

Rehabilitation and Recovery

Your guide to taking charge of your stroke recovery

By the numbers



More than 400,000
Canadians are **living with**
the effects of stroke



Half of people who
experience stroke **need help**
with daily activities.



Fewer women participate in
stroke rehabilitation than men

For more information on this topic
and to check out similar infographics
on other stroke best practices, visit
[strokebestpractices.ca/resources
/patient-resources](http://strokebestpractices.ca/resources/patient-resources)

Definition

Stroke rehabilitation is a progressive, dynamic, goal orientated process aimed at enabling a person with impairment to reach their optimal physical, cognitive, emotional, communicative, and social functional level.

Goal

Through the many forms of rehabilitation, the goal is to help you improve and enhance your physical, emotional, cognitive, and communication skills and well-being. Rehabilitation can help recover and improve your ability to walk, use your arms, think, see, and/or speak.

Rehabilitation is a process

Rehabilitation should start as soon as possible after your stroke, typically while you are still in hospital and will continue after you leave. Rehabilitation can happen in many places: a specialized stroke rehabilitation unit in the hospital, a separate rehabilitation hospital, an outpatient rehabilitation centre or community program, and at home. The place where you receive your rehabilitation may change as you progress to best meet your needs and goals. You are at the centre of your plan at every step of your journey.

Participation in outpatient rehabilitation following discharge from acute and/or rehabilitation inpatient services should be available and will help you continue to make gains toward your rehabilitation goals.

You are the most important part of the recovery. Work with your healthcare team to develop a personalized plan to achieve your goals. Share what you want to accomplish during rehabilitation and include this in the plan. The team should work with you to update your plan as you progress, so it always fits your current needs and improving abilities.

Tips for successful rehabilitation

Practice, practice, practice. To achieve the best recovery, it is important to practice the exercises and activities you are taught in your rehabilitation therapy sessions. The healthcare team should work with you and your family and caregivers to identify activities you can safely do on your own, between sessions. Be sure you understand their instructions. Ask questions until you do. Use technology to help!

The power of community. If you have experienced stroke or heart condition, or are caring for someone who has, connecting with other people who know what you are going through can help the recovery journey. These communities share experiences, quality information and tips, while offering social and emotional support in a safe, inclusive and respectful community. Learn more at heartandstroke.ca/connect.

Keep at it. Everyone's recovery from stroke is different. Rehabilitation and reintegration into the community will happen at your own pace. In some cases, improvement is not seen for weeks, months, or even years after the stroke occurred then new improvements can happen.

Stay informed! Ask your healthcare team for a list of community resources on your transition to home.

Advocate. Rehabilitation therapy is important. If the stroke has affected your ability to walk, use your arms, think, see, or speak, you will need rehabilitation to help you recover. As much as possible, advocate on your own behalf for access to rehabilitation therapy.

Rehabilitation and recovery

How life after stroke can impact the body.



Visual Perceptual Disorders

Trouble making sense of visual information

Since visual perceptual disorders can happen after you experience a stroke, you should be screened.

- ✓ **Action:** Different treatments and therapies are available if you are having difficulties, such as mirror therapy and virtual reality therapy. Let your healthcare team know if you are having problems with your vision.



Aphasia

Loss of ability to communicate

Aphasia – the loss of ability to communicate and/or inability to understand communications – is one of the most common consequences of stroke. Referral to a speech-language pathologist and aggressive management can all help improve both language and broader recovery. Healthcare professionals should undergo training about aphasia and other communication disorders, such as Supported Conversation for Adults with Aphasia (SCA™), so they can better communicate with you if you experience aphasia.

- ✓ **Action:** Find out what part of your communication has been affected. Ask to see a speech language pathologist. Ask your healthcare team about local support groups for people with aphasia. Your family members and caregivers may need to help you with this, make sure they are involved.



Dysphagia

Difficulty in ability to swallow

After a stroke, you may have difficulty swallowing, otherwise known as dysphagia. Potential complications include risk of choking on food (aspiration), not getting enough to eat (malnutrition) or drink (dehydration).

- ✓ **Action:** You should be screened for dysphagia after your stroke. If discovered, you should be referred to a speech-language pathologist, dietitian, or occupational therapist, along with special education for your family and caregivers on how they can help you. Report any swallowing issues. Ask a dietitian for guidance on appropriate foods and meal preparation.



Upper Extremities

Limited arm and hand function

Your arm and hand function can be impacted following stroke, which might limit your ability to perform the activities of daily living.

- ✓ **Action:** Many therapeutic techniques have been developed for limited arm movement, such as Functional Electrical Stimulation (FES) and mirror therapy. Talk to your healthcare team about which ones are best for you.



Lower Extremities

Negative impact on balance and use of legs

Stroke can impact balance and the use of your legs, making walking difficult. If needed, rehabilitation can help you learn to walk safely; however, you may require assistive devices such as a cane, walker, or a wheelchair.

- ✓ **Action:** Early mobilization post-stroke will help reduce the risk of deep vein thrombosis, pressure injury, painful shoulders, and respiratory infection. Muscle weakness is also common after you experience a stroke, but strength training can help improve your gait and balance while cardiorespiratory exercise can assist with your walking speed and capacity. Work with your healthcare team to find exercises that work for you so you can get moving after your stroke. Involve your family and caregivers. Exercises can be adapted to meet your unique post-stroke needs.



Spasticity

Tightened or stiff muscles in the arms, hands, and feet

Stroke can affect muscles in your arms, legs, hands and feet. The muscles can shorten and become very tight with increased muscle tone or stiffness and an increased resistance. This is called spasticity and can lead to uncontrolled, awkward movements. Spasticity can be painful, interfere with functional recovery and hinder rehabilitation efforts.

- ✓ **Action:** Treatment for spasticity can include antispastic pattern positioning, range-of-motion exercises, and/or stretching and administration of certain medications, such as botulinum toxin. If you experience spasticity, ask a physiotherapist or occupational therapist for stretches, exercises, and other techniques to help. Talk to your rehabilitation team and ask for other options, such as medications.