



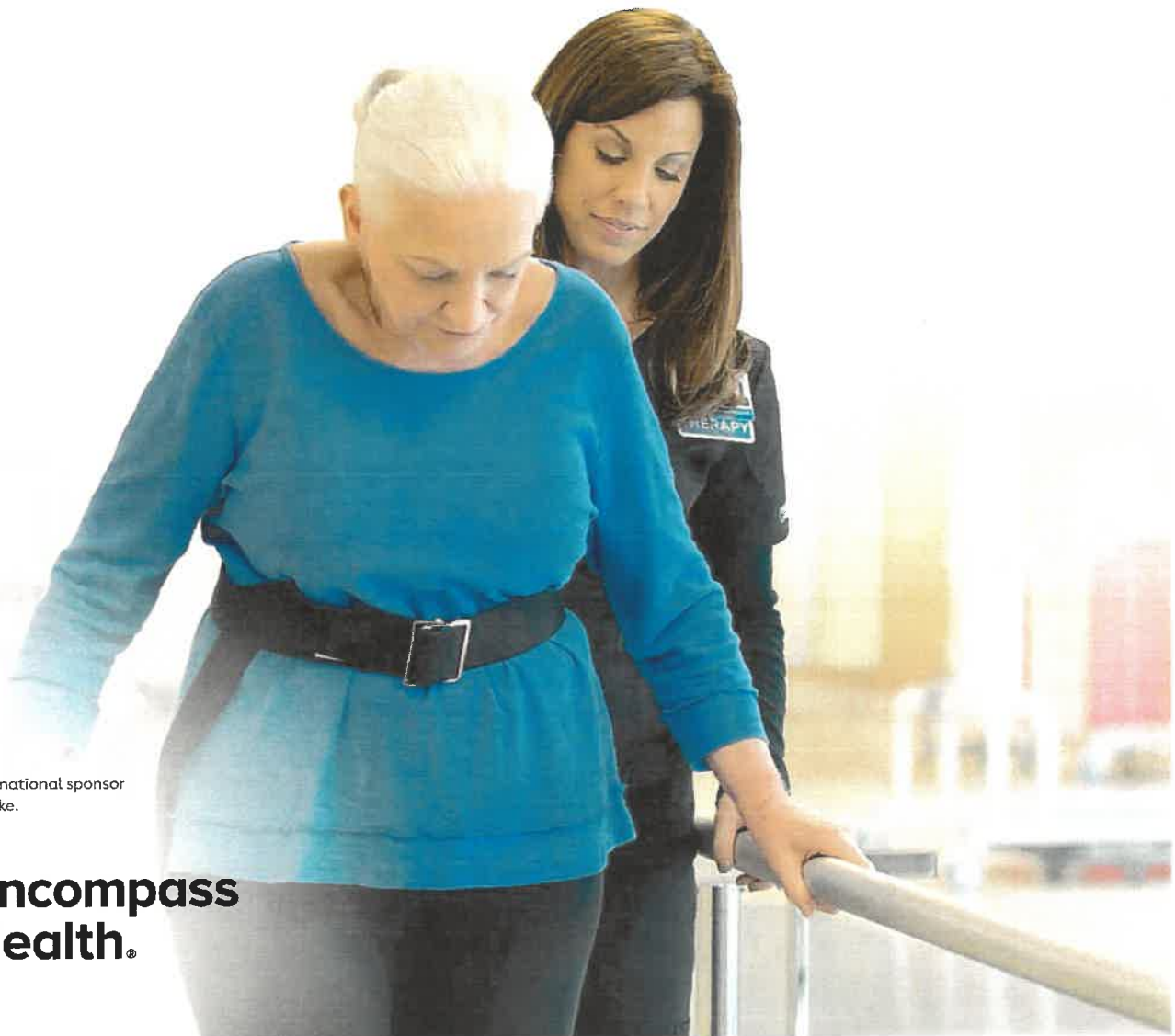
American Stroke Association.  
A division of the American Heart Association.

Together to End Stroke®

**A GUIDE FOR PATIENTS  
AND CAREGIVERS**

# LIFE AFTER STROKE

Our Path Forward



Encompass Health is a national sponsor  
of Together to End Stroke.



**Encompass  
Health®**

# COMMON PHYSICAL CHANGES AFTER A STROKE

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Physical changes that follow a stroke are the result of injury to the brain and may include one or more effects.

## Weakness or paralysis on one side of the body

If the stroke occurs on the brain's right side, the left side of the body and face will be affected. It's the opposite for a stroke that occurs on the left side of the brain.

## Fatigue

After a stroke, it's common to feel tired at some point. This is known as fatigue. Fatigue often starts to lessen a few months after the stroke. But for some people, tiredness may continue for years. If you're experiencing post-stroke fatigue, talk to your health care team about ways to reduce it.

## Spasticity

When you try to move a limb, the muscles contract (shorten or flex). This creates stiffness and tightness, which is referred to as "spasticity." Spasticity also causes the tendons and soft tissue around the muscle

to become tight or stiff. This makes stretching the muscle much more difficult. If not treated, the muscle can freeze into an abnormal and often painful position. If you have spasticity, talk to your doctor about the best treatments for you. Physical therapy and medications can help.

## Seizures

Seizures are brain malfunctions that alter a person's awareness. A seizure may last only a few seconds or minutes. It may trigger involuntary body movements, strange sensations or blackouts. Studies vary greatly about how often seizures happen after stroke. Seizures are painless. But they can be upsetting and disorienting. Often, seizures can be treated with medications. If you think you may have had a seizure, let your health care team know.

## PATIENT PERSPECTIVE

# “EVEN IF YOU’RE TAKING BABY STEPS, YOU’RE MOVING TOWARD YOUR GOAL OF GETTING HEALTHY”

*Stephen Bishop began rehabilitation in the hospital using a walker, which he nicknamed “Cordell” — after Chuck Norris’ character on Walker, Texas Ranger.*

*“I use humor to get through pain,” Stephen said. When his one-year-old grandson, Carter, visited him in the hospital, he practiced walking in tandem with Stephen down the hospital halls.*

*Once he returned home, Stephen’s recovery and rehabilitation were slow but steady. He graduated from “Cordell” to his cane, which he referred to jokingly as “Horatio” after David Caruso’s character on CSI: Miami.*

*He hopes to inspire other survivors to stay focused and take charge of their recovery. “Even if you’re taking baby steps, you’re moving toward your goal of getting healthy,” he said.*

**STEPHEN  
BISHOP**

Excerpted and adapted from  
“Take Baby Steps Toward Your Goals,”  
Stroke Connection® Winter 2018.



## How my stroke is affecting me physically:

Take time to talk with your health care team about the specific physical effects you're having now. Also watch for those that may come up later. Make notes of things the team tells you that you'll want to remember:

*(Circle "L" for left side or "R" for right side)*

	FACE	LIPS	TONGUE	ARM	HAND	LEG	FOOT
<input type="checkbox"/> <b>PARALYSIS</b>	L R	L R	L R	L R	L R	L R	L R
<input type="checkbox"/> <b>WEAKNESS</b>	L R	L R	L R	L R	L R	L R	L R

Fatigue

\_\_\_\_\_

Incontinence

\_\_\_\_\_

Seizure

\_\_\_\_\_

Foot drop

\_\_\_\_\_

Spasticity (might arise later)

\_\_\_\_\_

Swallowing difficulty (dysphagia)

\_\_\_\_\_

Trouble with balance

\_\_\_\_\_

One-side neglect

\_\_\_\_\_

Pain (might arise later)

\_\_\_\_\_

Trouble with vision

\_\_\_\_\_

# COMMON COMMUNICATION AND COGNITIVE CHANGES AFTER STROKE

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The brain controls your ability to use language. Speaking, listening and understanding are complex processes. Each involves different parts of the brain. The location of the stroke injury controls the type of communication problem.

## Aphasia

Aphasia is a common communication problem after a stroke. There are three types: expressive, receptive and global.

- People with **expressive (non-fluent) aphasia** know what they want to say but have trouble saying it. They can't find the right words or have trouble "getting the words out." Or, they may use the wrong words or leave out words without knowing it.
- People with **receptive (fluent) aphasia** have trouble understanding words other people speak. They may not understand the order of the words or the relationship between the words.
- People with **global aphasia** may be unable to speak, name objects, repeat phrases or follow commands. They also have a hard time understanding what others are saying.

## Dysarthria

Dysarthria affects control of the muscles in the face, tongue and mouth. People with dysarthria may know exactly what they want to say. But they may speak slowly. Their speech may sound slurred, muffled, hoarse or nasal.

## Apraxia

Apraxia of speech affects the ability to speak. People with apraxia have trouble connecting speech messages from their brain to their mouth. Apraxia of speech may affect more than the power to speak. It often affects reading and writing as well.

*Aphasia, dysarthria and apraxia do not cause a loss of intellect. Even though it's difficult for a survivor to speak, it's not because of a lack of intelligence.*

## MEMORY AND COGNITIVE CHALLENGES

Different parts of the brain control specific types of thinking. Depending on where stroke happens in the brain, problems with certain types of thought may occur. Stroke survivors can have trouble with memory. Planning, organizing ideas or making decisions can also be hard after stroke.

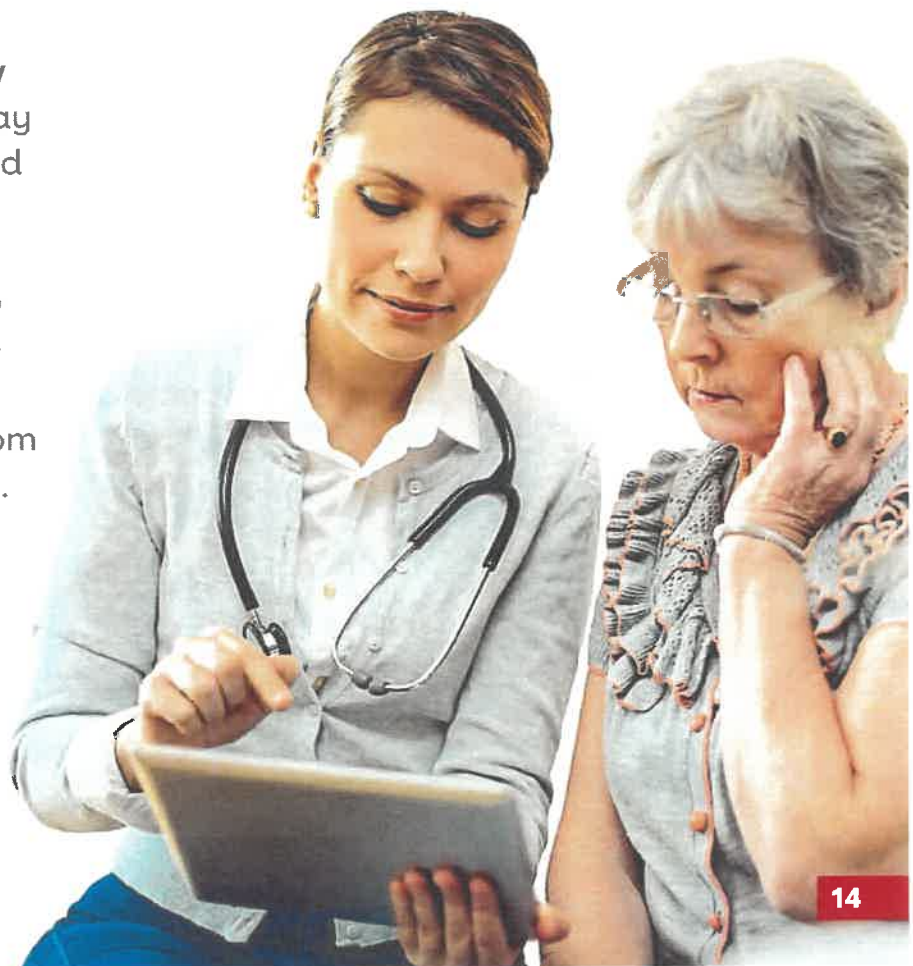
### How stroke affects memory

Many stroke survivors face memory challenges. But not all memory problems are the same. A stroke survivor may:

- **Remember for only a short span of time.** For instance, they might remember only two or three steps in a set of instructions. Or, the person might forget whether they have taken their medications or eaten a meal.
- **Have trouble absorbing new information.** The survivor may need to have things repeated over and over.
- **Have problems transferring learning from one setting to another.** For example, in the hospital the survivor might be able to safely transfer from a wheelchair to a bed alone.

But at home, the change in setting may make the person unable to do the same task.

- **Mix up the details of an event.** A stroke survivor might confuse when things happened or who was there. For example, he or she might think a family member visited in the morning instead of the evening before.



# HELPFUL TIPS FROM REED AND MARY HARRIS

*When Reed Harris had a stroke at the age of 50, it left him almost completely unable to communicate verbally or understand what others were saying. He also had partial paralysis on his right side, profound apraxia, and anomia, the inability to recall or say the correct words. Reed also had some auditory processing issues, causing difficulty with how his brain processed what he heard. Reed and his wife, Mary, worked together on Reed's stroke recovery and they share some of the most helpful things they've learned along the way:*

## **Patience is a virtue**

The Harrises emphasize that it's important to be PATIENT with all of the ATTEMPTS (successful or not). And remember, lack of speech does not mean there is a lack of hearing.

## **Act with patience**

- Demonstrate: Show how to perform the task.
- Break all actions into smaller steps.
- Clarify the next step.
- Repetition - Approach the 20th time as if it were the first.

## **Communicate with patience**

- SLOW it down.
- E-NUN-CI-ATE.
- Come close/make eye contact/touch.
- Do NOT finish sentences unless asked to.

- When questioning: MULTIPLE CHOICE is better than YES/ NO.
- BE specific. Allow time to respond.

## **Long-haul tips**

For couples new to stroke recovery and aphasia, Mary says, "Reed and I resoundingly respond together with the words, 'Never give up!'" Through their own experience and that of so many people they have come to know, it's critical to:

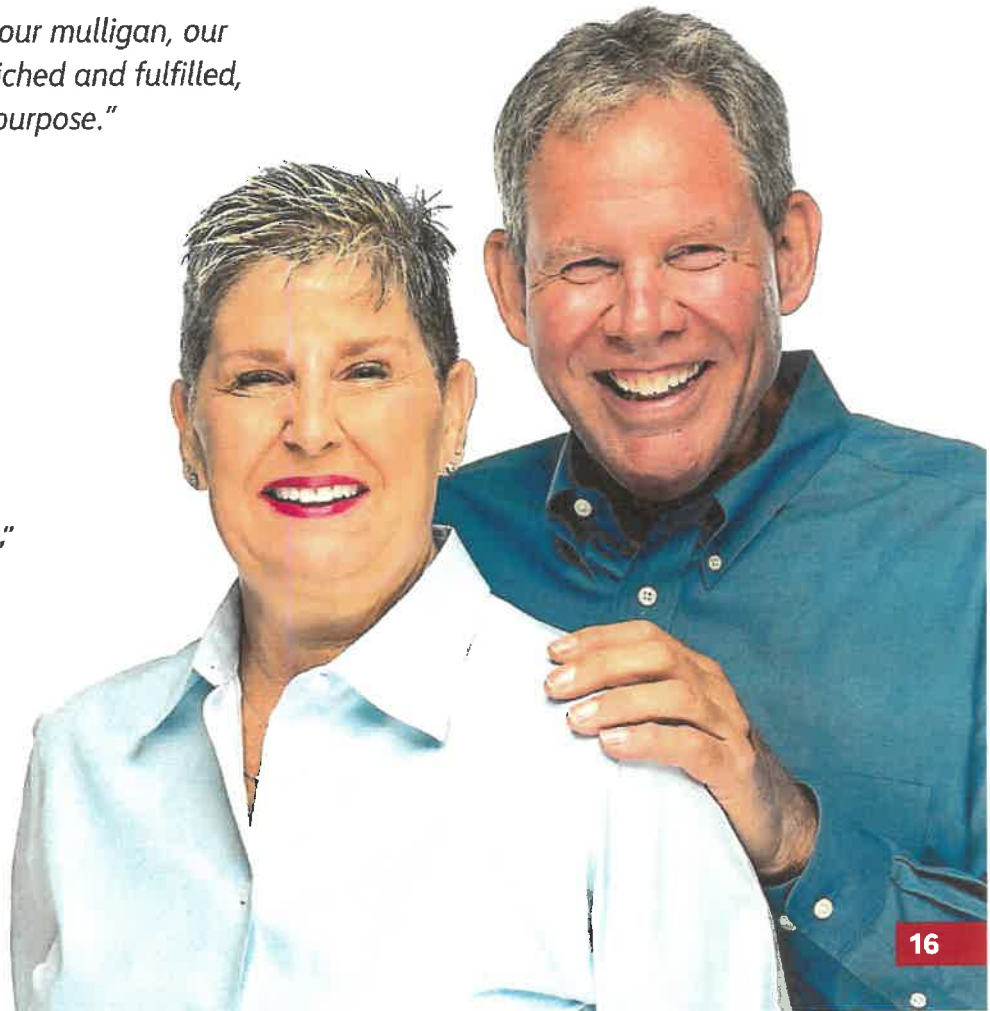
- Be creative and customize the plan for recovery. Everyone is different. Remember that even a conversation with a pharmacist can be a source of motivation and speech therapy!
- Be persistent in the endeavor to recover.
- Celebrate the tiny steps of progress.
- Life is the best therapy, so live it!

## “THE EXPERIENCE OF STROKE AND RECOVERY HAS ENRICHED US AS INDIVIDUALS AND AS A COUPLE”

*Lastly, Mary shares that the day of Reed’s stroke, “...changed the entire course and purpose of our lives. But we go on. We have learned to adapt. While our lives are forever changed, we feel that the experience of stroke and recovery has enriched us as individuals and as a couple. The stroke was our mulligan, our second chance. Our lives are enriched and fulfilled, and we have a greater sense of purpose.”*

### REED AND MARY HARRIS

Excerpted and adapted from  
“Caring for a Survivor with Aphasia,”  
*Stroke Connection*® Fall 2016.





# COMMON EMOTIONAL AND PERSONALITY CHANGES AFTER STROKE

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After a stroke, people often experience emotional and behavioral changes. This is because the brain controls our behavior and emotions. A stroke may make a person forgetful, careless, annoyed or confused. Stroke survivors may also feel anxiety, anger or depression. Their behavior depends on which part of the brain is affected and how extensive the injury is.

## Depression

Depression is common after stroke, affecting about one-third to two-thirds of all survivors. The symptoms can be mild or severe, often starting in the early stages of stroke recovery. Stroke survivors should be assessed for depression and treated when it occurs. It's important to identify and treat post-stroke depression (PSD) as soon as possible. Untreated, it can lead to being in the hospital longer and can limit a survivor's functional recovery.

The symptoms of PSD may vary and change over time, but patients and families should watch for:

- Persistent sad, anxious or "empty" mood
- Depressed mood; loss of interest/pleasure
- Sleeping problems
- Decreased motivation
- Responding with little or no emotion
- Feelings of hopelessness
- Feelings of guilt, worthlessness, helplessness (feeling like a burden)
- Decreased energy, fatigue, being "slowed down"
- Difficulty focusing, remembering, making decisions
- Appetite changes
- Thoughts of death or suicide

*When five or more of the above symptoms last for two or more weeks, a survivor may be having PSD.*



## Anxiety

Changes related to stroke can lead to worry and anxiety. Getting around may be harder. There may be financial strains. Other sources of anxiety after stroke may be fear of falling because of balance problems or being anxious about speaking because of aphasia. Counseling can be helpful for anxiety. Sometimes anxiety and depression are both in play. If you're anxious, talk with your health care team about potential treatments.

## Pseudobulbar affect (PBA)

When parts of the brain that control emotions are injured, PBA (also called emotional lability or reflex crying) occurs. Most often, people cry easily. Some may laugh uncontrollably or have sudden mood swings. These are physical effects of the stroke. Telling the person not to cry won't help. Instead, ask them how they want to be treated during an episode. Many people prefer that it be treated as a reflex, such as hiccups, and that conversation continue. Lability often lessens over time. If PBA is a problem for you, ask your health care provider about available treatments.



## PATIENT PERSPECTIVE

# “WHILE MY BODY AND MIND WERE HEALING, I WAS LEARNING TO BE A NEW PERSON.”



*Before I had my stroke at age 33 in 2012, I thought of myself as the ideal mom. I had a job, one child in daycare and one in kindergarten, and was a wife. I thought I could do everything. I tried to keep the house clean; be the ideal teacher, who never brought any work home; and be devoted 100 percent to my husband, Curtis. You know, essentially, be Superwoman. I had everything under control. Or so I thought.*

*On June 6, 2012, all this came to a screeching halt. I had a massive brainstem stroke that robbed me of the ability to talk, walk and swallow. I was locked-in with no movement except my eyelids. I was trapped in my body, and the only thing to do was think.*

*I had six months of intensive speech, occupational and physical therapy. I gained back most of the physical abilities I had lost. I was prepared for the physical part. I was not prepared for the emotional part. While I was in the hospital, the doctors put me on antidepressants, expecting a little depression after what I had been through.*

*But once I was home, I knew I was experiencing more than depression. Uncontrollable crying*

*and laughter were taking over my brain daily. It was an emotional struggle to make it through the day. I talked to my neurologist about the issue and was finally diagnosed with pseudobulbar affect (PBA). A combination of antidepressants and other medication brought the PBA somewhat under control.*

*While my body and mind were healing, I was learning to be a new person.*

*Life is not better or worse than it was, just different. Not only does my family have to accept that, but I do, too.*

*This may sound weird, but I'm kind of glad I had my stroke. It has helped me and my family to slow down and appreciate the little things in life like spending time together and being thankful for each and every day.*

**DELANIE  
STEPHENSON**

Excerpted and adapted from  
“Learning to Be a New Person,”  
Stroke Connection® Winter 2017.