Forward

A Guide to Understanding Stroke

It is our sincere hope that this stroke patient education workbook will provide you and your loved ones with helpful information. This is designed to be your personal workbook during your stages of recovery. Understanding what happens when a stroke occurs and being a knowledgeable participant in your treatment plan are essential for your recovery and rehabilitation.

This workbook is organized to help you understand the general and specific information regarding your stroke. If you or a family member have questions after reading this material or at any time, please contact the Neuroscience Stroke Program Coordinator at 949/764-6183 or the Nurse Practitioner for the Stroke Program at 949/764-8191.

Some of the enclosed materials were selected from publications of The Stroke Association of Southern California, The National Stroke Association, and The American Heart Association.

Hoag Neurosciences Team

Hoag Memorial Hospital Presbyterian

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Welcome to Hoag's Stroke Program

Hoag Stroke Program Mission Statement

Stroke patients at Hoag Hospital receive the highest level of care through a patient-centered, integrated, multidisciplinary team approach, using the best in evidence-based practice, state-of-the-art technology and advanced research.

Hoag's Neurosciences Center of Excellence Stroke Program is Joint Commission certified as an Advanced Primary Stroke Center, and also received the American Stroke Association's Get With the Guidelines – Stroke Gold Performance Achievement Award.

Our Stroke Program is patient-centered with an advanced approach of caring for our patients. The Stroke Team is multidisciplinary involving nurses, therapists, case managers, social workers as well as physicians from other specialties to assure optimal medical management and therapies are provided to each of our stroke patients 100 percent of the time.

The team conducts daily patient bedside medical rounds in the patient rooms in order for patients and family members to be an integral and active participant in their stroke care. The Stroke Team is available to patients, family members and caregiver for medical questions and recommendations.

Meet the Team Members

Helping you to maximize your recovery is a multi-disciplinary team effort. The stroke team includes doctors, nurses, nursing aides, respiratory therapists, physical therapists, occupational therapists, speech/language pathologists, case managers, social workers, dietitians, your family, friends, and YOU.

Your physician will determine which members of the multi-disciplinary team will assist you in your recovery. Although these professionals have different specialties, they share a common goal of helping you to recover.

Primary Care Physician

Your primary care physician directs and plans your medical care in cooperation with your neurologist and neurosurgeon.

Neurologist

Your neurologist diagnoses and treats diseases of the nervous system.

Stroke Program Medical Director

The Stroke Program Medical Director is a Neurologist who is hospital-based, or a neurohospitalist, who is fellowship trained in stroke and cerebrovascular disease. He oversees and directs the care of the stroke patient in conjunction with the other physicians, nurses and staff that make up the stroke team. He also ensures that patients receive consistent, state-of-the-art care in accordance with the latest scientific research.

Nurse Practitioner

Your nurse practitioner (NP) works in close collaboration with the stroke program medical director and neurohospitalists providing multidisciplinary care for you after suffering a stroke and/or other neurological disorders. Throughout your hospital stay, your NP will respond to your emergent neurological symptoms and manage medical interventions in collaboration with your physicians. Your NP will also emphasize health promotion and disease prevention, family education, and coordination of care with the multidisciplinary medical team at the hospital.

Registered Nurse

Your registered nurse (RN) will assist your progress, monitor your recovery and administer your medications. Throughout your hospitalization, your RN will assess your neurological function, level of pain, signs and symptoms of any complications. Your RN will educate you regarding prevention of complications and help communicate any concerns that you and your family may have to your physicians and other healthcare members.

Patient Care Assistant

Your patient care assistant will help you with personalized care and daily needs. He or she may also perform procedures such as blood pressure, temperature and drawing of blood.

Stroke Program Coordinator

Your stroke program coordinator (SPC) works collaboratively with the physicians, nurse practitioners, nurses and multidisciplinary team to oversee your care and manage quality improvement. Your SPC will also assist with your education regarding stroke signs and symptoms, treatment and prevention of complications, and will meet with you and your family to assess your individual needs. At 30 days and 90 days after discharge, you will receive a phone call from your SPC to assess your progress and reinforce any education. Hoag's SPC also coordinates the monthly support group meetings and educational flyers mailed to your home.

Respiratory Therapist

Your respiratory therapist (RT) works with the healthcare team to help maintain and/or improve the health of your lungs. He or she will assist you with breathing exercises, breathing medications, ventilator care and coughing techniques.

Speech/Language Pathologist

Your speech/language pathologist (SLP) will work with you and your family to evaluate and treat any problems you may have in your ability to use language. This may include your skills in listening comprehension, verbal expression, reading comprehension, ability to write, speech clarity, incoordination in the muscles of speech production, memory problems, difficulty concentrating, or impaired ability to solve problems and to reason. If needed, the SLP will assess your ability to swallow. Following this assessment, he or she may make recommendations to your physician to ensure safety in swallowing, adequate nutritional intake and prevention of aspiration.

Dysphagia/Dietary Team

Your physician may initially order no liquids or food by mouth (NPO) until your swallowing ability has been evaluated. The dysphagia team will evaluate if you have difficulty swallowing (dysphagia). After the evaluation, the dysphagia team will recommend an appropriate diet.

The primary goals of the dysphagia evaluation are to ensure that swallowing is safe (no food or liquid going down the airway), and that intake of food/liquid is efficient and sufficient.

Because of muscle weakness, chewing may be difficult, and therefore a modification in consistency (e.g., pureed soft diet) may be appropriate. Also, thin liquids may be difficult for some patients to swallow and thickened liquids may be needed (e.g., dysphagia I = pureed diet, or dysphagia II = chopped soft diet). Your physician will order any additional diet restrictions that are needed (e.g., diabetic diet).

If the dysphagia team determines it is unsafe for you to swallow, they may recommend that NPO status continue and another means will be used for nutritional support (e.g., tube feeding).

The ultimate goal is to ensure that you receive a diet that will allow you to meet your nutritional needs and promote recuperation.

Occupational Therapist

Occupational therapists (OT) will assist you in managing activities of daily living (ADL) such as self-feeding, bathing, dressing, home management skills and community re-entry. These tasks are accomplished by working to improve coordination, strength, and function of the arms, and may utilize modified techniques and/or adaptive equipment. OTs will also address problems related to vision, perception, problem-solving, safety, reasoning, decreased sensory awareness, sitting balance/endurance and positioning. One of the important aspects of therapy is the education and training for the patient and caregiver.

Physical Therapist

Physical therapists (PT) will help you regain the ability to be mobile again. They focus on deficits in your strength, balance, stamina, coordination and safety to help you regain bed mobility along with the ability to stand up, balance, walk, and navigate stairs. Your PT will also assess the need for any equipment such as a cane or walker, address any safety issues for returning home, and provide training for you and your family that will

assist you through a safe transition back to self sufficiency.

Case Manager

Your case manager is an RN who assesses your status and evaluates your treatment plans throughout your hospital stay. He or she works closely with your primary physician, healthcare professionals and family to develop a quality discharge plan and coordinate all options for post-hospital continued care, including transition to a lower level of care, alternative medical services, durable medical equipment and supplies.

Social Worker

The medical social worker is a licensed professional who will help provide you and your family with emotional counseling, crisis intervention, support groups and community resource information.

Dietitian

The dietitian works with your doctor to meet your nutritional needs. He or she may check your eating habits and teach you about your diet. He or she will make sure that meals are healthy and tasty.

Chaplain

The hospital chaplain is available to provide spiritual guidance and emotional support for you and your family.

What to Expect During Your Hospital Stay

Hoag Stroke Program follows evidence-based state-of-the-art stroke treatment protocols. Once your stroke is diagnosed via clinical assessment and brain imaging, treatment begins to help stabilize your symptoms. Then additional assessment is initiated to identify the reason for your stroke and the risk factors involved. The treatment of your stroke entails a through cerebralvascular and cardiac diagnostic evaluation.

At the bedside, you will be evaluated daily by the Stroke Team to update you and your family on diagnostic results, medications and rehabilitation needs. A key component once the assessment is complete and you are medically stable, is to initiate rehabilitation evaluations by the physical therapist, occupational therapist and speech therapist. Aggressive rehabilitation is an essential part of your physical and cognitive recovery. A case manager or social worker will also visit you routinely to assist you and your family with discharge and other social needs.

This Stroke Patient Education Workbook will be reviewed with you and your caregivers to help you understand the type of stroke you suffered and the cause of the stroke. In addition, important educational topics such as the signs and symptoms of stroke, calling 9-1-1 at the first signs of symptoms, your risk factors and recommendations for stroke risk reduction.

You are the most important individual of your stroke recovery and our goal is to practice a holistic approach addressing your physical, emotional, spiritual and social needs to maximize your recovery.

All About Stroke

What is a Stroke?

Stated simply, a stroke is an injury to the brain caused by an interruption of the blood supply. Brain cells must have a continuous supply of blood. When a person has a stroke, this continuous supply is cut off and the brain cells suffer damage.

The brain also must receive oxygen and nutrients (such as glucose) from the blood vessels. When brain cells do not function, neither do the parts of the body controlled by those brain cells.

The extent and location of the injury to the brain dictates which brain functions are affected by the stroke.

A stroke is a sudden unexpected happening with diverse results. Some stroke patients recover to a degree that normal life can be resumed. Some stroke patients have residual damage (loss of function) that is not recoverable. No two cerebral vascular accident (CVA or stroke) patients suffer exactly the same injuries or disablements.

Disability from stroke can take many forms depending on the area of the brain that is damaged. The stroke's effect may be slight and temporary or it may be serious, even fatal. A typical stroke survivor may not be able to use his or her right or left side of the body, or may have communication problems such as not being able to speak or read. Every stroke is different.

Because a stroke patient's recovery is both medical and rehabilitative, the recovery continues over a period of time, which can be weeks, months, or even years. Sometimes the damage done to the brain cells cannot be overcome. Only time can tell the optimum recovery for each patient.

If you or your loved one has had a stroke, you are not alone. Every 40 seconds someone in the United States will experience a stroke. This amounts to approximately 795,000 people a year. Currently, about 610,000 people suffer first strokes each year. These numbers are expected to increase significantly as a result of an increase in the country's aging population.

Types of Stroke

There are two types of stroke: ischemic and hemorrhagic. The majority (87 percent) of all strokes are ischemic, while the remaining 13 percent are hemorrhagic.

Ischemic stroke

The most common type of stroke, an ischemic stroke occurs when a blood clot blocks an artery, cutting off the flow of blood to the brain. Without enough oxygen being delivered to the affected area, brain cells will begin to die and stroke survivors will start to have problems using certain parts of their bodies.

There are two types of ischemic strokes: embolic and thrombotic. During an embolic stroke, a blood clot (embolus) or other undissolved piece of material moves through the body and lodges in a brain artery cutting off the supply of blood. A thrombotic stroke, a blood clot (thrombus) forms in the brain artery and blocks the flow of blood.

Hemorrhagic stroke

Strokes caused by a bursting blood vessel in the brain that spills blood into the brain are called hemorrhagic strokes. High blood pressure and brain aneurysms can both cause the wall of a brain artery to become weak, and possibly result in this type of stroke.

There are two types of hemorrhagic stroke: intracerebral and subarachnoid. An intracerebral hemorrhage is caused when a ruptured blood vessel bleeds into the tissue deep within the brain.

The bleeding causes brain cells to die, and that part of the brain no longer functions correctly. In a subarachnoid hemorrhage, a blood vessel bursts near the surface of the brain and bleeds into the area between the brain and the skull. This bleeding may increase pressure in the brain, injuring brain cells.

What is a transient ischemic attack (TIA)?

If an artery leading to the brain, or inside the brain, becomes blocked for a short period of time, the blood flow to an area of the brain slows or stops. This lack of blood and oxygen can cause a TIA or mini-stroke. For TIAs, symptoms last for less than 24 hours; stroke symptoms last for more than 24 hours.

TIAs are a serious warning sign of stroke and should not be ignored. As many as 20 to 40 percent of people who experience a TIA go to on to suffer a stroke.

Acute Stroke Treatment

Management of ischemic and hemorrhagic stroke

- There are a number of principles that guide management of acute stroke. One of the determining factors is whether the stroke is caused by the interruption of blood flow (ischemic) or by bleeding from an abnormal vessel (hemorrhagic).
- Examples include careful attention to blood pressure, temperature, swallowing function, cardiac status, as well as speech, physical and occupational therapy.

Clot-busters for acute ischemic stroke

- An important treatment for reducing disability and improving outcomes after ischemic stroke is the FDA-approved clot-busting drug tissue plasminogen activator (t-PA), which must be administered through a vein within a three-hour window from the onset of stroke symptoms.
- Generally, only two percent to three percent of U.S. stroke patients reach the hospital in time to be considered for this treatment.
- Some patients who arrive at the hospital too late for clot-busters through the vein may receive intra-arterial (IA) t-PA treatment, which uses a catheter to deliver t-PA directly to the spot in the brain where the artery is blocked, extending the treatment window to six hours.
- Hoag was the first to introduce the Penumbra device in Orange County. This tool uses suction to remove the clot and effectively restores blood flow to the brain in approximately 80% of appropriate cases. This and other mechanical means of clot removal treatment extends the window of opportunity to eight hours.

Intervention for hemorrhagic stroke due to a rupture of an aneurysm or arteriovenous malformation (AVM)

- Treatment is generally recommended to avoid further hemorrhage.
- Treatment can include neurosurgical placement of a metal clip at the base of the aneurysm, or minimally invasive neurointerventional placement of material, such as coils, to clog the aneurysm from within.

- For an arteriovenous malformation (AVM), removal of the abnormal vessels may be necessary, via surgical or minimally invasive approaches.

Prevention is Important

Learn the risk factors and warning signs for stroke. The best way to prevent stroke is to reduce the risk factors for stroke.

Warning Signs of Stroke

Stroke is a 911 Emergency

It is most critical to seek medical attention as quickly as possible after the first sign of stroke. If you experience any of the symptoms below, or observe them in someone else, call 911 immediately.

Learning to recognize the symptoms of stroke could save your life. If you know the warning signs, recognize them, and take action quickly to get help from healthcare professionals, you can prevent a stroke or minimize the damage from a stroke. Some of the most common warning signs of stroke include:

- Numbness, weakness or paralysis in your face, arm or leg, especially one side of your body
- Sudden difficulty speaking or finding words
- Dizziness, loss of balance, an unexplained fall or weakness
- Sudden severe headache, or an unusual headache
- Sudden blurred vision, loss of vision in one or both eyes, or double vision

Many of these warning signs can be symptoms of other illnesses. However, if you know you are at risk for a stroke and you experience any warning signs of stroke, you should seek prompt medical treatment.

Time of Symptom Onset

If symptoms are witnessed, it is very important to identify the time the patient was last seen in their usual state of health. It is very important for family or caregivers to accompany the patient to provide important information that will guide medical treatment.

STROKE is an Emergency
Every minute counts

ACT F.A.S.T!

FACE	Facial droop Uneven smile
ARM	Arm numbness Arm weakness
SPEECH	Slurred speech Difficulty speaking or understanding
TIME	Call 911 and get to the hospital immediately

Have the ambulance go to the nearest certified stroke center

More Stroke Facts

- Approximately 795,000 people suffer strokes each year. It is the major cause of disability among adults.
- Stroke kills nearly 150,000 people each year, and is the third leading cause of death, ranking only behind heart attack and cancer.
- For every stroke survivor, there is at least one caregiver. With more than 4.4 million stroke survivors, there are many times more family members affected.
- The risk of stroke more than doubles with each decade after age 55. The aging of the U.S. population suggests that the number of people who have strokes could increase significantly in coming years.
- Men have a 30 percent higher risk of stroke than women. Black Americans have a 38 percent higher risk for stroke.
- People with diabetes, especially those who have high blood pressure, are at increased risk for stroke. Women with diabetes are at even greater risk than men.
- A person who has had a stroke is much more likely to have another than a person who has never had a stroke.
- A stroke often times requires major lifestyle changes for the survivor and family members. Research shows that both stroke survivors and members of their family are eager for information that will help them adjust.
- Everyone has some stroke risk, but making simple lifestyle changes may reduce risk of a first or recurrent stroke.
- Stroke is preventable. Up to 80 percent of strokes can be prevented.
- Stroke is treatable. Learn to recognize stroke symptoms, realize that stroke is an emergency, and get to the nearest certified stroke center immediately. The first three hours of a stroke are the most crucial.

Frequently Asked Questions

What is the likelihood that someone who has suffered a stroke will have another?

Anyone who has had a stroke is at increased risk for another. This risk varies with each individual, depending on a variety of factors, including the type of stroke initially experienced. The risk can be reduced through medications, lifestyle changes (such as exercising and smoking cessation).

Why can't doctors comment on the seriousness of a stroke?

The severity of a stroke depends on its cause, its location and the amount of damaged brain tissue. Brain damage, when measured by a brain scan (CT or MRI), may not be fully evident until several weeks after a stroke has occurred.

How long will it take for me to recover from a stroke, and what are the normal expected improvements after a stroke?

The most dramatic recovery from a stroke usually comes in the first 30 days, but recovery can occur from six months to one year after the acute event.

What can be done about "spasticity"?

Spasticity is a stiffness and slowness of response in movement, sometimes accompanied by pain, which may be more of a problem than the weakness itself. Spasticity may worsen slowly over time after the stroke and can be very difficult to treat. Physical therapy, with stretching exercises, can help. Paralyzing a muscle by injecting substances such as phenol or botulinum toxin can be performed by experienced physicians. In the most severe forms of spasticity, surgical procedures to the overactive muscle or to the nerves supplying that muscle may have benefit.

What is the most effective rehabilitation to improve stroke symptoms?

There is no one best therapy to restore movement following acute stroke, however, rehabilitation is the key to maximize any chances to restore movement. Return of movement is usually related to the severity of the stroke. It is important for individuals with stroke to be evaluated for physical and occupational therapy as soon as possible. A speech therapy consultation may also be appropriate if an individual has difficulty with language, communication or swallowing.

How long does a person continue with rehabilitation after a stroke?

Rehabilitation begins in the hospital, soon after the stroke, and is most intensive within the first few months. In some cases, it continues with a variety of approaches for years.

What is a TIA?

A TIA or a transient ischemic attack is sometimes called a mini-stroke. (For more information, see page 8.)

What are the symptoms of TIA?

The symptoms of TIA are the same as those for stroke, including:

- Sudden numbness or weakness of the face, arm, leg, or one side of the body
- Sudden trouble seeing in one or both eyes
- Sudden confusion, trouble speaking or understanding
- Sudden trouble walking, dizziness, loss of balance or coordination

How is a TIA different from a stroke?

Unlike strokes, these attacks are brief and temporary, lasting less than 24 hours. Additionally, most TIAs do not kill brain cells or result in permanent brain damage.

Are TIAs warning signs of a more serious condition?

TIAs are often considered predictors of a future stroke. Recognizing the symptoms of TIA and seeking immediate medical treatment by calling 911 are the first and most important steps in preventing more serious future conditions. Remember, TIA = Take Immediate Action.

Who is at risk for a TIA?

People at risk for a TIA include those diagnosed with hypertension, heart disease, diabetes, or migraine headaches. People who smoke, drink more than two alcoholic beverages daily, or are overweight are also at risk for TIA.

What exactly is cholesterol?

Cholesterol is a fatty substance that deposits itself in the arteries. It hardens over time, eventually narrowing the arteries and restricting blood flow.

What's the difference between "good" cholesterol and "bad" cholesterol?

HDLs are considered the "good" cholesterol because they contain the greatest amount of protein and the smallest amount of cholesterol. They are believed to remove cholesterol from the cells and transport it back to the liver for processing and removal.

LDLs are considered the "bad" cholesterol because they contain the greatest percentage of cholesterol and may contribute to other atherosclerosis.

What are the acceptable ranges of cholesterol?

The National Health Institute has determined that total cholesterol levels should always be below 200 for adults and 180 or below for teens and LDL less than 100. In some instances, your doctor may recommend more aggressive cholesterol lowering targets. Levels above 200 mg/dl are considered high in relation to risk factors.

What can I do to lower my cholesterol?

Most people can lower blood cholesterol by eating less total fat, especially saturated fat and cholesterol, eating more fresh fruits, vegetables and whole grains and by exercising regularly. Also, meditations play an important role in addition to these healthy habits.

What foods are high in cholesterol?

Cholesterol occurs only in animal fat and animal products. Foods rich in animal fat are enemy number one, especially egg yolks, organ meats, crawfish, creamy foods made with whole milk or cream, saturated or animal fats. Fried and processed foods are chief offenders.

Can cholesterol really be lowered by diet and exercise?

You can lower cholesterol by up to 50 points by diet alone. The important thing to remember is that a good diet and exercise plan is the key to keeping cholesterol low. A diet containing at least five servings of fruits and vegetables per day may reduce the risk of stroke.

Risk Factors and Prevention

Uncontrollable Stroke Risk Factors
Controllable Stroke Risk Factors

Uncontrollable Stroke Risk Factors

Are you at risk for stroke? Identify the risk factors that apply to you to find out.

Age: Are you over age 55?

❑ Yes ❑ No

The chances of someone having a stroke increase with age. Two-thirds of all strokes happen to people who are over age 55. Stroke risk doubles with each decade past age 55.

Gender: Are you male?

❑ Yes ❑ No

Males have a slightly higher stroke risk than females. However, because women in the United States live longer than men, most stroke survivors over age 65 are women.

Family History: Does your family have a history of stroke?

❑ Yes ❑ No

Although actual risk varies, people with a family history of stroke are at risk for stroke themselves.

Personal History of Diabetes: Do you have diabetes?

❑ Yes ❑ No

Having diabetes triples stroke risk. This may be due to circulation problems that diabetes can cause. In addition, brain damage may be worse if blood sugar is high when a stroke happens. If you treat your diabetes, you may not develop some of the other factors commonly linked to stroke.

Race: Are you of African-American, Latino or Asian descent?

❑ Yes ❑ No

African-Americans have two to three times the stroke risk of most other racial groups. Latinos and Asians also are at increased risk. This may be due to diet, a greater incidence and severity of high blood pressure, a higher incidence of blood diseases, diabetes and high cholesterol practice.

Having one or more uncontrollable risk factor(s) does not mean you will have a stroke. It does mean that you should pay special attention to the lifestyle factors and treatable medical conditions that you are able to control to lessen your overall risk.

Controllable Stroke Risk Factors

Lifestyle Factors that Increase Stroke Risk

Smoking: Do you smoke?

❑ Yes ❑ No

Smoking increases stroke risk by up to two times. It causes injury to blood vessel walls, speeds hardening of the arteries, raises blood pressure and increases clotting factors in the blood. Nicotine in tobacco constricts the heart's arteries, making it more likely for blood clots to form. The more cigarettes you smoke, the higher your stroke risk. However, within five years of quitting, stroke risk from smoking will be the same as that of someone who has never smoked.

Alcohol: Do you consume more than two alcoholic beverages a day?

❑ Yes ❑ No

Excessive consumption of alcohol, including binge drinking, is associated with stroke. Doctors advise consuming no more than two drinks a day (one four-ounce glass of wine or the alcohol equivalent).

Weight: Are you overweight?

❑ Yes ❑ No

Excess weight puts a strain on the entire circulatory system. It also makes people more likely to have other stroke risk factors such as high cholesterol, high blood pressure and diabetes. Your doctor can recommend a weight reduction program that includes changes in diet and exercise.

Exercise: Do you exercise?

❑ Yes ❑ No

Consult with your physician about an exercise program that involves 30 minutes of exercise, three to five times per week.

Treatable Medical Conditions That Increase Stroke Risk

High Blood Pressure: Is your blood pressure consistently more than 120/80?

❑ Yes ❑ No

Having high blood pressure, or hypertension, increases stroke risk four to six times. Patients who have had a stroke, TIA or have stroke risk factors are recomended to keep blood pressure less than 120/80. If you don't know what your blood pressure is, find out. You could be one of the millions of Americans who have high blood pressure and don't know it. If you have high blood pressure, it is essential to stick to a low-salt diet, lose weight, stop smoking and exercise regularly. You also should work with your doctor to develop a plan to manage your hypertension through these lifestyle modifications and medical treatment, if needed. Medications may also be important in addition to healthy habits.

Heart Disease: Have you been diagnosed with a heart disease such as atrial fibrillation?

❑ Yes ❑ No

Having heart disease can increase stroke risk up to six times. About 15 percent of all people who have a stroke have a heart disease called atrial fibrillation (AF); AF is a specific type of irregular heart beat. AF, which affects more than 1 million Americans, causes blood to pool to the heart. This increases the chance for the formation of dangerous clots that can enter the blood stream leading to the brain, causing a stroke. Doctors may choose to treat AF or other forms of heart disease through prescribed medication and by asking patients to change their diet, exercise and/or stop smoking.

High Cholesterol: Is your total cholesterol level more than 200?

❑ Yes ❑ No

High cholesterol is an indirect risk factor for stroke because it puts people at greater risk for heart disease, another important stroke factor. A cholesterol level of more than 200 is considered "high." If you don't know what your cholesterol level is, find out. You could have high cholesterol and not know it. If you have high cholesterol, work with your doctor to develop a plan to lower it. Simple changes in diet and exercise may lower cholesterol. Your physician may recommend that you control your cholesterol with a combination of diet, exercise and medication.

Obstructive Sleep Apnea (OSA)

A person is considered at risk for OSA if two or more of the following occurs:

- Witnessed apneas or pauses in breathing during sleep
- Obesity, defined as either of the following:
  - Waist circumference > 40 inches in men or > 35 inches in women
  - BMI > 35 (Weight in kg/Height in meters)
- Neck circumference > 17 inches in men and > 16 inches in women
- Males age 40 and above
- Excessive daytime sleepiness
- Snoring

Did you identify two or more of the above items?

❑ Yes ❑ No

Evidence suggests when sleep disturbance is reported, it may be related to Obstructive Sleep Apnea (OSA). OSA is very common, affecting approximately five percent of Western populations. If you have OSA, you may not get enough oxygen during sleep and probably don't sleep soundly. Correlations with many conditions occur with OSA; some listed are heart, vascular, neurological, endocrine or other diseases.

Risk Factors Contributing to Previous Stroke:
Have you already had a stroke?

❑ Yes ❑ No

You cannot control the fact that you have had a stroke, but you can control the lifestyle and medical risk factors that contributed to your stroke. Having one stroke increases your chances of having another one by up to 10 times. During the first five years after an initial stroke, between 25 and 42 percent of stroke survivors will suffer a second stroke. A transient ischemic attack (TIA), or temporary stroke symptoms, is another strong indicator of stroke. One-third of all people who experience a TIA go on to have a stroke within five years.

Prevention is Your Key to a Stroke-Free Life

Detection and management of stroke risk factors is the best way to lower your personal risk for stroke. If you answered "Yes" to any of the above questions, you may be at increased risk. If any of the controllable risk factors listed apply to you, the National Stroke Association recommends a visit to your doctor to discuss your individual risk and develop a treatment plan.

Regular doctor's visits can help diagnose these problems and help prevent a stroke before it happens. These stroke risk factors can be managed by lifestyle changes and/or medical care.

Effects of Stroke

Your Brain and You
Right-Brain vs. Left-Brain Stroke
Characteristics Based on Location of Stroke
Physical Effects of a Stroke

Your Brain and You

The brain is the control center of your entire body. Each part of the brain is responsible for controlling a different function of the body, such as breathing, language or emotions. The diagram below outlines the parts of the brain and functions for which they are responsible.

Frontal Lobe
- Movement
- Intelligence
- Reasoning
- Behavior
- Memory
- Personality

Temporal Lobe
- Speech
- Behavior
- Memory
- Hearing
- Vision
- Emotions

Pituitary Gland
- Hormones
- Growth
- Fertility

Parietal Lobe
- Intelligence
- Reasoning
- Telling right from left
- Language
- Sensation
- Reading

Occipital Lobe
- Vision

Cerebellum
- Balance
- Coordination
- Fine muscle control

Brain Stem
- Breathing
- Blood pressure
- Heartbeat
- Swallowing

Types of Stroke

There are two types of stroke: ischemic and hemorrhagic.

Ischemic stroke

The most common type of stroke, an ischemic stroke occurs when a blood clot blocks an artery, cutting off the flow of blood to the brain. There are two types of ischemic strokes: embolic and thrombotic.

- **Embolic:** a blood clot (embolus) or other undissolved piece of material moves through the body and lodges in a brain artery cutting off the supply of blood.
- **Thrombotic:** a blood clot (thrombus) forms in the brain artery and blocks the flow of blood.

Hemorrhagic stroke

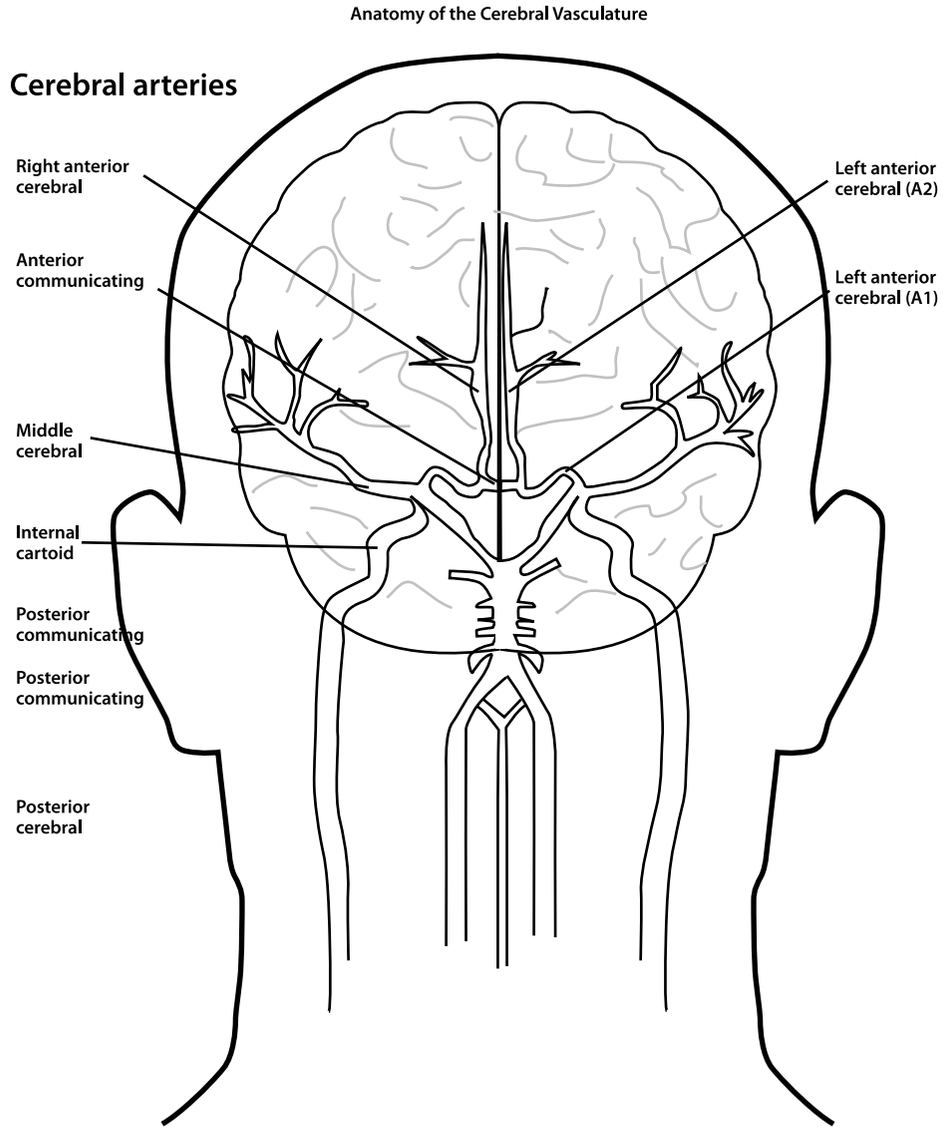
Strokes caused by a bursting blood vessel in the brain that spills blood into the brain are called hemorrhagic strokes. There are two types of hemorrhagic stroke: intracerebral and subarachnoid.

- **Intracerebral:** when a ruptured blood vessel bleeds into the tissue deep within the brain.
- **Subarachnoid:** a blood vessel bursts near the surface of the brain and bleeds into the area between the brain and the skull.

Your stroke was a _____ stroke;

caused by _____ ; located in the

_____ of the brain.



Right-Brain vs. Left-Brain Stroke

RIGHT BRAIN DAMAGE

Weak or paralyzed left side

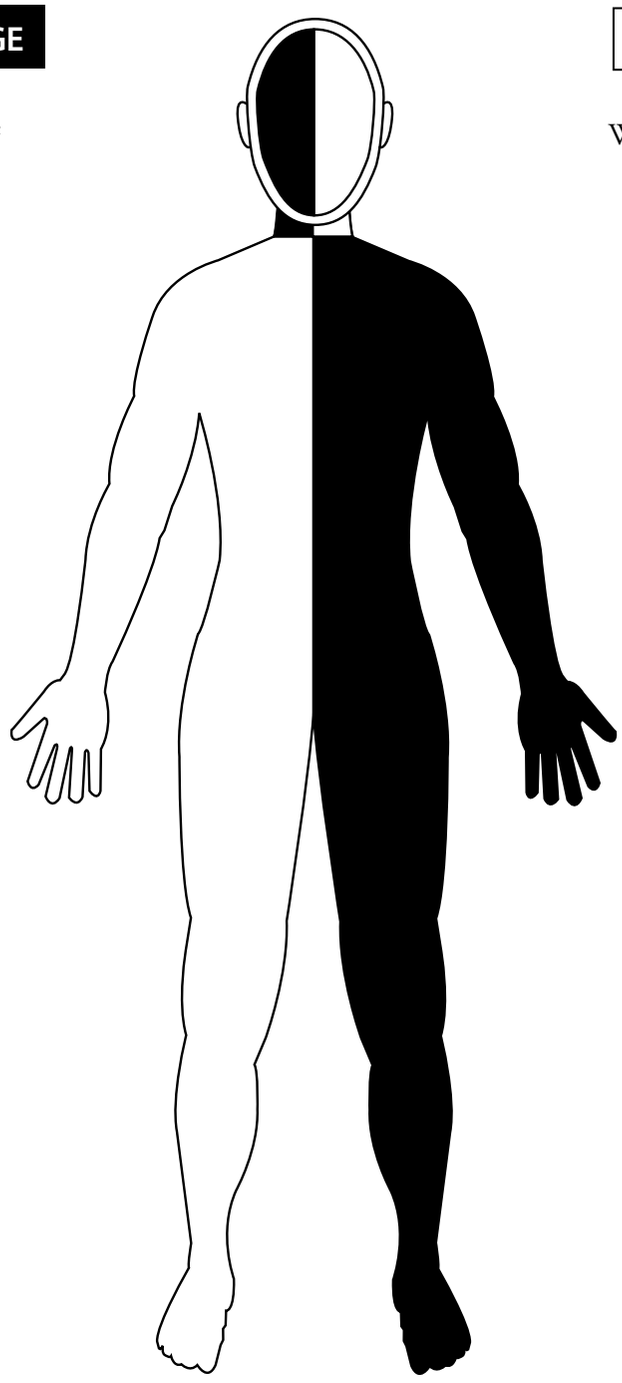
Visual-perceptual deficits

Unaware of deficits

One-sided neglect

Memory deficits

Impaired thinking processes (impulsive)



LEFT BRAIN DAMAGE

Weak or paralyzed right side

Speech-language deficits

Memory deficits

Visual-perceptual deficits

Characteristics Based on Location of Stroke

Characteristics of Right-Brain Stroke

Left-sided paralysis is the result of a brain attack on the right side of the brain. Common characteristics may include:

- Speech and language programs, such as slurred speech (dysarthria) and difficulty saying words (apraxia).
- Paralysis or weakness of the left side of the body.
- Your face may droop on the left side. This may cause speech to be distorted and make it difficult to understand.
- Difficulty chewing or feeling food in the left side of the mouth.
- Balance may be affected for sitting and standing because of a loss of vertical perception. You may feel you are standing straight when actually you are leaning at a 45-degree angle to the left. When this is a factor and you are assisted to stand erect, you may panic because you feel you are being pushed over.
- You may have difficulty planning your motor movements and may step the wrong way, or place your balance on the wrong leg.
- There may be poor problem-solving abilities, poor judgment about level of skill with a tendency to overestimate abilities, or you may have quick and rapid movements (impulsivity) without being aware that you are at risk of injuring yourself.
- You may have a loss of vision in the left visual field in one or both eyes. There may be difficulty seeing objects on the left.
- You may have difficulty judging the distance, size, position, speed of objects in space. People with these visual difficulties may often drop things, misjudge how far they are from a chair, and often fall.
- Confusion with the inside, outside, right or left side of clothes while dressing.
- Difficulty reading a newspaper or adding a column of figures because you lose the place on the paper.
- You may not even realize you have perceptual problems. This is known as left-sided neglect or denial. You may ignore anyone who is speaking to you from your impaired side.
- You may have neglect, loss of awareness on the left side of your body.

Characteristics of Left-Brain Stroke

Right-sided paralysis is the result of a stroke on the left side of the brain. Common characteristics may include:

- Paralysis or weakness of the right side of the body.
- Your face may droop on the right side. This may cause speech to be distorted and make it difficult to understand.
- Speech and language problems, such as slurred speech (dysarthria), difficulty understanding or retrieving words (aphasia), difficulty saying words (apraxia), or impaired swallowing (dysphagia).
- Difficulty chewing.
- Difficulty writing or completing arithmetic.
- Loss of vision in the right visual field.
- Sitting and standing balance problems.
- A tendency to be slow, cautious and

disorganized when approaching unfamiliar problems.

- Difficulty attending to tasks.
- Decreased memory.
- Difficulty learning new tasks, as opposed to old learning.
- A preference for more habitual ways of doing things.
- Difficulty generalizing information in order to solve a problem.

Characteristics of cerebellar stroke

- Problems with coordination and balance.
- Dizziness, nausea and vomiting.

Characteristics of brain-stem stroke

- May develop paralysis on one or both sides of the body.
- May affect functions such as breathing and blood pressure since the brain stem controls involuntary functions.
- May have deficits with any area controlled by the brain stem, such as eye movement, swallowing, speaking or hearing.

Physical Effects

The effects of a stroke will depend on several factors - how widespread the damage is, the type of stroke, which brain cells have been damaged, and how quickly other areas of the brain tissue take over the damaged cells. No two patients will have the same physical changes.

The most common effects of a stroke include the following: weakness, loss of sensation, difficulty with speech or language, disruption to vision, depression and/or problems with memory.

Weakness

Weakness after stroke may involve one side of the body, the entire arm and leg, just the arm, or just the leg. The face and mouth may also be involved, and may cause difficulty swallowing, slurred speech or drooling. Patients may experience lack of coordination of the face, arm or leg.

Visual Changes

Patients may have problems with double or loss of one side of their vision, experience one-sided neglect or have a blind spot.

Sensation

Changes to sensation may include numbness to the affected area, pain and inability to recognize objects by touch.

Changes to Muscle Tone

The muscles of the affected arm or leg may experience a change after a stroke. Flaccid muscles are very loose, relaxed and cannot be moved by the patient themselves. The opposite of this is a spastic muscle that is tight at all times. The arm or leg may be held in a rigid position, such as a tight clenched fist. Often the movement seen may be related to the abnormal tone when the affected arm or leg is stimulated.

Neglect

Some stroke patient's lose the awareness of one side of the body. This may involve ignoring the side of the body, not looking to the affected side or pocketing food in one side of the mouth.

Communication Disorders

If a stroke causes damage to the language center of the brain, there may be language difficulties. Aphasia is a term used to describe a collection of communication difficulties, including problems with speaking, understanding, reading and writing. Intelligence is not altered, although the inability to communicate may leave the impression that the patient is less intelligent than they were before.

Swallowing Disorders

When a stroke affects the face, mouth or throat, patients may experience difficulties swallowing. Dysphagia is the term used to describe swallowing disorders. Signs of dysphagia may include coughing or choking during or shortly after swallowing, increased drooling or chewing, pocketing of food in the mouth, inability to clear throat and pain with swallowing. Patients who have this difficulty are at risk for food or liquids to enter the windpipe (trachea), which can lead to pneumonia. The oral intake of food or liquid may be restricted initially until the ability to swallow is evaluated.

Behavioral Changes

You may experience subtle changes in the following areas. These changes may not be apparent initially. It is important that you or your family members/caregivers inform your physician if you notice any of these changes:

Memory Loss

Patients may experience subtle changes to their memory. They may have difficulty following directions, keeping track of day or time, identifying familiar objects or sequencing normal activities.

Loss of Emotional Control

Stroke patients may display emotions for no apparent reason or have difficulty controlling their emotions. This may result in sudden laughing, crying or displays of anger. Episodes may come and go quickly, and are often associated with the patient's inability to communicate.

Managing Depression After Stroke

Depression, mild or major, is the most common emotional reaction faced by stroke survivors. Your family and friends and, most of all you may find it hard to understand why you are feeling so sad, hopeless and lacking energy and motivation.

If your symptoms are severe and last more than two weeks, you may have clinical depression – a medical condition that is painful and can slow the progress of your therapy.

Depression can be caused by changes in your brain's chemistry or an emotional reaction to any disabilities caused by your stroke-related brain injury. Depression can start right after a stroke, during rehabilitation, or after you go home. Clinically depressed people feel a deep, persistent sadness, emptiness, tiredness, and a lack of joy in their lives. Stroke survivors who are depressed may also have low self-esteem, withdraw from previously pleasurable activities and social contacts, have trouble with sleeping and eating and experience either weight loss or weight gain.

Feeling sad about your losses is a normal reaction experienced by virtually every stroke survivor. However, when that sadness turns to depression, it's time to take action. Your treatment may include therapy with a psychiatrist or psychologist, medication, or a combination of both.

Depression symptoms include:

- Persistent sad or "empty" mood
- Loss of interest or pleasure in ordinary activities
- Decreased energy, fatigue or feeling "slowed down"
- Sleep disturbances (unable to sleep or oversleeping)
- Loss of appetite or overeating
- Difficulty concentrating, remembering, or making decisions
- Feelings of guilt, worthlessness, or helplessness
- Thoughts of death or suicide, suicide attempts
- Irritability
- Excessive crying
- Chronic aches and pains for no apparent reason

Tell your doctor about your symptoms and ask his or her advice. Treating depression correctly can improve your medical health and quality of life, while reducing your pain and disability. You may even be able to shorten the rehabilitation process, recover quicker, and return to productive, pleasurable activities sooner.

Medications

Medications to Help Manage/Prevent Stroke

Medications To Help Manage and Prevent Stroke

Stroke is one of the leading causes of serious long-term disability in the United States. To reduce your risk of recurrent stroke, it is important to modify your "risk factor profile." This includes reducing your cholesterol, abstaining from smoking and excessive alcohol consumption, and treating your high blood pressure. Eating healthy and exercising regularly can also reduce the risk of cardiovascular complications.

There are many different medications that can help to reduce these risk factors. HMG-CoA Reductase Inhibitors and Niacin can help reduce your cholesterol. ACE Inhibitors as well as Beta Blockers can assist in reducing high blood pressure. And because the clumping together of platelets are integral processes in stroke, antiplatelet drugs are key pharmacologic therapies to prevent stroke recurrence.

With the right treatment and some changes in daily life, most people with stroke feel better and can lead happier, healthier lives. Everyone's situation is different—certain treatments that fit one person's situation won't be right for another's. Patients and their families should talk with their physician about the most appropriate treatment options. This section reviews some of the medications used to treat this condition.

Medication	Information
Aspirin ❑ Aspirin (Bayer Aspirin, Empirin) ❑ Enteric coated aspirin (Ecotrin)	**Antiplatelets** **What they do:** Aspirin is used to relieve mild to moderate pain, reduce fever, reduce inflammation and swelling in conditions such as arthritis. It is also used in low doses to prevent the formation of blood clots. **Benefits:** Aspirin is effective in reducing the risk of stroke by preventing the formation of blood clots and also offers a protective effect against heart attacks and strokes. **Things to watch for:** • Persistent stomach pain. • Signs of bleeding, such as blood in vomit, urine or stool.

Medication	Information
Plavix (antiplatelets) ❑ Clopidogrel (Plavix)	**What it does:** Plavix is used to help prevent heart attacks, strokes and other problems caused by atherosclerosis (plaquing of the arteries). **Benefits:** Benefits patients with stroke by preventing future clots from forming. **Things to watch for:** • Persistent stomach pain. • Abnormal bleeding, such as blood in vomit, urine or stool. • Can be taken without regard to meals.
Aggrenox (Aspirin/ Dipyridamole) ❑ Aspirin/dipyridamole (Aggrenox)	**What it does:** This combination medication prevents clots from clumping together. **Benefits:** Reduces the risk of recurrent stroke and other blood clotting events. **Things to watch for:** • The most common side effects of this medication include headache, flushing and persistent stomach pain. • Other noteworthy side effects include easy bleeding or bruising, black/bloody stools, and yellowing of the eyes or skin.
Lovenox (anticoagulants) ❑ Enoxaparin (Lovenox)	**Anticoagulants** **What it does:** Lovenox is a Low Molecular Weight Heparin, which prevents and treats clots in blood vessels. It is given by subcutaneous (under the skin) injection, usually on the front or side of your stomach area. **Benefits:** Reduces the risk of other blood clotting events. **Things to watch for:** • Persistent stomach pain. • Unusual bleeding, such as blood in vomit or stool or unexplained nosebleeds.

Medication	Information
Coumadin ("blood thinner") ❑ Warfarin (Coumadin)	**What it does:** Some people with stroke have irregular heart rhythm or atrial fibrillation (AF) that can cause blood to flow abnormally and form clots. Coumadin is a "blood thinner" used to keep the blood flowing smoothly and to prevent the formation of clots. **Benefits:** Reduces the potential for blood to form clots and therefore the risk of stroke recurrence. **Things to watch for:** • Unusual bruising or bleeding. • Signs of bleeding, such as blood in vomit, urine or stool. • Maintain a steady diet and avoid heavy alcohol consumption. • Check with your physician or pharmacist for any drug interactions with Coumadin, even over-the-counter drugs and "herbal" non-prescription products. **Things to get checked:** INR: Goal: Date: Dose: Level: Action: Date: Dose: Level: Action: Date: Dose: Level: Action:

Vitamin K and Coumadin

The Vitamin K content of foods you consume may have an important effect upon your therapy with Coumadin. Because of this, it is important to check with your doctor before making a major change in your diet, especially a change (either an increase or decrease) in the amount of Vitamin K rich foods. It is also important to stay on a well-balanced diet and to avoid binge eating and crash diets. In general, be aware of food sources that contain high amounts of Vitamin K and monitor your intake.

High Food Sources of Vitamin K (avoid eating these foods in abundance)

turnip greens	lettuce	green tea	spinach
soybeans	cauliflower	broccoli	soybean oil
brussel sprouts	cabbage	liver	

Moderate Food Sources of Vitamin K

asparagus	coffee/decaf	oats	bacon
corn oil	tomatoes	butter	egg yolks
watercress	cheese	potatoes	whole wheat

- Alcoholic beverages may alter the effects of Coumadin on your coagulation system and thus cause changes in your prothrombin time response. You should tell your doctor before making any changes in the amount of alcohol you ordinarily drink. It is also important to avoid any excessive or "binge" drinking.
- Limit caffeine and aspirin-containing drugs. Both of these can interfere with Coumadin.

Medication	Information
Beta-Blockers ❑ Atenolol (Tenormin) ❑ Bisoprolol (Zebeta) ❑ Carvedilol (Coreg) ❑ Metoprolol (Toprol XL, Lopressor)	**What they do:** Beta-blockers reduce the heart's tendency to beat faster. They block the effects of chemical messengers in the body that cause the heart to work harder and increase blood pressure. This allows your heart to maintain a slower rate and helps keep it from getting weaker over time. **Benefits:** Beta-blockers may reduce the energy needs of the heart, and when tolerated over a long time, may actually reduce heart size and improve the function of the heart. **Things to watch for:** • Dizziness. It usually occurs early in the treatment course, but goes away once your body adjusts. • Do not use beta-blockers if you have severe asthma or COPD, symptomatic bradycardia or advanced heart block without a pacemaker.

Medication	Information
Ace Inhibitors ❑ Benazepril (Lotensin) ❑ Captopril (Capoten) ❑ Enalapril (Vasotec) ❑ Fosinopril (Monopril) ❑ Lisinopril (Prinivil, Zestril) ❑ Moexipril (Univasc) ❑ Perindopril (Aceon) ❑ Quinapril (Accupril) ❑ Ramipril (Altace) ❑ Trandolapril (Mavik)	**What they do:** ACE Inhibitors prevent the body from forming angiotensin, a substance in the blood that causes vessels to narrow and raises blood pressure. By preventing the formation of angiotensin, your blood pressure is lowered, your heart's workload is reduced and the development of plaques is blocked. **Benefits:** They help you by decreasing the formation of plaque, thereby allowing blood to flow easier. They can also reduce high blood pressure, which also lowers stroke risk. In studies, ACE Inhibitors have been shown to reduce mortality, heart attacks, strokes, heart failure, as well as diabetes-associated complications. **Things to watch for:** • Dizziness tends to occur with the first or second dose, and then goes away by itself. • If you experience a persistent dry cough, which gets worse or becomes bothersome while taking ACE Inhibitors, contact your doctor. • Swelling of the face or tongue; call your doctor if this occurs. • Can be taken without regard to meals.

Medication	Information
Niacin (Nicotinic Acid) ❑ Niacin (Nicobid, Niaspan)	**Cholesterol-Lowering Drugs** **What they do:** Niacin decreases the amount of LDL, the "bad cholesterol," by blocking its production. Niacin also decreases Triglycerides (TG) and increases the amount of HDL, otherwise known as "good cholesterol." **Things to watch for:** • Flushing. This may be reduced by taking niacin with meals and avoiding hot liquids or alcohol immediately after a dose. • Taking aspirin or Tylenol 30 minutes prior to niacin may also reduce the flushing. • Itching usually goes away after several weeks of therapy. Things to get checked: **Baseline** **6-8 weeks after dose change** Liver Function Tests Glucose Level Uric Acid Alkaline Phosphatase

Continued on next page

Medication	Information
HMG-CoA Reductase Inhibitors ❑ Atorvastatin (Lipitor) ❑ Fluvastatin (Lescol) ❑ Lovastatin (Mevacor) ❑ Pravastatin (Pravachol) ❑ Simvastatin (Zocor) ❑ Rosuvastin (Crestor) ❑ Ezetimibe/Simvastatin (Vytorin)	**What it does:** HMG-CoA Reductase Inhibitors, otherwise known as the "statins," reduce the amount of cholesterol in the body. This is done by inhibiting the HMG-CoA reductase enzyme, which is an important step in producing cholesterol. **Benefits:** HMG-CoA Reductase Inhibitors lower cholesterol and fats in the blood to help prevent heart attacks and strokes. They have an anti-inflammatory effect as well as an anti-atherosclerotic effect, which reduces plaque build-up and stabilizes plaque in the arteries. **Things to watch for:** • Muscle weakness. If you experience unusual muscle weakness, contact your physician immediately. • Do not eat grapefruit or drink grapefruit juice when taking these medications. • Limit alcohol intake as it can damage your liver and cause increased side effects. **Things to get checked:** **Liver Function Tests** Date: Baseline level: 12 weeks later: Level: 6 months later: Level: 12 months later: Level: **Creatine kinase** Date: Baseline level: (If indicated) 12 weeks later: Level: 6 months later: Level: 12 months later: Level:

Rehabilitation

Your Rehabilitation Program
Personal Care
Mobility
Home Safety Tips
No Such Word as "Can't"

Your Rehabilitation Program

Your rehabilitation program for continued recovery will be:

Programs	Services	Setting	Frequency	LikelyCandidate
Acutecare (inpatient) and rehab hospitals	24-hour medical care and a full range of rehab resources	Hospital or special rehab unit of a hospital	Several hours each day (most demanding)	Survivors who have many medical issues and may develop problems without continued medical treatment
Sub-acute facilities	Provide daily nursing care and a fairly wide range of rehab services	Rehab center, rehab unit of a hospital, skilled nursing facility (short-term nursing care) or skilled nursing home (long-term), skilled nursing unit in a hospital	Less demanding than acute programs, but continue for longer periods of time	Survivors who have serious disabilities but are unable to handle the demands of acute programs in a hospital
Long-term care facilities	One of more treatment areas	Nursing home, skilled nursing facility	2-3 days per week	Survivors who have their medical problems under control but still need 24-hour nursing care
Outpatient facilities	One or more treatment areas	Doctor's office, outpatient center of a hospital, other outpatient centers, and some adult day centers	2-3 days per week	Survivors who have their medical problems under control enough to live in their own homes and can travel to get their treatment
Home health agencies	Specific rehab services in one or more treatment areas	In the home	As needed	Survivors who live at home but are unable to travel to get their treatment

Rehabilitation: _____

Phone number: _____

Therapies:

❑ Physical therapy ❑ Occupational therapy

❑ Speech therapy

Durable Medical Equipment:

❑ Front-wheeled walker ❑ Bedside commode ❑ 3-in-1 shower chair/over toilet

❑ Hospital bed ❑ Other

Notes:

Personal Care

Hospital staff help patients re-learn activities of daily living through strengthening, coordination, use of assistive equipment and compensatory techniques if needed. After a stroke, patients may experience difficulty using their arms to perform familiar tasks such as eating, grooming, bathing and dressing. Specifically, the occupational therapist will assist you in re-learning self care techniques, possibly adapting clothing attire, and/or obtaining special devices for self-management assistance.

Eating/Chewing/Swallowing

The ability to feed oneself after a stroke may be impaired. You may have difficulty cutting food, using utensils or opening containers. This may be related to weakness, decreased coordination or paralysis. The occupational therapist will assist you in developing strength, coordination, and learning to use assistive devices.

Dysphagia is a term used to describe difficulty with swallowing. A patient may lack feeling or sensation in one or both sides of their mouth or have weak muscles in the throat, mouth or face. Your physician may order the dysphagia team to evaluate and make recommendations regarding the proper type of diet for you. Remember: Many times, clear liquids are difficult to swallow and using thickening may be beneficial. Consult with your therapist before discharge.

Dental Care

Due to the loss of muscle control and sensation, stroke patients are at high risk for dental problems. Risk factors may include food accumulation on affected side, accidental cheek or tongue biting, burns from hot food, dry mouth due to medications, loose or unclean dentures, and poor nutritional status. A thorough dental program may include frequent rinsing with water or use of an irrigating device, testing temperature of food before eating, adjusting and daily cleaning of dentures, and regular check-ups by dental professionals.

Activities

During hospitalization, your therapist may discuss your skills, abilities and interests with you and your family. They may provide treatment that will improve specific skills, assist you in developing new leisure interests/hobbies, and provide resources to promote your self-sufficiency and independence. Staying active and involved in pleasurable pursuits following a stroke in critical. Recreational activities can improve perception, coordination, strength, shift your attention from disability to ability, enhance your self-esteem and confidence, promote relaxation and distraction from pain, and facilitate socialization with others in society.

Discharge Planning

Prior to your discharge from the hospital, the case manager will obtain information from your physician and therapist on your discharge therapy needs. Depending on your status, home environment, social support and available transportation, a decision will be made whether you will have home therapy, be referred to outpatient therapy, go to a skilled nursing facility or acute rehab facility.

Mobility

Improving mobility can be a large focus of rehabilitation and this begins as soon as possible following a stroke. The treatment team will involve you and your family in setting realistic treatment goals in the areas of mobility. Goals are designed to meet your specific needs based on your prior level of independence, present level of impairment, home/community environment, help available for return home, and motivation for active participation in the therapy program.

Both physical therapists and occupational therapists will work with you in the areas of mobility, and family and/or caregiver training sessions will be arranged as need. All of the following activities may be modified to meet your unique needs:

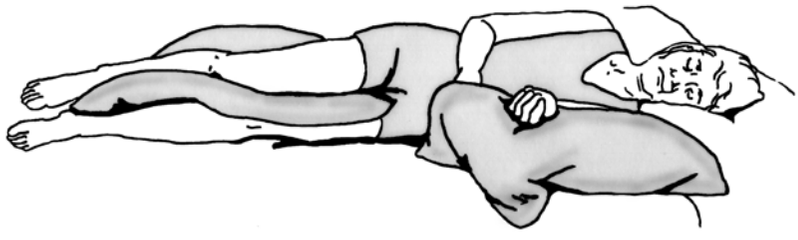
- Bed mobility training and bed positioning: rolling, using bedpan, getting in and out of bed.
- Transfer training: scooting, moving from bed to and from wheelchair/commode/chair, car transfers, sitting and standing to and from various heights and surfaces.
- Standing activities: weight shifting exercises, standing at sink for grooming and hygiene activities.
- Gait training/walking: walking on different floor surfaces with or without assistive devices, i.e., walker, cane, ankle brace.
- Stair training: walking up and down different size steps using rail(s), with or without assistive device.

Bed Positioning

Why bed positioning is important:

1. Minimizes pain on your affected side
2. Protects the joints on your affected side
3. Minimizes edema (swelling) in your affected arm or leg
4. Prevents contractures on affected side
5. Prevents skin breakdown

Positioning: lying on affected side



Elevate affected arm

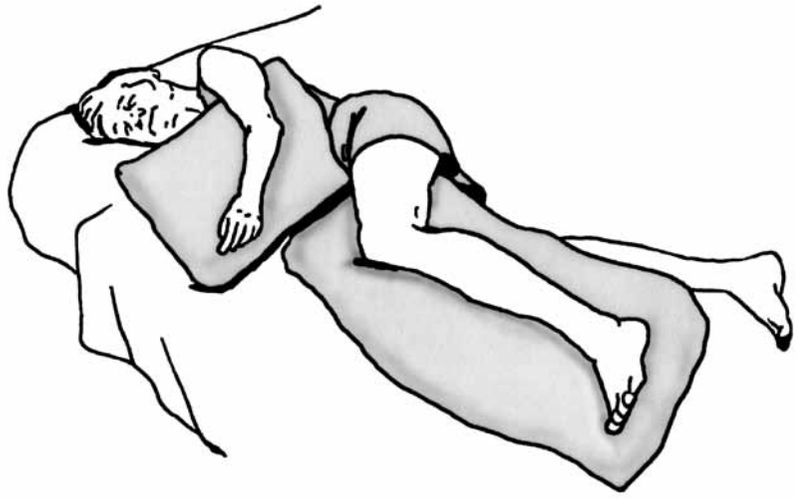
- Shoulder is positioned forward
- Elbow out and palm turned upward

Position affected leg

- Hip and knee slightly bent
- Place other leg on pillow to support weight

May place pillow behind back

Positioning: lying on unaffected side



Elevate affected arm

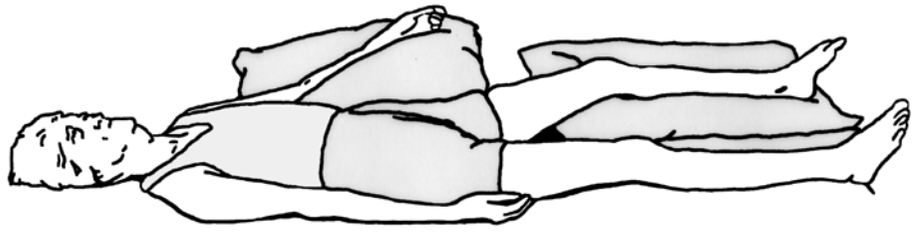
- Shoulder is positioned forward
- Elbow straightened as able
- Hand with palm down

Position affected leg

- Hip and knee slightly bent
- Toes pointing forward

May place another pillow behind back to support trunk position

Positioning: lying on back



Elevate affected arm

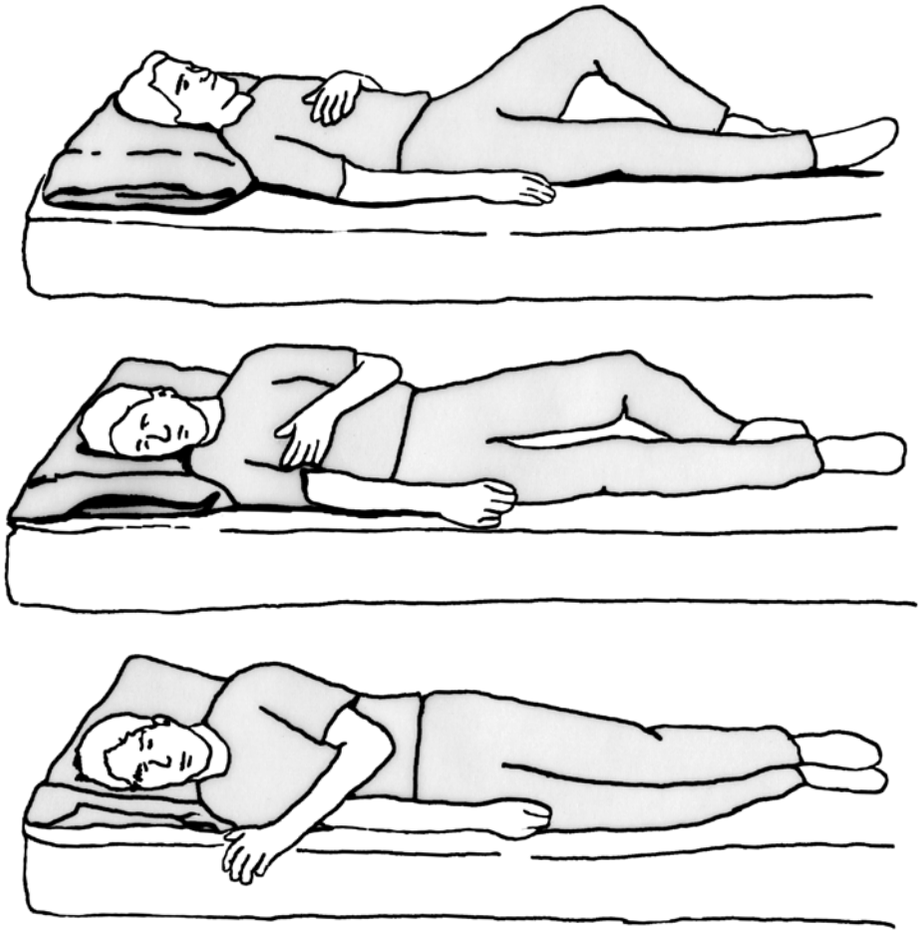
- Shoulder is positioned forward, arm out to side
- Palm is turned upward as able

Position affected leg

- Hip and knee slightly bent
- Toes pointing up as able
- Avoid tight tucking sheets
- May use footboard or cradle

Getting In and Out of Bed: Log Roll

Lying on back, bend left knee and place left arm across chest. Roll all in one movement to right. Reverse for rolling to left. Always move as one unit.



Precautions for the Affected Arm

Do:

- Keep affected arm across the body when rolling the patient from side to side.
- Keep the arm on a pillow with elbow slightly bent and palm at neutral when the patient is lying on their back in bed.
- When sitting, keep affected arm supported on a pillow. Encourage use of affected arm for support if able.

Do not:

- Pull from any part of the affected arm when rolling or turning the patient back to bed.
- Let affected arm hang at side without support during sitting and standing activities. Your therapist will evaluate the need for an arm sling.
- Let affected arm lay across the body when patient is resting in bed on their back for prolonged period of time.

Exercises

Your therapist will give you an individual exercise program and determine what exercises are appropriate for you. You may receive additional instruction at another facility, at home or as an outpatient. Appropriate exercises should begin as soon as possible to prevent joint contractures, pain, swelling, skin breakdown, and to reduce stiffness in the muscles.

Passive Exercises: If you cannot move your affected limbs or can only move them a little, your therapist will instruct your family member or caregiver to move your limbs with you.

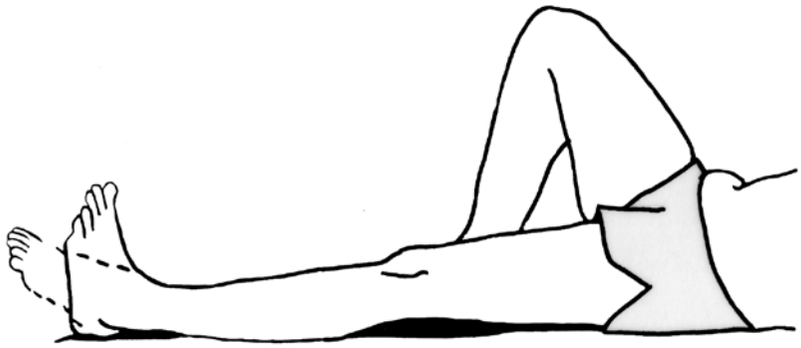
Active Exercises: These exercises are appropriate when you have some movement of the affected side.

Some tips to remember

- Never try to progress too rapidly.
- Do not hold your breath during exercise movements.
- Exercise on a regular basis. Keep a log of your exercises, include amount of exercise, date, time, and note any responses to exercises.
- Do not drink alcoholic beverages before exercising.
- Consult a physician if you experience any new symptoms.

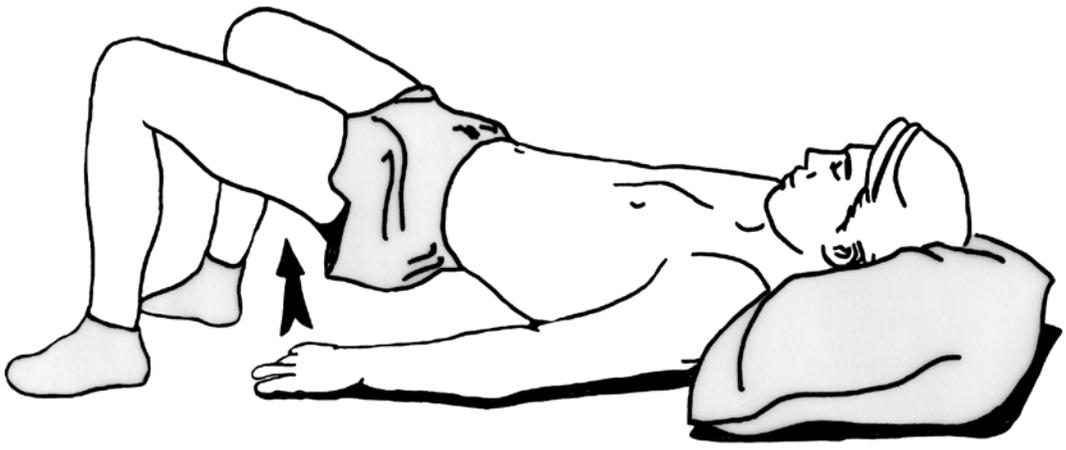
Ankle Pumps

Relax leg. Gently bend and straighten ankle while pulling toes upward. Move through full range of motion.



Bridging

Slowly raise buttocks off bed. Return to starting position. Do not hold your breath.



Trunk Rotation

Slowly rock knees from side to side, allow back to rotate slightly.

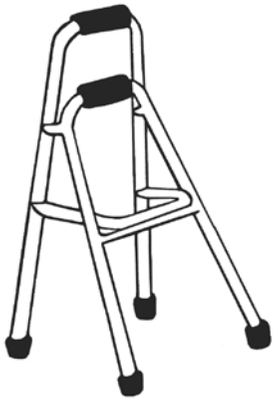
Gait Training/Walking

Your therapist will determine if you need an assistive device to walk safely. He or she will instruct you on how to use it.

Walker

Quad Cane

Hemi-Walker



Standard Cane

Bracing

You may need to use an ankle-foot orthosis (AFO) with walking to prevent your toes from dragging on the floor (if your ankle is weak) or to help stabilize your knee (if your thigh muscles are weak). Your therapist will communicate with your physician if you need a brace.

Spasticity Management

Spasticity is uncontrollable muscle tightness in an arm or leg that can cause pain and affect movement. The involuntary muscle contraction of spasticity is a common physical response to the brain injury caused by a stroke. If the brain injury resolves and voluntary movement returns, spasticity may diminish, restoring the usefulness of the limb. Spasticity usually coexists with weakness.

Symptoms of spasticity

- Stiffness in the arms, fingers or legs
- Painful muscle spasms
- A series of involuntary rhythmic contractions and relaxations in a muscle or group of muscles that leads to uncontrollable movement or jerking, called clonus
- Increased muscle "tone"
- Abnormal posture
- Hyperexcitable reflexes

Methods to decrease spasticity

- Proper positioning of the arm or leg
- Stretching
- Splinting
- Medications (possible medications: Baclofen (Lioresal), Zanaflex, Valium, Danthuim)

Home Safety Tips

Flooring

- Remove rugs that can be easily tripped on, especially at top and bottom of stairways.
- Make sure rugs have non-skid backings.
- Make sure rugs and carpets are free of curled edges, worn spots and rips.
- Secure electrical cords out of the way. Consider using a cordless phone.
- Eliminate uneven surfaces and obstacles from pathways both outside and inside the home.
- Have mats at doorways for people to dry their feet on to prevent slipping.

Bathroom

- Make sure grab bars or safety rails are securely anchored over the tub, in the shower and near the toilet.
- Use a nonskid rug on the bathroom floor.
- Use of a raised toilet seat or commode frame may be necessary.
- Keep toiletries in an easy to reach receptacle.

Lighting

- Maintain adequate lighting in all areas, eliminate shadowy areas.
- Use night-lights in bathrooms or in hallways.
- Check to make sure light switches are within easy reach and at proper height.

Furniture

- Sit in chairs with arm rests to help you get in and out of the chair.
- Place firm cushion or pillow on seat of chair or couch.
- Use a sturdy step stool to reach items in high cupboards or closet shelves.
- If you are not confident using a step stool or ladder, DO NOT use them. Get help.
- If you must use a ladder, make sure the ladder is in good condition, fully opened and on a firm, level surface. Place each foot securely on the step. Do not stand on top of the ladder.

Stairs

- Make sure handrails are securely fastened. If you have a large flight of stairs separated by a landing, place a chair with arm rests there to allow you to rest half way up.

Footwear

- Select footwear that stays securely on feet, with soles that are not slippery.

Assistive Devices

- Make sure the equipment is in proper working condition.
- Make sure the rubber tips of the crutches, canes and walkers are in good condition.
- Do not try to carry anything in your hands while you are using a walker. Consider the use of a walker bag.

Energy Conservation

- Store frequently used items at waist level or within arm's reach.
- Store commonly used items on upper shelves of refrigerator.
- Use a lazy Susan, or adaptive equipment (reachers) for easier reach.
- Allow yourself extra time to get ready.
- Take several rest breaks and sit when necessary.

Personal Precautions

- Be alert for unexpected hazards, including children, pets, out of place furniture and toys.
- Avoid rushing to answer the phone or doorbell.
- When carrying bulky objects, make sure your vision is not obstructed.
- Do not carry items that are too heavy; check the weight of the item first.
- Do not turn or twist your back to reach or lift an object. It is much easier to move closer or turn your whole body and feet towards a wanted object, rather than risk losing your balance.
- Take time to regain your balance and reduce dizziness when you change positions, i.e., going from lying down to sitting and sitting to standing.
- Keep your glasses prescription up-to-date.
- If you live alone, have daily contact with a family, friend or neighbor.

No Such Word As "Can't"

As a stroke survivor, I know the value of listening to one's therapists and following their instructions. I arrived at rehabilitation unable to speak and with my right side paralyzed. Since I had been a writer, photographer, lecturer, college instructor and wildlife rehabilitator for over 20 years, you can imagine how frustrated I was!

First came an evaluation, which tested everything from sight and hearing to balance and movement. Then came concentrated work on what I could do, followed later by what I might be able to do with extra effort and work.

Each stroke survivor is different. No two are quite alike. Our rates of progress will vary; some slower, some faster. Many of us will not be able to achieve as much as we'd like. But the most important thing for us is to try!

We will make gains only if we are willing to work at it. If you will not heed your therapist's advice . . . if you refuse to attempt the necessary movements . . . if you turn a deaf ear and sit or lie practically comatose . . . you hurt yourself most of all, but you also hurt your family, friends and all those who care about you.

Therapy can hurt or be repetitious and sometimes boring, and our gains may seem minuscule or even nonexistent, but without the effort, we shall certainly have no gains at all.

Through the guidance of all the therapists: occupational, physical, speech, cognitive, retraining, pool, recreation, and psychology, I have come a long way and am, I feel, productive again.

There must be no place for the word "can't" in your vocabulary. Perhaps you "don't want to right this minute" or you wonder, "How can I accomplish this task?" But keep trying. FIND A WAY. The therapists will guide you.

Try aiming for small goals, ones that you and your therapists feel are attainable. With each little success, your confidence will build.

When you eventually reach a plateau from which your rate of improvement is considerably reduced, you must then accept the hand (pun intended) that fate has dealt. To deny your limitations, to refuse to accept the fact that you are no longer quite the same person, may be condemning yourself to a life of bitterness and negativism. Never forget that life is a precious commodity ... treasure it, whatever your limitations may be.

Rosemary K. Collett
Stroke Survivor

Nutrition

Introduction

This nutrition section was specially prepared for you with a great deal of thought and care to provide you with the most up-to-date source of information about eating healthy for your heart. We hope you find the information useful to help you make healthy adjustments in your diet. You are invited to call any of our dietitians at any time to ask specific questions about your needs including food purchasing, eating out at restaurants, or even food preparation. Remember, we are here to help YOU! Best wishes and healthy eating!

The following topics are discussed in this "one-stop" information packet:

- **Healthy Eating After a Stroke**
- **Dysphagia Diet Summary**
- **Fat Facts**
- **Healthy Substitutions to Reduce Fat**
- **Sodium-Controlled Diet**
- **Understanding Food Labels**
- **Eating Out**
- **Recommended Books/Cookbooks**

Healthy Eating After A Stroke

1. Food Texture

Choose foods according to the textures that you can chew and swallow. After some strokes, swallowing may be difficult. The term "dysphagia" means difficulty swallowing. The purpose of the "dysphagia diet" is to help the individual learn to swallow again by starting with foods that are easiest to manage. In the brief description below, foods are grouped from the easiest to control in the mouth (pureed and thicker liquids) to the most difficult (thin liquids).

Solid Foods

- Dysphagia I: pureed foods that have little need of chewing
- Dysphagia II: ground meats, fish and poultry, and finely chopped foods
- Dysphagia III: finely chopped meats, fish and poultry, soft vegetables

Liquids - the thickness of the liquid may vary according to the following:

- Pudding-like texture
- Honey texture
- Nectar or syrup texture
- Thin liquids (no thickening required)

For additional information, see the "Dysphagia Diet Summary" on page 55.

2. Decrease Total Fat

Most Americans currently eat more than 40 percent of their calories from fat. The goal is to decrease that level to 30 percent or less of your total calories.

- Use non-fat or 1% milk in place of whole milk and limit the use of high fat cheeses and ice-cream.
- Cut down on the amount of fat you add to food, such as: butter, margarine, lard, oils, salad dressing, sour cream, whipped cream, etc.
- Control meat/poultry/fish portions to no more than 6 oz. per day.
- Bake, broil, BBQ, or boil foods to reduce fat.
- Trim the fat from your meat and take the skin off your chicken, before cooking.
- For vegetables: Try steaming or grilling directly on the grate or in foil.
  - – Spray with a non-stick pan spray.
  - – Pan fry using a non-stick spray.

3. Decrease Cholesterol and Saturated Fat

- Eggs: Limit your egg intake to three egg yolks per week.
- Meat: Eat more lean fish and poultry and less red meat. Try eating more meatless meals, which are usually lower in fat and calories and higher in fiber.
- Decrease Saturated/Hydrogenated Fats: Use margarine instead of butter. Choose a margarine with its first ingredient as vegetable oil to significantly reduce your intake of saturated fat and cholesterol.
- Choose vegetable oils over animal fats, such as canola oil and olive oil.

4. Increase Complex Carbohydrates

Increase complex carbohydrates, which are rich in fiber, vitamins and minerals, and relatively low in fat and calories.

- Whole Grains: Use whole wheat or grain flour and bread, bran bread/cereal, oatmeal/oat bran, brown rice, barley, corn meal, rye, buckwheat, and experiment with any other whole grains.
- Fruits and Vegetables: Choose those especially with an edible peel or seeds, such as: apples, berries, broccoli, green leaf lettuce, melons, oranges and potatoes. Eat the whole fruit rather than drinking the juice.
- Legumes: Try dried beans, peas and lentils.
- Limit your intake of simple carbohydrates, such as sweets and sugar. These foods contain few nutrients and are high in calories.

5. Maintain desirable Weight

Exercise is key

- Choose your favorite daily exercise, such as walking, bicycling or swimming as approved by your physician. Experts recommend 30 minutes a day, 3-5 times per week.

NOTE: Consult with your physician before starting any exercise program.

If overweight, follow these guidelines:

- Decrease sugar
- Decrease fat
- Decrease portions
- Decrease alcohol

6. Reduce Salt/Sodium Intake

Americans eat an average of 5000-8000 milligrams of sodium each day. The American Heart Association recommends an intake of 1000-3000 milligrams of sodium each day. Follow these tips to reduce the amount of salt in your diet.

- Eliminate the salt shaker from the table.
- Omit salt and high sodium containing food products when preparing foods.
- Decrease use of convenience foods containing excessive sodium. Sodium compounds are often used to extend shelf life, improve taste or color, and speed up cooking time. This may include frozen dinners, canned soups, hot dogs, and instant or processed foods.

7. Increase Potassium

Increasing the level of serum potassium has been shown to increase sodium excretion. The following are good sources of potassium and should be included daily:

- Oranges
- Broccoli
- Potatoes
- Spinach/Greens
- Asparagus
- Beans
- Tomato products
- Melons
- Dried fruit
- Pumpkin
- Bananas

8. Maintain Normal Blood Pressure

Decrease alcohol

- Alcohol consumption has been shown to elevate blood pressure, and it is often difficult to achieve control in persons with a high alcohol intake. If you have high blood pressure or are taking blood pressure medications, you should discuss your alcohol consumption with your physician.

Avoid caffeine

- Caffeine may raise blood pressure for approximately two hours after it is consumed. Excessive caffeine may cause prolonged elevation in blood pressure.

Increase Calcium

- Many studies have shown that individuals with hypertension consume inadequate amounts of calcium. Therefore, blood pressure may improve by increasing dietary calcium.
- The following foods are rich in calcium and should be eaten daily:
- Milk (Nonfat or 1% lowfat milk is slightly higher in calcium than whole milk)
- Yogurt
- Cheese (choose those with less than 6 grams of fat/oz.)
- Salmon (canned with bones)
- Broccoli
- Tofu

Dysphagia Diet Summary

Dysphagia means difficulty swallowing. The purpose of the Dysphagia Diet is to help the individual learn to swallow again by starting with foods that are easiest to manage. In the Dysphagia Diet levels listed below, foods are grouped from the easiest to control in the mouth (pureed and thicker liquids) to the most difficult (thin liquids)

	DYSPHAGIA I	DYSPHAGIA II	DYSPHAGIA III
MILK PRODUCTS	Pudding (diet or regular) Baked custard, junket Plain/flavored yogurt without fruit/seeds Thickened milkshake, ice-cream, sherbert	Pudding (diet/regular) Baked custard, junket Plain/flavored yogurt without fruit/seeds Milkshake, ice-cream, sherbert Small curd cottage cheese, Ricotta cheese, American cheese, finely grated cheese	Milk Pudding (diet/regular), custard, junket Plain/flavored yogurt without fruit/seeds Milkshake, ice-cream, sherbert Small curd cottage cheese, Ricotta cheese, American cheese, finely grated cheese
SOUPS	None	Cream or thickened soups w/allowed ingredients	Soups with allowed ingredients
MEAT/POULTRY/ FISH/EGGS	Pureed meat/poultry	Ground meat/poultry (w/gravy) Finely flaked fish, baked/broiled Scrambled/poached egg	Finely chopped meat/poultry (w/gravy) Meatloaf (w/gravy) Finely flaked fish, baked/broiled Plain tuna, chicken, turkey salad Scrambled/poached egg
VEGETABLES	Pureed vegetables	Finely chopped vegetables (NO corn, peas), Drained Tomato/vegetable juice	Cooked only: beets, carrots, green beans (chopped), sliced mushrooms, peas, chopped spinich, squash (NO raw vegetables)
FRUITS	Pureed fruits Applesauce, nectar	Finely chopped canned fruits (NO seeds/ skins), Drained Applesauce, ripe banana	Fresh fruit (i.e. prunes, cherries, figs, raisins), chopped. NO pineapple
CEREALS	Thickened cooked refined cereals without texture	Cooked cereals (thick)	Cooked cereal Cold cereals that become soft in milk
POTATOES	Mashed potatoes (w/extra gravy)	Mashed potatoes (w/gravy)	Mashed potatoes (w/ gravy) Baked potato w/o skin
STARCHES	None	Moist soft bread stuffing Macaroni & cheese (no hard crust/stringy cheese) Pasta (drained) w/sauce or gravy	Rice, pasta Macaroni & cheese, spaghetti w/sauce Moist soft bread stuffing
FATS	Butter, margarine, mayonnaise Sour cream	Butter, margarine, mayonnaise Sour cream	Butter, margarine, mayonnaise Sour cream
MISCELLANEOUS	Salt, finely ground pepper, catsup, mustard, jelly, gelatin, mousse gravy	Salt, finely ground pepper, catsup, mustard, jelly, mousse gravy	Salt, finely ground pepper, catsup, mustard, jelly, gelatin, mousse gravy Fruit ice, popsicles, ice chips
DESSERTS	Sustacal pudding	Cream pies (no crust), sustacal pudding, (NO nuts, seeds, raisins, coconut)	Cream pies (no crust), sustacal pudding, Pie filling, cake w/allowed ingredients (NO nuts, seeds, raisins, coconut)
LIQUIDS - Note: Thickness depends on your individual needs	Thickened tomato/vegetable juice Nectar	Tomato/vegetable juice Nectar, thickened fruit juice	Tomato/vegetable juice, nectar, fruit juices, water, coffee/tea

*This summary is only a guide; other foods may be acceptable according to appropriate texture.

When in doubt, ask the speech therapist, registered dietitian or diet technician.

Fat Facts

Fat is one of the three major energy sources in food. A concentrated source of calories—about nine calories per gram—fat is found in foods from the fat and meat categories of foods. Some kinds of milk products and starch/bread categories also contain fat.

Types Of Fat

A. Cholesterol

1.In The Blood

- This is a wax-like substance, which is manufactured by the liver and needed for the normal function of all systems in the body. A high level (above 200 mg/dl—some studies show above 180 mg/dl) has been shown to be a major risk factor in developing heart disease (including high blood pressure, obstruction of the heart or brain vessels, and hardening of the arteries). There are different forms of cholesterol, of which, there is one that is considered "good." The others are considered "bad."

The primary two we monitor:

- HDL cholesterol – "good" cholesterol, acts as a scrubbing bubble of the arteries to remove the plaques that are forming
- LDL cholesterol – "bad" cholesterol, lays down the plaques that cause the blockages

What causes the blood values to be elevated?

- Eating foods high in saturated fat and cholesterol
- Weight above desirable level
- Lack of exercise
- Hereditary factors

2. In The Diet

- Only found in animal products. Limit intake of the following foods: egg yolks, chicken, turkey, beef, pork, lamb, duck, sausage, cold cuts, organ meats, etc.

B. Saturated Fat and Trans Fat

The dietary effects:

- Tends to increase total blood cholesterol levels
- Usually found in animal products (i.e. dairy, meat), but also found in some vegetable products (i.e. palm oil, coconut oil, cocoa butter)

Hydrogenated fat (a type of saturated or partially-saturated fat)

- Hydrogenation is a food production process that changes a liquid (or unsaturated fat) into a solid fat (or saturated fat), often for the purpose of extending shelf life of the product fat.
- Examples: shortening, stick margarine

C. Polyunsaturated Fat

- Tends to lower total cholesterol (LDL and HDL cholesterol)
- Only found in vegetable products
- Generally liquid at room temperature. Examples include corn oil, safflower oil, cottonseed oil, sunflower oil, and some other vegetable oils.

D. Monounsaturated Fat

- Tends to lower the "bad" (LDL) cholesterol and have no effect on the "good" (HDL) cholesterol
- Only found in vegetable products
- Examples include canola oil, olive oil, avocados and nuts

E. Triglyceride

- A triglyceride is a fat found in food and manufactured by the body from excess sugar, fat, alcohol, or excess quantities of food at one meal.

Fat Substitutes

Simplesse

- Became the first fat substitute to gain approval. Simplesse is a blend of round micro-particles of egg white and milk protein that feel creamy as they slide over the tongue. Its natural components are considered safe, but anyone allergic to milk or eggs will also be allergic to Simplesse.

Olestra

- Can be heated for use in fried and baked foods. Since it is made up of a huge chain of sugar and fatty acid links that cannot be digested or absorbed by the human body, Olestra contains no calories.

Analysis of Lipid Profile

The following is a comparison of your cardiac lipid (fat) profile to accepted, desirable ranges. Attaining lipid profiles, as close to desirable levels as possible, should help decrease your chances of coronary heart disease.

For every:

One percent decrease in blood cholesterol, there is a ...

Two percent reduction in coronary artery disease risk.

Your levels on (Indicate dates below) . . .				**Lipid Categories: Desirable Level**
Date:	**Date:**	**Date:**	**Date:**	
				Cholesterol: less than 200 mg/dl (Some studies show <180 mg/dl)
				Low Density Lipoprotein (LDL): less than 100 mg/dl
				High Density Lipoprotein (HDL): 40-60 mg/dl
				Triglycerides: less than 150 mg/dl
				Total Cholesterol/HDL Ratio: less than 3.5

Healthy Substitutions to Reduce Fat

How to Reduce Your Fats: The Hit-'n'-Switch List

Instead of ...	Choose These ...
Whole Milk	• Nonfat milk • Lowfat milk (1% or extra light preferred) • Evaporated skim milk–diluted • Reconstituted nonfat milk
Cream	• Evaporated nonfat milk–undiluted • Nonfat milk
Whipped Cream	**Whipped Evaporated Milk** Place undiluted evaporated skim milk in an ice cube tray. Place in the freezer until ice crystals form around the edges. Chill bowl and beaters. Place milk in chilled bowl and beat to desired consistency. **Whipped Topping** 1/2 cup water 1 Tbsp. lemon juice 1/3 cup dry nonfat milk powder 2 Tbsp. sugar (or sugar substitute equivalent) 1/2 tsp. vanilla Place all ingredients in a bowl. Place in refrigerator until well chilled. Beat until stiff peaks form.
Sour Cream	• Commercial non-fat sour cream **Sour Cream Substitute** 2 Tbsp. nonfat dry milk powder 1 Tbsp. lemon juice 1 cup large curd cottage cheese Wash cheese in strainer and let drain well to remove all cream. Combine ingredients. Whirl in blender until smooth. **Mock Sour Cream** Blend equal parts of low-fat cottage cheese and low-fat yogurt in a food processor until smooth and thick. **Yogurt Sour Cream** Plain low-fat yogurt works well as a substitute for sour cream on such things as baked potatoes. To use yogurt as a sour cream substitute in sauces, add 2 Tbsp. of flour for each cup of yogurt so the sauce will thicken properly and not curdle.
Buttermilk	Recipe: For each cup of buttermilk, place 1 Tbsp. lemon juice or vinegar in a measuring cup. Fill to 1 cup level with nonfat milk. Let stand for about 5 minutes. Stir.
Butter, Margarine	• Light spread (tub only)
1 Whole Egg	• 2 egg whites or 1/4 cup commercial cholesterol-free egg substitute or 1/4 cup homemade egg substitute **Egg Substitute** 1 dozen egg whites 1/2 cup nonfat dry milk powder 2 or 3 drops of yellow coloring (if desired) Mix together in a covered jar and store in the refrigerator. Good for omelettes, scrambled eggs, french toast, etc. To use for baking, add 1 tsp. oil for each 1/4 cup of mix. 1/4 cup of mix is equal to 1 large egg.
Cream Cheese	• Commercial fat-free cream cheese • Neufchatel cream cheese (limited amount) **Cream Cheese Substitute** Line a colander or sieve with cheese cloth. Pour in low-fat yogurt. Cover loosely and let drip in the refrigerator for 12 to 24 hours. This works well in cheesecake and other recipes calling for cream cheese.
Baking Chocolate (1 ounce)	Try this substitution: 3 Tbsp. cocoa + 1 Tbsp. oil

How to Reduce Your Fats: The Hit-'n'-Switch List

Instead of ...	Choose These ...
Hot Chocolate	• Commercial cocoa mix (read labels) **Hot Cocoa Mix** 1 cup nonfat dry milk powder 1/3 cup unsweetened cocoa powder 3 Tbsp. sugar Mix ingredients and store in an airtight container. To use, put 2 heaping teaspoonfuls of mix into a cup and add hot water. Stir well. If desired, add a dash of vanilla.
Icecream	• Frozen low-fat or nonfat yogurt, fruit ices, sherbet, sorbet
Cheese	Use low fat (or fat free) cheese such as mozzarella, farmers, ricotta, parmesan, port du salut, or other low fat cheeses with 2 to 6 gms fat/ounce
SoySauce	• Low sodium soy sauce (read label)
GroundBeef	• Ground turkey, chicken or veal
BakedGoods	• Home baked goods using egg substitute, egg whites, canola oil, reduced sugar and salt • Use commercially baked fat-free goods
CreamSoup	• Use nonfat milk and thicken as with white sauce recipe (See "white sauce").
Oil-Packed Tuna	• Water-packed tuna
Peanut Butter	• Use the "old-fashioned" style of peanut butter and pour off the oil • Natural, reduced-fat peanut butter
WhiteRice	• Brown rice • Barley
Crackers	• Low fat rice crackers, melba toast, rye crackers **Tortilla Triangles** Cut corn tortillas into 8 triangles. Place on baking sheet and bake at 425 degrees until crisp and dry. Great with salsa!
White Sauce	**White sauce** 1 cup nonfat milk, 2 Tbsp. flour Pour nonfat milk into a jar with a lid. Add flour, cover and shake vigorously until smooth. Pour into a pan and cook over low heat until thickened, stirring constantly. Add pepper and a dash of salt. This makes a medium sauce. For a thinner version use just 1 Tbsp. of flour. For a thicker sauce add 3 Tbsp. of flour for each 1 cup nonfat milk. To add more flavor, use onion or garlic powder, thyme, or any other appropriate seasoning.
Gravy	**Gravy** Use about 1 Tbsp. flour for every 1/2 cup liquid. You may use fat-free beef, chicken or turkey broth. Meat drippings may be used for added flavor. Add ice cubes to the drippings to harden any fat; remove the fat and use only the remaining liquid. Put half of the liquid you are using for your gravy in a jar with the flour. Cover and shake until mixture is smooth. Pour into a pan with the remaining liquid. Bring to a simmer and cook for a few minutes, stirring constantly. Season to taste. Gravy may be made with browned flour (for color) or brown gravy coloring may be added. **Browned flour** Place flour in a shallow baking pan, spreading it out evenly to a depth of about 3/4". Cook in a very low oven, stirring occasionally, until lightly browned. Store in a covered jar in the refrigerator. Keeps indefinitely.

How to Reduce Your Fats: The Hit-'n'-Switch List

Instead of ...	Choose These ...
Salad Dressings	• Fat free or low-fat commercial dressings **French Dressing** 6 Tbsp. garlic flavored wine vinegar 4 Tbsp. cold water 1/4 tsp. each of pepper and dry mustard 1/4 cup canola oil Put all ingredients in a covered jar. Shake well. Chill. Makes about 12 servings. **Red French Dressing** 1/2 cup canola oil 2 Tbsp. vinegar 2 Tbsp. lemon juice 1/2 tsp. each of dry mustard and paprika few grains coarse pepper 1/4 cup mayonnaise 1/4 cup catsup or tomato paste 1/4 tsp. Worcestershire sauce Mix all ingredients together and shake well. Chill before using. This is especially good on plain lettuce or on a vegetable salad. Makes 1 1/4 cups. **Dressing "Ranch Style"** One package commercial "ranch style" dressing mix Use plain lowfat/nonfat yogurt as a substitute for the mayonnaise, sour cream, or buttermilk called for on the package. (This is still high in sodium, but the fat, calories and cholesterol are reduced.) **Cottage cheese dressing** 1 cup cottage cheese 1/3 cup buttermilk Place cottage cheese in a sieve and wash lightly in cold water. Let drain thoroughly. Combine cottage cheese and buttermilk. Whirl in blender. Add more buttermilk if a thinner dressing is desired. **Variations:** **Bleu Cheese** Add 1 Tbsp. bleu cheese and some pepper to taste. **Italian** Add oregano, garlic powder and onion powder to taste. **Mock Thousand Island** Add 2 Tbsp. chopped green pepper and 1 Tbsp. tomato paste. **Pepper Dill** Add 1/2 to 1 tsp. dried dillweed and 1/4 tsp. pepper.
French fries	• Baked potato **Oven Baked "French Fries"** Cut 2 lbs. well scrubbed potatoes as for french fries. Put 1 tsp oil in a large pan or bowl and add potatoes. Cover and shake to coat potatoes with oil. Place potatoes on a foil-lined baking pan that has been sprayed with a non-stick spray. Place in a 475 degree oven. Bake 15 to 25 minutes or until well browned. Turn once during baking. Sprinkle very lightly with salt, parmesan cheese, or any favorite flavoring. Serves 4.
Salt/ Seasoned Salt	• Mrs. Dash Seasonings **Parsley Patch Seasonings** All purpose spice mix 1/4 cup paprika 1 Tbsp. onion powder 1 Tbsp. garlic powder 1/2 tsp. thyme 1 Tbsp. pepper 1/2 tsp. oregano dash of cayenne pepper (optional) **Special Salad Blend** Mix 4 parts each of marjoram, basil, tarragon, parsley, celery seed and chives, with 1 part each of thyme and grated lemon peel. **Savory Vegetable Blend** Mix 1 part each of marjoram, basil parsley, and chives with 1/4 part thyme. **Succulent Egg Seasoning Blend** Mix 3 parts of parsley with 1 part each of tarragon, basil, marjoram and chives. **Surprising Italian Blend** Mix 2 parts each of oregano, marjoram, thyme, and basil with 1 part each of rosemary and sage.

Sodium-Controlled Diet

Why follow a sodium-controlled diet?

A sodium-controlled diet may help you manage your high blood pressure (hypertension). This diet will also help prevent water retention. Even if you are taking medication, it's still important to follow a sodium-controlled diet to help the medication work more effectively.

Important Points To Keep In Mind

- Shake the sodium from your diet. Stop adding salt to your food while it's cooking or at the table.
- Many non-prescription medications contain sodium. Make sure you read the label or ask your doctor or pharmacist.
- When dining out, ask that your order be prepared without salt. Most airlines offer low-sodium meals with 24-hour notice.
- Other actions you can take to help control your blood pressure include maintaining a healthy body weight, limiting alcohol and exercising regularly.
- Scan food labels for sodium claims. If a product states it's sodium-free, it has less than 5 mg per serving.

Sample menu for a sodium-controlled diet

Breakfast

- Orange juice (1 cup)
- Shredded wheat cereal (1 cup)
- Banana (1)
- Whole wheat toast (2 slices) with margarine (2 tsp.) and jam (1 Tbsp.)
- Milk (1 cup)
- Coffee or tea

Lunch

- Low-sodium vegetable soup (1 cup)
- Unsalted crackers (4)
- Hamburger (3 oz.) on a bun with sliced tomato(1) and lettuce (2 oz.)
- Mustard and low-sodium mayonnaise (1 tsp. each)
- Fresh fruit salad (1 cup)
- Iced tea with lemon

Snack

- Graham crackers (2)
- Fresh apple (1)
- Milk (1 cup)

Dinner

- Tossed salad (3 oz.) with salt-free vinegar and oil dressing (1 Tbsp.)
- Broiled skinless chicken breast (3 oz.)
- Herbed brown rice (1 cup)
- Steamed broccoli (1 cup)
- Whole grain roll (1) with margarine (2 tsp.)
- Italian fruit ice (1 cup)
- Coffee or tea

Source: American Dietetic Association

Sodium-Controlled Diet

Food Categories	Foods Recommended	Foods To Omit	Tips
Breads, Cereals, Rice and Pasta (6-11 servings each day)			
Serving size = - 1 slice bread - 1 cup ready-to-eat cereal - 1/2 cup cooked cereal, rice or pasta - 1/2 bun, bagel or English muffin	- Breads and rolls without salted tops, muffins - Most ready-to-eat and cooked cereals - Unsalted crackers and breadsticks - Low-sodium or homemade breadcrumbs or stuffing - All rice and pastas	- Breads, rolls and crackers with salted tops - Quick breads, self-rising flour, and biscuit mixes - Regular breadcrumbs - Instant hot cereals - Commercially prepared rice, pasta or stuffing mixes	Cook cereals, rice and pasta without adding any salt. Salt can be omitted or decreased in most recipes for baked goods.
Vegetables (3-5 servings each day)			
Serving size = - 1 cup raw leafy - 1/2 cup cooked - 3/4 cup juice	- Most fresh, frozen and low-sodium canned vegetables - Low-sodium and salt-free vegetable juices	- Regular canned vegetables and juices, including sauerkraut and pickled vegetables - Frozen vegetables with sauces - Commercially prepared potato and vegetable mixes	Season vegetables with herbs, spices or lemon juice, instead of ham, bacon or salt pork.
Fruits (2-4 servings each day)			
Serving size = 1 medium, 1/2 cup canned, 3/4 cup juice, 1/4 cup dried	- Most fresh, frozen and canned fruits - All fruit juices	- Fruits processed with salt or sodium	
Milk, Yogurt and Cheese (2-3 servings each day)			
Serving size = - 1 cup milk or yogurt - 1 1/2 oz. natural cheese - 2 oz. processed cheese	- All milk, but limit to a total of 2 cups daily - All yogurt - Most low-sodium cheeses, including ricotta, cream cheese and cottage cheese	- Malted and chocolate milk - Regular and processed cheese, cheese spreads and sauces - Limit buttermilk to 1 cup per week	Dairy foods have moderate amounts of sodium. Keep in mind that milk and yogurt are lower in sodium than most cheeses.
Meats, Poultry, Fish, Dried Beans and Peas, Eggs and Nuts (2-3 servings or total of 6 oz. daily)			
Serving size = - 2-3 oz. cooked - 1 egg - 1/2 cup cooked beans - 2 Tbsp peanut butter or 1/3 cup nuts as 1 oz. of meat	- Any fresh or frozen beef, lamb, pork, poultry, fish and some shellfish - Egg and egg substitutes - Low-sodium peanut butter - Dried peas and beans	- Any smoked, cured, salted or canned meat, fish or poultry, including bacon, chipped beef, cold cuts, ham, frankfurters, sausage, sardines and anchovies - Frozen breaded meats - Salted nuts	Use convenience foods and processed meats sparingly or buy low-sodium, reduced-sodium or salt-free varieties. Choose frozen dinners with less than 500 mg sodium per serving.
Fats, Snacks, Sweets, Condiments and Beverages			
	- Low-sodium or unsalted versions of butter, margarine, salad dressings, soups, soy sauce, condiments and snack foods - Pepper, herbs and spices, vinegar, lemon or lime juice - Low-sodium carbonated beverages	- Salad dressings, soups, gravies and sauces made from instant mixes or other high–sodium ingredients - Salted snack foods, olives - Meat tenderizers, seasoning salt and most flavored vinegars - Commercially softened water	Read food labels carefully searching for high-sodium ingredients, such as salt, sodium chloride, monosodium glutamate, brine or broth.

Understanding Food Labels

A new type of food label can be found on food packages. Reading the label tells more about the food and what you are getting. The information you see on the food label—the nutrition and ingredient details—is required by the government. Some food labels may display a "short label format," that is, when the food has only a few of the nutrients required on the standard label. What's on the label depends on what's in the food. Small-and medium-sized packages with very little label space can also use a short label. If the information is not displayed, there must be an address and/or phone number for the consumer to contact for a copy of the information. The table below shows what the new label looks like and explains some of its new features.

Serving Size
Similar food products now have similar serving sizes. Serving sizes are based on amounts people actually eat.

New Label Information
This section contains information about the nutrient content for each serving.

Vitamins and Minerals
Only two vitamins, A & C, and two minerals, calcium and iron, are required on the food label.

Nutrition Facts

Serving Size 16 Crackers (31 g)
Servings Per Container About 9

Amount Per Serving

Calories 150	**Calories from Fat 50**
	% Daily Value*
Total Fat 6g	9%
Saturated Fat 1g	6%
Trans Fat 1g	
Polyunsaturated Fat 2g	
Monounsaturated Fat 2g	
Cholesterol 0mg	0%
Sodium 270mg	11%
Total Carbohydrate 21g	7%
Dietary Fiber 1g	4%
Sugars 3g	
Protein 2g	

Vitamin A 0%	Vitamin C 0%
Calcium 2%	Iron 6%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber	25g	30g	

% Daily Value
% Daily Value shows how a food fits into a 2,000 calorie diet.

Daily Values Footnote
These reference numbers are set by the government and are based on current nutrition recommendations.

The values are based on a daily diet of 2,000 and 2,500 calories; **your own nutrients** may be less or more.

SOURCE: Food and Drug Administration. 2006

Eating Out

"Don't Cook Tonight ... Call Your Favorite Restaurant"

Hints for selecting low fat, low salt foods when eating out

Fast Food

If you don't always have time to sit down for a leisurely meal, you may wonder about eating in fast-food restaurants. The good news is fast food is changing. Look for salad bars where you can make your own meal. Beware of salad bars with pre-mixed "specialty" salads (such as macaroni salad, pasta salad, potato salad, carrot raisin salad, etc.), as they usually contain high amounts of fat, sodium, and occasionally, sugar. Instead, add fresh vegetables to your salad and eat with whole grain bread. Try baked potatoes with vegetable or yogurt toppings.

Special Orders

- Another healthy fast-food technique is a "special order." Ask to leave off fatty and calorie-heavy ingredients. For example, a Burger King Whopper without mayonnaise cuts out 150 calories and 16 grams of fat.

Hamburger Spots

- Choose simply prepared items, such as fresh fruit and smaller portions of meat. When available, choose the grilled chicken breast items (avoid fried chicken patties), the regular (2 oz.) hamburger or the "lean burger" on a bun (whole wheat preferred) with lettuce, tomato and onion (such as McDonald's McLean Deluxe with only 10 grams of fat). Beware of fried foods and double-decker burgers.

Salads

- Salads are a great choice at any style restaurant. Choose grilled meats and ask for the dressing on the side. Dip your fork in the dressing, then pierce food to control fat, sodium and calories.

Fried Chicken Spots

- Peel the skin and breading off to reduce the calories by half and the fat by two thirds.

Pizza Spots

- Choose smaller portions (i.e., one slice instead of two) and select a salad with "lite" dressing on the side.

Mexican Spots

- Choose soft shell tacos or fajitas instead of hard shell to reduce fat and calories. Choose tostada salads but avoid eating the shell.

Please Note:

Specific information on the nutritional breakdown for each fast-food restaurant may be obtained from various sources such as the fast-food restaurant you visit or your local dietitian.

Italian Food

To many diners, Italian food says pasta. And pastas are a good choice for those on low-fat calorie controlled diets, as long as they are not filled with cheese or fatty meat or tossed with butter or cream sauces. Linguine with white or red clam sauce is a fine pasta selection. Acceptable sauces include marsala, made with wine, or marinara, made with tomatoes, onion and garlic (no meat). If you're concerned about salt, try pasta primavera, with a small amount of oil and fresh vegetables. Consider ordering the appetizer portion of pasta as your entrée, often the portions are large enough to be filling. Among other selections in Italian restaurants, simply prepared chicken and fish dishes are your best bet. To control fats, calories and sodium, select items that are fixed to order. Avoid dishes like veal scallopine or parmigiana,

since they are usually prepared by adding fats. Fresh fruit is an excellent dessert choice.

Japanese Food

Although many dishes are high in sodium, Japanese cuisine is, overall, a boon to those on low-fat diets. Pickled vegetables are low in cholesterol, saturated fat and calories and a lovely introduction to traditional Japanese entree fare like sashimi (raw fish), which is an ideal choice. Beware of sushi (as the rice has very little fiber and has sugar and rice wine added, causing a rapid rise in blood sugar), deep fried dishes such as tempura, and high sodium soups and sauces (or sauces with sugar added). Ask your waiter to serve sauces on the side and keep them to a minimum. Look for the word "yakimono," which means broiled. Dishes that feature tofu, a soybean curd protein without cholesterol that is high in calcium and extremely low in fat and calories, are especially recommended. Steamed rice makes a good accompaniment.

Chinese Food

When eating Chinese food, skip high-sodium soups and the crisp noodles, which are high in fat and calories. If the noodles are on the table, ask the waiter to remove them. Choose dishes that are boiled, steamed or lightly stir-fried in vegetable oil, rather than sauteed. Although many Chinese dishes are high in sodium, you can ask that sauces, such as soy, be served on the side and that MSG and salt be eliminated in the preparation. If you have high cholesterol, avoid dishes like Egg Foo Young and any menu listing that is made with lobster sauce, since it contains egg yolks. Hunan and Szechuan-style food is high in calories when the meat is first fried in hot oil. Be cautious and avoid all dishes that are deep fried. Enjoy the steamed rice but remember to control the portions.

Mexican Food

Many feel that Mexican food is off limits, but that's not necessarily so. Whole grains are staples of Mexican dishes, and tortillas, made with corn and baked rather than fried, can be a welcome addition to your diet. However, avoid the flour tortillas, made with lard and fried. A fine beginning to your meal might include salsa, a favorite appetizer on Mexican menus. Tomato, onion and avocado salads with fresh lemon squeezed over the top are refreshing. A real treat is seviche, fish marinated for hours in lime juice then drained and mixed with spices. Together these introductions might make a complete meal for you. If you're still hungry, try shrimp or chicken tostadas on a cornmeal tortilla (not fried). Forget the refried beans (as they are cooked in lard), although some restaurants have boiled beans (a good source of fiber) with onions and spices. In Mexican restaurants, be sure to ask that garnishes, such as cheese and sour cream, be served on the side.

Steakhouse Food

Those on calorie controlled, reduced fat and cholesterol diets may feel it necessary to avoid steakhouses altogether. In fact, steakhouses, like seafood restaurants, may be a good choice, since food is most often prepared to order. Be sure to order your beef broiled without additional fat or salt. Choose lean varieties, like London broil, filet mignon, round and flank steaks, and ask that all visible fat be trimmed. If you're having a baked potato, eat it plain or with controlled amount of margarine or low-fat yogurt. Enjoy a green salad (with dressing on the side) and fresh steamed vegetables as accompaniments. The plainer your choices, the better.

Middle Eastern Food

Middle Eastern dishes rely greatly on meat, but just as heavily on vegetables, grains and spices. Appetizers may include midya dolma, mussels stuffed with rice, pine nuts and currants, yalanji yaprak, grape leaves filled with a similar mixture, and imam bayildi, baked eggplant stuffed with a variety of vegetables. All are acceptable and a selection of these appetizers might make a tasty and exotic meal. If you wish to order an entree, shish kabob, when not basted with butter, is a good choice and manter kabob, small portions of pot-roasted lamb smothered in mushrooms, green peppers and onions, may be acceptable as long as it's not too oily. Ask that visible fat be trimmed from the meat before cooking. Vegetarians might try couscous, steamed bulgur wheat, topped with vegetables. Couscous may also be topped with chicken. Accompaniments to main courses in Middle Eastern restaurants often include rice or bulgur (cracked wheat) and pickled vegetables, both of which are acceptable. Fresh fruit, especially melons and grapes, make an authentic close to your meal.

French Food

A good rule for dining out in French restaurants is "keep it simple." Steamed mussels or a salad (with dressing on the side) are fine starters, but avoid French onion soup, which is high in calories and salt. Be wary of sauces, the heart of classic French cuisine. Hollandaise sauce, made with egg yolks and butter; bechamel, with milk, butter and flour; and bernaise sauce, an expanded hollandaise, are poor choices. The alternatives are French wine sauces, such as bordelaise; tasty and usually not as high in fat or cholesterol. "Nouvelles" sauces, lighter because flour is eliminated in preparation, still may contain cream, egg yolks, butter and plenty of calories. All sauces tend to be high in sodium. To be safe, ask if your entree is in sauce and how that sauce is prepared. Perhaps you can order it on the side. Avoid dishes labeled "au gratin," as these often come with toppings of cheese and butter.

Greek Food

If you're counting calories, you may worry that Greek food is too oily. Seek dishes prepared with limited amounts of olive oil, and you'll find many acceptable choices. Tzatziki, an appetizer made with yogurt and cucumbers, is safe to order, especially if the yogurt is the low-fat type. Pita bread is very low in fat. Greek salads are filling and delicious. The feta cheese is slightly lower in fat than hard cheeses, but high in sodium. (Remember, that anchovies and olives are also high in salt. If you are on a low-sodium regimen, have the cheese, anchovies and olives removed before serving.) Order dressing on the side. For a main course, stick with dishes like plaki, fish that's been cooked with tomatoes, onions and garlic; or shish kabob, broiled on a spit and made with baby lamb, tomatoes, onions and peppers. Have your entree with rice. As for pitfalls, lamb, often found on Greek menus, has more saturated fat than beef; phyllo dough, used in some entrees and desserts, is very high in fat; caviar, used in some appetizers, is high in cholesterol; and babaganoosh, an eggplant appetizer, is frequently prepared with fat, keeping it high in calories.

Health Food/Vegetarian

Nutrition-conscious diners have prompted a proliferation of health food and vegetarian restaurants. Most offer an array of salads, lots of yogurt based dishes, food prepared in soybean oil (a polyunsaturate) and many selections made with beans and grains, nuts and seeds. Unfortunately for calorie watchers, some of these dishes may be high in fat especially if made with large quantities of oils, high-fat dairy products or even nuts and

seeds. If on a low cholesterol, low-fat regimen, you should note whether or not eggs or whole-milk cheeses have been used in the preparation and if yogurt is made from whole or skim milk.

Indian Food

The tastiness of Indian food, which is generally low in saturated fat, cholesterol or calories, is a tribute to the creative use of spices. Many of the dishes offered use a yogurt-based curry sauce, a good choice for those on special diets–especially if the yogurt is the low-fat type. You'll enjoy the salads, often a refreshing combination of yogurt with chopped or shredded vegetables (raita). Tandoori chicken and fish dishes, which are marinated in Indian spices and roasted in a clay pot, make a delicious and authentic meal. Often, however, butter is used to baste the tandoori preparations. Ask if margarine can be used instead. Seekh kabob, marinated ground lamb that is cooked over coals, is another choice as long as the lamb is lean. Vegetables are an important part of Indian meals. Lentils or dal, are high in protein and fiber and low in fat. Always check to see if ghee, which is clarified butter, is used in the preparation of vegetables. Indian dishes are often served with plain rice, a cooling accompaniment. Try the delicious breads, like dry pulkas (unleavened wheat bread) or naan (without butter).

Remember: When in doubt, ask your waiter or waitress

Adapted from: "Dining Out - A Guide To Restaurant Dining," American Heart Association, 1984.

Recommended Books/Cookbooks

There are many good books on cooking and nutrition available at the bookstore or in your local library. These are only a few and we encourage to you to experiment. Look for those that list calories, fat, and sodium with recipes.

American Heart Association Low Fat, Low Cholesterol Cookbook: Heart Healthy, Easy-To-Make Recipes That Taste Great
American Heart Association
Times Books, January 1998

Healthy Cooking on the Run
Elaine Groen and Irene Rapp, R.D.
Nitty Gritty Productions, January 1993

Dr. Dean Ornish's Program for Reversing Heart Disease
Dean Ornish, M.D.
Ivy Books, February 1996

Cooking Light
Cathy A. Wesler (complier)
Oxmoor House, magazine – published six times/year
Dated hardcover volume – published yearly

Cook for the Health of It
Harriet Paine
Harper Collins, June 1986

Don't Eat Your Heart Out
Joseph C. Piscatella
Workman Publishing Company, November 1994

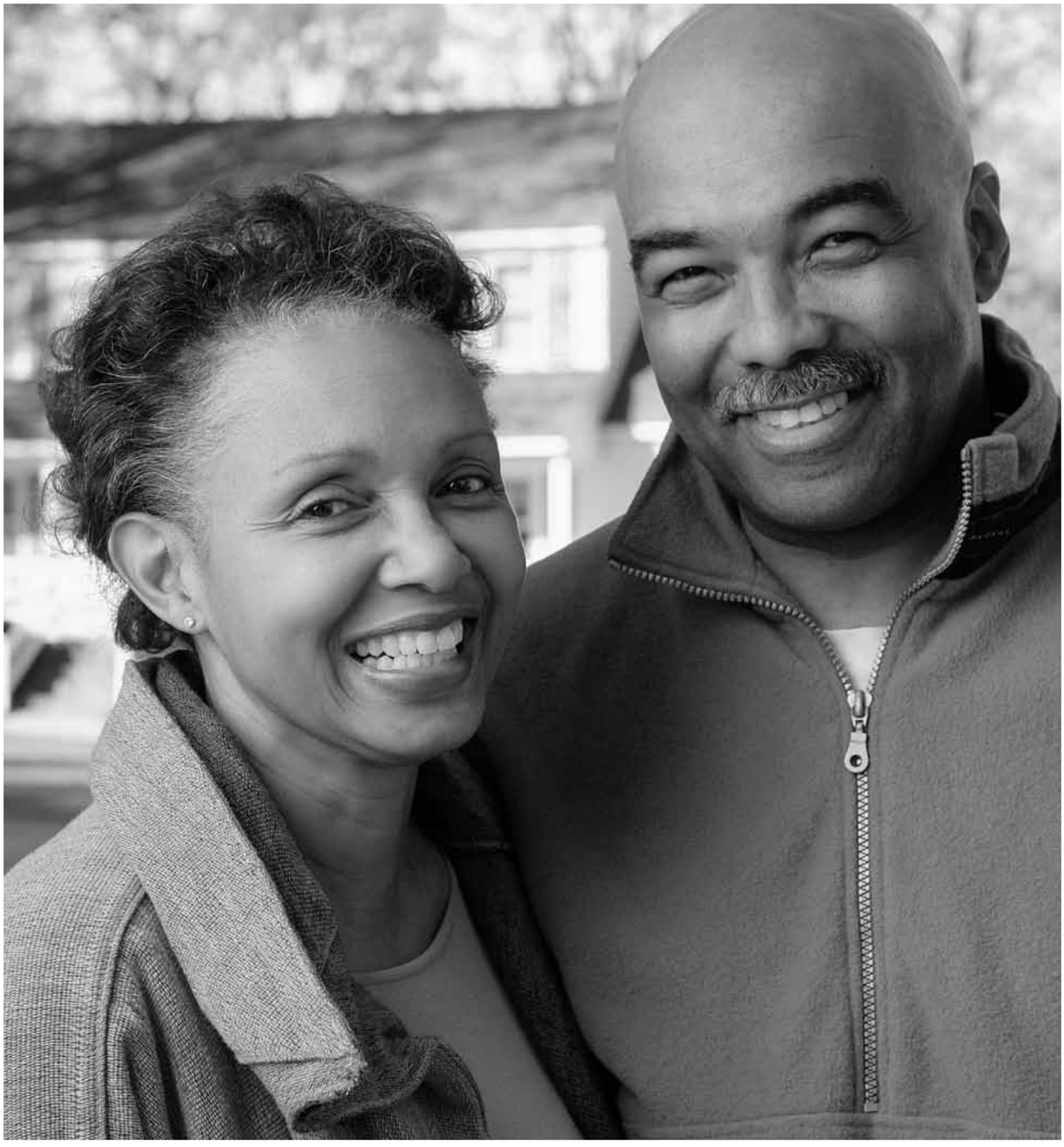
Deliciously Low: The Gourmet Guide to Low Sodium, Low Cholesterol, Low Sugar Cooking
Harriet Roth
New American Library, 1983

The New American Diet Cookbook
Sonja L. Connor and William E. Connor
NAD Press, September 2000

Other free publications are available through your local chapter of the American Heart Association.

Life After Stroke

Job Retraining/Volunteering
Driving
Sexuality



Job Retraining/Volunteering

After your stroke, you may or may not be able to return to the job you had before. All states have vocational rehabilitation programs to retrain people with disabilities who can still work and to help them find jobs.

If you think retraining would help you, contact your State Office of Vocational Rehabilitation, Laguna Hills Branch, 949/598-7968. A counselor will help determine if you are qualified for the program. Eligibility depends on two criteria:

1. The existence of a disability that prevents you from working

2. Financial need

Helpful tips from people who have had strokes, and are now employed or volunteering:

- Be flexible, think of new ways to make changes in the way you work, i.e., work shorter hours, fewer days, and so on.
- Pace yourself, take time to rest. Stick to regular consistent hours, without extending them to overtime.
- Take your medications on time, especially if you are busy. Keep a back-up supply of medications at work. Make taking care of yourself a priority.
- Communicate what you need at work. If there are any helpful adaptive devices that could make your job easier and help you work more efficiently, discuss them with your employer.
- Some people will treat you differently when you return to work. Make every effort to be a part of the activities at work. Expressing your interest in people you work with promotes a sense of belonging. Use humor or a light attitude when dealing with a person who seems newly uncomfortable in your presence.
- Take short breaks. Take time to rest and renew yourself. Learn some relaxation techniques. Talk to yourself in a positive, encouraging way.
- Consider professional psychological or vocational counseling. It may put into perspective some of your concerns about work. Appropriate support groups may also offer tools to cope with work-related problems.

See section 8, “Community Resources” for more information.

Driving

Driving is a major concern after a stroke. Being able to get around is important. We drive to the store, to church, to the doctor and to visit friends. In most cities, it's hard to do anything without being able to drive a car. Driving gives a feeling of independence. If you can drive, you don't have to wait on others as much and can schedule your own day.

It's not unusual to want to drive after a stroke; being able to get around after experiencing one is important. But while safety is always an issue when a person gets behind the wheel, it's even more important after a stroke. The reason is that a stroke may change how you do things. Before you drive again, think carefully about how these changes may affect your own and other people's safety.

How does a stroke affect driving?

Brain attacks affect different people in different ways. If you have any of these effects, they could seriously impact your own or other people's safety.

- Changes in mobility. Paralysis (weakness) in your arm or leg affects how you steer, brake and accelerate. Your reaction time also may be slowed.
- Changes in vision. Visual field defects affect your ability to see in the rear view mirrors and outside windows. Visual perceptual problems may change how well you judge distance.
- Changes in cognitive ability. Impulsive behavior, impaired judgment and difficulty problem solving also may influence your driving behavior.
- Changes in communication. Being unable to follow directions, read a map, ask for help or explain events are secondary aspects of driving, but they're also safety concerns.

How do I know if I can drive?

- Talk to your doctor. He or she can tell you about your brain attack and whether it might influence your driving. You'll also get a professional opinion based on experience.
- Contact the State Department of Motor Vehicles in your area. Ask for the Office of Driver Safety. Ask what requirements apply to people who've had a stroke.
- Enroll in a Driver's Training Program. For a fee, you may receive a driving assessment, classroom instruction and suggestions for modifying your vehicle (if necessary). These programs are often available through rehabilitation centers.

See page 88 under "Community Resources" for driving re-training programs.

Adaptive equipment can be used for physical problems. A spinner now can be attached to the steering wheel to allow controlled steering with the use of one hand. A left gas pedal may be used if you are unable to use your right foot to accelerate and brake. Training is essential with any equipment to be safe with your new adapted driving method. The driver rehabilitation specialist is specifically trained in both driver education and medical aspects related to stroke to address your special needs.

To ensure safety for the stroke survivor who drives, driver rehabilitation specialists have developed some helpful hints:

- Drive in familiar areas.
- Drive on less congested roadways.
- Use clearly marked lanes.
- Use uncomplicated intersections.

- Combine trips to minimize driving.
- Clean windshield to maximize visibility.
- Avoid clutter on the dashboard.
- Eliminate distractions (phone, ratio, etc.).

Stroke survivors are also advised to avoid certain conditions that make driving more dangerous, such as night driving (especially in rain), rush-hour traffic, bad weather and unprotected left turns.

What if I can't drive?

If you can't drive, you can still feel good about yourself. You've made the responsible choice and have considered both your safety and the safety of others. Even though it may feel like it at first, life isn't over. There are other forms of transportation, including:

- Public transportation. Many cities offer reduced fare passages and have wheelchair lifts on buses.
- Specialized transportation vans or taxis. Some places have transportation systems specifically designed for people who need help.
- Friends and family. Ask for a ride from family members and friends when you need to go somewhere. And when you're offered a ride, accept it.
- Check on community resources, such as senior citizen's groups and local volunteer agencies.

Sexuality

Sexual intimacy for the stroke survivor maybe a difficult and sensitive topic to discuss. You may have many questions and concerns about sexuality and may even be afraid to discuss them. Some questions include: Can I have sex again? Will my medications interfere with my ability to have sex? Will sex cause another stroke?

It's important to know that many men and women who have had strokes continue to enjoy an active and healthy intimate life with their partners.

Your feelings about your body may have changed as a result of your stroke. Coping with these changes in your body can affect how you feel about your sexuality. First, realize that accepting these changes takes time and effort. You may experience anger, grief, depression and denial. But by dealing with these feelings, you can begin to accept the way your body has changed. It is important to remember that sexuality is not just the act of sexual intercourse, it involves much more than that.

Sometimes, simply being able to take care of yourself in personal matters, such as bowel and bladder functions enhances self-esteem. This, in turn, increases feelings of sexual attractiveness. Getting dressed every day and trying to look your best may boost your feelings and the feelings of those around you.

It is also important to discuss with your mate how you both are feeling about physical changes. Remember that in all partnerships it takes effort to maintain what is good and correct what is not. This is true whether or not it involves people with disabilities.

Professional help is always available, including your doctor, nurse psychologist and social worker. They can also refer you to someone who is trained to do so.

Sexual health is a combination of sexual anatomy or sexual functioning that sometimes can be helped by a sexual medicine evaluation. There are specialized sexual medicine health care providers who specialize in the diagnosis and treatment of sexual concerns. These professionals are trained to help men and women who have had a stroke.

Because sex is often a sensitive topic, your doctor or your mate may not discuss it with you unless you ask.

Resuming intimate relations with your partner can be a scary situation, especially when you haven't had the interest of desire to be together for some time. Take your time and do not feel pressured to resume sexual intercourse right away. Each person's experience is different and everyone will resume intimacy at their own pace.

If it is a concern, please speak with your health care provider and request a referral to an intimacy specialist. A sexual health concern should not be ignored.

If you were sexually active before your stroke, you probably can be sexually active again. But this requires time, patience and the loving support of your mate. If you were not particularly interested in sex before your stroke, this will not necessarily change. In any case, don't measure success or disappointments by past performance.

Begin slowly. Start with being close to your mate by touching and caressing each other. Begin to explore what feels good to you now that sensation on one side of your body may be different. Do not feel that you need to have sexual intercourse to feel good about being with your mate. Add intercourse only if and when you both feel ready. The goal is to enjoy each other.

The focus should be on pleasure rather than performance. Focus on physical intimacy and spend quality time together; share emotions and thoughts. Also, it's important to be sensual in an non-sexual way: holding hands, cuddling and even massage can be a pleasurable experience.

Tips for intimacy after a stroke:

- Remember if you had a stroke, your body and appearance may have changed. You and your mate may need time to get used to this and other changes related to the stroke.
- Time intercourse when you are the most rested and relaxed and have enough time to enjoy each other.
- If the stroke survivor lacks sensation on half of the body, stay away from that side during intimacy.
- If the stroke survivor has limited vision on one side, try to stay where you can be seen during intimacy.
- If one side of the stroke survivor's body is weak, he may want to lie on his affected side, or his mate might want to take the position on top.
- Pillows can be used to prop up the affected side.
- To control a spastic limb during lovemaking, lie on the affected limb and bend it slightly.
- If thrusting movements are difficult for the stroke survivor, the mate may want to perform that part of the lovemaking.
- If intercourse is difficult, remember that other forms of sexuality and intimacy can provide a great deal of pleasure, including touching and caressing, massages, oral sex, self stimulation, and lovemaking with vibrators.

Other suggestions:

- Discuss your medications with your health care provider; sometimes medication schedules can be adjusted. Never stop or change medication without first discussing it with your health care provider.
- Planned sexual activity right before a meal is often best. Decreased foods and alcohol intake before sexual activity reduces excess cardiovascular strain.
- Set the stage: remember that the setting is also important. Dim the lights, play soft romantic music, maybe light scented candles to help enhance the sensual mood.
- If you have a catheter, check it before intimacy. If incontinence is an issue or loss of urine, keep towels handy for easy clean up.
- Communicate: Even if your speech is impaired, touch can be the best form of communication. Desire and connectedness is an important component of your sexual health.

Remember that you are not alone. Sexuality concerns are very common, especially in men and women with chronic medical illnesses. There is professional help available to address your concerns in a private and confidential manner.

For a confidential assessment and a personalized sexual health treatment plan, contact Dr. Michael Krychman, medical director of Hoag's sexual medicine program, at 949/764-9300.

Lifestyle Modification

Smoking Cessation
Stop Smoking Directory
Stress Management

Smoking Cessation

The Process of Quitting Smoking

Every year, three million smokers give up cigarettes. With the right attitude, preparation, and knowledge you can be one of them. The main step in the process of quitting is deciding to start.

Why Smoke?

Smokers give several general reasons for smoking. They smoke for:

1. Stimulation
2. Handling the cigarette
3. Relaxation
4. Help for tension
5. Craving
6. Habit

What are your main reasons for smoking?

If you smoke for reasons 1 through 3, then you use cigarettes when you feel good. You will need to find substitutes for cigarettes.

Smokers who use cigarettes for reasons 4 through 6 smoke for negative reasons. They are likely to use cigarettes when stressed, angry, or tired. It is important to find new ways to cope with these problem times.

Decide to Quit

Smokers tell us that 50% of the job of quitting smoking is the decision to quit smoking. Think about the reasons to smoke, reasons to quit, then write them out. Add to the list for a week. Spend half an hour thinking about whether you want to smoke for the rest of your life or whether you want to quit. If you decide to quit someday in the future, pick a date and stick with it.

Make Changes

In preparation for quitting, begin to change your smoking pattern. Change brans of cigarettes. It is best if you can change to a lower nicotine brand. Change how much you smoke, where, and when you smoke. Scramble your smoking routine – this makes smoking less pleasant.

Keep a Diary

A week before quitting, do a daily diary of your smoking. Record where, when, and why you are smoking. Begin to think of substitutes you will use as a nonsmoker. Imagine yourself not smoking in that situation in the future.

Think Positive

Project a positive attitude. Tell yourself you can do it this time. Convince yourself that you will succeed. Studies show that smokers who use this mental preparation are more likely to be nonsmokers.

Plan Your Deadline

Prepare for quitting by picking your day. Decide what you will do that day to handle urges to smoke. Wake up a nonsmoker. It's easier than quitting in the middle of the day. Say nice things to yourself. Give yourself a pep talk as needed. Take the day in short spurts. Don't think that you are going to give up something – that's negative thinking. Plan to spend lunch and coffee breaks with nonsmoking friends.

Coping Techniques

Things that help smokers overcome urges for cigarettes are self-talk and activities. Self-talk is telling yourself you are great for making the effort or telling yourself that smoking is not an option, then switching to other thoughts. Activities are related to doing something different. Getting up, walking around, and taking deep breaths are all activities.

Nicotine Replacement

Do you need nicotine gum? It's a good question to ask. Today we can identify smokers who are addicted. They often smoke a pack or more a day,

prefer cigarettes with a higher nicotine content, smoke within 30 minutes of arising, smoke a cigarette at least every two hours while awake, and have withdrawal symptoms when smoking is delayed. They also smoke when they have a medical condition that is made worse by continued smoking. Addicted smokers may find nicotine replacement therapy eases their withdrawal symptoms, making it easier to quit cigarettes. Ask your physician if it might help you.

Learning Process

Quitting smoking is a process. It took a while to learn to smoke; it takes a while to learn not to smoke. Some smokers need to make repeated attempts to quit. Don't ever give up – just persist in cessation efforts until you are successful.

Where Are You in the Six-Step Process of Quitting?

Precontemplation

Not even thinking about quitting. People in this step have never really considered trying to quit. This is a hard group to motivate to quit.

Contemplation

These smokers are considering quitting someday. They are waiting for a motivating event to help them find the reasons to quit.

Action

In the act of quitting. These smokers have prepared to stop. They have reduced the amount smoked, changed brands, or restricted their smoking. They have considered what to do on the day of quitting and planned for coping strategies to deal with urges to smoke.

Maintenance

In this stage, a person has quit smoking but is in the first year of staying quit. After one year off cigarettes, a smoker can claim success at cessation.

Relapse

A return to daily smoking after a period of not smoking. First-time quitters are successful 25% of the time; others need to make another attempt. In fact, most smokers need to try to quit at least three time before it works. Said another way, "Practice makes perfect".

Renewed Action

Please note that 75% of smokers will have to pass through this step to become a nonsmoker. The good news is that repeated attempts to quit are worth it because you can learn from past mistakes.

Some Benefits to Quitting

Within 20 minutes of the last cigarette – blood pressure drops to normal, pulse rate drops to a normal rate, body temperature of the hands and feet increases to normal.

In 8 to 24 hours – carbon monoxide level in blood drops to normal, oxygen level in blood increases to normal, chance of heart attack decreases.

In 48 hours – nerve endings start regrowing, and the ability to taste and smell things is enhanced.

It's Better for You

The Surgeon General's Report on Smoking and Health in 1964 concluded that smoking was harmful to one's health. In 1990, the Surgeon General's Report concluded that stopping smoking was beneficial to all smokers, no matter what age or condition of health.

Stop Smoking Directory

Provided by: American Lung Association® of Orange County

American Cancer Society

1940 E. Deere Avenue, Suite 100
Santa Ana, CA 92705
949/261-9446

Services: Literature, referrals and self-help materials

American Lung Association of Orange County

1570 E. 17th Street
Santa Ana, CA 92705
714/835-5864

Services: Literature and in-home materials on smoking and health, how to help a friend quit, smoking and teens, and referrals
Cost: Varies

Freedom From Smoking online
www.lungusa.org
Interactive course designed to educate and modify the behavior patterns of a smoker
Cost: Free

California Smokers' Helpline

English	800/NO-Butts
Spainish	800/45-NO-FUME
Korean	800/556-5564
Vietnamese	800/778-8440
Chinese	800/400-0866
TDD	800/933-4833
CHEW	800/844-CHEW

Services: One-on-one telephone counseling, and self-help materials. Teens – most of the above helplines have specialized counseling for teens 14 and older.
Cost: Free

http://www.californiasmokershelpline.org

County of Orange Health Care Agency – Tobacco Use Prevention Program (TUPP)

405 E. 5th Street
Santa Ana, CA 92701
714/541-1444 (English)
866/639-5864 (Spainish, Vietnamese

Services: Phone counseling and self-help materials, information on policy and local activities to decrease access of tobacco to youth, materials and referrals.
Cost: Varies

Hoag Hospital

One Hoag Drive
Newport Beach, CA 92663
949/764-5511

Services: Freedom From Smoking; Mondays & Thursdays, 7pm to 9pm, January – November
Hoag Conference Center, Lower Campus
Cost: $95

Stress Management

What is Stress?

Stress is one's physical and emotional response to change.

- **Positive Stress:** May improve one's concentration, performance and motivational drive to achieve goals "under pressure"
- **Negative Stress:** Environmental factors that cause a non-specific chain of reactions that keep you "geared up" in a constant ongoing debilitating cycle.
- **Causes of Stress:**
  - People
  - Environment
  - Feelings
  - Relationships
  - Thought process
  - Physical illness

Symptoms of Stress

- **Physical:** Headaches; muscle tension; difficulty sleeping; sweating; back pain; irregular heart rate; fatigue; frequent colds or flu; sexual dysfunction; skin problems; upset stomach
- **Psychological:** Anxiety; impatience; depression; irritability; anger; feelings of helplessness
- **Behavioral:** Eating too much or too little; difficult communication; lack of concentration; excess smoking; alcohol and drug use.

Managing Your Stress

1. Awareness

A. Identify stressors
B. Focus on how your body feels under stress
C. Find a solution

2. Take Control of Your Attitude

Practice positive self-talk: "I can meet this challenge" or "I am in control" can act as a shield against stress.

3. Lifestyle Modification (exercise/nutrition/rest)

Stress is an emotional and physical response and developing a positive attitude and lifestyle can help tat better than average stress manager. A healthy lifestyle (physical activity, eating healthy, getting enough rest and relaxation, smoking cessation) can make you feel better about yourself and can reduce your chances of developing stress-related illnesses.

4. Deep Breathing

Breathing slowly and deeply is one of the ways you can "turn off" your stress reaction and "turn on" your relaxation response.

Inhale: Sit or stand and inhale slowly and deeply through your nose. Take in as much air as you can while expanding your abdomen as much as possible (place hands on stomach to feel proper inhalation). Hold breath for 5-10 seconds (promotes a state of relaxation) and release breath slowly (promotes decrease muscle tension)

Exhale: With your hands on your stomach, exhale slowly through your mouth with pursed lips until your lungs feel "empty". As you exhale, your stomach deflates as the large muscle under your lungs (the diaphragm) expands.

Repeat cycle slowly three to four times

5. Relaxation Techniques: "Break Stress with Relaxation"

Stretching: One of the automatic responses to stress is muscle tension. A simple, easy way to loosen up tight muscles and combat stress is to take a few minutes and do stretching exercises.

Visualization: Clear your mind with a mental retreat. Try to visualize yourself feeling warm, calm, and relaxed.

Autogenics: "Mind over matter." Concentrate on a mental suggestion (i.e. "My arm feels heavy") and repeat command until arm actually feels heavy. Continue throughout the body until relaxation.

Meditation: "personal time"

6. Break the Tension Cycle:

– When you feel tense, close your eyes and "take a slow deep breath"

– Walk away from a stressful situation. A few minutes away can reduce stress.

– Take laughter breaks with friends and peers.

7. Time Management

– Make a "To-do" list daily. Combine similar tasks.

– Break down big tasks to one step at a time.

– Allow enough time for each task.

– Ask for assistance if task if more than you can handle.

– Simplify your life. Focus on what you really want and need to do!

8. Build a Support System:

– Reach out! Build a strong support network.

– Develop trusting relationships and discuss your concerns.

– Air your feelings before they build up.

9. Coping Skills

– Accepting the stressor

– Avoiding the stressor

– Altering the stressor

– Adapting to the stressor

Take Action Today!!!

Write down...

One **Good** thing you will **START** doing,

One **Bad** habit you will **STOP** doing,

Something you presently do **Well** and will **KEEP** doing.

- **START**_____
- **STOP**_____
- **KEEP**_____

Family Involvement

The Caregiver's Role
Taking Care of Yourself
Working Together

The Caregiver's Role

When a stroke survivor can't do everything independently, "caring for" someone has another meaning. It means providing care for the person who's had a stroke. Caring in this sense goes beyond personal feelings and includes what we do for the person who needs help.

People who provide help for stroke survivors are called caregivers. Everyone involved in helping a stroke survivor is a caregiver – the spouse, family members and friends. There's no one "job description" that explains what all caregivers do. The responsibilities of each caregiver vary according to the unique needs of the stroke survivor. All people who will provide care must determine for themselves the type and amount of care they can offer. This may require a number of adjustments as roles change and new skills may need to be learned. Common responsibilities of caregiving include:

- Physical help with life's daily activities
- Managing financial, legal and business affairs
- Monitoring behavior to assure safety
- Coordinating medical and rehabilitative care
- Providing emotional support for your stroke survivor and family members

The role of caregiver may vary from having full responsibility for all these areas to only having minimal responsibility. "Caregiving" can develop slowly or happen suddenly. There's no real training for the job. It's something you may never have expected.

Goals and Limits:

Caregiving isn't well defined. At an extreme, a caregiver sometimes seems to be doing everything for someone, with no limits. Though caregiving can be difficult, setting goals helps. Remember, a caregiver's basic goal is to assure the care receiver's physical comfort and safety. When you assist in rehabilitation or recovery, you help that person function at the best possible level. And with your help and personal care, the stroke survivor preserves dignity and self-esteem. Whether you've just started or you're an experienced caregiver, you may need help organizing your time and resources and getting answers to many questions.

It's important to know about the stroke and the deficits affecting your family member. Doctors and other health professionals can tell you the medical and behavioral signs. Don't be afraid to ask healthcare professionals about what your care receiver's condition, feelings and actions mean for you. The amount and type of care or supervision you provide may change as the condition changes.

It will be helpful for you to learn as much as you can and how best to help, as well as participate in education offered for you and your loved one. Participate in some rehabilitation sessions. This is a good way to learn how rehabilitation works and how to help. Find out what the person can do with help, and what the person can't do.

Taking Care of Yourself

Caregiving can be a satisfying experience. It involves helping someone you care for continue living independently in the community as much as possible. You, the caregiver, are incredibly important. As the caregiver, you've also accepted a special responsibility to take care of yourself, physically, emotionally, mentally, spiritually, interpersonally, and financially. Finding an opportunity to break the routine, to leave your caregiving responsibilities in other competent hands is essential. Taking a break is considered by many to be the most important thing a caregiver can do to sustain the ability and desire to care for an individual. It's called respite care, or taking time out. You will be able to continue providing care when you are rested, refreshed, and invigorated, after engaging in other activities and interacting with other people. You need time for yourself, to spend with friends or alone, relaxing, on a vacation, or engaging in a favorite hobby or sport. Respite care almost always works with proper planning.

Assembling the Pieces

Who has time for all this? It's a reasonable question. It may be difficult to change your lifestyle immediately to achieve real health in every area at once. But get started. Select at least one or two areas to work on right away. In other words, set a realistic goal for yourself to improve your life in these areas of health, and regularly check your progress toward that goal. Remember, these are important health activities to regaining a sense of control over your time and your life.

Preparation

Especially if you've always been available, your care receiver will need to be prepared when you do leave for a break. Reassure all involved that you will return at a particular time. The helpers will need to know the schedule and routine in the home, exactly what they're expected to do, and how to reach you if a problem arises.

Defining your Need

As in other caregiving responsibilities, you must be organized. You must know what type of help or relief you need or want most. Do you need occasional respite or a regularly scheduled helping arrangement you can rely on, or both? Ask relatives, friends, clergy, or social workers for suggestions of other people who might help. Try to involve these others with giving care early. Keep them involved! You need their assistance for an occasional break. Neighbors and friends may be glad to help when asked, despite hesitating to offer. Often word of mouth is a good way to locate dependable, suitable assistance. Local colleges, churches and senior centers can also be sources of referrals or help. Family and friends can and should play major roles in caring for a disabled or impaired person. This is true even if most of the care has obviously been taken on by one person, you!

Physical Health

- Rest: Physical health is a key caregiver concern. Adequate rest every night is imperative. Beyond daily rest, most likely you will also need an occasional "major" rest. That means planning a period of respite such as a long weekend or a week of vacation.
- Exercise: Regular exercise is extremely important and will strengthen you for the rigors of helping someone who's unable to walk alone to move from place to place. It will also help you rest better.
- Diet: A well balanced diet is, of course, also linked to overall physical health. Though you may not always feel like eating, do so anyway. A proper diet can help establish the cycle of good health.

Emotional and Mental Health

Almost every caregiver needs to talk about emotions stirred up by the job of caring for a frail or handicapped person. You may feel anger, guilt, impatience, helplessness, love, and dislike all at the same time. Admit that such feelings exist. Accept them! Don't waste effort trying to talk yourself out of having a certain feeling. And realize that your situation is not unique. Many other people are also caregivers and have these same feelings about their situations. In some areas there may also be a volunteer phone reassurance program or caregiver support groups to bring together people like you. Even finding one other caregiver to talk with occasionally may help. Social workers, clergy, or counselors may also be able to help you talk about your situation and feelings. Keeping up with current events and local news will broaden your sights beyond your own home situation. Reading, music, and other mental "exercises" will also provide welcome diversion and pleasure. Laughter is an important habit to cultivate. It can ease tension and frustration and can help you enjoy small moments of success.

Spiritual Support

Spiritual health goes by many names. But basically, the term refers to the peace and strength we carry within us.

Interpersonal Well-Being

Affection is necessary for human survival. Just as the person you care for needs it, so do you. Friends, family members, counselors, or clergy can support you. Remember, we each need to receive our share of affection in order to give it to others.

Financial Health

Caring for another person can be costly. You should seriously consider the financial consequences for you, your plans, your family, and your future.

Benefits for Both

Be specific in your requests for help. Consider small things that individuals might easily provide, like spending a few hours a week playing cards, watching TV with a family member, or just staying in the house while you're gone.

Tips for Family Caregivers

- Caregiving is a job and respite is your earned right. Reward yourself with respite breaks often.
- Watch for signs of depression, and don't delay in getting professional help when you need it.
- When people offer help, accept the offer and suggest specific things that they can do.
- Educate yourself about your loved one's condition and how to communicate effectively with doctors.
- There's a difference between caring and doing. Be open to technologies and ideas that promote your loved one's independence.
- Trust your instincts. Most of the time they'll lead you in the right direction.
- Grieve your losses, and then allow yourself to dream new dreams.
- Seek support from other caregivers. There is great strength in knowing you are not alone.
- Caregivers often do a lot of lifting, pushing and pulling. Be good to your back.

Working Together

The family is the most important source of long-term support during the recovery of a stroke patient. The multi-disciplinary healthcare team needs your help to accomplish the most effective treatment plan for your loved one. Family members are a significant part of the treatment plan and the healthcare team invites you to share your observations and feelings with us. We are here to answer your questions and to help you and your loved one through the acute hospital phase by developing the best discharge plan possible. Our goal is to assist the patient in regaining as much independence as possible, within his or her limitations.

Giving care to a disabled family member brings stress into the family. It changes the family system. It changes how each family member relates to all other family members.

Family Conference

Sometimes clear-cut family roles can help everyone sort out the expectations of each family member, including the caregiver, knowing what they should do for the disabled family member. These are good times for everyone to talk and make long-term plans for the disabled family member, share information and feelings, and plan emergency or vacation back-up for the primary caregiver.

If you accept the role of caregiver, you should feel free to request significant help from family members inside and outside the household. The success of a caregiving plan increases when family members are able to express their feelings and help shape the caregiving plan.

Organizing Details

There is usually one primary caregiver. That person usually becomes the in-home case manager and switchboard for information. Unless otherwise arranged, that person coordinates the care plans decided on by the family. Family members need to decide how to share responsibility for meeting these needs. There are many ways to divide tasks: by specific need, by interval of time, by ability to provide. Assigning each person the responsibility for meeting one specific care need can be an effective way to divide responsibilities.

Changing Relationships

The caregiver, family member and the care receiver will all encounter new situations in their new roles. Working together as a family usually will be the best way to plan and work for changes that will be most beneficial for all.

Community Resources

A Caregiver's Resources Guide
Where to Turn for Help
Stroke Support Group
Palliative Medicine Consult Service

A Caregiver's Resource Guide

Most stroke survivors want to continue living in their own homes and communities. But while most of us would want to support that desire and keep our family member at home, illness or disability may make it difficult. A variety of community services has been developed to help stroke survivors and their families remain at home. Many of these services provide vital assistance with the daily activities of independent living, including needs of safety, health, mobility and nutrition. A range of services available is briefly described below. Some of these programs require fees, which are often calculated on a sliding fee scale determined by your ability to pay.

Adult Day Care – specialized program for those who are not physically and/or mentally capable of full-time independent living and need professional protective supervision in a social setting during the day.

Counseling – assisting the client and his or her family to cope with social, mental, emotional, and sometimes medical factors affecting their total well-being. The aim of counseling for the client usually is to reduce stress, make decisions, improve communication skills, and spur personal growth.

Day Treatment – structured services operating less than 24 hours per day, which teach independent living skills and socialization skills, and offer psychosocial rehabilitation and psychotherapy to increase independent and effective functioning.

Home-Delivered Meal (Meals-on-Wheels) – a federally-sponsored meal program for homebound or disabled persons 60 and older (and their spouses regardless of age). Meals on Wheels are hot meals prepared by churches, or other local volunteer groups off-site and delivered directly to client homes.

Home Health Aide Services – in-home personal care assistance with bathing, eating, toileting, mobility, etc. or the training of the client to perform these procedures as appropriate.

Homemaker Assistance – supervised trained personnel assisting with light cleaning, shopping, laundry, some food preparation, and other household duties.

Respite Care – supervision and assistance by individuals who come into the home for a limited time to provide family members a break in responsibility for a frail, handicapped, ill or disabled person.

Transportation Services – assistance with travel to and from community resources and facilities for routine and/or scheduled needs (i.e., medical, social, nutritional).

Where To Turn For Help

Following is a list of several local and national community resources that can offer assistance with a variety of issues.

Information and Emotional Support

Hoag Neurosciences Center of Excellence
One Hoag Drive
Newport Beach, CA 92663
949/764-6066
www.hoaghospital.org/neuroscience

Hoag Community Education Series
Hoag offers free education classes to the community on a variety of health care topics, including stroke. For a list of classes and to register, please visit:
www.hoaghospital.org/information and click on "Community Education"
Or call 949/764-HOAG (4624)

AHA Stroke Connection Magazine

7272 Greenville Ave.
Dallas, TX 75231
800/553-6321
www.strokeassociation.org

National Stroke Association

9707 E. Easter Ln.
Englewood, CO 80112
800/STROKE / 800/787-6537
www.stroke.org

American Stroke Association

P.O. Box 6046
Irvine, CA 92716-6046
949/856-3555
www.heartsource.org
Printed information is available

Stroke Association of Southern California

2125 Arizona Avenue, #205
Santa Monica, CA 90404
310/575-1699
www.strokesocal.org

National Family Caregiver Association
10400 Connecticut Ave. #500
Kensington, MD 20895
800/896-3650
www.nfcacares.org

Well Spouse Foundation

P.O. Box 801
New York, NY 10023
800/838-0879
www.wellspouse.org

Family Caregiver Alliance

425 Bush St.
Suite 500
San Francisco, CA 94108
800/445-8106
www.caregiver.org

L.A. Caregiver Resource Center

3715 McClintock Ave.
Los Angeles, CA 90089
800/457-2443
800/540-4442
213/740-8711

Orange Caregiver Resource Center

251 E. Imperial Hwy. #460
Fullerton, CA 92835
800/543-8312
714/680-0122

Sleep Disorders

Judy & Richard Voltmer Sleep Center

Hoag Health Center - Newport Beach
510 Superior Avenue, Suite 280
Newport Beach, CA 92663
949/764-8070
www.hoag.org/sleep

Smoking Cessation

Freedom From Smoking

Hoag Hospital Conference Center (lower campus)
949/764-5511

Employment

Department of Rehabilitation
(Employment and independence for Californians with disabilities)

949/598-7968 or 949/598-7942

Support Groups

Hoag Hospital Stroke Support Group

Hoag Hospital Stroke Support Group offers a stroke support group for caregivers and survivors. The group meets on the fourth Thursday of each month, from 2 p.m. to 3:30 p.m. at Hoag Conference Center. Refreshments are served.

For more information, call 949/764-1454.

Hoag Brain Aneurysm/AVM Support Group.

Hoag Hospital offers a support group for those diagnosed or treated for an aneurysm or arteriovenous malformations (AVM) of the brain. For more informatin call 949/764-5942

Stroke Support Group Rehabilitation Institute of Orange

714/633-7400 ext. 213
Call for meeting times

Financial Support

Medi-Cal

1928 South Grand Ave. • Santa Ana, CA
714/435-5900
Hours of operation: Monday - Friday,
7 a.m. - 3 p.m.

HiCap

Health Insurance Counseling and Advocacy Program

714/639-4962

MediCare

800/772-1213

Information on Aphasia

National Aphasia Association

400 East 34th St. • New York, NY 10016
800/922-4622
www.aphasia.org

American Speech–Language Hearing Association

10801 Rockville Pike • Rockville, MD 20852
800/638-8255

Driving Re-Training Programs

La Palma Intercommunity Hospital

"Body Works Therapy Services"

7872 Walker St., Suite 201
La Palma, CA 90623
714/670-7400, ext. 6000

St Jude Acute Rehab

101 East Valencia Meas Dr.
Fullerton, CA 92635
714/497-6405

Additional Resources

Hoag Coumadin Clinic

949/764-5804

Mary & Dick Allen Diabetes Center at Hoag Hospital

520 Superior Ave, Suite 150
Newport Beach, CA 92663
949/764-8065
www.hoaghosptial.org/diabetes

American Diabetes Association
1570 East Warner, Suite 207
Santa Ana, CA 92705
714/662-7940
888/DIABETES
www.diabetes.org

AARP

888/OUR-AARP (888/687-2277)
www.aarp.org

Hoag Memorial Hospital Presbyterian Support Groups

Stroke Support Group for Caregivers and Survivors

The 4th Thursday of Each Month
2 p.m. to 3:30 p.m.

Hoag Conference Center
Newport Beach, CA

Refreshments Served

For more information, please call:
Deb Mastrolia, BSN, RN, CCRN
Stroke Program Coordinator
949/764-1454

Hoag Brain Aneurysm/AVM Support Group.

Hoag Hospital offers a support group for those diagnosed or treated for an aneurysm or arteriovenous malformations (AVM) of the brain.

For more informatin call 949/764-5942

Palliative Medicine Consult Service at Hoag Hospital

What is Palliative Medicine?

The term palliative is derived from the original Greek root word pallios meaning "to cloak." Palliative medicine is different from hospice in that patients can receive aggressive alleviation of suffering while continuing to receive disease-focused treatments – whatever the prognosis.

Who can benefit from Palliative Medicine?

The World Health Organization defines palliative medicine as a treatment approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness. This is accomplished through the prevention and relief of suffering by means of early identification and careful assessment and treatment of pain and other needs that can be physical, psychosocial and/or spiritual.

The Palliative Medicine Consult Service works closely with the attending physician to control pain and allow individuals to focus on regaining control and quality of life.

Palliative care may be right for you if you suffer from:

- Pain
- Nausea
- Breathlessness
- Anxiety
- Other symptoms due to a serious illness

Serious illnesses may include cancer, advanced heart disease, advanced lung disease, kidney failure, Alzheimer's disease, and advanced liver disease. Palliative care can be provided at any stage of illness and along with treatments intended for cure of the disease.

For more information on Hoag's Palliative Medicine Program, call Janet Batt, R.N. at 949/764-8096.

Appendix

Glossary
Bibliography
Personal Medical Journal

Glossary

ADL
Activities of daily living, including dressing, bathing, grooming, eating and homemaking.

Ambulate
To walk.

Angiogram
A procedure done to visualize the blood vessels in the brain.

Aphasia
A language problem that involves difficulty in understanding, talking, reading and writing.

Apraxia
Difficulty performing planned movements or sequences of movement (including muscular control of the tongue), which are not the result of paralysis, incoordination, or loss of sensation or comprehension.

Aspiration
Food or liquid that has gone into the lungs rather than the stomach.

Assistive Device
A device used to assist in ambulation or to improve activities of daily living (i.e. cane, walker).

Ataxia
Inability to coordinate muscle groups for smooth movement.

Atrial Fibrillation
Rapid, irregular contraction of the atria of the heart that produces an irregular and often rapid ventricular rate.

Attention
The ability to concentrate on information.

Carotid Artery
A major artery in the neck that supplies blood to the head and brain.

Cognition
The activities involved in thinking, reasoning and problem solving.

CT Scan
CAT Scan (Computerized Axial Tomography) - A series of X-rays taken and analyzed with a computer to determine the level and type of damage to the whole body and/or specific area.

CVA
Cerebral Vascular Accident. See "Ischemic Stroke."

Denial
Inability to understand the nature and extent of the patient's cognitive, behavioral and functional deficits. This difficulty often is due to both cognitive and psychological factors.

Disinhibition
Inability to prevent inappropriate thoughts or feelings from being acted upon.

Disorientation
Confusion about one's identity, location, or the current date.

Dysarthria
Unclear, slurred speech resulting from weakness and/or incoordination of the muscles used to produce speech and voice.

Dysphagia
A disorder of swallowing due to neurological injury, structural abnormality or surgical alteration of the muscles of swallowing.

Edema
A condition in which the body tissues contain an excessive amount of fluid. This may be a localized problem, such as in brain or extremity swelling.

Fine Motor Activities
Activities that include hand coordination, such as writing and buttoning.

Flaccid
Total lack of muscle tone or activity in a muscle or muscle group.

Hemianopsia
Defective vision or blindness in half of the visual field of one or both eyes.

Hemiparesis
Muscular weakness or partial paralysis of one side of the body.

Hemorrhagic Stroke
A stroke caused by a bursting blood vessel in the brain that spills blood into the brain (see page 7).

Heparin
An anticoagulant drug used to thin the blood.

Incontinence
Lack of control over excretory functions (urination, bowels).

Ischemic Stroke
A stroke caused by insufficient supply of blood and oxygen to a part of the brain. Also referred to as CVA.

Maximum Assistance
A rating classification that indicates a person is able to perform 0-25 percent of the task and requires assistance from another person.

Minimum Assistance
A rating classification that indicates a person is able to perform 75 percent of the task and requires assistance from another person.

Moderate Assistance
A rating classification that indicates a person is able to perform 25-75 percent of an activity and needs assistance from another person.

Motor-Planning Problem
Difficulty in performing a planned sequence movement, not due to incoordination, paralysis or loss of sensation or comprehension. This can refer to movements of limbs, trunk, mouth and tongue, or in the formation of speech. Also called "Apraxia."

Magnetic Resonance Imaging (MRI)
A technique used to obtain images of the brain and blood flow to the brain using a magnetic field.

Nasogastric Tube (NG Tube)
A tube that is inserted through the nostrils and passed into the stomach, through which food and liquids are given.

Neglect
A condition in which the individual is unable to sense some part of his or her world, usually on either the right or left side of the brain.

NPO
Nothing by mouth, a diet restriction sometimes ordered by the physician.

Orientation
Accurate awareness of one's identity, location and the current date.

Occupational Therapy (O.T.)
Therapy that assists the patient in managing activities of daily living.

Paralysis
Inability to move a muscle or a group of muscles voluntarily.

Patient Foramen Ovale (PFO)
Term used to describe a small hole in the heart between the left and right atruim.

Paresis
Weakness of a muscle or a group of muscles.

PEG
A feeding tube inserted through the skin into the stomach.

Perception
The process of receiving sensory input and then processing it in order to recognize objects in the environment, and aspects of objects within the environment, such as size, shape, color and distance.

Perseverance
Uncontrolled, involuntary repetition of speech or of an activity.

Problem solving
The ability to evaluate the important aspects of a problem situation and to generate and analyze possible solutions.

Prognosis
Prediction of the course and outcome of a disability or disease.

Propripception
The awareness of one's posture and body movement and the position of one's body and limbs in space.

Physical Therapy (P.T.)
Therapy that helps patients regain the ability to be mobile.

Range of Motion (ROM)
The amount of movement possible in a joint, measured in degrees.

Sensation
Information received by the brain through the senses of sight, touch, smell, taste, hearing and movement.

Sequencing
The ability to order events logically in time, such as putting one's hand in a shirt sleeve as the first step in dressing.

Spasm
An involuntary muscular contraction.

Spasticity
Increased resistance in the muscle, quick stretch or rapid movements.

Stand-By Assistance
A rating classification showing a patient that he or she is able to do the activity alone most of the time, but needs someone within an arm's length distance who may have to physically help.

Stenosis
Reduction in size of a vessel or other opening.

Stroke
See "Ischemic Stroke" and "Hemorrhagic stroke".

Supervised
A rating classification that indicates a patient is

physically able to complete the task, but that he or she may need verbal prompts or extra time for safety and correct procedure.

Tone

The degree of tension in a muscle or a group of muscles when they are at rest.

Transfers

Methods of getting into and out of a wheelchair or a chair, or moving from standing to a bed, toilet, car, tub, shower or floor and back again.

Thrombolytics

Thrombolytic (fibrinolytic) drugs help reestablish cerebral circulation by dissolving (lysing) the clots that obstruct blood flow. Most thrombolytics are plasminogen activators - they activate the factors in the blood that ultimately break up a blood clot. To be effective, thrombolytic therapy should be administered as quickly as possible after the onset of stroke symptoms.

Void

To urinate.

Personal Medical Journal

REHAB TO RECOVERY

Personal Medical Journal

REHAB TO RECOVERY

Personal Medical Journal

REHAB TO RECOVERY

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