LIFE AFTER STROKE™

Advanced Home Care’s Extraordinary Care™ Program for Patients recovering from a Stroke.
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Chapter 1
Warning Signs of Stroke

If you or someone you know have any of these symptoms, even if they go away, call 911 immediately or go to the nearest emergency room!

- Sudden numbness or weakness of face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Your risk for having a stroke increases with the following:

- **High blood pressure** increases your stroke risk by 4 to 6 times.
- **Smoking** increases your stroke risk by 4 times.
- Once you have had a **TIA**, your stroke risk increases by 10 times. (A TIA, or transient ischemic attack, is a “mini-stroke”. It produces the same symptoms as a stroke, but there is no lasting damage.)
- **A previous stroke**-25 percent of people who have had a first stroke will have another within five years.
- **History of a heart attack**

Only a doctor can tell if you are having a stroke. Early treatment can save your life and improve your chances of recovery.

Remember **FAST**:
- **Face**: Facial droop/numbness; Uneven smile; Visual disturbance
- **Arm & Leg**: Weakness or numbness (especially on one side); difficulty walking
- **Speech**: Slurred, inappropriate words, cannot speak
- **Time**: Time is critical. Call 911.
Chapter 2
Coming Home After a Stroke

Strokes affect 4 out of 5 American families (National Stroke Association). Although every stroke is different, survivors and caregivers share some common issues and concerns.

- Concerns regarding the ability to handle medical, home, and personal care
- Changes in the ability to exercise and to get around
- Problems with communication, memory and solving problems
- Changes in social interactions
- Behavioral and emotional changes
- Availability of support systems

These changes are scary and overwhelming. Your role in your family and the dynamics of your family can shift. Coming home is a big adjustment.

Our staff will work together with you, your family, and your doctor as a team. Our goal is to help you gain as much independence as possible while remaining at home.

Make sure you take one day at a time, and do not expect too much too fast. Recovery takes time. This book offers helpful information and answers to many of your questions. Our home health staff is here to support you.
Safety First!

There are several safety needs that must be addressed when you first return home. You may need additional equipment to help you do everyday activities more safely. (Your therapists will help you identify your equipment needs.) You may also require specific steps to make your day-to-day life safer.

Fall prevention in the home

- Remove all rugs and mats or secure with double-sided tape or equivalent
- Use non-slip mats in showers and tubs
- Install grab bars where needed (such as tub/shower/toilet) for transfers and secure handrails along stairwells
- Install night-lights in all frequently used halls, bedrooms, and bathrooms
- Have a light switch near your bed
- Remove clutter and electric cords from passages
- Wear secure, non-slip shoes and avoid slick surfaces
- Keep telephone within easy reach so you can call for help
- Use assistive devices correctly and as taught by your therapists
- Keep often used items (like clothes and personal items) on shelves within reach
- Keep a commode chair or urinal near your bed at night to avoid accidents at night
- Review medications with your doctor for possible problems (such as dizziness) that may increase your risk for falling
- Always ask for help if you feel unsafe
Swallowing problems occur in up to 60% of people who have had a stroke. Aspiration is when something foreign (like food or liquid) ends up in the lungs instead of the stomach. This can lead to an infection called aspiration pneumonia. Aspiration pneumonia is one of the leading causes for a person’s readmission to the hospital in addition to complications and death after a stroke.

It is important if you have swallowing problems to follow the recommended aspiration precautions and safe swallowing strategies set up by your speech therapist.

Safe swallowing strategies

- Sit upright at a 90-degree angle when eating or drinking, and remain upright for at least 30 minutes after eating or drinking.
- Make sure you are alert with eyes open when eating or drinking.
- Take small bites and sips.
- Eat and drink slowly.
- Avoid use of straws with liquids.
- Use good oral hygiene after each meal. Brush teeth for two minutes. Brush tongue for 30 seconds, and rinse with an alcohol-free mouthwash.
- Do your swallowing exercises daily.
- Follow recommended diet consistency closely.
- If you are on thickened liquids:
  - Do not eat any foods that liquefy into a thin liquid (e.g., ice cream and jello).
  - Do not add any ice to drinks. This changes the consistency of the liquid.
Make sure you are receiving enough fluid to meet your daily needs. Watch for signs of dehydration:

- Dry mouth
- Extreme thirst
- Decreased urine output (dark yellow or amber)
- Dizziness or lightheadedness
- Irritability or confusion

Learning safe ways to swallow can help keep you well nourished, hydrated, and prevent further hospitalization.

**Urinary Incontinence**

Urinary incontinence is when urine leaks out before you can get to a bathroom. If this is happening to you, tell your doctor and home health nurse. They can help you decrease how often it happens and minimize your embarrassment. (Additional information in “Optimize: AHC Continence Solution.”)

**Keeping Your Skin Healthy**

Your skin is very important to your health. After a stroke, you may be at risk for skin problems due to decreased movement and feeling. Several types of problems could occur:

- Pressure ulcers from staying in one position too long
- Friction or shearing injuries from sliding or dragging your body parts across surfaces
- Sores or burns in areas with less feeling due to your inability to sense danger
- Skin irritation due to bladder or bowel accidents
Tips for keeping skin healthy and intact

Hygiene
- Keep skin clean and dry.
- Do not bathe every day unless needed. Bathing washes away natural oils that help soften the skin.
- When bathing, use lukewarm water and non-irritating soap. Avoid scrubbing too hard.
- Pat skin dry instead of rubbing to avoid tearing skin.
- Use barrier creams if incontinent. These are creams that contain zinc oxide, dimethicone, or petroleum.

Nutrition
- Eat foods high in vitamins, protein, and iron to help build muscle and prevent skin breakdown.
- Foods high in protein include eggs, milk, cheese, meat, dried beans, soy milk, and tofu.
- High vitamin foods are fruits, vegetables, whole grains, nuts and healthy oils.
- Iron is found in meat, kidney beans, cashews, hazelnuts, almonds, and some cereals. Select low fat versions.
- Follow your doctor’s advice about taking a vitamin supplement.
- Drink 6-8 cups of fluid daily. Your skin needs water to improve elasticity.

Skin inspection
- Check your skin on a regular basis. Look for sores that are just starting.
- Watch for red areas, blisters, openings in the skin, or rashes. (If any of these are found, tell your nurse or doctor.)
- Inspect the whole body, especially over bony areas.
  - Areas at risk in a lying position:
Areas at risk in a sitting position:

- Heels
- Sacrum (lower part of the pelvis)
- Elbows
- Back of the head

Positioning for prevention

- Protect heels from pressure (in bed or when legs are elevated) by placing a pillow under the lower leg or by using specially designed heel protectors.
- If you need help turning in bed, post a schedule to remind others to help you turn regularly.
- Prevent bony areas from touching each other. Use extra pillows between your legs to provide pressure relief.
- When sitting, shift your weight every 15 minutes. If unable to shift, ask someone to help you change position every 1 hour.
- Sit with your back supported. Place feet flat on the floor (or on foot rests if in a wheelchair). Keep your shoulders relaxed. Your hips, knees, and ankles should all be at 90 degree angles.

Protect affected side
Caregivers should help:

- Remind you to look to your affected (neglected) side. This will help remind you to not bump into things by mistake.
- Encourage you to slow down and think first before acting. (You may try to get up from a wheelchair without locking the brakes. You may try to take a step before making sure the affected leg is placed correctly.)
Your Home Health Team:

When you come home, you may begin to receive home health services from a variety of disciplines. Your rehabilitation team may include some or all of the following: nurses, home health aides, physical therapists, occupational therapists, speech-language pathologists, social workers, and/or dieticians.

❖ **Nurses** will help you:
  - Understand your stroke, your stroke risk factors and warning symptoms to report
  - Understand your medications
  - Learn about your diet needs
  - Learn proper care of your skin
  - Improve your bowel and bladder control
  - Handle pain control
  - Manage safety concerns
  - Cope with emotional needs
  - Address sexuality concerns

❖ **Home Health Aides** assist you with becoming as independent as possible with your personal care. They often work with an occupational therapist to help you reach your personal care goals.

❖ **Physical Therapists** help you strengthen your muscles, improve balance, and relearn movements needed for sitting, standing, and walking. They assist you toward regaining functional use of your affected side.

❖ **Occupational Therapists** work with you to become independent in caring for yourself and in doing things that are important to you. This may include feeding, bathing, grooming, and dressing yourself. It may include learning to perform light home living tasks. They also assist you toward regaining functional use of your affected arm and hand.

❖ **Speech-language pathologists** will help you improve your ability to:
  - Speak
Communicate your needs and wants
Understand information (spoken and written)
Use memory skills
Problem solve
Word finding or naming
Swallow

Social Workers educate about community and financial resources. They can also help link you to these resources and provide information about support groups in your community.

Registered Dietitians help promote good health through proper eating. Dietitians work with you to help prevent and treat health problems. This may include:
- Looking at food choices to best meet your body's needs
- Instructions on how to follow diet restrictions or how to get nutrition through a feeding tube
- Teaching on reaching and keeping a healthy weight

It is important to follow what your doctor, nurse, and therapists advise.
- Take all prescribed medications exactly as ordered by your doctor. This means taking the right amount of medication at the right time.
- Go to all scheduled doctor appointments.
- Follow diet recommendations.
- Follow therapy recommendations.

Chapter 3
Basic Stroke Facts and Information
What is a stroke?

A stroke is often called a “brain attack.” During a stroke, blood and oxygen is cut off to a portion of the brain. As a result, the affected part of the brain starts to die.

What is a TIA?

TIA stands for Transient Ischemic Attack. This is a “warning stroke” or “mini-stroke” that produces stroke-like symptoms but causes no lasting damage. These symptoms are temporary. Recognizing and treating TIA’s can reduce the risk of a major stroke.

Two Types of Strokes

- **Ischemic (I-skeem-ik) strokes** are the most common. This type of stroke occurs when a blood vessel becomes blocked. Blood vessels can be blocked from cholesterol (plaque) build up in the brain or by a blood clot or plaque fragment from another part of the body.
- **Hemorrhagic strokes** (hem-uh-raj-ik) are less common. With this type of stroke, a blood vessel in the brain breaks open allowing blood to escape. This escaped blood causes damage to the surrounding brain tissue. High blood pressure and brain
aneurysms (an-yuh-riz-uhms) can both cause blood vessels in the brain to weaken and possibly cause a stroke.

Location of a Stroke

A stroke can injure the brain on the right side, left side, or deep inside the brain near the center.

The right side of the brain affects:

- How well the left side of the body moves and feels
- Creativity
- Intuition
- Ability to judge size and distance
- Ability to judge left from right (and up from down)

The left side of the brain affects:

- How well the right side of the body moves and feels
- Ability to communicate (speech, writing, reading, understanding)
- Reasoning
- Number skills

Changes from a Stroke

Physical Changes

A stroke can affect your ability to:
Walk
Balance
Lift
Carry objects
Pick up or hold something
Use public transportation
Drive
Move around on your own or with the help of equipment (e.g., wheelchair, walker, cane) at home or in the community

Other changes you might experience include:

- **Spasticity:** Your muscles may unwillingly move your arm or leg causing stiffness and tightness.
- **Balance problems:** 40% of people who have a stroke will have a serious fall within one year.
- **Central Pain Syndrome:** This type of pain never goes away in areas of your body affected by your stroke. Pain may also occur more often. Pain may be more severe, and you may have new pain.
- **Vision changes:** Your vision may become blurred. You may see double or you may be unable to see on one side.
- **Bowel and Bladder issues:** You may have problems controlling your bowel and bladder. You may:
  - Wet or soil your clothes
  - Have problems with constipation
  - Need to go to the bathroom more often or
  - Feel strong and sudden urges to go to the bathroom
- **Sleep disturbances:** You may have trouble falling asleep or sleeping through the night. You may have sleep apnea (pauses in breathing during sleep).
- **Eating issues:** You may have:
  - A change in your appetite
  - A weight gain or loss
  - Swallowing problems
  - Trouble eating enough food or fluids
  - Decreased sense of taste and smell
Communication Changes

A stroke can affect your ability to:

- Talk with other people
- Understand what people say
- Use body language
- Understand what you read
- Write

Below are words you might hear used to describe changes you are having:

- **Aphasia** is the inability to use or understand words (spoken or written). This includes word finding and naming skills.
- **Apraxia of speech** (also known as verbal apraxia or dyspraxia) - This speech problem causes a person to have trouble saying what he or she wants to say correctly. This problem is not due to muscle weakness. It is due to the brain having problems telling your muscles what to do.
- **Dysarthria** is speech that is slowed, slurred or unclear. This is caused by weakness in the muscles that make speech.

Changes in Personality

A stroke may produce:

- Frustration
- Anxiety
- Irritability
- Anger
- Apathy (not caring)
Lack of motivation
Depression
Sadness
Unpredictable episodes of crying or laughing

Changes in Cognition/Thinking

Your thinking ability may change with a stroke. You may have:
- One-sided neglect: A decreased ability to notice things on one side of your body
- Motor planning difficulties (or dyspraxia): A person's lack of ability to think through and carry out a task
- Memory loss: Difficulty with short and/or long term memory
- Attention problems: Decreased ability to focus on tasks
- Perseveration: Getting stuck on a movement or word
- Impulsivity (or impulsiveness): Acting without thinking

What Are Your Stroke Risk Factors?

There are many risk factors associated with developing a stroke. Once a person has had a stroke or “mini” stroke (TIA), his/her risk for having another stroke is increased. There are other risk factors, as well. Some risk factors can be changed and others cannot.

Stroke risk factors that cannot be changed
- Age: Being over 55 increases your risk.
 FAMILY HISTORY: The chance for a stroke is much higher if a parent, grandparent, brother, or sister has had a stroke.

HEREDITY: African Americans have a higher risk of stroke.

GENDER: Males are more at risk than females.

STROKE RISK FACTORS THAT CAN BE CHANGED

- High blood pressure
- Smoking
- Diabetes
- Blockage in the carotid artery (in the neck)
- Heavy alcohol use
- Atrial fibrillation (irregular heartbeat)
- High cholesterol
- Being overweight

HOW CAN I REDUCE MY RISK OF STROKE?

- **Know your blood pressure.**
  - Talk with your doctor about your blood pressure.
  - If your blood pressure is high, work with your doctor to help lower it.
- **If you smoke, STOP.**
  - Smoking doubles your risk for stroke.
  - When you stop smoking, your risk immediately starts to lower.
- **Control your diabetes.**
  - Poorly controlled diabetes increases your risk of having a stroke.
  - Know your hemoglobin A1c level. (This level measures your diabetes control.)
  - A healthy diet, exercise, and medication (if needed) can help improve your blood sugar control.
Ask your doctor if you have circulation (blood flow) problems.
- Sickle cell, severe anemia, or other diseases can cause a stroke if left untreated.
- Work with your doctor to control any circulation problems.

If you drink, do so in moderation.
- Drinking a glass of wine or beer or one drink each day may lower your risk for stroke (provided there is no other medical reason you should avoid alcohol).
- Alcohol is a drug and may interact with medications you are taking.
- Heavy drinking can increase your risk for stroke.

Find out if you have atrial fibrillation (AF).
- AF is an irregular heartbeat.
- AF can cause blood to pool in your heart and lead to clots. These clots can cause a stroke.
- Your doctor can detect AF by carefully checking your pulse.
- If you have atrial fibrillation, work with your doctor to manage it. (This may involve taking medication.)

Know your cholesterol number.
- If your cholesterol is high, work with your doctor to control it.
- High cholesterol puts you at risk for heart disease, which can increase your stroke risk.
- Lowering your cholesterol may reduce your risk for stroke.
- A low-fat, low-cholesterol diet can help you reach and stay at your ideal weight.
- High-fiber foods, such as oatmeal, dried beans, and fruits, will help lower your cholesterol level.
- Sometimes cholesterol-lowering medications are required.

Enjoy a lower sodium (salt), lower fat diet.
By cutting back on sodium and fat in your diet, you may be able to lower your blood pressure, and your risk for stroke.

**Exercise daily.**

- Exercise helps lower cholesterol and lower blood pressure.
- Once your doctor says you can, try to exercise for at least 30 minutes 3-4 times a week. For example, walk, jog or ride a bike.
- Be sure to consult with your doctor before starting any exercise program.
- Keep moving. Move as much as you can. Park your car a little farther away to get in more walking. Instead of sitting and watching TV, work in the garden or clean a closet.

### Chapter 4

**Medication Essentials**

There are many drugs used to reduce your risk of having another stroke. Below is a list of drug types commonly used:

### Antiplatelet and Anticoagulant Drugs

Antiplatelet and anticoagulant drugs get in the way of the body’s ability to form clots. This helps to keep your blood flowing and decreases your risk of a stroke or heart attack.
These drugs may cause some bloating or gas. This usually goes away as your body adjusts. Below is a list of more serious signs of bleeding that should be reported to your doctor:

- Bleeding gums
- Sores or white spots in the mouth or throat
- Unusual bruises or purplish areas on the skin
- Unexplained nosebleeds
- Blood in your urine
- Black, tarry, bloody stools
- Vomiting blood or something that looks like coffee grounds
- Coughing up blood
- Unusual pain or swelling
- Faintness or dizziness
- Chest pain
- Shortness of breath

High Blood Pressure Drugs

High blood pressure drugs lower your blood pressure. (They are also called antihypertensive drugs.) High blood pressure is a risk factor for developing a stroke.

Like most medicines, high blood pressure drugs can cause side effects. However, the side effects usually are not severe and do not happen very often. Some common side effects of high blood pressure drugs include the following:

- Headache
- Dizziness or lightheadedness
- Nausea and/or vomiting
- Extreme tiredness, weakness, drowsiness or lethargy (lack of energy)
- Diarrhea or constipation
Weight loss or weight gain
Nervousness or increased anxiety
Chest pain, heart palpitations (the feeling that your heart is racing) or arrhythmia (irregular heartbeat)
Cough, fever, congestion, upper respiratory tract infection or "flu-like" symptoms
Skin rash

Tell your doctor as soon as possible if your side effects become severe or bothersome.

Cholesterol-Lowering Drugs

Cholesterol-lowering drugs (statins) lower “bad” cholesterol and raise “good” cholesterol. They greatly reduce your risk of having another stroke.

Statin side effects include:
- Muscle pain, soreness, tiredness or weakness
- Increase in liver enzymes (This will be checked through blood tests.)
- Nausea, diarrhea or constipation
- Rash or flushing

The risk of life-threatening side effects is very low. Be aware that certain foods and drugs can cause side effects to be worse:
- Grapefruit or grapefruit juice
- Some antibiotics
- Some antifungal drugs
- Some antidepressants
- Some immunosuppressants
- Amiodarone
- Gemfibrozil
Diuretics or “water pills” decrease the volume of blood in your body and lower blood pressure.

Some side effects usually lessen or go away as your body adjusts to the drug. These include:

- Nausea and vomiting
- Stomach cramps
- Diarrhea
- Dizziness
- Ringing in your ears

Let your doctor know if these symptoms continue or get in the way of your normal activities.

Some diuretics may decrease your body’s supply of potassium. Symptoms caused by not enough potassium include:

- Fast or irregular heartbeat
- Weak pulse
- Nausea or vomiting
- Dry mouth
- Excessive thirst
- Muscle cramps or pain
- Unusual tiredness or weakness
- Mental or mood changes

If your doctor orders a diuretic that spares potassium, you should know the signs of too much potassium:

- Irregular heartbeat
- Breathing problems

Notify your doctor if you have side effects that are unbearable.
ADVANCED HOME CARE

- Numbness or tingling in your hands, feet or lips
- Confusion or nervousness
- Unusual tiredness or weakness
- Weak or heavy feeling in your legs

If you have symptoms listed under not enough or too much potassium, check with your doctor as soon as possible.

Chapter 5
Healthy Eating

Healthy eating is good for you. Choosing nutritious foods is an effective way to reduce your risk of heart attack, stroke and other health problems.

Good nutrition means:
- Eating a variety of foods
- Watching your intake of certain foods and drinks
- Controlling the amount of food and calories you eat

A balanced diet reduces your risk of heart disease and stroke by:
- Lowering your cholesterol
- Lowering your blood pressure
- Helping you to lose weight

There is not a specific stroke diet for you to follow. However, there are a set of nutrition guidelines designed to provide the protein, carbohydrates, fats, vitamins and minerals you need to prevent a stroke and stay healthy.
The nutrition guidelines below are key to preventing a future stroke. Use these guidelines daily to help plan your meals and snacks. If you feel you need more help with meal planning, ask your doctor for a referral to a registered dietitian.

***If you are on a modified diet or thickened liquids, refer to “Safe Swallowing Strategies” in the “Coming Home After a Stroke” section of this booklet, or refer to your Speech-Language Pathologist.

Reduce Dietary Fat and Cholesterol

Know your basic types of fats.
- Saturated fats: Raise your cholesterol and can be harmful.
- Unsaturated fats: May help lower cholesterol levels.
- Trans fats: Tend to lower “good” cholesterol and raise “bad” cholesterol.

Basic rules about dietary fats:
- Limit foods high in saturated fats. Examples of foods high in saturated fats:
  - Animal products (beef, lard, chicken skin, pork fat, eggs)
  - Dairy products made from whole or 2% milk (cheese, cream, butter, whole or 2% milk, yogurt)
  - Plant sources (coconut, coconut oil, cocoa butter, palm oil)
- Choose lean meat, fish, poultry dried beans and peas as your protein source.
- Trim excess fat off meats before cooking.
- Select foods with higher amounts of unsaturated fats. Examples include:
Vegetable based oil (corn, safflower, soybean)
- Olive oil, canola oil, peanut oil or sunflower oil
- Nuts and seeds
- Oily fish (salmon, tuna, mackerel, herring, trout)
- Avocado
- Broil, bake or boil rather than fry foods. A spray vegetable oil coating may be used.
- Choose low fat dairy products.
  - Use skim milk for drinking and cooking.
  - Choose reduced fat or fat free cheeses for eating and cooking.
  - Use reduced fat or fat free items when choosing yogurt, cottage cheese or sour cream.

Eat Plenty of Fruits, Vegetables and Grains

Fruits & vegetables are high in vitamins, minerals and fiber. These low calorie foods have many benefits. They:
- Lower cholesterol
- Regulate bowel movements
- Protect against heart disease
- Help with weight control

Recommendations:
- Eat at least 3 to 5 servings of fruits and vegetables every day.
- Choose more fresh or frozen fruits and vegetables. Use what is in season. Choose a new fruit or vegetable to try each time you visit the grocery store.
- Eat 3 servings of whole grain products a day. These foods help take the place of those high fat, high cholesterol animal products, which should be avoided. Examples of whole grains include the following foods or products made from these foods:
Whole wheat bread
Crackers or cereals
Brown rice
Oatmeal
Popcorn

Do not overcook vegetables. Steam or bake vegetables instead of boiling so they keep more of their natural flavor and good nutrition. Make sure you have some crunch. Foods cooked too long lose their crunch, and contain very little fiber. If you have no swallowing or chewing problems, choose raw fruits and vegetables.

Maintain a Healthy Body Weight

A healthy body weight reduces your risk of another stroke. Gaining just a few pounds each year can almost double your chances of having another stroke. If you are overweight, aim to reduce your weight by 7 to 10 percent to greatly lower your risk.

Where your body stores fat impacts your risk for stroke and heart disease. Studies show that storing fat between the waist and the chest increases your risk for heart disease and stroke. Storing fat in your middle area is commonly referred to as being apple shaped.

Reduce Salt Intake

Salt is a mineral your body needs to work properly. Too much salt raises blood pressure, which is a major factor in heart disease and stroke.
Limit your salt intake to no more than 2400 mg a day (about a teaspoon)
Pay attention to the salt found in your foods from:
- Processing
- Adding in cooking
- What you add at the table
Limit foods high in salt content:
- Potato chips, pretzels, salted nuts
- Cheese and cheese products
- Prepackaged dinners
- Bouillon cubes, catsup, chili sauce, garlic salt, onion salt, meat tenderizers, pickles, soy sauce.
Do not add salt to foods at the table
Do use (instead of salt):
- Salt-free seasonings
- Fresh spices and herbs
- Vinegar
- Lemon juice
- Pepper

How Much Is One Serving?

Use this simple guide to help make good food choices. Remember portion size is just as important as the foods you choose to eat.

| Breads, Cereals, Rice, Grains, Dried Beans, Legumes and Potatoes | 1 slice whole grain bread 1/2 whole wheat english muffin 1/2 cup cooked brown rice, bulgar, whole wheat or multi-grain pasta, couscous 1/2 cup cooked sweet potato, corn, or dried beans 1/2 cup hot cereal such as oatmeal, oat bran, cereal with flaxseed 1 cup whole grain flaked cereal |
| Vegetables            | ½ cup cooked vegetable  
|                      | ¼ cup vegetable juice  
|                      | 1 cup raw vegetables or green salad  
|                      | Avoid using mayonnaise, regular salad dressing, butter, cheese sauce, or cooking vegetables with meat, fat or bacon.  
| Fruits               | 1 medium sized piece of fresh fruit  
|                      | ½ cup fresh, frozen or canned fruit  
|                      | 4 ounces pure fruit juice  
| Milk, Cheese, Yogurt and Dairy | 1 cup skim or nonfat milk or soymilk  
|                      | 1 cup nonfat or 1% yogurt  
|                      | 1 ounce cheese (2% or reduced fat)  
|                      | 1 cup cottage cheese or ricotta cheese (1% or fat free)  
| Meat, Fish, Poultry and Meat Alternatives | No more than 5 ounces cooked lean meat, fish or poultry per day.  
|                      | Fish (try to choose at least 3 times per week): Fresh, frozen or canned in water. “Fatty” fish is preferred: salmon, herring, anchovy, lake trout, sardines or tuna Shellfish: crab, shrimp, lobster, clams  
|                      | Chicken or turkey: skinless, white meat only  
|                      | Ground poultry: skinless with less than 3 grams fat per ounce  
|                      | Limit poultry to no more than three times per week  
|                      | Low fat tofu  
|                      | Meatless patties or meat substitute products with no more than 3 grams of fat per serving  
|                      | Red meat and beef: limit to no more than 5 cooked ounces per week  
|                      | Eggs: no more than 2 regular egg yolks per week (included that used in cooking) or up to one egg yolk per day if using Omega-3 enriched eggs such as Eggland’s best  
| Fats, Nuts and Seeds | Use some canola oil as part of your daily fat servings.  
|                      | 1 tsp canola, olive oil or flaxseed  
|                      | 1 to 1 Tbsp. light or regular mayonnaise  
|                      | 1 Tbsp salad dressing from recommended oils  
|                      | ½ Tbsp margarine (choose trans fat free with first ingredient being canola or olive oil)  
|                      | 8 large olives  
|                      | 1/8 avocado  
|                      | Almonds (22), cashews (18), macadamia nuts (10-12), peanuts (36), pecans (15 halves), pistachios (48), pumpkin seeds (1/4 cup), sunflower seeds (1/4 cup), walnuts (14 halves)  
|                      | 2 Tbsp peanut butter or other nut butter  

Chapter 6
It’s Time to Move

The goal of therapy is to help you restore your ability to be as independent as possible. This will require work on your part. You will probably get tired. This is expected. You may also have good days and bad days. This is also expected. You should avoid overexertion and pain. However, some discomfort may be necessary to make progress.

Positioning

Positioning refers to your posture and the location of your arms and legs when you are standing, sitting or lying down. Correct placement of your body is an important, but often overlooked, piece of stroke management. Correct positioning:
- Prevents pressure ulcers
- Prevents edema
- Prevents muscle contracture
- Promotes normalization of muscle tone

Below are some basic ideas for you and your family to follow. Your physical therapist and occupational therapist will provide you with more detailed instruction as needed.

Lying on your unaffected side:
- Lie with your body leaning slightly forward.
- Support your head with a pillow.
- Extend your affected arm forward.
Support your affected arm on a pillow.
Prop your affected leg and foot on a pillow.
Place another pillow behind your back for added comfort.

We support you lying on your affected side. This helps weight bearing through your hip and shoulder joints. It also promotes muscle tone and recovery of function.

Lying on your affected side:
Extend your affected arm forward with the palm turned out (or up).
Place a pillow between your the legs.
Place a pillow under the lower part of your affected leg.
Place another pillow behind your back for added comfort.

Sitting in chair:
Sit so your weight is equal between each side through your hips and buttocks.
Rest both feet on the floor.
Support your affected arm. It should not be left dangling.

Exercise

Exercise is a key part of your recovery. It helps to restore your:
Ability to move
Balance
Coordination

A home exercise program allows you to practice the exercises you were taught. These exercises also help you learn new ways to perform everyday tasks at home.
Below are general exercises that your therapist may utilize. You can perform some of these exercises on your own. However, we advise you to have another person watch and provide assistance as needed. Do not begin these exercises until your therapist tells you.

Remember your exercise program is designed specifically for you. Exercises chosen for you depend on what part(s) of your body are affected and to what degree. Your physical therapist and occupational therapist will change your exercises as you progress and recover from your stroke.

**AROM lumbar bridging bil**

- Lie on back with knees bent.
- Lift buttocks off bed.
- Return to start position.

**AROM lumbar rotn supine**

- Lie on back with knees bent, feet flat on floor as shown.
- Keeping knees together, move knees to the left as far as is comfortable.
- Next, move knees to the right as far as comfortable.
- Return to start position.

**Arom finger flx/ext hand open/close**

- Hold hands in front.
- Begin with fingers straight and spread apart.
- Close hands into a fist.
- Open and spread fingers.
- Repeat
ADVANCED HOME CARE

Stretch shld flx supine
- Lie on back.
- Clasp fingers together.
- Raise arms up, straightening the elbows.
- Move arms over head until a gently stretch is felt under the arms.
- Hold and return to start position and repeat.

PROM elbow flx/ext w/self
- Begin with arm straight.
- Grasp arm at wrist.
- Move elbow through available range, and return to start position.

AROM shld elev bil (shld shrugs)
- Stand or sit, raise shoulders upward towards ears.
- Return to start position.

AROM shld flx alt bil stand
- Begin with arms at side, palms facing in, sitting or standing.
- Raise left arm upward in front, overhead, as shown.
- Raise right arm as you lower the left arm.
- Continue.
Chapter 7
Tips for Daily Living

Safety Tips to Protect Your Affected Side

After a stroke, the affected side of your body may not feel temperature, touch, pain, or sharpness.

If you cannot feel things on the side affected by your stroke, you are more likely to hurt yourself. Follow these tips to stay safe:

- Keep your fingernails short and smooth if you clench your fist.
- Your toenails should be cut straight across to avoid scratching yourself.
- Test the temperature of bath water or dishwasher using your unaffected side.
- Bathe and do dishes in lukewarm water.
- Use potholders whenever you work near the stove.
Turn pot handles away from you to prevent spills.
Wear nonflammable clothes when you cook.
Do not wear clothes with long sleeves or ruffles when you cook. (They could get caught in an appliance.)

To minimize difficulty dressing and grooming:
Avoid tight-fitting sleeves, arm holes, pant legs and waistlines.
Avoid clothes that must go over your head.
Wear clothes that fasten in front.
Replace buttons and zippers with Velcro fasteners.
Substitute a cape for a coat.
Substitute Velcro closures or elastic shoelaces for regular shoelaces.
Avoid shoes that stick to the floor (e.g., crepe-soled shoes); they could cause a fall.
Use assistive devices recommended by your occupational therapist.
Make sure you allow enough time to get ready in order to avoid frustration.

Enjoying Life

Finding ways to perform activities you enjoy is important for many reasons. They help:
Shift your focus toward what you can do instead of what you cannot
Improve your perception and coordination
Strengthen muscles
Increase your confidence in your abilities
Provide a buffer for stress
Create a sense of balance
If you like to cook:

- Peel and slice vegetables
- Put frosting on a cake
- Roll out pastry
- Make the salad

If you like to garden:

- Tend to potted plants on a window sill
- Start new plants from cuttings

If you enjoy needlework:

- Use a special clamp and embroidery hoop to hold the fabric steady

Be open to trying new activities. Physical changes from a stroke may require you to develop new interests and try new things. Learning new skills can help you maintain a positive outlook about life under changed conditions.

**Set Goals**

Recovering from a stroke takes time. Writing goals for yourself will help you to stay focused and track your progress.

Goals may be written about:

- Improving physically
- Family and community activities
- Social or recreational activities
- Personal growth

Take time to think about goals you would like to achieve.

- What are your long-term goals?
What are the smaller, short-term goals that will help you reach your long-term goals?

Take time to really think about your goals. Your goals should be:
- Reasonable to accomplish
- Flexible
- Realistic
- Measurable

Share your goals with others. Your family, friends, and health care providers can better assist you to achieve your goals if they know what your goals are.

Chapter 8
Coping After a Stroke

By now, you are aware of some things that are hard for you to do because you have had a stroke. You may become easily tired. You may also experience sudden bursts of emotion, such as laughing, crying or anger. These mood swings may indicate you need help, understanding, or support in adjusting to the effects of your stroke. You may need to work with your physician to develop a plan of action.
Depression After a Stroke

It is normal to feel sad about the changes in your life from a stroke. As many as 30-50% go on to develop major depression after a stroke. Depression slows your ability to get better. Seek help from your doctor as soon as possible.

How do I know if I have depression?

You may have depression if you have some of these symptoms nearly every day, all day, for at least 2 weeks:

- Feeling sad, blue, or down in the dumps
- Loss of interest in things you used to enjoy

You may also have some of these symptoms, too:

- Feeling slowed down or restless and unable to sit still
- Feeling worthless or guilty
- Increase or decrease in appetite or weight
- Problems concentrating, thinking, remembering, or making decisions
- Trouble sleeping or sleeping too much
- Loss of energy or feeling tired all the time
- Headaches
- Other aches and pains
- Digestive problems
- Sexual problems
- Feeling pessimistic or hopeless
- Being anxious or worried
- Thoughts of death or suicide

If you have thoughts of death or suicide, seek help from your doctor right away. Once depression is treated properly, these thoughts will go away. Depression can be treated with
psychotherapy, medication or both. If it is not treated, depression causes needless suffering. It also makes it harder for you to recover from your stroke.

**Sexuality After a Stroke**

Stress can change how you interact with your partner and affect your romantic relationship. The stress brought on by a stroke is very hard on couples. You and your partner are dealing with the mental and physical changes from your stroke. Additional challenges you face include:

- Steering through the medical system
- Working through the insurance policy issues
- Keeping up with therapy and doctor appointments
- Endless paperwork and forms to complete

A stroke, by itself, is rarely the direct cause of sexual dysfunction. Your sex life might halt immediately after a stroke while you are adapting to changes. This is usually temporary. Often, long-term sexual problems result from:

- Fear of another stroke
- Decreased libido (sex drive)
- Immobility
- Depression
- Damage to the areas of the brain that affect sexuality

**Fear of another stroke**

Some worry that sexual activity will cause another stroke. This is very rare. Usually, orders to avoid sex are given to those with advanced heart disease or those recovering from heart surgery to
repair a torn blood vessel. Aside from these cases, there is almost never a good medical reason to refrain from sex.

**Decreased libido**

Libido is sexual urge or desire. This desire may decrease after a stroke due to:
- Low self esteem
- Uncertainty about your future relationship with your partner
- Worries about finances
- Difficulty accepting your new life with disabilities

Some medications may also decrease your libido:
- Certain antidepressants
- Some high blood pressure medications

**Immobility**

Due to your stroke, you may have difficulty moving an arm and/or leg. This can make it difficult to achieve sexual positions you enjoy the most.

**Depression**

Depression may change your desire to have sex with your partner. Additionally, your depression medication may affect your sexual desire.

Damage to Sex Areas of the Brain:
Although rare, some strokes affect sensation to the genital area. A stroke in the area of the brain that controls sex hormones can
cause a decrease in sexual drive. In some instances, strokes may increase sexual desire or inappropriate sexual behavior.

What you can do to improve your sex life after a stroke?
- Communicate openly with your partner.
- Sex therapy may be helpful. However, it is expensive and may not be covered by your insurance.
- Ask your doctor if your medications can be changed to decrease any sexual side effects.
- During recovery, understand that accepting your disability is the first step to re-establishing your sex life.
- Be bold and explore your sexuality in new ways.

Chapter 9
Caregiver Tips For Care of Stroke Patient

Tips For Those Helping You at Home

Your family member(s) or caregiver can be very helpful with your transition back into normal routines.

If you are experiencing changes in your memory your family or caregiver can help by:
- Setting a daily routine for you
- Warning you when there is a change to your set routine
- Giving short instructions
Giving you one step to do at a time

If your stroke has changed your ability to speak, your family or caregiver should:

- Speak directly to you
- Maintain eye contact
- Speak slowly and simply in a normal tone of voice
- Give you adequate time to respond
- Listen carefully
- Focus on what you are saying, not how you are saying it
- Avoid filling in the sentence unless you ask
- Limit conversations to small groups or one on one. Larger group conversations may be difficult for you to follow.

Caregiver Connections

- Be empowered with the knowledge of stroke disease process— you can ask the physician to educate you, research on line, and utilize a stroke support group.  
  [www.strokeassociation.org](http://www.strokeassociation.org)

- Assess your abilities as a caregiver so you can seek additional education and resources if any gaps exist.  
  [www.familycaregiving101](http://www.familycaregiving101)
  [www.caregiving.org](http://www.caregiving.org) (National Alliance for Caregiving)

- Note that there is a difference between caring and doing. Be open to technologies and ideas to promote independence of your family member.

- Consider joining a stroke support group.  
  [www.caringbridge.org](http://www.caringbridge.org)
Ask your Home Health Team about access to support groups.
www.Hope4Stroke.com
www.CaringBridge.org (This website allows the family to actually create a web page about themselves for friends and family to keep in touch.)
www.stroke.org
www.strokenetwork.org

Use of a medi-planner will help to ensure that medications are taken at the right time (am, noon, pm & bedtime).

Incorporate exercise for you and your family member into your daily schedule.

Work on a routine for your loved one’s daily activities of living:
- Take medications at same time
- Wake up around same time
- Have meals around the same time

Maintain a health file with medical information, physician information, insurance information, and a journal of health care visits.
www.wellspouse.org

Maintain a journal about your family member’s progress.

Remember to use our AHC website for important contact and services information.
www.advhomecare.org

Take time to celebrate small and big successes!
Chapter 10
Tips To Keep The Caregiver Healthy

List of helpful websites:
www.strokecenter.org/patients/caregivers.htm
www.strokeassociation.org
www.aarp.org

Most caregivers will go through periods of increased stress, feelings of guilt, impatience, resentment, and eventually burn out when caring for a family member or friend.

Ways to avoid burn out include:
- Stay physically active; maintain exercise routine.
- Eat nutritiously.
- Take time out for yourself each day. Maintain personal family life.
- Get away! Take advantage of help offered by family/friends.
- Education – Educate yourself on stroke.
- Maintain your relationship with friends, family and church.

Signs of Burnout:
- Changes in appetite, alcohol consumption, medication usage, sleeping patterns
- Depression / Large swings in mood
- Neglect of patient

If these signs of burnout continue, you may want to seek help from a professional or help through your church.
This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.