



CANADIAN

STROKE NETWORK

REDUCING THE IMPACT OF STROKE

VOLUME 8 NUMBER 2

GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

Bonus
A patient's guide
to stroke care

SET GOALS

Check out our
goal-setting guide.

GET ACTIVE

Buy a pedometer, then walk
and track your progress.

BE CREATIVE

Creativity improves
brain recovery.



CANADIAN
STROKE NETWORK

MISSION

To reduce the impact of stroke on Canadians through collaborations that create valuable new knowledge in stroke; to ensure the best knowledge is applied; and to build Canadian capacity in stroke.

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ON THE COVER:
Getting on With the
Rest of Your Life
After Stroke



GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

Pg. 1



LEARN TO TAKE YOUR BLOOD PRESSURE

Buy a home blood pressure kit at
the pharmacy and learn to measure
your pressure

Pg. 9



Introduction



GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

Groundbreaking national project gathers best evidence about stroke recovery

- After emergency care ends . . .
- After treatment in hospital is over . . .
- After therapy is complete . . .
- After you are back at home . . .

What then?

Studies show that 50 per cent of people who return home after having a stroke do not have a meaningful activity to fill their day.

Isolation and inactivity, in turn, leads to depression and loneliness. For many people, their health deteriorates and the ‘road to recovery’ becomes the path back to hospital.

That’s why the Canadian Stroke Network funded a national project called ***Getting on With the Rest of Your Life After Stroke***. It puts into practice the best recovery research and provides valuable tools to help people regain their lives, says project leader Dr. Nancy Mayo of McGill University. “It is a very unique initiative,” adds Dr. Mark Bayley of Toronto Rehabilitation Institute.



Dr. Nancy Mayo

“Stroke is very prevalent and we can’t just let people who’ve experienced stroke to step out of society – it’s not good for them and it’s not good for society. We need to return people to the service of the community.”

NANCY MAYO, CANADIAN STROKE NETWORK



“Think of this program as learning to fly. First there is “Lift-off” where participants will learn the ingredients to getting off the ground; then there is “Gaining Altitude” when participants will put into practice in their community and in their own lives some of the learned skills; the final stage is “Full Flight” when the participants have a plan for meaningful activity for the rest of their life.”

MARK BAYLEY, CANADIAN STROKE NETWORK



Dr. Mark Bayley

Now being rolled out in eight centres across Canada (Halifax, Montreal, Sherbrooke, two sites in Toronto, London, Edmonton and Vancouver), the project will involve at least 240 stroke survivors and take four years to complete.

The ultimate goal of **Getting on With the Rest of Your Life After Stroke** is to develop a community-based program for people with stroke that can be delivered across the country. “This is for people who are taking stock of their life, usually about six months after their stroke, and saying ‘every day is going to be the same unless I do something,’ ” says Dr. Mayo, who adds that stroke “needs a five-year recovery plan.”

To build **Getting on With the Rest of Your Life After Stroke**, researchers spent several years gathering evidence and testing theories. They also “asked people with stroke what they would like in a community-based program,” Dr. Mayo explains. They found that, following stroke, people want to do physical activity, take part in things that are social and fun, and they want to learn. “They all brought up this concept of learning. They said: ‘We’ve had a stroke, we’ve got time, and we want to learn. But we don’t learn the way we learned before. You can’t talk at us.’ ”



This led to the development of a program that uses projects and activities to promote recovery. >>>



Goal Setting

SET GOALS: “DON’T JUST THINK IT. INK IT.”

- Setting goals is an important part of the stroke recovery process.
- People who set goals get more accomplished.
- Learning how to set goals is part of the first phase of **Getting on With the Rest of Your Life After Stroke**. People are taught to pick a manageable long-term goal and then develop an action plan of short-term goals to achieve it. Goals need to be broken down into a series of small steps.
- **Short-term goals** are things you can achieve in one or two weeks.
- **Long-term goals** take longer to reach—weeks or months.

- After deciding on a goal, write it down.
- You need to have confidence in your goal. Choosing something too easy may not be challenging enough; choosing something too hard may be too difficult to reach.
- The goal should be personally important to you so that you want to reach it.



*My goal is: In six weeks, I want to visit my sister who lives in a house with five steps at the entry.
Target date for reaching my goal: May 24, 2009*

Plan:

- 1. I will do my home exercises two times a week*
- 2. I will walk the corridor in my building three times a week*
- 3. I will practice a full flight of stairs four times a week. I will ask my partner to come with me while I practice the first week.*
- 4. I will call my sister in four weeks to arrange a visit in the late morning when I am less tired and not so stiff.*
- 5. I will make arrangements with the accessible transportation provider. I will ask my partner to help me with this.*



<<< Here's an example of someone's goal:



Use this handy goal-setting guide to help set your goals!



You can't get on with the rest of your life unless you **SET GOALS** — things that can be accomplished in a day, in a week and in a month.

MAKE SURE YOUR GOALS ARE **SMART.**

S

SPECIFIC A general goal would be: "Get in shape."

A specific goal would say: "I will walk for 20 minutes, 3 days a week."

M

MEASURABLE To determine if your goal is measurable, ask yourself: How will I know when it is accomplished?

A

ATTAINABLE You can attain a goal you set when you plan wisely and establish a time frame that allows you to carry out steps towards the goal.

R

REALISTIC Your goal is probably realistic if you truly believe that it can be accomplished.

T

TIMELY A goal should have a time frame.

The brain has a tremendous ability to recover but it needs help. If you do nothing, nothing will happen.



Set short- and long-term goals on the next two pages...





Goal Setting

short-term goals

SHORT-TERM GOALS ARE THINGS YOU CAN ACHIEVE IN ONE OR TWO WEEKS

My Goal is...

Target Date for Reaching my Goal:

Plan:

My Goal is...

Target Date for Reaching my Goal:

Plan:



long-term goals

LONG-TERM GOALS TAKE LONGER TO REACH—WEEKS OR MONTHS

My Goal is...

Target Date for Reaching my Goal:

Plan:

My Goal is...

Target Date for Reaching my Goal:

Plan:



Exercise & Get Moving

REGULAR EXERCISE IS AN IMPORTANT PART OF THE RECOVERY PROCESS AFTER STROKE. IT ALSO HELPS LOWER THE RISK OF HAVING ANOTHER STROKE.

5 Steps

Exercise needs to accomplish five things:

- 1 Increase heart rate
- 2 Build strength
- 3 Improve mobility
- 4 Increase flexibility
- 5 Regain rapid movement

What can you do?

- Go to your local community centre to see if there are any exercise programs for seniors or the disabled.
- Start walking.

- Try walking with Nordic Poles. (They come with instruction manuals and videos to explain the proper technique.) A pair of poles can enhance your workout, give you balance and take stress off the lower body joints. You can buy walking poles online at www.mec.ca and through other retail stores.



Research shows that the average person should walk 10,000 steps a day. After stroke, most people walk about 2,800 steps a day, or the equivalent of a mile.



Get a low-cost pedometer and try to increase the number of steps you take by 500 a week.





Record your activity progress here.



10 week

TAKE THE

CHALLENGE



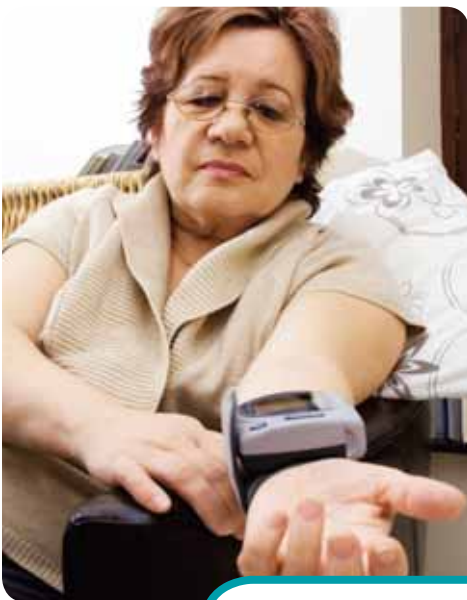
	Recommended Exercise:	Frequency:	Duration:
	Week	Frequency	Average Duration
1	..... to .....	.....	.....
2	..... to .....	.....	.....
3	..... to .....	.....	.....
4	..... to .....	.....	.....
5	..... to .....	.....	.....
6	..... to .....	.....	.....
7	..... to .....	.....	.....
8	..... to .....	.....	.....
9	..... to .....	.....	.....
10	..... to .....	.....	.....



Blood Pressure

LEARN TO TAKE YOUR BLOOD PRESSURE.

- High blood pressure is the leading cause of stroke. Your blood pressure should be less than 135/90 and, ideally, no higher than 120/80.
- Go to the pharmacy or to your doctor's office to get your blood pressure checked.



- Better yet, buy a home blood pressure kit at the pharmacy and learn to measure your pressure. Ask your pharmacist or family physician for help. See what kinds of monitors are recommended by the Canadian Hypertension Society. Visit www.hypertension.ca, click on Canadian Hypertension Education Program and look under "Approved Home BP Devices".

"Our point is to make people realize you can recover tremendously . . . That's the point of this exercise — to get your life to recover."

NANCY MAYO, CANADIAN STROKE NETWORK



Track your blood pressure here.



**CONTACT YOUR
PHYSICIAN IF YOUR
BLOOD PRESSURE
IS HIGH.**

Blood Pressure Chart

Date DD/MM/YY	Time AM/PM	Blood Pressure Systolic | Diastolic	Heart Rate



Medication

TAKE YOUR MEDICATION AT THE RIGHT TIME AND IN THE RIGHT DOSES.

After your stroke, you will be prescribed medications to help reduce the risk of another stroke. These medications are proven to help protect you. Among the important things they do: lower your blood pressure, help your body balance the good and the bad cholesterols and help stop your blood from clotting.

Even if you start to feel better, it is essential that you keep taking your medications so that they can continue to protect you.

It is also important to take your medications at the right times and in the right doses. If you have trouble remembering to take your medications, talk to your doctor and/or pharmacist about ways to remember which pills you need to take and when. Daily pill containers are one way to do this.

Ask your doctor and/or pharmacist to keep track of all the medications you are taking, the doses and any special instructions. Your medication record should be kept up to date.





Use this medication diary to help.



Medication Diary							
Medication	Date Started DD/MM/YY	Dosing Instructions	Breakfast	Lunch	Dinner	Bedtime	Special Instructions
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	-- / -- / --	Take ___ pill(s) ___ times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Eating Well

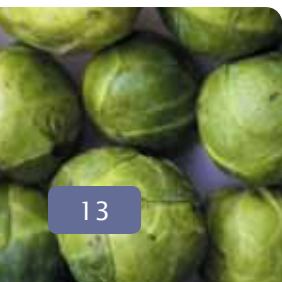
WHAT'S IN YOUR CUPBOARDS? WHAT'S IN YOUR FRIDGE?

- Proper diet is important to help you reduce the risk of having another stroke. Your doctor or a dietitian can tell you what foods you should avoid and which ones are best to eat.
- Start to educate yourself. Learn how to read a food label.
- After a stroke, one of the most important things to do is to reduce the amount of sodium in your diet. Hidden sodium in food raises blood pressure.
- Go through your cupboards and refrigerator and read the labels on processed and packaged foods — especially soups, bread, cereal, luncheon meat and frozen dinners. Avoid foods with more than 200 mg of sodium per serving and try to consume, in total, less than 1,500 mg of sodium a day.
- Visit www.sodium101.ca for more information.



IN GENERAL, a healthy diet includes a lot of fresh fruit and vegetables and a limited amount of processed food. Avoid foods with high sodium and with saturated and trans fats. If you find any in your cupboard, give them away.

Other things you need to do to reduce the risk of having another stroke? Quit smoking and limit alcohol intake.





Use this shopping guide to help make healthy choices at the grocery store.



Shopping Tips to go!

Food	Serving Size	Adult Servings/day
Fruit & Vegetables	½ cup	2-3 fruits & vegetables in abundance
Grains	35g (1 slice of bread)	6-8
Dairy & Alternatives	1 cup (50g cheese)	2-3
Meat & Alternatives	75g	2-3

Approximate Calories per day: Female 1,800 Male 2,300

Canadian Stroke Network
Réseau canadien contre les accidents cérébrovasculaires
WWW.CANADIANSTROKENETWORK.CA



Label Guide Sodium

mg per serving

High 400+

Medium 200-400

Low 0-200

Total: 1,500 mg or less per day!

High Sodium Sources:
Meat sandwiches, pizza, soups, dressings and sauces.

GET THE FACTS! SODIUM101.CA

Whole fresh fruits and vegetables
Whole grains
Low fat dairy
Lean meats and meat alternatives

Fast and processed food
Saturated and trans fat
Red meats and processed meats
Soda and juices
Sugars and syrup
White starchy food (bread, rice, pasta, potato)

Eat less. Exercise more.

Sodium 101

Get the facts! / La vérité choqué!

Adequate daily intake : 1500 mg or less
l'Apport quotidien adéquat: 1500 mg ou moins

mg of sodium per serving
mg de sodium par portion

TOO MUCH TROP 400+

WATCH OUT ATTENTION 200-400

GO AHEAD ALLEZ-Y 0-200

Sodium101.ca

To order a free fridge magnet,
contact
info@canadianstrokenetwork.ca





Control Stress

STRESS INCREASES BLOOD PRESSURE AND HIGH BLOOD PRESSURE IS THE LEADING CAUSE OF STROKE.

Research has shown that sleep, exercise, good nutrition and social support help to control stress.

Relaxation exercises provide some benefit too. Take 10 minutes to relax. There are several types of techniques you can learn to help you. Try these exercises:



1 Focused breathing: Breathe deeply and slowly for four breaths. With each breath, focus on the air going into and out of your lungs.

2 Visual imagery: Repeat words or suggestions in your mind to help you relax and reduce muscle tension. Imagine a peaceful place and then focus on controlled, relaxed breathing.

3 Progressive muscle relaxation: Focus on tensing and then slowly relaxing each muscle group to understand the difference between muscle tension and relaxation. Start with the muscles in your toes and work your way up to your head and neck.



personal story



Getting on With the Rest of Your life After Stroke

In 2007, Montrealer Elsa Field was waiting for a minibus to take her shopping near her winter home in Florida when “I just dropped. No symptoms. No warning. Nothing.” The next thing she remembers was waking up in hospital, unable to move the left side of her body.

Months later, Field joined the first “Getting on With Your Life After Stroke” research project because “you have to make an effort if you want to continue living,” she says. Field learned to do exercises to help improve her strength and she was encouraged to take an art class. “It was suggested to me and I said ‘I’ll give it a try’.” Painting, she discovered, was “relaxing and stimulating.” “I do nice work. I’m proud of myself.”



Be Creative

USE BOTH SIDES OF YOUR BRAIN.

Creative projects make you use both sides of your brain at the same time. Creativity helps rebuild brain connections. Remember that it's not what you produce that is important; it's the process – thinking, planning and following steps.

Here are fun, creative activities you could do with little cost:

Have you thought of . . .

- Scrapbooking
- Collage
- Painting
- Knitting
- Cooking
- Woodworking
- Needlework
- Music
- Arts and Crafts



You can order craft materials online at www.michaels.com. The website also has videos that demonstrate how to do different projects, as well as printable instructions and project sheets.

Turn your creativity into a community project by donating knitted goods to your local shelter. Homeless shelters need blankets, socks and mitts and scarves. Also consider knitting baby blankets for local hospitals.



Try these worksheets as a starting point.
(see next few pages)





Be Creative

Worksheets

Inuksuk

An **inuksuk** (plural **inuksuit**), pronounced “inukshuk”, with the emphasis on the “nuk,” is a stone landmark used as a milestone or directional marker by the Inuit of the Canadian Arctic. Inuksuit vary in shape and size, and perform a diverse array of tasks. It is a symbol with deep roots in the Inuit culture, a directional marker that signifies safety, hope and friendship.

The word *inuksuk* means “something which acts for or performs the function of a person.” They are often built in the shape of a person, with one arm longer than the other. The longer arm points in the direction to go. It also means, “we are all connected”.

materials

Rocks: flat for base, long and flatish for arms, rounded for bodies and heads. Found rocks are the best as they are rough and glue well; wash first. Purchased rocks can be incorporated between the rough rocks but they do not glue well together.

Glue: all-purpose glue for ceramic, glass, tile, plaster, foam is available in all hardware and craft stores (Weldbond). Must dry clear.

There is also tacky glue (Demco Tacky Glue) which is easier to work with but choose one that dries clear. This is available in art stores. 8 oz bottle is \$3 to \$5.

Spray varnish: makes a nice shiny finish (Krylon), available in all art and craft stores, about \$7.

Felt feet: self-adhesive, tiny size to protect furniture.

Assembly: Start with large flat stone, make legs, body, arms and head.

Variations: Could make any type of sculpture or structure, e.g. “fairy” houses. You are limited only by your imagination.



Advantages: Easy to do with one hand, fast, and requires no particular skill. It has meaningful message, makes great gifts. You can collect interesting rocks on your own.



Be Creative

Worksheets

collage

A **collage** (From the French: *coller*, to glue) is an art form of groundbreaking novelty made from an assemblage of different forms, thus creating a new whole. An artistic collage work may include newspaper clippings, ribbons, bits of colored or hand-made papers, portions of other artwork, photographs, and such, glued to a piece of paper or canvas. This term was coined by both Georges Braque and Pablo Picasso in the beginning of the 20th century when collage became a distinctive part of modern art.

materials

Magazines or photos: rich sources of images to invoke emotions, memories, experiences, or themes.

Objects: small objects such as beads, fabrics, toys, flowers, stickers, can also be collected which, when added to the pictures, makes a 3-dimensional “montage”.

Base: bristol board, artists boards, cork tiles, any firm surface.

Cutting tools: Exacto knife, scissors.

Glue: any paper glue with a small paint brush, and tweezers to handle glued paper.



Advantages: materials are readily available at little or no cost. Themes can be developed and encourages collecting. You can take your own photographs to enrich the content. Themes can also be self-reflecting, stimulate creativity. Makes great gifts. Suitable for persons with only one functional arm.





Be Creative Worksheets

materials

Rug hooking/needlepoint kits can be purchased quite inexpensively and are suitable for persons with only one functional arm.

Braiding, corking, or Knitting Nancy: spool knitting produces a long braid that can be used to make other objects, pictures, rugs, coasters, tea cosies. Readily available at Dollar stores or can be handmade.

**rug hooking,
needlepoint,
braiding or
corking**



Adaptations: a 2" to 3" raised frame is needed for rug and needlepoint which could be made from an old picture frame, or scrap wood glued together. The canvas is stapled to the frame and the frame is clamped to a table using carpentry clamps available at hardware stores. It is also possible to purchase frames and clamps specifically for rug hooking. There are many websites showing these products.





Be Creative Worksheets

cookbook

Favorite recipes for favorite times: what a great gift to give a family member just starting out or to preserve all those great family favorites.

materials

Recipes: could be handwritten, cut out of magazines or newspapers, downloaded from the Internet.

Scrapbook or hard-covered notebook:

Assembling: Recipes could be written into the book or pasted. Side-by-side sheets can be used to add personal notes or illustrations or artwork.



Advantages: Provides opportunities for planning, reminiscing, collecting, and requires few resources. Suitable for people with only one functional arm and for people with aphasia. Makes a great gift. Can be a collective project for sharing or for fundraising. Could be thematic or general.





Brain Exercise

EXERCISE YOUR BRAIN.

- Do a Sudoku like this one. Start with a children's sudoku and work up to more difficult ones.
- Learn to use a computer. Most libraries provide access to computers and there are people at the library who can teach you how to use one.



- Read a book. Don't pick up the book you were reading before your stroke. Start with a book you read to your children – something like *Goodnight Moon* by Margaret Wise Brown – because you are already familiar with the words and intonation.



- Develop a calendar and plan daily and weekly activities.

- Learn a new skill.

- Learn to play bridge.

- Find free activities and lectures in the community.


- Go to the art gallery and attend concerts.





Sudoku

- 1 Fill the grid so that the numbers 1 through 4 appear in each row.
- 2 Fill the grid so that the numbers 1 through 4 appear in each column.
- 3 Fill the grid so that the numbers 1 through 4 appear in each 2x2 section.
- 4 A complete Sudoku puzzle contains the numbers 1 through 4 in every row, column, and 2x2 section.



		3	
	4		
		1	
	2		

		2	
	4		
		3	
	1		

		4	
1			
			4
	3		

See answers on page 25.



Providing Support

PROVIDING SUPPORT TO YOUR FRIEND WITH STROKE.

When you go to visit someone who has had a stroke, take an activity. Creative activities produce social bonding, help relieve stress and promote recovery. Don't just sit and talk; and don't be passive.

- Create an enriching environment. Read a book, do a puzzle, plan a project.
- Bring cookie dough and do some baking. Gradually work towards more complex tasks.
- Share a joke. Watch a comedy video. Emotion and laughter help prime the brain to be ready to learn.
- Bring a video game.
- Go on an outing to the coffee shop or to a hardware store.



If your friend has difficulty speaking, difficulty understanding speech and difficulty reading and writing, let him know that you know that he is still smart, he just can't get out what is in his brain. Develop non-verbal ways to communicate. This may involve creating symbols or words you both can point to. Take paper and scissors and create the symbols together using pictures from magazines. You can also make props to represent people, places or things.

Visit the Aphasia Institute website at www.aphasia.ca for further information.





Learn More

GETTING ON WITH THE REST OF YOUR LIFE AFTER STROKE

To learn more about the work of the Canadian Stroke Network,
visit www.canadianstrokenetwork.ca

NOTES



Sudoku Answers

2	1	3	4
3	4	2	1
4	3	1	2
1	2	4	3

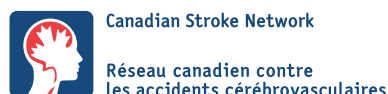
1	3	2	4
2	4	1	3
4	2	3	1
3	1	4	2

3	2	4	1
1	4	2	3
2	1	3	4
4	3	1	2



A Patient's Guide to Canadian Best Practice Recommendations for Stroke Care

Canadian Best Practice Recommendations for Stroke Care have been developed by stroke experts across the country. These recommendations focus on optimal treatment for stroke patients. A patient's guide to this information can be found on the following pages. Learn more about the Canadian Stroke Strategy at www.canadianstrokestrategy.ca



Stroke Prevention, Treatment and Recovery: Basic Information for Patients and Their Families

Strokes can be prevented and treated. *Canadian Best Practice Recommendations for Stroke Care* describe how to prevent stroke and how to care for patients with stroke. These recommendations are based on current research. When the *Best Practices* are followed, the impact of stroke is reduced.

Be informed | Be involved | Take action

KNOW ABOUT STROKE

- Stroke is a medical emergency.
- The faster a possible stroke patient gets to hospital, the better their chances of receiving treatments that could help reverse the effects of the stroke.
- Be familiar with the warning signs of stroke and take immediate action by calling 9-1-1 or your local emergency number.

Know the Signs and Symptoms of Stroke:

Weakness — Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.

Trouble speaking — Sudden difficulty speaking or understanding or sudden confusion, even if temporary.

Vision problems — Sudden trouble with vision, even if temporary.

Headache — Sudden severe and unusual headache.

Dizziness — Sudden loss of balance, especially with any of the above signs.





1

EMERGENCY RESPONSE

- Never drive yourself or the person having a stroke to the hospital. **Call an ambulance.**
- Ask to be taken to the closest hospital that provides expert stroke care.
- You should be seen by doctors and nurses quickly after you arrive at hospital.
- You should receive a brain scan to find out if your stroke was caused by a blood clot or bleeding into your brain.
- If there is a blood clot in your brain, you should be assessed to see if you might benefit from a clot-busting drug (called tPA) that can help re-open blocked arteries. This drug can reduce the severity of the stroke and reverse some of the effects of the stroke. However, it must be given as soon as possible. **Find out if tPA can help you.**
- If you have had a mini-stroke, called a transient ischemic attack or TIA, you need immediate treatment to prevent a major stroke, even if you are not admitted to hospital. **Ask about treatment and follow-up appointments.**



STROKE CARE IN HOSPITAL

- You should be seen by a team of health-care professionals who are experts in stroke, preferably in a special unit dedicated to the care of stroke patients.
- The stroke team will plan your treatment and rehabilitation needs, and discuss these with you. **Get involved in the plan.**
- You should be assessed to see if you have trouble swallowing. Swallowing difficulties are common after stroke and can lead to choking and pneumonia. Your diet should be assessed as well.
- If your stroke was caused by a blood clot, you should be given a blood thinner, like ASA (commonly referred to as Aspirin™) to help prevent more blood clots. **Ask if a “blood thinner” can help you.**
- You should have a special scan to see if the blood vessels in your neck are blocked and are a cause of your stroke.
- If your neck arteries are blocked, you should be assessed to see if you need surgery.
- You should have your blood pressure checked to make sure it is not too high. High blood pressure is the leading cause of stroke. **Know your blood pressure.**
- You should have your blood sugar checked to find out if you have diabetes. Diabetes is an important risk factor for stroke.





REHABILITATION

- Your rehabilitation team should involve you in deciding what kind of rehabilitation you need and develop a plan just for you. **Get involved in making the plan.**
- Your rehabilitation plan should be updated as your recovery progresses.
- Your mood, memory, ability to handle personal affairs and your ability to think should be assessed.
- Depression is very common after stroke for both patients and their caregivers. **Share your concerns.**
- Your ability to communicate, use your limbs, walk by yourself, carry out personal care and other daily tasks necessary to safely return home should be assessed.
- You should work with your health-care team to get ready for your return home. **Know what changes need to be made in your home to make it safe and accessible.**
- When you leave hospital, rehabilitation should continue and may occur either in a day hospital, in a clinic, other community services, or at home. **Know what your continued rehabilitation needs are.**
- When returning home, you may require additional help from family or other caregivers. **Know what help you may need from others.**
- Rehabilitation, recovery and reintegration into the community can continue for days, months, or years after stroke.



4

PREVENTION

- Once you have had a stroke or mini-stroke, the chance of having another one is higher. Know the signs and symptoms and **be prepared** to respond.
- You need to work with health-care providers to develop a plan to deal with the things that put you at risk of stroke.
- Know your risk factors for stroke and find out how to reduce them. **Take action.** These include:
 - high blood pressure
 - unhealthy diet
 - lack of exercise
 - smoking
 - high cholesterol (lipids)
- You may be prescribed ASA (commonly referred to as Aspirin™) or another blood thinner to take every day.
- A combination of lifestyle changes and medications may be necessary to control your blood pressure, diabetes, and cholesterol. **Take control.**



5

EDUCATION

If you had a stroke or mini-stroke, or if you are at risk for stroke, you should be given key information from health-care professionals at every stage of your care. **Find out:**

- What has the stroke done to me?
- What will my recovery be like?
- What are my needs after I leave the hospital?
- What are my emotional needs and those of my family?
- What can I do to prevent another stroke?
- How can I access services and support in my community?

Before you leave hospital, you should receive educational materials, such as the Heart and Stroke Foundation's "Let's Talk About Stroke."

Ask questions, get answers.

There is hope after stroke.
To learn more, visit:

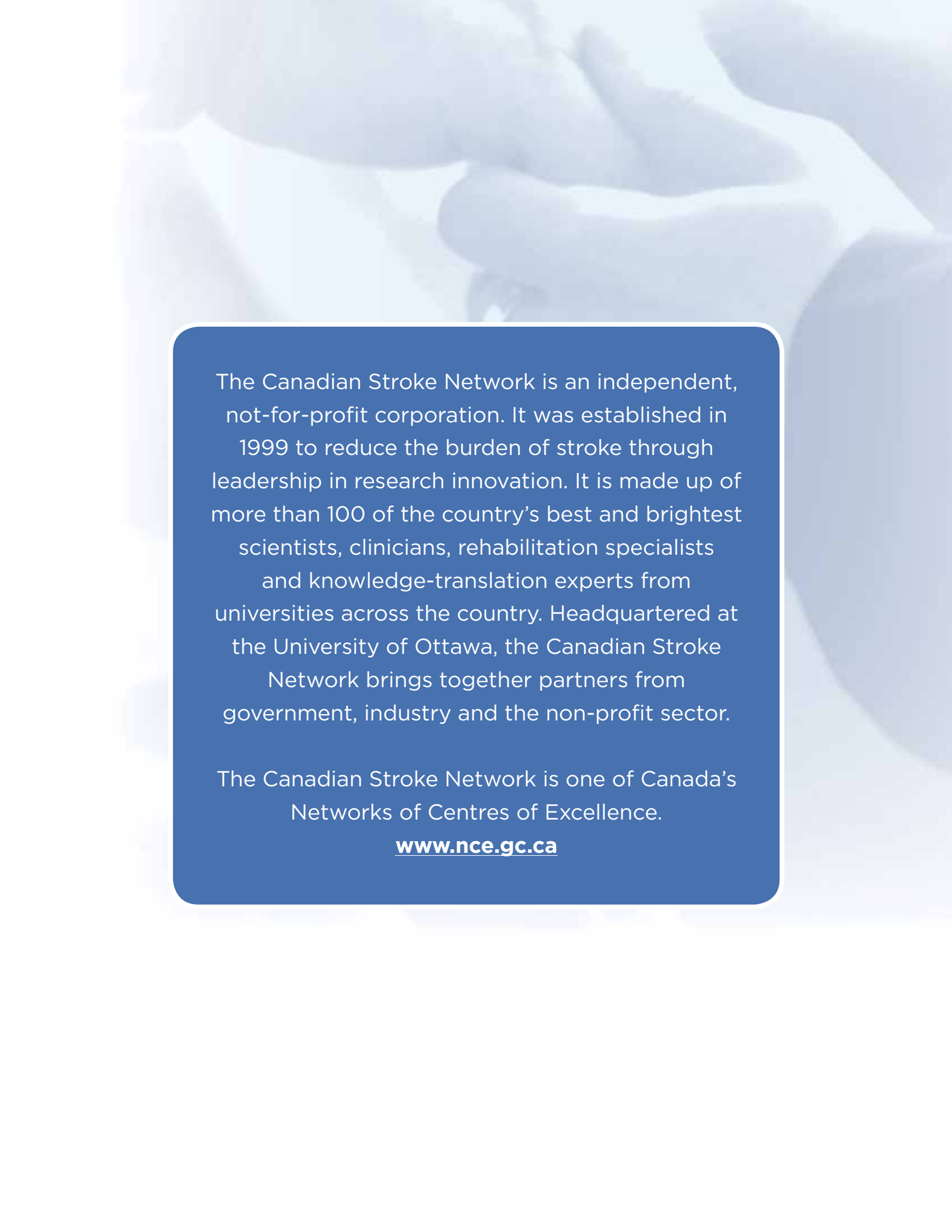
www.canadianstrokestrategy.ca

www.heartandstroke.ca

www.canadianstrokenetwork.ca

www.sodium101.ca

www.strokengine.ca



The Canadian Stroke Network is an independent, not-for-profit corporation. It was established in 1999 to reduce the burden of stroke through leadership in research innovation. It is made up of more than 100 of the country's best and brightest scientists, clinicians, rehabilitation specialists and knowledge-translation experts from universities across the country. Headquartered at the University of Ottawa, the Canadian Stroke Network brings together partners from government, industry and the non-profit sector.

The Canadian Stroke Network is one of Canada's Networks of Centres of Excellence.

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