.a. *living well*

Phase 4: *Doing better than than average!*



Phase 1: The Acute Phase

- 66 year old man presents to the emergency department with a 2 hour history of right sided weakness. What is the ideal management?
- Stroke Attack care: *i.e. CT/ECG/TPA etc.*
- Admitted to the ward here at SPH: *stroke orders, clinical pathway, etc.*
- Risk Factor Management: *i.e. swallowing/skin/nutrition*
- Early rehab involvement: *early activation (PT/OT/SLP/SW)*



Phase 2: The 'Rehab' Phase

- Stroke Rehabilitation does not begin in a rehab bed....it begins in the emergency department with the introduction of care plans, prevention of complications such as pneumonia, skin breakdown, blood clots, bowel and bladder issues.
- Early complications produce delayed recovery, prolonged immobilization and poorer prognosis



Phase 2: The 'Rehab' Phase

- Once the acute care team has assisted in stabilizing the patient, the rehab focus increases...*let's work on recovery!*
- Physiotherapy works with the patient in facilitating arm/hand and leg/foot recovery and translates this into function
- Occupational Therapy works on basic personal care activities, swallowing, seating, cognition, etc.
- Speech and Language Pathologists: articulation, expressive and receptive communication, swallowing

What Does the Physiatrist do in the acute care hospital



- We assess the patient for more specialized rehabilitation services. (HFH, GFS, elsewhere)
- Assist the team in managing issues early such as pain, spasticity
- Facilitate transfers for specialized stroke rehab if appropriate
- Explore other care options with the team

What does the Physiatrist do in the rehabilitation centre (i.e. HFH)



- Comprehensively follow the patient's progress with their neurorehab team.
- More aggressive management of complications and consequences of stroke as well as co-morbidities (i.e. diabetic care)
- Specialized orthotics/braces, use of medications or injections for pain or spasticity management
- Assist in discharge and long-term planning

What happens to the patient who doesn't go for 'rehab' at HFH/GFS



- Sometimes patients are not medically stable
- Sometimes the patient's functional or medical prognosis for recovery is very limited
- Some patients go directly home or to a lighter level of care (i.e. TCU)

Going home...



- What is the most important variable in determining discharge home after a stroke?
- What are the other factors that influence discharge home?
- Is where you live important?
- What about finances, specialized equipment, medications etc?

Does therapy end when I go home?



- Out-patient therapy
- Home care/community therapy
- Private services
- Stroke Clubs
- Alternative therapies
- MD f/u...stroke prevention clinics; physiatry follow-up
- What is the role of the family doctor?

Phase 3: Home for the long term



For many patients and families the change can be dramatic?

What are your and your family's expectations?

Success is relative and is based on expectations!

Goal Setting



Rule 1: If you set modest goals, you are less likely to be disappointed.

Rule 2: It is easier to achieve small steps that large ones

Rule 3: Don't take unnecessary risks!

Stroke Recovery



Many factors influence recovery after stroke

- Size
- Location
- Type: ischemic, bleed, small vessel, thrombo-embolic (heart)
- Co-morbidities

Stroke Recovery: why do people with the same type of strokes recover differently?



- Pre-existing strengths and weaknesses
 - Intelligence (or stupidity)
 - Communication skills
 - Coordination
 - Personality
 - Prior emotional health
 - Handedness
 - Prior level of physical fitness
 - stubbornness

Common Strokes



- Left Middle Cerebral Stroke syndrome
- Right Middle Cerebral Stroke syndrome
- Lacunar stroke
- Thalamic and basal ganglia stroke
- Brainstem stroke

Left Middle Cerebral Stroke Syndrome



- Classically
 - Right sided weakness, arm worse than leg
 - Right sided loss or diminished sensation
 - Loss of vision to the right in each eye
 - Potential loss of understanding and expressing yourself in speech and writing

Right Middle Cerebral Stroke Syndrome



- Classically
 - Left sided weakness, arm worse than leg
 - Left sided loss or diminished sensation
 - Loss of vision to the left in each eye
 - Potential loss of perception, cognition and awareness of the left side of your universe

Lacunar Stroke



- Classically
 - Mini-stroke up to a R or L middle cerebral artery stroke
 - Minor or severe deficits
 - Classically defined as motor or sensory only
 - Better recovery but often silent and multiple

Thalamic and Basal Ganglia Strokes



- Classically
 - Features of above
 - Bleeds are bad, often associated with high blood pressure
 - Very preventable with good risk factor management (as are all strokes)

Brainstem Strokes



- Classically
 - Involve the lower part of the brain
 - Affects swallowing and articulation and balance
 - Can be very severe initially but can have good prognosis

Specialized Approaches to Care



- Constraint Induced Therapy
- Speech groups
- Spasticity management
 - Botulinum toxin
 - Phenol blocks
 - Specialized orthotics/bracing
 - Foot/Ankle surgery
 - Functional Electrical Stimulation

The future is not that far away

Wi-Fit

Magnetic stimulation

Biofeedback

What about acupuncture, traditional treatments,
massage



How do I know what I am getting is 'the best'

More is not always better

Specialized services require experience, not just a name

Most spontaneous recovery occurs in the first 3 months, and
occurs most rapidly

Improvements can occur after but is much slower

The younger you are, the better you adapt, learn and
compensate



?Questions?

