

# Is More Therapy Appropriate?

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**Y**our doctor may have told you that most recovery for stroke survivors occurs within the first six months after a stroke, and not to expect much after that. I agree that the most *spontaneous* recovery happens in the first few months, but many stroke survivors continue to improve over many years.

Those who make the most significant functional changes seem to have the following factors in common: First, their families and caregivers are encouraging and supportive while managing the survivor's daily activities. The family's approach is therapeutic but sensitive. It is important to the survivor that family members are loving and caring, first, and aid in carrying out a therapeutic program, second.

Another factor that is important in the long-term recovery process is the survivor's awareness of the affected side. Good sensation or the ability to feel the weak side is helpful because we all avoid using a body part we can't feel.

And, third, cognitive function plays an important role in overall functional ability. Judgment (safety awareness), memory and problem-solving are extremely important. Don't confuse a person's inability to speak with these cognitive abilities. Many survivors with difficulty speaking have extremely good cognition.

When you notice that your functional status or equipment needs have changed, it may be appropriate to be re-evaluated by a physical or occupational therapist to pursue more treatment. Since many stroke survivors make gradual changes over time, you or your caregivers may notice improvement and would like help in determining the best way to perform a task now. For example, walking may feel easier, but you don't know if it is safe to progress to a lesser assistive device (from a semi-walker to a cane, for instance) or to discontinue use of an ankle brace.

On the other hand, you may notice a decline in your ability to function and don't feel as safe during your day-to-day activities. You may have lost or gained weight and previously prescribed equipment may no longer fit, so a re-evaluation is necessary.

Whatever the cause of the re-evaluation, how you approach your doctor to get a referral for a re-evaluation, and possibly more therapy, is important.

**First, tell your physician what is different.** Any changes in functional ability warrant re-evaluation, either by a physical or occupational therapist or a physician specializing in rehabilitation medicine (physiatrist). Functional abilities include self-care

skills such as feeding, dressing and grooming as well as transfers, walking and wheelchair skills. Also, if your caregiver is experiencing increased difficulty in helping you, this would also be a justifiable cause for therapy.

**Second, tell the physician what you hope to achieve with more therapy.** This is useful information for both the physician and therapist. For example, if you have heard about new therapies, the physician may prescribe a trial run to determine if you would benefit from them.

In another scenario, your caregiver is having increasing difficulty with bathtub transfers and would like a therapist to evaluate their technique and possibly recommend equipment.

Changes in your functional abilities may mean that more therapy is appropriate and indicated. If you feel that you may benefit from more therapy, contact your doctor and ask to be evaluated by a therapist in your area. ■