

Physical Limitations After Stroke

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Many stroke survivors experience physical limitations due to their strokes. Weakness on one side can make walking difficult or even impossible. Getting dressed, bathing and toileting can be frustrating, time-consuming and exhausting. Visual changes can make everyday tasks frightening, and difficulties with swallowing can be life-threatening.

Physical therapists, occupational therapists, speech therapists and other members of the rehabilitation team can help survivors return to the highest level of function possible and improve their overall quality of life. When proper management by a therapist begins early, complications such as pain, swelling and joint stiffness can be minimized or even prevented.

Because most spontaneous recovery occurs within the first year after a stroke, rehabilitation should begin as soon as possible. While statistics show that younger stroke survivors have the greatest chance for recovery, I've worked with people in their 80s who have excelled, continuing to make

improvements for several years after their stroke.

Since no one can predict the future, it is fair to assume that every stroke survivor, regardless of age or date of onset, can continue to improve when given the opportunity. As an occupational therapist, I have seen significant functional changes occur up to 10 years after a stroke.

Every person who comes in contact with a stroke survivor can be a part of the recovery process. Friends, therapists and family can provide an environment that helps optimize functional recovery.

Promising research on constraint-induced movement therapy (see the

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March/April 1999 and September/October 2000 issues of *Stroke Connection Magazine*), conducted by Edward Taub, Ph.D., demonstrates that with a specific therapy program, the brain has the ability to "recover." This research validates what stroke therapists have experienced for years: The more you actively incorporate the affected side into everyday functional activities, the greater the potential for recovery. From my professional experience, I have seen that a survivor does not need to have the strong side "restrained" to make gains, but if it is not restrained, rehab must emphasize use of the affected side as much as possible.

To encourage recovery of the affected side and help someone re-learn more normal patterns of movement, a program should stimulate the weak side and incorporate it into typical daily functional tasks. This not only helps prevent physical complications, but more importantly, it improves function and awareness of the affected side.

For example, arrange the bed (in the hospital room, rehabilitation center or at home) so the survivor's affected side faces the door. This encourages maximal stimulation of the affected side because hospital staff and visitors will approach the person from that side. Another way to improve awareness and decrease neglect is to position the nightstand, telephone and television toward the recovering side. This simple change encourages the individual to turn his or her head in that direction.

At later stages of recovery, outpatient therapy services can help stroke survivors deal with their physical limitations in various ways. Specialized adaptive equipment — from wheelchairs to customized vans with hand controls — can greatly improve mobility. Recent technological advances allow greater independence in communication, and the Internet provides a wealth of information for stroke survivors and their families.

It is never too late to be evaluated or re-evaluated by specialized therapists. Whether needing trained help with changing their level of function, a home exercise program or specialized equipment, survivors can work with a therapist to reduce physical complications and improve function after stroke. ■