

Stroke FAQs - Stroke Rehabilitation Program

Welcome to the Stroke Rehabilitation Program. It is our pleasure to serve you and to participate in the recovery of functioning after a debilitating stroke. Below are some of the most commonly asked questions we encounter. However, please don't hesitate to ask our team of caregivers if you have additional questions or concerns.

What is a stroke?

There are many different types of stroke, but all involve some damage originating in the blood vessels. The most common stroke, a thrombotic stroke, occurs when a clot obstructs an already narrowed artery, usually from atherosclerosis (hardening of the arteries). The clot prevents further blood flow through that artery, depriving the brain tissue of the nutrients and oxygen brought through the blood. Another common type of stroke is called an embolic stroke, which is frequently a complication of the disorder of the heart called atrial fibrillation. In atrial fibrillation, clots form in a heart that is not pumping properly and break off, landing in the brain. A hemorrhagic stroke is usually caused by bleeding from an artery in the brain. The damage to the underlying brain tissue results from compression from the blood that has pooled.

The risk factors for stroke include high blood pressure, diabetes, high cholesterol, and smoking. Complications from a stroke depends on the location of the damaged brain tissue. The most common complications are weakening or numbness in one limb or on one side of the body, and difficulties with speech and language.

How does the Stroke Program work and how is it different from others in the region?

Rehabilitation requires a multi-faceted, nuanced team approach to the many physical, mental and emotional consequences of stroke. An **experienced nursing team** maintains strict monitoring over vital signs, pain, blood sugars in diabetics, change in condition and falls assessment. This includes advanced geriatric nurse practitioners, registered nurses, licensed practical nurses, geriatric nursing assistants, and medication aides.

Physical therapists work with you to restore motor function and strength, conducting an in-depth assessment of each resident to tailor rehabilitation to your specific needs. They assess gait, transfers, bed mobility, and determine what skills are needed to bring you back to your optimal level of functioning. They use state-of-the-art, multi-modal equipment in a newly renovated Rehabilitation Center that is bright, cheerful and motivating. We are one of the very few centers in the region that has NeuroGym® Technologies Functional Training Equipment. PT sessions are at least one hour long and occur 5-7 days per week.

Occupational therapists help optimize your ability to perform activities of daily living. OT sessions last 90 minutes per day. Certified **speech and language pathologists** evaluate stroke patients for difficulties speaking or interpreting language and for difficulty in swallowing, a frequent complication of stroke.

Mental health providers such as psychiatrists, psychologists, and social workers help patients recover from post-stroke depression, anxiety, and memory loss. Social workers are an important member of the care team, conducting cognitive assessment, mood assessment, and discharge planning. They also assist with understanding advanced care documentation, such as living wills and MOLST (Medical Orders for Life-Sustaining Treatment) forms.

Facility dietitians help you choose healthy meals that will provide both comfort and nutrition. They will assist in the choice of appropriate diet for patients suffering from diabetes, hypertension, and high cholesterol as well as focus on protein for muscle strength and calcium for the prevention of bone loss. Enjoyment of food and looking forward to meals is an important part of maintaining quality of life while you are away from home.

Residential programming associates involve patients in events and activities that enhance physical strength, pleasure and brain activity. Activities coordinators are “ADC”(Activity Director Certified) and meet with you individually. They recommend activities that cater to your physical, spiritual, cognitive, and psychosocial needs. Exercise classes, even from a chair, will increase strength and energy. Puzzles, lectures, and socialization all contribute to improved cognition. They also help with over-focusing on physical deficits and with isolation by encouraging you to socialize. Residents can also participate in community service programs at Wilson Health Care Center.

Pastoral care is part of the care team and activities with a spiritual focus are available daily.

The primary care physician and physical medicine physician help guide the rest of the team in the multiple details involved in caring for you after a stroke. Every patient chooses a primary care physician among the team of attending physicians, and a physical medicine physician is available for consultation. The primary care physician will discuss medications necessary for the recovery from stroke. These include aspirin and other blood thinners, high blood pressure medications, “statin drugs” to reduce cholesterol, anti-diabetic agents, and medications that prevent clots from forming in the lower extremities from prolonged bed rest. Vitamin D may be used to help prevent bone loss. Smoking cessation guidelines will be discussed, and pain medications provided where appropriate. *The level of experience and geriatric expertise our physicians have is unparalleled in the area.*

How is care coordinated among the team members?

Care plan meetings, which include most of the staff listed above, are held regularly to communicate progress to patients and their families, solve new problems, and address any questions or issues which may arise. It is very important for you and your family, whenever possible, to attend these meetings. We need to know what’s important to you, and what we need to change or continue. Your input is invaluable.

How do I find out about ...?

Communication is paramount to a good recovery, and our care team is dedicated to keeping family members up to date. In all patient rooms, a white board will contain the names of the geriatric nursing assistant, primary nurse, and charge nurse assigned for a particular shift. It will also indicate recent updates from physical and occupational therapists. When questions arise, first address them to the nursing staff, and if necessary, they will coordinate further information from other members of the care team.

What can I do to help my loved one recover from a stroke?

Stay involved. Visit as frequently as possible. Ask questions. Plan to come for care plan meetings and be prepared with questions and concerns. Let us know what hobbies and interests your loved one has, so we can structure a program that is pleasurable and stimulating. Bring in pictures of family and photo albums. Consider online brain games. Bring in puzzles, music, anything to cheer the patient up and distract from the sadness and fear that can follow a significant illness. Plan on recording a personal history or autobiography. Skype with some of the grandchildren who are out of town.



It is the attention to detail and adherence to established American Heart Association and American Stroke Association guidelines that make us different from other facilities.

We are not afraid to think outside the box.

Complications may occur but may not be obvious; what works for one patient may not for another. Nuanced approaches and individualized care are our top priority.

We are grateful you have chosen Asbury Methodist Village's Wilson Health Care Center for your rehabilitation needs.

We are dedicated to making you better and optimizing your experience during this difficult time.