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WELCOME TO HENRY FORD HOSPITAL STROKE PROGRAM
IN DETROIT, MICHIGAN

We thank you for choosing our healthcare system.
We pledge to provide the highest quality care to you and/or your family.

INTRODUCTION

This guide was created for adults who had a stroke or warning signs of a stroke. We wish you success during your recovery and hope that you will find this guide helpful through your journey to healing.

What you need to know about stroke...

- Every stroke is different.
- Two people with similar strokes may be affected in different ways.
- No one is able to predict how long it’s going to take, what lies ahead or how much you will recover.
- Life will be changed forever in some way for you and those closest to you.

You are not alone: According to the National Stroke Association, stroke is the number one cause of adult disability in the U.S.

The most important things to remember about stroke are...

- How to recognize the symptoms and when to seek medical attention quickly.
- How to reduce your risk for stroke and prevent another stroke.
- How to manage and adapt to problems or disability after a stroke.

It is important to realize that you are more likely to have another stroke unless you make changes in your daily habits.

The good news is that there is much you can do to adapt to life after a stroke and to reduce your risk for another stroke.

This guide offers the most up-to-date information from the American Heart Association, the American Stroke Association, the National Stroke Association and the experienced stroke team at Henry Ford Hospital.

We hope you find this information helpful in understanding your stroke and what you can do about it.
The Neuroscience Institute at Henry Ford Hospital consists of a dedicated team of doctors, nurses, therapists and other team members that provide care to patients with many diseases that affect the brain. Our mission is to provide high quality care to patients with neurologic disease, participate in the education of residents and other learners, and to advance research in neuroscience.

The Henry Ford Departments of Neurology and Neurosurgery are consistently ranked as national leaders in the diagnosis and advanced treatment of neurologic disease.

We take great pride in having earned an international reputation for our academic and research excellence, clinical programs, expert physicians, state-of-the-art technology, and wide range of sub-specialties.

The Neuroscience Institute includes all neurological diseases and focuses on a diverse team of professionals to advance care and treatment. These include:

- The Stroke and Neurovascular Center
- The Hermelin Brain Tumor Center
- The Comprehensive Epilepsy Center
- The Spine and Neurotrauma Center
- The Neurodegenerative Diseases Center
- The Special Senses Center

Core services for these specialty disease focused centers include:

- Neurodegeneration Research
- Neuroradiology Imaging
- Neuroscience Clinical Trials and Outcomes
- Education and Outreach

Stroke Care at Henry Ford Hospital

We see nearly 1,000 stroke patients a year at Henry Ford Hospital.

Henry Ford Hospital has been a leader in stroke care for decades. Henry Ford Hospital was a pioneer research site for treatment of stroke in the use of alteplase (rt-PA), the clot-busting drug used to treat stroke. Our stroke team has been using this drug for stroke treatment longer than any other hospital in Michigan.

Henry Ford Hospital is a leader in care and research for other stroke treatments. Henry Ford Hospital ranks in the top five percent in the U.S. of all National Institute of Health (NIH)-funded institutions for stroke research. Our neurosurgical team is among the most experienced in the U.S. in treating brain aneurysms and arteriovenous malformations, two causes of hemorrhagic (bleeding) strokes.

Our Neuro-Interventional Radiology team has broad experience in new stroke interventions recently approved by the FDA.
Your health care team:
- Your doctors
- Registered nurses
- Nurse assistants
- Unit secretaries
- Physical therapists
- Occupational therapists
- Speech pathologist
- Case manager/social worker
- Respiratory Therapist
- Nutrition services
- Pharmacy
- Transporters
- Spiritual care
- Rehabilitation liaison
- You and your family

Each day the required teams will round and plan with you what care you are to receive. We understand this hospital admission may be unplanned, so we will provide materials for you and/or your family to write down questions and take notes. You and your family are key players in managing your care and recovery. We will work together to meet your goals for your recovery after stroke.

Acute Stroke Care
We have an Acute Stroke Unit (I-6) and a Neuro Intensive Care Unit (WC-6West) at Henry Ford Hospital. On arrival, unit staff members will welcome you, get you settled into your room and complete an assessment.

Neurology
The neurology team are the doctors and nurse practitioners (NP) specially trained to observe the brain and treat different neurological conditions involving the brain and spinal cord. They will work with you to develop a plan of care.

Neurosurgery
The neurosurgery team are the doctors who operate on the brain and spinal cord and treat patients with brain bleed and injuries.

Neuro-Intensivists
The Neuro ICU team are physicians and nurse practitioners (NP) specially trained in the care of critically ill neuro patients and will coordinate your care with the neurologists and/or neurosurgeons if you are a patient in the Neuro ICU.

Registered Nurses (RN)
These are the people that you will see most frequently. Expect the RN to do many things for you including:
- Assess your condition frequently
- Monitor your vital signs
- Teach you and your family about stroke
- Help you get around your room
- Help you clean up and feel comfortable
- Help you with any physical pain
- Teach you about your medications
- Help you and your family get in contact with services that you need during your hospital stay

Nurse Assistants & Unit Secretaries
These assistive personnel are available to help you during your stay in many ways. Helping you with eating, getting out of bed, walking and other personal needs. Nurse Assistants wear maroon.
Case Manager/ Social worker
This group of healthcare workers are trained in helping patients meet many different needs when leaving the hospital. Such needs may include arranging for rehabilitation placement or for equipment at home, insurance questions or issues, and finding new coping methods for life changes. Also they may assist with obtaining prescriptions, support counseling, financial concerns, and planning next steps.

Occupational Therapy (OT)
Occupational therapists will evaluate your ability to perform activities of daily living such as eating, bathing, dressing, cooking, and using your hands. They will make recommendations for rehab services before your discharge. OT wears navy blue.

Physical Therapy (PT)
Physical therapists focus is on maintaining and improving the movement and function of the joints and limbs. They will evaluate your ability to move about your home and community safely by your ability to get out of bed, stand, walk, climb stairs, and balance. They will make recommendations for rehab services before your discharge. PT wears navy blue.

Speech-Language Pathology
The Speech-Language Pathologist will help you if you have trouble with speaking, thinking clearly or swallowing. They may be consulted to evaluate and treat you for these problems.

Nutrition Services
Ask your RN to consult Nutrition services to help you manage and better understand your diet. They will teach you about healthy eating and share ideas about food choices that will work for you.

Respiratory Therapy
Respiratory therapists provide assessment and treatment for breathing problems which may include providing breathing treatments, maintenance of a breathing tube, tracheostomy and/or breathing machine. Respiratory therapists wear dark green.

Pharmacy
Our stroke program has a pharmacy that is available to assist the team with medication management. A Pharmacist may talk to you during your admission if you or your medical team feel that there is a need.

Transportation
The transportation staff will transfer you to and from all departments within the hospital. The transporters wear blue or black.

Spiritual Care
The chapel is located on the first floor (H1) and is open 24/7 for quiet reflection. Chaplains are available to you and your family to listen, help process thoughts and feelings and to provide emotional and spiritual support. Daily chaplain coverage is available Monday- Friday 9:00 am-8:30 pm. You may contact them directly at (313) 916-2860. Your clergy or spiritual caregiver is welcome to visit you as well.
Important names and telephone numbers

In the following section, you can write in the names and telephone numbers of people who are important in your stroke recovery. You may want to include your doctor and pharmacist, as well as the members of your stroke care team. You can also write in the names and phone numbers of services or organizations in your community (e.g. Meals on Wheels, local stroke support groups, respite services, home care, etc).

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>Family doctor</td>
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<tr>
<td>Neurologist</td>
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<tr>
<td>Nurse</td>
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<td>Case manager</td>
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<td>Occupational therapist</td>
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<td>Physical therapist</td>
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<td>Speech/language therapist</td>
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<td>Dietitian</td>
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<td>Pharmacist</td>
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Community Services

Other Important Numbers

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Understanding Stroke
UNDERSTANDING STROKE

What is a stroke or brain attack?
A stroke, or brain attack, happens when a blood vessel carrying blood and oxygen to your brain gets blocked or bleeds, stopping your brain from getting enough oxygen. The part of the body controlled by the damaged area of the brain does not work properly.

Brain damage can begin within minutes, so it is important to know the signs and act FAST. Quick treatment can help limit the damage to the brain and improve the chance of recovery.

Strokes can happen at any age, but nearly one-third of all strokes happen to people under age 65. Stroke is the fifth leading cause of death in the United States and the leading cause of disability in adults.
KINDS OF STROKE

There are two major kinds of stroke: ischemic (i-skee-mik) and hemorrhagic (hem-er-ah-jik) stroke.

Ischemic:
When the blood vessels carrying the oxygen supply get plugged. This can happen from either a fatty deposit or a blood clot in a blood vessel. Blood flow is blocked to a part of your brain and this stops oxygen and nutrients from getting to your brain and cells begin to die within minutes. Most stroke are ischemic.

Thrombotic – Fatty deposits (plaque) and cholesterol fill up space inside your blood vessels and slow down your blood flow. Your body makes clots when the blood slows down.

Embolic – A blood clot forms somewhere in your body (usually your heart) and travels through your blood to your brain. The clot travels until it gets stuck in a blood vessel that is too small to let it go by.

Treatment for ischemic stroke works to restore blood flow to the brain.

Transient Ischemic Attack (TIA)
TIA is a temporary blockage of blood flow that does not cause permanent damage. This is sometimes referred to a “mini-stroke”, although the name TIA is preferred. TIAs can be a serious warning sign that you are at risk for having a stroke. To prevent a stroke, make changes to lower your risk and get early treatment for a TIA.

Hemorrhagic:
In a hemorrhagic stroke, there is bleeding into or around the brain. These strokes are less common but more deadly than ischemic strokes.

Surgery or other treatments to stop bleeding or lower pressure in the brain may be an option. Medications may be used to control your blood pressure, brain swelling and other problems.

Subarachnoid Hemorrhage – Happens when a blood vessel in your brain breaks and bleeds into the space around your brain. This can occur from a ruptured aneurysm, arterio-venous malformation (AVM) or trauma.

Intracerebral Hemorrhage – A blood vessel bleeds into tissue deep in your brain. High blood pressure or aging blood vessels are the main causes of hemorrhagic stroke.
**WARNING SIGNS OF STROKE - ACT NOW!**

If you notice one or more of these signs in yourself or someone else, don’t wait!
Stroke is a medical emergency. Call 9-1-1 immediately!

- Sudden weakness, numbness or paralysis of face, hand, arm or leg on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble walking, dizziness or off balance.
- Sudden changes in your vision.
- Sudden severe headache with no known cause.

**If you suspect a stroke...**

Do the FAST test to recognize the symptoms:

**FACE:**
Does the face look uneven?
Ask the person to smile.

**ARM:**
Does the arm drift down?
Ask the person to raise both arms.

**SPEECH:**
Does his/her speech sound strange?
Ask the person to repeat a simple phrase.

**TIME:**
If you observe any of these signs,
Then it’s time to call 9-1-1.

---

**Stroke symptoms are usually sudden.**

- Do not ignore symptoms even if they go away.
- Do NOT drive yourself.
- At the hospital, say “I think I am having a stroke.” This will help in getting fast treatment.
- Call 9-1-1. Care can begin as soon as the ambulance arrives.
- Check the time so you will know when the stroke started.
QUICK MEDICAL ATTENTION IS IMPORTANT.

Why you need to get to the emergency room as soon as possible
if you have any signs of a stroke

Time lost is brain cells lost.
With every minute that goes by, brain cells die. For some stroke patients, there are treatments that can be started in the hospital that open up a blocked artery but they need to be started quickly. One such treatment is called TPA, but it can be given only within a few hours of the first signs or symptoms. There are other treatments that also should be started as soon as possible.

HOW CAN A STROKE CHANGE YOUR LIFE?

A stroke damages the brain and causes a sudden loss of brain function.
The brain is the command center to your body. Because the brain controls everything we say, do and think, a stroke can have a lot of different effects.
Everything your body does is directly related to the signals coming from your brain. The brain is responsible for everything from the moods we have to the memories we form.
CHANGES TO YOUR BODY AFTER A STROKE

The location of the stroke in your brain determines what bodily functions will be affected. Here are some things that may change:

### Communication

This can include problems with:
- Talking and understanding what people say
- Writing and understanding written words
- Being able to name things or find the right words
- Slurring speech

### Sight

This can mean:
- Seeing less on one side or the other
- Seeing less in one eye or both eyes or double vision
- Not being able to tell how far away things are
- Not being able to tell whether things are above or below, in front or behind other things

### Ability to move

This may include weakness, loss of feeling or difficulty with:
- Moving parts of the body, including the mouth, arms or legs
- Swallowing and eating
- Controlling the bladder and bowels
- Knowing parts of your own body and where they are
- Coordinating movements and keeping your balance

### Feelings & depression

This can include trouble with:
- Learning and remembering new information
- Following directions
- Paying attention
- Many people who have had a stroke feel sad, helpless and frustrated at times. Recovering from a stroke is a big challenge. It is important to watch for signs of depression and get help.

### Behavior

They may:
- Talk more than normal
- Seem more nervous or cautious
- Cry or laugh for no reason
- People may sometimes act differently than before their stroke.

### Judgment or thinking

Problems some people face include:
- Acting differently than usual or acting without thinking
- Being moody and feeling more sad than usual
- Not caring about things
- Having trouble understanding time
- Having difficulty with math
- Having trouble organizing things or understanding how things work

Any major illness will change your life. The most important thing to remember is these changes commonly occur after a stroke. They can be treated and often overcome in time. Almost all stroke survivors recover to some extent and go on to lead full, meaningful lives.
LOWER YOUR RISK OF STROKE

There are some risk factors for stroke you can’t change and some you can change.

Risk factors you can’t change:

- Age
- Family history of cardiovascular disease or sickle cell disease
- Ethnicity: African-American, Native American and Alaskan Native have increased risk of stroke
- Higher risk due to a previous stroke, TIA or heart attack

Risk factors you can change:

- Tobacco use or smoke exposure
- Blood pressure
- High cholesterol
- Weight and healthy eating
- Physical activity and cardiovascular fitness
- Blood sugar (Diabetes)
- Stress
- Excess Alcohol
- Use of drugs or medications not ordered by your doctor

To reduce your risk, it is important to make changes for each risk factor you have. You can make changes gradually, one at a time, but making them is very important.

The next several pages explains how to reduce your risk of stroke.

Your nurses and doctors will discuss your risk factors with you and give you additional information and handouts to take home with you.
LOWER YOUR BLOOD PRESSURE

Why is this important?

- Lowering your blood pressure decreases your chance for stroke, heart attack and other blood vessel disease.
- One in three US adults has high blood pressure, but because there are no symptoms, nearly one third of these people don’t know they have it.
- High blood pressure is often called the silent killer because it doesn’t cause symptoms. As a result, many people pay little attention to their blood pressure until they are sick.

Benefits

Having a normal blood pressure and keeping it low means you are less likely to have:

- Stroke
- Heart failure
- Heart attack
- Sudden death

Action Plan

Here are some tips to help you lower your blood pressure

- Know your numbers: have your blood pressure checked regularly.
- Keep a healthy weight: you can lower your blood pressure without the use of medications through weight loss and exercise.
- Consider seeing a registered dietitian to learn how to prevent or manage high blood pressure through healthy eating (foods to eat, foods to avoid).
- The Dietary Approach to Stop Hypertension (DASH) diet can help you lower your blood pressure by eating fruits, vegetables, whole-grain foods and low-fat milk products and limiting your salt intake.
- Include relaxation strategies into your everyday life to help lower stress and blood pressure.
- Get at least 30 minutes of moderate-intensity physical activity most days of the week.
- Be tobacco-free, which means no tobacco use or exposure to secondhand smoke.
- If your blood pressure remains high even after you make lifestyle changes, your doctor will probably prescribe medication.
- Take your medication as prescribed.

Ask your doctor

What is my blood pressure? What does it mean for me and what do I need to do about it? What is my blood pressure goal?
HIGH BLOOD PRESSURE

Understanding the numbers

Your blood pressure category is determined by the higher number of either your systolic pressure (the amount of force used when the heart beats, the top number) or your diastolic pressure (the pressure that exists in the arteries between heartbeats, the bottom number).

<table>
<thead>
<tr>
<th>Your Category</th>
<th>Top Number (systolic)</th>
<th>Bottom Number (diastolic)</th>
<th>What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal blood pressure</td>
<td>Below 120 and</td>
<td>Below 80</td>
<td>Good job! Keep making healthy choices to keep your blood pressure low.</td>
</tr>
<tr>
<td>Pre-high blood pressure</td>
<td>120 to 139 or</td>
<td>80 to 89</td>
<td>Your blood pressure could be a problem. Eat better and be more active. Lose weight if you need to.</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>140 or higher or</td>
<td>90 or higher</td>
<td>Eat better and be more active. Lose weight if you need to. If this isn’t enough to lower your blood pressure, talk to your healthcare team about taking one or more medications.</td>
</tr>
</tbody>
</table>

What is pre-hypertension?

If your blood pressure is between 120/80 and 139/89, then you have pre-hypertension. This means that you don’t have high blood pressure now but are likely to develop it in the future. You can take steps to prevent high blood pressure by adopting a healthy lifestyle.

Talk to your doctor if you are in the pre-hypertension range
LOWER YOUR CHOLESTEROL

Goal - Maintain the following numbers:

- Total cholesterol at or less than 200 mg/dL
- HDL (“good” cholesterol) at least 40 mg/dL and over 60 mg/dL is even better
- LDL (“bad” cholesterol) at or less than 70 mg/dL (fasting) for those who have had a stroke
- Triglycerides at or less than 150 mg/dL (fasting)

Why is this important?

- Your body makes enough cholesterol to work normally, but cholesterol from foods is harmful.
- Extra cholesterol and fat circulating in the blood build up in the walls of the arteries. This buildup, called plaque, allows less blood to get through and blood clots can form.
- Buildup of plaque creates narrowing (stenosis) of blood vessels that decreases blood flow.
- HDL, the “good” cholesterol, helps remove cholesterol from the blood, preventing it from building up in your arteries.
- LDL, the “bad” cholesterol, carries most of the cholesterol in the blood. If your level of LDL is too high, it can lead to blockage in your arteries.
- Triglycerides are a kind of fat carried through the bloodstream that contributes to heart disease.

Benefits

Lowering high levels of LDL cholesterol and/or triglycerides can reduce your risk of stroke.

Action Plan

Here are some tips to help you lower your cholesterol:

- Ask your doctor what is a healthy weight for you and aim for that weight.
- Work with a registered dietitian to develop a healthy eating plan.
- Learn to use substitutes in your recipes or use a different cooking method to help you maintain a healthy weight.
- Get regular moderate-intensity physical activity.
- Moderate intensity would be walking with a friend at a pace where you can talk without being short of breath.
- Take your medications as prescribed. If you have questions about your medications or have side effects, talk with your doctor.
- Quit tobacco and drink only a moderate amount of alcohol. This will help to raise your HDL.

Blocked artery: plaque builds up and less blood gets through
MANAGE YOUR DIABETES

Why is this important?

- People with diabetes have at least twice the risk of stroke and heart disease as patients without diabetes.
- Over many years, high levels of blood sugar can damage your body. This can cause heart and circulatory issues as well as other problems.

Benefits

- If you have diabetes and control your blood sugar you have a lower risk of heart attack and stroke than people whose blood sugar is not under control.
- If you have pre-diabetes, you can prevent diabetes by changing your lifestyle, losing weight, getting regular exercise and eating a healthy diet.

Types of Diabetes

Pre-diabetes blood sugar level is high; you do not yet have diabetes but are likely to develop it.

Type 1 diabetes body stops making insulin; you take shots of insulin to carry sugar to your cells.

Type 2 diabetes your body does not make enough insulin OR is not able to use the insulin it does make; causes buildup of sugar in bloodstream

Risk factors for Type 2 diabetes

- Being overweight, especially having extra weight around the waist
- Being physically inactive
- Having a family history of diabetes
- Giving birth to a baby weighing more than 9 pounds

Action Plan

- Work with your health care provider to find the right combination of diet and exercise for you.
- Ask your health care provider whether a weight-control program is right for you.
- Ask your health care provider whether an exercise program would benefit you.
- Check your blood-sugar levels as instructed by your health care provider.
- Contact the Diabetes Care Center where our staff can help you live a full life while managing your diabetes. For more information on how to take part in our programs, call 313-874-7495.

According to the American Diabetes Association, blood-sugar goals for people with diabetes are:

- Before meals = 90-130 mg/dl.
- After meals = 180 mg/dl or less.
- At bedtime = 110-150 mg/dl.

Fasting blood glucose (blood sugar)

What is a fasting glucose test?

This is a blood test that is used to diagnose diabetes after fasting overnight.

Why do I need this test?

This test shows if you have diabetes or are likely to develop the disease.

- Fasting blood glucose levels of 126 mg/dL or higher mean you have diabetes.
- Levels between 100 and 125 mg/dL mean that you have pre-diabetes and an increased risk of developing diabetes

How often do I need this test?

- Every 3 years, beginning at age 45 (especially if you are overweight or obese)
- More often and at a younger age if you have risk factors for diabetes
KEEP A HEALTHY WEIGHT

Why is this important?

- Keeping a healthy weight decreases your risk of many diseases, including stroke.
- The more overweight you are, the greater your risk of stroke and heart disease.

Benefits

- Losing weight can improve your health in many ways. Just losing 5 to 10 percent of your current weight (10 to 20 pounds for someone at 200 pounds) can make a difference in the way you feel on a daily basis.
- Additional benefits include: increased energy level, lower cholesterol levels, lower blood pressure, less strain on your joints, lower risk of sudden death from heart disease or stroke, prevent Type 2 diabetes, improve your blood sugar levels.

Action Plan

- Talk with your doctor about whether you should lose weight.
- Talk to a dietitian or your doctor to develop a weight-loss or weight maintenance program that works well for you.
- Check with your insurance plan to see if nutrition counseling is covered.
- Get more physical activity every day. Talk with your doctor before starting a physical activity program.
**BE PHYSICALLY ACTIVE**

**Why is this important?**

- Being physically active decreases your risk for stroke and for developing high blood pressure, diabetes and obesity.
- Being physically active may also help you to avoid doctor visits, hospitalizations and medications.

**Benefits**

- Regular physical activity for 30 minutes or more, most days of the week helps to lower your risk of heart disease, stroke, high blood pressure, diabetes and even other medical problems, such as colon cancer and osteoporosis.
- Additional benefits include: lowering tension, stress, depression and anxiety; improving self-image and well-being; lowering or maintaining body weight and possibly lowering cholesterol; and building and maintaining healthy muscles, bones and joints.

**Action Plan**

- Talk with your doctor before starting a physical activity program.
- Enroll in a physical activity program in your local community.
- Choose an activity that you like to do. Some people join a gym; for others brisk walking or household chores (washing the car, gardening, raking leaves, etc.) work best.
- It may help to divide your activity into shorter periods of time over the day.
- Try to exercise most days of the week. Some exercise most days is better than a lot of exercise only once a week.

**Additional benefits**

Activity calories burned per hour*  
Bicycling 6 mph .................240  Dancing ...........................370  Playing with kids...............216  
Bicycling 12 mph...............410  Gardening ..........................324  Swimming 25 yards per minute..275  
Cleaning ...........................240  Hiking ...............................408  Playing tennis (singles) ........400  
Cross-country skiing ..........700  Jogging 5.5 mph .................740  Walking 3 mph ..................320  

* For a healthy 150-pound person. A lighter person burns fewer calories; a heavier person burns more. If you are trying to lose weight, you will be more successful if you boost your activity level beyond 30 minutes most days of the week.
QUIT TOBACCO AND AVOID SECONDHAND SMOKE

Why is this important?

• Quitting tobacco decreases your chance of stroke.
• Tobacco users are up to six times more likely to suffer a heart attack than non-tobacco users.
• Tobacco use puts stress on the heart in many ways. The chemicals in cigarettes narrow the coronary arteries, raise blood pressure and make the heart work harder.
• Tobacco use shortens the user’s life span.

Benefits

Quitting smoking directly increases the body’s ability to recover from a stroke by increasing the flow of oxygen to the muscles, brain and body tissues. This allows the body’s systems to work properly and maintain function.

Improvements after quitting

20 minutes: Your heart rate and blood pressure drop

48 hours: Your ability to smell and taste improves

1 to 9 months: Coughing and shortness of breath decrease; your lungs are better able to filter and handle mucus, reducing the risk of infection

5 years: Your stroke risk is reduced to that of a non-smoker 5-15 years after quitting

10 years: The lung cancer death rate is about half that of a continuing smoker; the risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases

15 years: The risk of coronary heart disease is that of a non-smoker

Action Plan

You can quit tobacco. Decide to quit. Set a quit date and mark it on your calendar. Then follow these steps to success.

Get ready

• Write down all your reasons for quitting.
• Tell friends and family about your plan to quit so they can support you.
• Pay attention to when and why you smoke.
• Try new ways to relax.
• Take up a hobby to keep your hands busy.

Get set

• Make an appointment with your doctor or nurse to ask about medications to help you quit.
• Nicotine patches and nicotine gum are now available without a prescription (be sure to follow directions carefully).
• Call the Michigan Tobacco Quit Line 1-800-QUIT-NOW (800-784-8669) or go to https://michigan.quitlogix.org/.
• Henry Ford Tobacco Treatment Services offers programs to help you quit using any type of tobacco. For more information about the Tobacco Treatment Services offered through Henry Ford Health System, please call (313) 874-1885 or go to http://www.henryford.com/tobaccofree.

Quit

• Go to places where people don’t smoke.
• Remind yourself of all the good reasons why you are quitting.
• Stay positive. You can make it.
• Stay healthy.
• If you slip, try again. You learn something new every time you quit. It takes some people many times to be successful.
MANAGE ATRIAL FIBRILLATION

Goal – To control an irregular heart beat and to prevent blood clots.

Why is this important?

- Managing atrial fibrillation can decrease your chance of blood clots and stroke.
- Atrial fibrillation is a heart rhythm problem: The heart quivers and does not beat as it should.
- The heart beat is too fast and irregular and may cause blood to pool in the heart and form clots.
- Clots can then travel in the bloodstream and clog a blood vessel that leads to the brain, causing a stroke.

Benefits

Controlling atrial fibrillation can reduce your risk for stroke and help you avoid other heart problems and fatigue.

Action Plan

Keep regular scheduled check-ups if you have this problem.

- Your doctor or nurse may give you medications such as aspirin, warfarin or another blood thinner to stop clots from forming.
- Follow the instructions you are given on how to take your medications
- Your doctor may need to do special procedures to stop the irregular heartbeat.
- Ask your nurse or doctor how to take your pulse

Know symptoms of atrial fibrillation:

- Heart fluttering or pounding
- Fainting or dizziness
- Shortness of breath
- Fatigue

Contact your doctor or nurse even if these symptoms go away.
STROKE CARE AT THE HOSPITAL

Emergency department
The doctors and nurses may take these steps in the emergency department:

- Ask for your medical history
- Ask what time you started feeling that something was wrong
- Do a physical exam to check for weakness and brain or nerve problems
- Order lab tests and a scan of the brain (CT scan or MRI)

The doctor or nurse may also:

- Monitor your heart, blood pressure and pulse
- Provide oxygen
- Give you blood pressure medicine

Treatment
Quick medical attention is important. The team may include other doctors who specialize in care of the brain such as a neurologist and a neurosurgeon.

If a stroke happened less than three hours before, the doctor may be able to use medication (called “tPA”) that restores blood flow to lower the damage and lead to a better recovery. This medication is not safe for everyone and cannot be used with a hemorrhagic stroke or with other bleeding problems.

If a stroke happened less than 6 hours before, the stroke may be able to be treated with a procedure in interventional radiology that directly removes the clot from the blood vessel in your brain.

Admission to the hospital
After emergency care, you will be admitted to the hospital so your doctors and nurses can continue your care and closely monitor you.

If you had a stroke, you will receive care in the Acute Stroke Unit (ASU). Some people, including those with a hemorrhage, may stay in the Neuro Intensive Care Unit.

Care after admission to the hospital
Care in the hospital may include:

- Heart monitoring for 24 hours or longer
- No food or drink by mouth until your doctors are sure you can swallow properly
- IV fluids
- Bed rest for the first day, then out-of-bed activities
- Medications and devices to prevent blood clots
- Aspirin or other blood-thinning medications (not for hemorrhagic strokes)

You will receive:

- Occupational and physical therapy
- Speech therapy
- Education and counseling about your stroke
- Help with planning your move from the hospital to a rehabilitation facility or home
- Special diagnostic tests may also be ordered.
TEST DESCRIPTIONS

2D echo (2D echocardiogram) – A 2D echo looks at your heart. In this test, you will lie on a table/stretcher and an ultrasound machine will be used to look at your heart. This test takes about 20 minutes.

A CAT or CT scan (computed tomography) uses a computer system to build detailed pictures of the brain. You will lie on a table that moves in and out of the CT machine, while pictures are taken. The test takes 15 minutes or less.

Carotid ultrasound (Doppler) uses sound waves to build a picture of the carotid arteries, the main arteries in the neck, and checks blood flow in the carotid arteries. It usually takes about 15 minutes.

Cerebral angiography (Arteriography) a thin tube (catheter) is put into an artery in your leg to inject special dye into the blood vessels of the brain. This allows x-ray pictures to show the size and location of any blockages in the blood vessels in your brain or if the blood vessels are narrow.

CT angiography (CTA) uses an injection of dye in a vein in the arm to produce pictures of the neck and head arteries. MR angiography (MRA) uses the MRI machine to create similar pictures.

In magnetic resonance imaging (MRI), a large magnetic field and radio waves are used to make three-dimensional pictures of the brain. You will lie on a table that moves in and out of the MRI machine. The test will take 30 to 90 minutes.

Swallowing test – Sometimes after a stroke your swallowing can be weak. When this happens you may accidentally swallow your food, drink or medicines into your lungs instead of your stomach. Before you eat, drink or swallow pills, your nurse or speech therapist will check to see how you swallow to make sure it is safe for you to eat and drink. This test takes five minutes or less. You may be asked to swallow water during the test.

TEE (Transesophageal echocardiogram) – A TEE takes very detailed pictures of your heart. A small ultrasound probe is passed into your mouth and throat to let your doctor see your heart. You will not be able to eat or drink anything after midnight the night before your test. After the test, your throat will be numb for a few hours and may be sore when the numbness wears off. This should not last more than one day or so. The test will take 30 minutes to an hour.

Transcranial Doppler (TCD) tests the flow of blood through the arteries in your brain using ultrasound.

Video swallow or FEES (Fiberoptic endoscopic evaluation of swallowing) – These tests look at your mouth and throat to check if you are safely chewing and swallowing your food. During these tests your speech therapist will ask you to eat and drink different foods and liquids. A camera will take pictures as you chew and swallow to make sure you can safely eat and drink.
MEDICATIONS AND STROKE

After your stroke, your doctor may prescribe medications that you have to take regularly. Some will be new to help prevent another stroke. Some medications are specific to your risk factors, such as high blood pressure, diabetes or high cholesterol. You will go home with medicines that are specific to your needs. It is important that you and your family understand each of these medications.

These are some of the medicines your doctor may start you on:

<table>
<thead>
<tr>
<th>Medications to Prevent Clotting:</th>
<th>Medications to Reduce Cholesterol:</th>
<th>Medications to Reduce High Blood Pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aspirin</td>
<td>• Bile acid binders</td>
<td>• Beta blockers</td>
</tr>
<tr>
<td>• Heparin</td>
<td>• Fenofibrate</td>
<td>• Diuretics</td>
</tr>
<tr>
<td>• Warfarin (Coumadin®)</td>
<td>• Gemfibrozil</td>
<td>• Vasodilators, ACE inhibitors, calcium</td>
</tr>
<tr>
<td>• Ticlopidine (Ticlid®)</td>
<td>• Lovastatin, Pravastatin, Simvastatin, Atorvastatin</td>
<td></td>
</tr>
<tr>
<td>• Clopidogrel (Plavix®)</td>
<td>• Niacin</td>
<td>and angiotension receptor blockers</td>
</tr>
<tr>
<td>• Aggrenox®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dabigatran (Pradaxa®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Apixaban (Eliquis®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Edoxaban (Savaysa®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rivaroxaban (Xaralto®)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do not stop taking your medications unless instructed by your doctor or nurse.

What you should know about each medication before you leave the hospital:

• What is the name of the medication?
• What is this medicine for?
• When and how often should I take it?
• How much should I take each time?
• What kinds of side effects could it cause?
• What should I do if I have a problem taking the medication? Or if I miss a dose?
• Should I take it with food or on an empty stomach?

Tips for Remembering to Take Your Medications

• Take medications at the same time each day (when eating or when brushing your teeth or doing other daily activities)
• Use a weekly pill box (separate compartments for each day or time of day)
• Use a calendar or reminder chart
• Wear a wristwatch with an alarm
• Leave notes for yourself
• Have a family member or friend remind you
If your medication looks different than usual:
Better safe than sorry; call your pharmacist and make sure it is what the doctor prescribed. Your pharmacist will be happy to answer your questions. If your medication looks different it could be:

- A different brand.
- A change in dose.
- A change in medicine.

Always keep a pocket or wallet size list of your medications with doses
This will help you remember what medications you take if you have a doctor’s appointment or need to go to the hospital or emergency room. Some pharmacies may be able to print one out for you.

Remember
1. Take your medications as directed.
   Medications only work if you take them the way your practitioner asked.
2. Take your medications even if you feel well.
   Your symptoms will come back if you stop taking your medications, and you may have to come back to the hospital.
3. Do not take a double dose if you miss one of your pills.
   If you miss a dose of your medication, take it as soon as you remember. Then spread the remaining doses evenly over the day.
4. If you are feeling any side effects from medicine, call your doctor, health care provider or pharmacist right away.
5. Do not allow yourself to run out of medications.
   If you are having problems paying for your medications, speak with your doctor or health care provider.
6. Never take over-the-counter medications, vitamins, herbal or other supplements unless you review them with your health care provider.
Physical & Occupational Therapy
HENRY FORD MEDICAL GROUP

Allen Park Rehabilitation
7445 Allen Road, Suite 102 • Allen Park, MI 48101
(313) 389-5600 • Fax: (313) 389-0288

Cottage Rehabilitation and Athletic Medicine
159 Kercheval Ave • Grosse Pointe Farms, MI 48236
(313) 640-2200 • Fax: (313) 881-5394

Columbus Rehabilitation and Athletic Medicine
39450 W 12 Mile Rd • Novi, MI 48377
(248) 344-2300 • Fax: (248) 344-2301

Detroit Northwest Rehabilitation
7800 West Outer Drive, Detroit, MI 48235
(313) 543-6295 • Fax: (313) 543-6275

Fairlane Occupational Therapy
19401 Hubbard Drive, Suite 102 • Dearborn, MI 48126
(313) 982-8179 • Fax: (313) 982-8466

Ford Road Rehabilitation and Athletic Medicine
5500 Auto Club Drive, Suite 150 Dearborn, MI 48126
(313) 982-8266 • Fax: (313) 982-8098

Hamtramck Physical Therapy
9100 Brombach Road • Hamtramck, MI 48212
(313) 972-9035 • Fax: (313) 972-9045

Lakeside Occupational Therapy
14500 Hall Road, Sterling Heights, MI 48313
(586) 566-4201 • Fax: (586) 247-2697

Lowell Park Physical Therapy
44800 Delco Boulevard, Sterling Heights, MI 48313
(586) 726-6400 • Fax: (586) 726-0432

New Center One Rehabilitation
3031 West Grand Blvd., Suite 700 • Detroit, MI 48202
(313) 916-3162 • Fax: (313) 916-7988

Novi Rehabilitation and Athletic Medicine
40000 West 8 Mile Road, Northville, MI 48167
(248) 380-6222 • Fax: (248) 380-6224

Southfield Physical Therapy
22777 West Il Mile Road, Southfield, MI 48033
(248) 386-5336 • Fax: (248) 386-5378

William Clay Ford Center for Athletic Medicine
6525 Second Ave., Detroit, MI 48202
(313) 972-4140 • Fax: (313) 972-4134

HENRY FORD MACOMB HOSPITALS

Bruce Township Health Center
80650 Van Dyke Road (north of 37 Mile Road)
Romeo, MI 48065
Phone: (810) 798-6470 Fax: (810) 798-6476

Chesterfield Health Center
30795 23 Mile Road (1/2 mile east of I-94)
Chesterfield Township, MI 48047
Phone: (586) 421-3030 • Fax: (586) 421-3031

Clinton Township Hospital Campus
16301 19 Mile Road (at the corner of Commons,
west of Garfield) Clinton Township, MI 48038
Phone: (586) 263-2480 • Fax: (586) 263-2574

Fraser Health Center
15717 15 Mile Road (west of Utica Road)
Fraser, MI 48035
Phone: (586) 285-3884 • Fax: (586) 285-3920

Henry Ford Macomb Health Center - Warren
13251 E. Ten Mile Road, Suite 400
Warren, MI 48089
Phone: (586) 759-7474 • Fax: (586) 759-7476
Richmond Health Center
3150532 Mile Road (east of Haven Ridge Road)
Richmond, MI 48062
Phone: (586) 727-4530 • Fax: (586) 727-9485

Shelby Family Medicine
49310 Van Dyke (north of 22 Mile Road)
Shelby Township, MI 48317
Phone: (586) 731-5253 • Fax: (586) 731-5218

Washington Township Health Center
1215030 Mile Road (between Van Dyke and M-53)
Washington Township, MI 48095
Phone: (586) 336-2480 • Fax: (586) 336-2481

HENRY FORD WYANDOTTE HOSPITAL

Physical Rehabilitation
3323 Biddle Ave., Wyandotte, MI 48192
(734) 284-4499 • Fax: (734) 324-3918

HENRY FORD WEST BLOOMFIELD HOSPITAL

VITA Physical & Occupational Rehabilitation
6777 West Maple Rd., West Bloomfield, MI 48323
(248) 325-0078 • Fax: (248) 325-1178

HENRY FORD VISION REHABILITATION CENTERS

Henry Ford Medical Center- Livonia
Center for Vision Rehabilitation and Research
29200 Schoolcraft Rd, Livonia, MI 48150
734-523-1070

Henry Ford Ophthalmology - Grosse Pointe
Center for Vision Rehabilitation and Research
15401 E. Jefferson Ave., Grosse Pointe Park, MI 48230
313-824-2401

Henry Ford Optimeyes Super Vision Center - Lakeside
44987 Schoenherr Rd., Sterling Heights, MI 48315
586-247-5910
Acute Rehabilitation Centers in Southeast Michigan with a 50 mile radius of zip code 48202 (Detroit)

**SUMMARY**

**HENRY FORD WYANDOTTE HOSPITAL-ACUTE REHAB**
gcunnin1@hfhs.org
2333 Biddle Ave
Wyandotte, MI, 48192
(734) 246-6048
Facility Types: Acute Care, Rehabilitation Hospital
Payment Sources: HMO, Managed Care, MEDICAID, MEDICARE, Private Health Insurance, Private/Self Pay
Restrictions: Active Tuberculosis, Aggressive Behavior, Ventilators

**HENRY FORD MACOMB HOSPITAL-ACUTE REHAB**
(formerly St. Josephs Mercy Hospital - REHAB UNIT)
Ichircol@hfhs.org
15855 19 Mile Rd
Clinton Township, MI, 48038
(586) 263-2749

**BEAUMONT - FARMINGTON HILLS**
28050 Grand River Avenue
Farmington Hills, MI, 48336
(248) 471-8768

**BEAUMONT HEALTH SYSTEM - ROYAL OAK**
(formerly William Beaumont Hospital - Royal Oak - REHAB)
3601 W 13 Mile Rd
Royal Oak, MI, 48073
(248) 898-1949

**BEAUMONT - TAYLOR REHAB**
10000 Telegraph Rd.
Taylor, MI, 48180
(313) 295-5077
Facility Types: Rehabilitation Hospital
Restrictions: Active Tuberculosis, Communicable Disease, Minimum Age 18, Pregnant Patients, Ventilators

**BEAUMONT - TROY**
44201 Dequindre Rd.
Troy, MI, 48098
(248) 964-4014

**CHELSEA COMMUNITY HOSPITAL REHAB**
775 S. Main St.
Chelsea, MI, 48118
(734) 593-5600

**CRACCHIOLO INPATIENT REHAB CENTER (FORMERLY ST. JOHN NORTH SHORES HOSPITAL - REHAB)**
kimberly.martinez@stjohn.org
22101 Morass Road
Detroit, MI, 48236
(313) 343-4533
Facility Types: Rehabilitation Hospital
Payment Sources: Managed Care, MEDICAID, MEDICARE, Private Health Insurance, Private/Self Pay
1101 W University Dr
Rochester, MI, 48307
(248) 652-5809

**CRITTENTON HOSPITAL REHAB**
1101 W University Dr.
Rochester, MI, 48307
(248) 652-5809

**GARDEN CITY HOSPITAL REHAB**
6245 Inkster Rd.
Garden City, MI, 48135
(734) 458-4394

**MCLAREN OAKLAND INPATIENT REHAB**
50 N. Perry St.
Pontiac, MI, 48342
(248) 338-5157
PROVIDENCE HOSPITAL-REHAB
shellene.berry@providence-stjohnhealth.org
16001 W 9 Mile Rd
Southfield, MI, 48075
(248) 849-2098

REHABILITATION INSTITUTE OF MICHIGAN
mreed2@dmc.org
261 Mack Blvd
Detroit, MI, 48201
(313) 745-9782
Facility Types: Rehabilitation Hospital
Payment Sources: HMO, Managed Care, MEDICAID, MEDICAID HMO, MEDICAID Pending, MEDICAID Waiver, MEDICARE, Private Health Insurance, Private/Self Pay

SINAI GRACE HOSPITAL - INPATIENT REHAB
6767 W Outer Dr
Detroit, MI, 48235
(313) 966-3344

ST. JOSEPH MERCY HOSPITAL - REHABILITATION UNIT
Bob.Hoover@stjoeshealth.org
5301 E Huron River Dr
PO Box 95
Ann Arbor, MI, 48106
(734) 712-8674
Facility Types: Rehabilitation Hospital
Payment Sources: Managed Care, MEDICAID, MEDICARE, Private Health Insurance, Private/Self Pay

ST. JOHN MACOMB-OAKLAND HOSPITAL - REHAB UNIT
11800 E. 12 Mile Rd
Warren, MI, 48093
(586) 573-5123

ST. MARY MERCY HOSPITAL - INPATIENT REHABILITATION DEPARTMENT
odonneds@trinity-health.org
36475 Five Mile Rd
Livonia, MI, 48154
(734) 655-2816
Facility Types: Rehabilitation Hospital

ST. JOSEPH MERCY HOSPITAL - OAKLAND - REHAB
44405 Woodward Ave
Pontiac, MI, 48341
(248) 858-6112

UNIVERSITY OF MICHIGAN HEALTH SYSTEM - REHAB
1500 E Medical Center Dr
Ann Arbor, MI, 48109
(734) 936-7059
Stroke Nutrition Therapy

- This eating plan is low in sodium (which comes mostly from salt).
- You should have plenty of vegetables, fruits, whole grains, and fat-free or low-fat dairy products. These foods contain nutrients that can help keep blood pressure under control.
- You should eat heart-healthy kinds of fat to reduce the buildup of plaque in your blood vessels.
- If you need to lose weight, following the plan can help you because it limits high-fat foods and refined carbohydrates.
- Everyone who has had a stroke should talk to their doctor about what a healthy weight is for them.

If You Have Difficulty Swallowing

After a stroke, some patients have difficulty swallowing. If you do, check with your doctor to see if you need a special eating plan that changes the texture of foods. Following this plan will prevent food from getting in your windpipe.

Tips

Tips to Control Blood Pressure

- Limit the sodium that you get from food and drink.
  - Your doctor or registered dietitian can tell you the limit that is right for you.
  - In general, foods with more than 300 milligrams (mg) sodium per serving may not fit into your meal plan.
  - Do not salt food at the table. Use very little salt, if any, when you cook.
  - Choose carefully when you eat away from home. Restaurant foods can be very high in sodium. Let the person taking your order know that you want low-salt or no-salt choices. Many restaurants have special menus or will prepare food with less salt.
- Eat plenty of fruits and vegetables that are high in potassium.
  - Good fruit choices include bananas, apricots, oranges, cantaloupe, and apples.
  - High-potassium vegetables include potatoes, sweet potatoes, spinach, zucchini, and tomatoes.
- Have fat-free and low-fat dairy products. These will help you get the calcium and potassium that your body needs.
- If you drink alcohol, limit the amount.
  - Women should drink no more than one drink per day.
  - Men should not drink more than two drinks per day.
  - One drink is 12 ounces (oz) of beer, 5 oz of wine, or 1½ oz of liquor.

Tips to Control Blood Cholesterol Levels

- Eat very little saturated fat and trans fat. These types of fat can raise the low-density lipoprotein, or LDL ("bad"), cholesterol in your blood.
  - Saturated fat is found in foods from animals, such as fatty meats, whole milk, butter, cream, and other dairy foods made with whole milk. It is also in tropical oils (palm, palm kernel, and coconut).
  - Trans fat is found in all foods made with hydrogenated oils. It may be in fried foods, crackers, chips, and foods made with shortening or stick margarine.
- Choose unsaturated fats (heart-healthy fats), such as soybean, canola, olive, or sunflower oil. Liquid or soft tub margarines are also fine.

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- Keep total amount of fat that you eat to less than 25% to 35% of the calories that you get from food and drink.
- Limit the cholesterol that you get from food to 200 mg of cholesterol per day. Foods high in cholesterol include egg yolks, fatty meats, shrimp, and dairy foods.
- Get 20 to 30 grams (g) of fiber per day:
  - High-fiber foods include fruits, vegetables, and whole grains. Aim for 2 cups of fruit, 3 cups of vegetables, and 3 oz of whole grains per day.
  - Soluble fiber is especially good for you. You can get it from oatmeal, dried beans, and peas.
  - As you add fiber to your eating plan, you should also drink more water or other fluids. This will help your body process the fiber without discomfort.
- Eat cold-water, fatty fish (such as salmon, tuna, mackerel, and sardines) twice a week. These fish provide omega-3 fats, which are heart-healthy. Be aware, however, that canned fish can be high in sodium. Choose fresh or frozen fish, or buy low-sodium canned types.
- Add ground flaxseed or flaxseed oil to food, or eat walnuts. These plant foods are also high in omega-3 fats.

### Foods Recommended

Remember: Most foods should have less than 300 mg sodium per serving and have little or no saturated fat or trans fat.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td>Breads and cereals, especially those made with whole grains such as oats, barley,</td>
</tr>
<tr>
<td></td>
<td>rye, or whole wheat</td>
</tr>
<tr>
<td></td>
<td>Pasta, especially whole grain pastas</td>
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<tr>
<td></td>
<td>Brown rice</td>
</tr>
<tr>
<td></td>
<td>Low-fat, low-sodium crackers and pretzels</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Fresh, frozen, or canned vegetables without added fat or salt</td>
</tr>
<tr>
<td></td>
<td>Highly colored vegetables, such as broccoli, greens, sweet potatoes, and tomatoes</td>
</tr>
<tr>
<td></td>
<td>are especially good for you.</td>
</tr>
<tr>
<td>Fruits</td>
<td>Fresh, frozen, canned, or dried fruit</td>
</tr>
<tr>
<td>Milk and Milk Products</td>
<td>Fat-free (skim), low-fat (1%) milk</td>
</tr>
<tr>
<td></td>
<td>Buttermilk</td>
</tr>
<tr>
<td></td>
<td>Nonfat or low-fat yogurt</td>
</tr>
<tr>
<td></td>
<td>Nonfat, low-sodium cottage cheese</td>
</tr>
<tr>
<td></td>
<td>Fat-free and low-fat, low-sodium cheese</td>
</tr>
<tr>
<td>Meat and Other Protein</td>
<td>Fish (especially fatty fish, such as salmon, fresh tuna, or mackerel)</td>
</tr>
<tr>
<td>Foods</td>
<td>Lean cuts of beef and pork (loin, leg, round, extra lean hamburger)</td>
</tr>
<tr>
<td></td>
<td>Low-sodium cold cuts made with lean meat or soy protein</td>
</tr>
<tr>
<td></td>
<td>Skinless poultry</td>
</tr>
<tr>
<td></td>
<td>Venison and other wild game</td>
</tr>
<tr>
<td></td>
<td>Unsalted nuts and nut butters</td>
</tr>
<tr>
<td></td>
<td>Dried beans and peas</td>
</tr>
<tr>
<td></td>
<td>Meat alternatives made with soy or textured vegetable protein</td>
</tr>
<tr>
<td></td>
<td>Egg whites or egg substitute</td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>Unsaturated oils (soybean, olive, canola, sunflower, safflower)</td>
</tr>
<tr>
<td></td>
<td>Soft or liquid margarines and vegetable oil spreads</td>
</tr>
<tr>
<td></td>
<td>Salad dressings (nonfat or made with unsaturated oil)</td>
</tr>
<tr>
<td></td>
<td>Seeds</td>
</tr>
<tr>
<td></td>
<td>Avocado</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods Not Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td>Baked goods made with hydrogenated oil or saturated fat</td>
</tr>
<tr>
<td></td>
<td>Grain foods that are high in sodium or added sugar</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Canned vegetables (unless they are low sodium or salt free)</td>
</tr>
<tr>
<td></td>
<td>Pickles, other vegetables packed in brine, such as sauerkraut</td>
</tr>
<tr>
<td></td>
<td>Fried or breaded vegetables</td>
</tr>
<tr>
<td></td>
<td>Vegetables in cream or butter sauces</td>
</tr>
<tr>
<td>Fruits</td>
<td>Fried fruits; fruit dishes with cream or butter</td>
</tr>
<tr>
<td>Milk and Milk Products</td>
<td>Cheese (except for low-fat, low-sodium types)</td>
</tr>
<tr>
<td></td>
<td>Processed cheese products</td>
</tr>
<tr>
<td></td>
<td>Whole milk</td>
</tr>
<tr>
<td></td>
<td>Dairy foods made from whole milk or cream (such as ice cream and half-and-half)</td>
</tr>
<tr>
<td>Meat and Other Protein Foods</td>
<td>Canned or smoked meat or fish</td>
</tr>
<tr>
<td></td>
<td>Marbled or fatty meats (such as bacon, sausage, hot dogs, regular hamburger)</td>
</tr>
<tr>
<td></td>
<td>Whole eggs and egg yolks</td>
</tr>
<tr>
<td></td>
<td>Poultry with skin</td>
</tr>
<tr>
<td></td>
<td>High-sodium lunch or deli meats (such as salami)</td>
</tr>
<tr>
<td></td>
<td>Canned beans (except for low-sodium or salt-free)</td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>Solid cooking fats (shortening, butter, stick margarine)</td>
</tr>
<tr>
<td></td>
<td>Tropical oils (palm, palm kernel, or coconut oil)</td>
</tr>
<tr>
<td></td>
<td>Hydrogenated oil (found in many packaged and fried foods)</td>
</tr>
<tr>
<td>Other</td>
<td>Salt, seasoning mixes made with salt</td>
</tr>
<tr>
<td></td>
<td>Soy sauce, miso</td>
</tr>
<tr>
<td></td>
<td>Canned or dried soups (except for low-fat, low-sodium types)</td>
</tr>
<tr>
<td></td>
<td>Bouillon cubes</td>
</tr>
<tr>
<td></td>
<td>Ketchup, barbecue sauce, worscestershire sauce, salsa</td>
</tr>
<tr>
<td></td>
<td>Sugary drinks (such as soft drinks or fruit drinks)</td>
</tr>
<tr>
<td></td>
<td>Snack foods made with hydrogenated oil, shortening, or butter</td>
</tr>
<tr>
<td></td>
<td>High-sodium snack foods (chips, pretzels, salted nuts)</td>
</tr>
<tr>
<td></td>
<td>High-fat, high-sugar desserts</td>
</tr>
<tr>
<td></td>
<td>High-fat gravies and sauces</td>
</tr>
<tr>
<td></td>
<td>Premade foods (boxed pasta mixes, frozen dinners, and so on) if high in sodium or fat</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Women: Do not have more than 1 drink per day.</td>
</tr>
<tr>
<td></td>
<td>Men: Do not have more than 2 drinks per day.</td>
</tr>
<tr>
<td></td>
<td>1 drink = 5 oz wine, 12 oz beer, or 1½ oz liquor</td>
</tr>
</tbody>
</table>

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Speech & Language Pathology
Preparing to Leave the Hospital
PREPARING TO LEAVE THE HOSPITAL

What to do after you leave the hospital: follow-up care

• You need to take the medicines your doctor prescribed after you leave the hospital to reduce your chance of having another stroke or heart problem. You must take your medicines just as the doctor explained in order for them to work. Do not stop taking your medications without talking to your doctor first.

• It is important that you receive regular medical care after you leave the hospital. This is how the doctors can check to see if your treatments are working and make sure that your medicines are adjusted properly.

• Make sure you have a plan for which doctor(s) you will see and when to see them after you leave the hospital and be sure to have your list of medications with you for all doctor visits.

• Recovery after a stroke may continue for many months. You may benefit from working with rehabilitation therapists during your recovery. If a therapy program has not been arranged, please discuss this option with your health care providers.

• To easily find your test results, health information, appointments, and more, be sure to use your Henry Ford My Chart account. Learn more by visiting www.henryford.com/MyChart.
Stroke Nursing Discharge Checklist

Use the information below to help guide your conversations and to make sure your questions are answered.

**Stroke Information and Education**

You or your family member’s health condition is:

- Ischemic Stroke (Clogged artery in the brain)
- Hemorrhagic stroke (Bleeding into the brain)
- TIA (Transient Ischemic Attack or "Mini Stroke")
- Potential for stroke

It is important to understand the health problems (risk factors) that make it more likely that a stroke may occur. Work with your healthcare provider to help prevent another stroke. Your personal Risk Factors for stroke are checked below:

- **High Blood Pressure:** High blood pressure is the single most important risk factor for stroke. Your blood pressure today was ___________. If it’s 140/90 or above, it’s high. Never stop your blood pressure pills without talking to your doctor.

- **High Cholesterol:** High blood cholesterol increases the risk of clogged arteries. A stroke results when an artery to the brain becomes clogged. Your total cholesterol level is__________ with a LDL (bad cholesterol) of__________. The goal for total cholesterol is less than 200 and LDL less than 100.

- **Smoking:** Smoking doubles the risk of stroke. You can find a program to help you quit by calling the Michigan Tobacco Quit Line 1-800-QUIT-NOW (800-784-8669) or Tobacco Treatment Services offered through Henry Ford Health System, please call (313) 874-1885.

- **Diabetes:** Diabetes increases your risk of stroke. Your blood sugar (Hemoglobin A1C) has been averaging __________. A Hemoglobin A1C in people with diabetes should be less than 7. Work with your doctor to manage diabetes by taking your medicines as directed, eating healthy and getting exercise.

- **Atrial Fibrillation (AF):** AF is an irregular heartbeat that changes how your heart works and can cause blood to pool in parts of your heart. This pooled blood can form clots and cause a stroke. If you are taking Coumadin (warfarin) to prevent clots, make sure you get your blood tests.

- **Carotid or other artery disease:** The carotid arteries in your neck supply blood to your brain. A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot, causing a stroke. Talk to your doctor about ways to manage this.

- **Lifestyle management:** Obesity, inactivity, drinking too much alcohol intake and using illegal drugs use (especially cocaine or crack) can increase your risk of stroke. Losing weight, if you are overweight, getting exercise, drinking only small amounts of alcohol, and stopping illegal drug use will decrease your stroke risk.

Signs of stroke: If you have any of these signs, call 911 **right away**:

- Sudden numbness or weakness of face, arms or leg
- Sudden problems speaking or understanding
- Sudden change in seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headaches with no known cause

It is very important to follow up with your Primary Care doctor and neurologist after you go home from the hospital to help you control your risk factors. Take your medicines as your doctor described and bring them with you to your follow-up appointments.
Additional Questions
You may want to ask some or all of these questions of your nurses, doctors, social worker/case manager, physical and occupational therapist, speech therapists and dietitians. Write down the answers and any other important information for your recovery and care.

What can I expect in terms of my recovery and rehabilitation?

What physical, emotional, behavioral and communication challenges can I expect?

How should I address these challenges?

What do you suggest in regards to diet and exercise?

What living arrangement do you recommend?

If I can go home, how should I be transferred from the hospital?

What safety precautions should we take at home?

What tasks will I need help with? Can you show my caregiver how to do the tasks that require special skills?

If you can’t answer these questions yet, who will I talk to who can help answer them?

What kind of equipment and supplies will I need? What are they used for and how do I order them?

How can I determine what my insurance will cover and how much I will have to pay? Do you know of possible ways to get help with these costs?

Is a caregiver or stroke support group available in my community?

Is there any follow up testing or appointments for me?

What medications do I need to take, what are they for and how often do I need to take them?

Notes:
Stroke Support Groups

The Super Survivors’ Stroke Support Group
15855 Nineteen Mile Road
Clinton Township, MI 48038
Contact person is Julie Klocke at 810-334-5976 or jklocke1@hfhs.org
Meeting meets the 3rd Friday of every month from 12:30 to 2pm
Location Henry Ford Macomb Hospital
This group type is for supportive social for survivors and caregivers

Spice of Life Stroke Club
261 Mack Boulevard
Detroit MI 48201
Contact person is Anita Rogers at 313-745-9790 or arodgers@dmc.org
Meeting meets the 3rd Wednesday of every month
Location at Rehab Institute of Michigan
This group type is for support, social, education and therapeutic interactions
Specialty is for Stroke and Head Injury
During the fall, winter and spring months the group meets at the hospital and has more education/support group meetings. During the summer months the group is involved with leisure activities out in the community.

Support Group VA Gotcha
4646 John R
Detroit MI 48201
Contact person is Michele Roy-Morrow at 313-576-1000 ext 65107 or Michele.roymorrow@va.gov
Location is the VA Hospital Detroit. Must be an enrolled veteran with the VHA nationally.

Mind Over Matters
22101 Moross
Detroit MI 48236
Contact person is Melissa Tye at 313-343-4536 or melissa.tye@ascension.org
Meets on the 2nd Thursday of every month at 1pm, September through May.
Location is St. John Hospital & Medical Center in the Cracchiolo Inpatient Rehabilitation Center on the 3rd Floor (access from Center Lobby elevators) in the Patient Dining Room.
The meeting type is socialization, support, refreshments followed by a speaker, topics vary from relaxation, leisure, medication, nutrition, emergency care, humor, travel and exercise.

Change of Pace Stroke Club
8207 E. 9 Mile
Warren MI 48089
Contact person is Becky Rose at 586-757-7480
Meeting occurs every Wednesday at 10:30 am

First Step Support Group
Farmington Hills Senior Center
27906 Old Colony Rd
Farmington Hill, MI 48336
Contact person is Carolyn Eskandari at 248-851-0134
Meetings occur every Tuesday from 1 to 3pm at the Senior Center at 28600 Eleven Mile Road Farmington Hills
Go For Stroke Club
28050 Grand River Avenue
Farmington Hills, MI 48336
Location is at Botsford Hospital
Contact person is Anish Pugh at 248-471-8753
Meeting occurs on the 1st Monday of every month from 6-7:30 pm on the Rehab Unit

Cerebral Aneurysm and Stroke Club
6245 N Inkster
Garden City, MI 48135
Contact person is Cathleen Urban at 734-458-3350
Meeting occurs every 3rd Tuesday of the month at 7:30pm
Location is at Garden City Hospital Rehab Unit 1st floor dining room.
Meeting type is for survivors and caregivers. Agenda is interaction between survivors and caregivers. Guest speakers discuss a variety of topics. This is a free group that offers support to those who have an aneurysm or stroke, as well as their families and friends.

Zest For Life Stroke Club
18185 Sycamore Street
Roseville, MI 48066
Contact person is Mary Grant at 586-777-7177
Meeting occurs every Thursday from 12:30 to 3pm
Location is at the Recreation Authority Senior Center
The agenda is more of a social group that meets for fellowship, games and snacks. Membership fee is $1 per week, unless a special event is planned.

Providence Stroke Support Group
16001 W 9 Mile Road
Southfield, MI 48075
Location is Providence Hospital, DePaul Center 7 West/Rehab dining room
Contact person is Karen Zylman at 248-849-5802 or Karen.zylman@stjohn.org
Meeting occurs the last Tuesday of every month from 1:30pm to 2:30pm.

Cane and Able Stroke Support Group
44300 Dequindre Rd.
Sterling Heights, MI  48314
Contact person is Joyce Fluegge at 248-964-4222
Meets the 2nd and 4th Tuesday at Troy Beaumont Professional Building

Speech Therapy and Education Program for Stroke Survivors (STEPSS)
Program of Wayne State University in Detroit.
Patients are seen by graduate students, free of charge, on Mondays and Wednesdays while classes are in session from 10am to 2pm. Contact is Denise Walker at 313-577-3339.

Current as of December 2017
Leaving the hospital after your stroke can be scary and overwhelming. To help you prepare for what’s next in your recovery, hospital staff will speak with you and the person helping to care for you about what you can expect. Use the checklist below to help guide your conversations and to make sure your questions are answered.

**INSTRUCTIONS:**
1. You and the loved ones helping you should talk with your medical staff throughout your stay about the questions below.
2. Check the questions that you have asked and have gotten answers for, skip any that aren’t applicable. Make sure you fully understand the answer before checking the box.
3. Write down the answers to your questions and any important information (e.g., names, phone numbers, etc.) in the spaces that follow.
4. Bring the checklist home and make copies for friends and family who may help you with your post-stroke care.

**UNDERSTAND WHAT HAPPENED**

☐ What was the diagnosis?

☐ What caused the stroke?
WHAT'S NEXT?

☐ Am I at risk for another stroke? If so, what can I do to reduce that risk?

☐ What can I expect in terms of my recovery and rehabilitation?

☐ What physical, emotional, behavioral and communication challenges can I expect? How should I address these challenges?

☐ What do you suggest in regards to diet and exercise?
☐ Are any follow-up appointments, tests or rehabilitation needed? If so, will you help me complete the Appointment Tracker below?

Appointment Tracker:

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Date/Time</th>
<th>Physician/Professional’s Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

LIVING ARRANGEMENTS

☐ What living arrangement do you recommend?

☐ If I can go home, how should I be transferred from the hospital?

☐ What safety precautions should we take to prepare the home?
☐ What tasks will I need help with? Can you show my caregiver how to do the tasks that require special skills?

☐ If you can’t answer these questions yet, who will I talk to who can help answer them?

MEDICATIONS

☐ What medications do I need to take, what are they for and how often do I need to take them? Can you help me complete the medicine tracker below?

**Medicine Tracker:**

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>What is it for?</th>
<th>How Often &amp; What Time</th>
<th>Instructions</th>
<th>Prescribing Doctor</th>
<th>Pharmacy Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
☐ What kind of equipment and supplies will I need? What are they used for and how do I order them?

☐ How can I determine what my insurance will cover and how much I will have to pay? Do you know of possible ways to get help with these costs?

FURTHER INFORMATION & HELPFUL RESOURCES
☐ Is a caregiver or stroke support group available in my community?

☐ What other resources are available?
☐ What are the names and phone numbers of the physicians, nurses, social worker, etc.?

Name: ___________________ Phone: ___________________
Specialty: ___________________

Name: ___________________ Phone: ___________________
Specialty: ___________________

Name: ___________________ Phone: ___________________
Specialty: ___________________

Name: ___________________ Phone: ___________________
Specialty: ___________________

Name: ___________________ Phone: ___________________
Specialty: ___________________

Additional Notes:
Caregiver Resources
CAREGIVER RESOURCES
FOR FAMILY MEMBERS AND CAREGIVERS

Make the home safe.
- Set up a room so that your loved one does not have to climb stairs.
- Clean up any clutter in the house so no one can trip over it. Remove throw rugs and furniture that could cause falls.
- Make sure rooms are well lit.
- Put grab bars and seats in tubs and showers.

Find out what your loved one can do and what he/she needs help with.
- Try not to do things for your loved one that he/she can do on his/her own.
- Help him/her learn and practice new skills.

Visit and talk with your loved one often.
- Try doing activities that you both enjoy, such as playing cards or board games.
- Keep in touch with your loved one’s friends as much as you can. Encourage them to visit.

Take care of yourself.
- Do not try to do everything yourself. Ask other family members and friends to help.
- Eat well, get enough rest, and take time to do things that you enjoy.
- Keep up with your doctor visits, and make sure to take your medicines regularly.
- Get out of the house as much as you can.
- Join a local support group.
- Find out if you qualify for home health visits to help with rehab or for adult day care.

Find Caregiver resources and support groups at www.henryford.com/familycaregivers
Caregiver Guide to Stroke

Practical tips and resources for new caregivers
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Stroke recovery can be a difficult and confusing process for the survivor and the caregiver. This guide is meant to help you, the caregiver, better navigate the recovery process and the financial and social implications of a stroke. We've provided you with tips on how to communicate with the healthcare team and manage the effects of a stroke, as well as information on legal resources, financial support, and health coverage.

To learn more about stroke, visit StrokeAssociation.org. For caregiving or general stroke inquiries, please contact togethertoendstroke@heart.org.
Part 1: Emotional Support

Shock, helplessness and worry are common emotions for stroke survivors and their loved ones. Immediately after a stroke, it’s not unusual to feel overwhelmed, fearful and uncertain about your new role as a caregiver. These emotions may be a result of your loved one’s severely limited physical functioning and personality changes. You may also fear that he/she will have another stroke and that it’s your duty to help prevent it. Your relationship with your loved one has also been altered. In addition to your previous responsibilities, you may have to take on more household chores and other tasks that your loved one handled.

To help you adjust to your new responsibilities, this section will help you find the emotional care and support you need from your community, family and friends.

Get Informational Support

By increasing your knowledge about what a stroke is and what to expect, you can feel more in control and less overwhelmed.

- **Ask questions.** What type of stroke did your loved one have? What side of the brain was affected? What caused the stroke? How can another stroke be prevented?

- **Learn about stroke.** To start, visit StrokeAssociation.org. Download and look through our free Life After Stroke Information Sheets to learn more about specific questions you have right now. It is important to learn the signs and symptoms of a stroke in case another one occurs. To learn the signs of stroke, go to StrokeAssociation.org/warningsigns.

- **Learn about the effects of stroke.** Go to Part 3 to find out more about stroke and what to ask the healthcare team.

“Take time to take care of yourself. If you don’t, you will not be of service to the survivor.”

Janet Scott, Caregiver for over 15 years
• Seek additional information on caring for a stroke survivor. Call 1-888-4-STROKE (1-888-478-7653) to request the Resources for Stroke Family Caregivers Packet.

• Talk with someone who understands. If you are seeking additional support or just need to talk to someone about your questions or concerns, call the Stroke Family Warmline at 1-888-4-STROKE. The Warmline is staffed by specially trained representatives who have had personal experiences with stroke.

Find Support From Others

• Reach out to family and friends. Talk to your family and friends about what you are experiencing. Visits, phone calls, e-mails or some shared time at a movie or restaurant can go a long way to help you feel supported, rejuvenated and refreshed.

• Build a network with other stroke survivors and caregivers.
  – Stroke Connection magazine provides information and inspiration to stroke survivors and caregivers. The print and online magazine includes conditions that may lead to stroke, such as high blood pressure, as well as the physical, communicative and behavioral conditions stroke may cause. It also offers tips for daily living and helpful information for family caregivers.
  – Join the Support Network. Recovering from a stroke, or caring for someone who is, can be an emotional experience. Being there for each other is why we’ve launched a virtual support community for stroke and heart disease survivors and their families.
  – The online Support Network also houses all the tools and resources needed to start an in-person support group, including train-the-trainer materials for group leaders, checklists for building groups and even sample agendas for meetings. We invite you to join us! Find encouragement and inspiration, or offer your own words of wisdom. Go to strokeassociation.org/supportnetwork.

• Consider seeking professional help. Mental health professionals and pastoral counselors can listen to your questions and concerns while teaching you coping skills to help you understand and better address your emotions.

Get Logistical/Active Support

Providing care for a stroke survivor can be rewarding. But it can be stressful and frustrating when you’re suddenly thrust into the role of caregiver. Even under the best circumstances, caregiving is a tough job. In fact, it is among life’s most challenging roles. There’s often little rest and little time to prepare.

If you’ve just become a caregiver, keep this in mind: To be successful, you must take care of your needs as well as those of the survivor.

• Define exactly what you need. Don’t hesitate to ask for help with grocery shopping, meals, doctor’s visits, yard work, etc.
  – Write down the things that are most difficult for you to get accomplished and look for the right person for the job. Then ask that person to help you with a specific task.

• Consider seeking professional healthcare services. If you are unable to care for him/her or would like help, visit AARP’s Care Provider Locator. If you’re considering long term care, read this helpful article on various options and use AARP’s Long-Term Care Calculator to estimate costs.

• Seek respite care.
  – For resources in your area, visit eldercare.gov or call 1-800-677-1116. Or use the National Respite Care Locator at archrespite.org.

Take Time for Yourself

• Eat a balanced nutritious diet. Learn about how you can maintain good eating habits and can help prevent stroke and heart disease.

• Get regular physical activity.

• Find time to do at least one hobby once a week.

• Spend time with your family and friends.

• Start a journal. Journaling can help you relieve stress, organize your thoughts and spend time by yourself.

More Resources

• Rx for Caregivers

• How Not to be Overwhelmed by the Overwhelming

• Tips from a Caregiving Pro

• Caregiver Rights

• Caregiver Classes

• Top 10 Tips to Refresh Yourself

• Family Caregiver Alliance

• Veterans Affairs Website for Caregivers
Communicating with the healthcare team can help you understand what happened during your loved one’s stroke, what to expect during the recovery process and how to help him/her recover. As a result, you can feel less stressed and overwhelmed.

Provide the Healthcare Team With a Thorough Medical History

Information to share with your healthcare team may include:

- Past illnesses and/or diseases
- Medications
- Family history
- Previous surgeries
- Allergies

Ask Questions

- What type of stroke did he/she have? (large vessel, small vessel, ischemic hemorrhagic, etc.)
- What side of the brain did the stroke occur?
- What caused the stroke?
- What risk factors may have contributed to having the stroke? (high blood pressure, cigarette smoking, atrial fibrillation, etc.)
- How can another stroke be prevented?
- What is the likelihood of having another stroke?
- What are the potential long-term effects?
- What rehabilitation services are available?

“You have to be your healthcare advocate. Translation: Be pushy. When the stroke happened, I didn’t know what to ask the doctors, and I accepted most of what they said. Eventually, I learned to speak up. As the weeks went by, I became John’s voice. I asked questions and if I wasn’t satisfied with the answers I’d probe until I was.”

Mailyn Manno,
Caregiver
- What rehabilitation services will my loved one need?
- What are your nutrition recommendations?
- How do I prepare my home for my loved one’s return?
- What medications does my loved one need and how do I administer them?
  - Maintain a medicine chart to help manage your loved one’s prescriptions.

Rehabilitation

Rehabilitation is a critical part of recovery for many stroke survivors. The greatest percentage of survivors’ recovery is usually within the first year after their stroke. However, recovery may continue for years — particularly if they continually work on the areas they want to improve. But the pace of recovery after the first year will likely slow down considerably.

Rehabilitation may help improve stroke survivors’ independence in many areas, including self-care, mobility, communication, cognitive and social skills. Under the doctor’s direction, rehabilitation specialists provide a treatment program specifically suited to the stroke survivor’s needs.

Caregivers play an essential role in stroke survivors’ rehabilitation as key members of the treatment team. Caregivers should ask the healthcare team about rehabilitation services as soon as possible to ensure that their loved one is on the road to recovery immediately. Thereafter, they can talk to the doctors about how they can help with rehabilitation at home and appropriately assist with their loved one’s individualized recovery plan.

Rehabilitation services may include:

- Rehabilitation nursing
- Physical therapy
- Occupational therapy
- Speech, language, and/or hearing therapy
- Recreational therapy
- Nutritional care
- Rehabilitation counseling
- Social work
- Psychiatric or psychological treatment
- Chaplaincy
- Patient/family education
- Support groups
- Vocational evaluation
- Driver’s training
- Programs to improve physical and emotional stamina to return to work

Create an Emergency Kit

In the event of an emergency, be prepared to provide the healthcare professionals with necessary information and documents. Store them in a safe location, such as a nightstand, and tell your family members and/or friends where they are located. Download a complete list of emergency documents at caregiverstress.com.

- List of key contacts (physicians, family members, etc.)
- List of medications, including doses and frequencies
- Copy of your loved one’s health insurance card

More Resources

- More Tips for Communicating with Healthcare Professionals
- Medication Information
- The Caregiver’s Advocacy Armor
- Assessing a Rehab Facility Checklist
Stroke recovery varies from person to person and is nearly impossible to predict. But understanding what happens during the recovery process can help you be prepared. The effects of a stroke and how long they may last depend on several factors, including the location and size of the brain injury, the quality and quantity of medical care received, the strength of one’s support circle and and his/her will to get better.

There are some effects of a stroke that are common regardless of which side of the brain the injury occurs, such as:

**Emotional and Behavioral Conditions**
- Depression
- Anxiety
- Memory Loss
- Pseudobulbar Affect (PBA) (crying or laughing at unexpected, sometimes inappropriate times)
- Dementia

**Physical Effects**
- Fatigue
- Dysphagia (swallowing problems)
- Shoulder Pain (on the affected/recovering side of the body)
- Central Pain Syndrome (unexplainable pain, temperature sensitivity, sensitivity to light and touch)
- Vision Problems
- Balance Issues
- Claw Toe and Hammertoe
- Foot Drop
- Seizures
- Spasticity (tightening of the muscles in the affected limb)
Some common effects of a stroke are most often associated with an injury to either the left or right hemisphere of the brain.

Left Brain Effects
Injury on the left side of the brain may cause:
- Paralysis on the right side of the body
- Aphasia is language impairment that inhibits your ability to use or comprehend words
  - Learn About the Types of Aphasia
  - How Technology Helps People with Aphasia
  - How to Help Others Get Comfortable with Your Loved One’s Aphasia
- Apraxia of speech (verbal apraxia) is difficulty initiating and executing voluntary movement patterns necessary to produce speech when there is no paralysis or weakness of speech muscles
  - Learn More About Apraxia of Speech
  - Aphasia vs. Apraxia
- Slow, cautious behaviors

Right Brain Effects
Damage on the right side may cause:
- Paralysis on the left side of the body
- Left-side neglect
- Quick, impulsive behavioral style

Brain Stem Effects
When stroke occurs in the brain stem, depending on the severity of the injury, it can affect both sides of the body and may leave someone in a “locked-in” state. When a locked-in state occurs, the patient is generally unable to speak or achieve any movement below the neck.

Additionally, brain stem stroke may cause ataxia, which is the body’s inability to coordinate how muscles move together. Ataxia may affect the movement of arms, legs and chest muscles and may be associated with tremors.

More Resources
- To find an ASHA-certified speech-language pathologist in your area, visit the American Speech-Language Hearing Association at www.asha.org.
- Go to the Tips for Daily Living Library to get video tips and advice from stroke survivors.
As a new caregiver, getting a grasp of legal, financial and health issues can be overwhelming. This section will provide a quick overview to get you started.

**First Things First: Determine What Documents Your Loved One Needs**

Documenting the healthcare desires of your loved one can help ensure they receive medical treatment if you can’t communicate their wishes.

- **Advance Directive** (living will) — Patient’s clear statement of his or her wishes with respect to his or her healthcare. This helps avoid disputes about treatment options and gives direction to healthcare providers. To access state-specific advance directive instructions and forms, visit the U.S. Living Will Registry website.

- **Last Will and Testament** — Specifies who will receive your assets when you die. This also accomplishes other objectives, including naming guardians for minor children.

- **Durable Power of Attorney** — Appoints another person to make legal and financial decisions if you are no longer able to do so.

- **HIPAA Representative Form** — The Health Insurance Portability and Accountability Act Form outlines who can access your confidential medical information.

**Financial Assistance**

Stroke rehabilitation and recovery can be costly, even when you have good health coverage. But compounded with loss of work, it can be a drain on your family’s finances. Here are some resources to explore that may help ease the strain:

- **Talk to the Experts**
  - Social workers can help you navigate private and government disability and insurance programs. Social workers are available at most hospitals and rehab facilities and can be located at eldercare.gov or by calling 1-800-677-1116.
  - Certified financial planners and attorneys specializing in elder care and disability can also be a helpful resource.
• Employment Services for People with Disabilities — Information about the Social Security Administration’s employment support programs.

• AARP Tax-Aide — Provides security, protection and empowerment for low-income older persons in need.

• AARP Money Management Program — Daily money management service to help low-income, older or disabled people who have financial difficulty.

• American Association of Daily Money Managers — Daily money managers (DMMs) assist with personal monetary affairs, from organizing and keeping track of financial and medical insurance papers, to assisting with maintaining bank accounts.

• Foundation for Health Coverage Education — Simplified public and private health insurance eligibility information and 24/7 multi-language help line. Uninsured patients can learn their health coverage options through multiple channels.

• Veterans Health Administration — Veterans older than 65 may qualify for a tax-free benefit called Aid & Attendance Special Pension, which can help pay for in-home care, a nursing home or assisted living.

• Social Security Disability Insurance (SSDI) — Talk to a social worker about applying for SSDI as soon as possible. Stroke survivors often don’t get approved the first time they apply, and if they do, it’s a long process.

• Supplemental Security Income — Federal income program to help people with disabilities who have little or no income.

The Patient Advocate Foundation (PAF) provides free, direct advocacy services, including helping obtain health insurance, solving medical debt issues and working to keep survivors in rehab.

Prescription Drug Costs

Prescription drug costs can add up quickly and take a significant financial toll on your family. Consult the following resources to help reduce your medical expenses:

• Together Rx Access® — Free prescription savings program that helps eligible uninsured Americans save on medicines. Cardholders bring their Together Rx Access® Card and prescription to their pharmacist, and the savings are calculated at the pharmacy.

• NeedyMeds.org — Database of patient assistance programs offered by pharmaceutical companies to offset some of the cost of necessary prescriptions.

• Rx Assist — Lists public and private resources available, though limited, that may help patients afford the medicines they need.

• Medicare — Information about the Medicare prescription drug plan.

Health Insurance

• Understand Your Current Health Insurance
  - Call the health insurance company. Determine what services will and will not be covered and what rehab services are available.
  - If the health insurance company will not pay for your loved one’s care, you can file an appeal. Learn more about filing an appeal.

• Obtaining Health Insurance
  - The new Health Insurance Marketplace opened nationwide on Oct. 1, 2013, providing millions of uninsured Americans with access to affordable coverage options. Learn more about the reform and how to apply.
  - Pre-Existing Condition Care Plans are insurance programs for those who have been without health insurance coverage for 6 months or more due to a pre-existing condition. To find out how to apply, go to “Find Your State” at pcip.gov.
  - In January 2014, companies can no longer deny coverage due to pre-existing conditions as a result of the Affordable Care Act.
  - Gaining health insurance coverage can be a challenging process. Consult the Patient Advocate Foundation (PAF) for free direct advocacy services, including help with obtaining health insurance and solving medical debt issues.

• Learn More About Your Medicare Benefits — The Foundation of Health in Aging created a downloadable tip sheet to help guide you through the Medicare system.

More Resources

• Learn More About Health Insurance

• Health Insurance FAQs
DAILY HOME CARE GUIDE

Courtesy of Lori Ramos Cavallo
AHA/ASA Volunteer, Former Caregiver and Founder of Care Partners Resource
INTRODUCTION

Caring for a stroke survivor can be overwhelming. If you can’t always care for your loved one, you’ll need a temporary caregiver. Use this Daily Home Care Guide to record your loved one’s daily needs so a temporary caregiver will know what to do. This will help ensure that your loved one gets proper care when you aren’t there.

INSTRUCTIONS

Complete the fields in the guide as described in the instructions below, print and staple pages 1-9 of the guide and give it to anyone who cares for your loved one when you’re away. Also give it to friends and/or family members who may need it in an emergency.

Background Information (Page 1)

1. Fill in your loved one’s name and your name.
2. Make copies of your loved one’s driver’s license, insurance card, Social Security card and Advance Directive/5 Wishes/DNR documentation.
3. Enclose the copies with this guide and keep copies in your possession, in the stroke survivor’s possession and in your car in case of emergency.

Emergency Contact Information (Page 2)

1. Fill in your contact information as well as the information for other individuals who can provide assistance if you are not available.

Physician Information (Page 3)

1. Fill in the physicians your loved one works with, such as his/her Primary Care Physician, Nurse Case Manager or Social Worker, Neurologist, Cardiologist, Speech Therapist, Occupational Therapist, etc.

Medical Conditions (Page 4)

1. List all of your loved one’s medical conditions, the date he/she was diagnosed if you know (general time frame is OK if you don’t), and how the diagnosis is treated/managed.
INSTRUCTIONS

Allergies (Page 4)
1. List all of your loved one’s allergies and how each is treated/managed.

Medications (Page 5)
1. In the chart, list all the medications your loved one takes.
2. Enter the dosage and the day(s) and time(s) he/she takes them. Be sure to include the medication time and day in the Daily Activities section (page 10) as well.
3. Enter the purpose of the medication and any additional information the temporary caregiver may need.
4. At the bottom, enter your loved one’s pharmacist, the pharmacist’s direct number and the pharmacy name, address and number.

Therapy Log (Page 6)
1. Make a copy of your therapy sheet(s) from the physical therapist, speech therapist and/or occupational therapist.
2. Include the copies with this sheet and/or complete the fields in the table.
3. Be sure to enter these exercises in the Daily Activities section (page 7) as well.

Daily Activities (Pages 7-8)
1. Enter the time, day(s), activity and activity details in the boxes. Be sure to include everything your loved one does/needs each day, including dressing, eating, medications, exercise activities, etc. Also include any assistance he/she may need with each task, what his/her preferences are, time limits, etc.

Additional Notes (Page 9)
1. Record any additional notes the temporary caregiver may need in your absence.
BACKGROUND INFORMATION

Daily Home Care Guide for:______________________________________________________

Stroke Survivor’s Name

See Enclosed Copies of:

Primary Caregiver:____________________________________________________________

Caregiver’s Name

- Driver’s license
- Insurance card (Include Medicare & Supplemental, if applicable)
- Social Security card (or place in safe location where temporary caregiver could get it in an emergency)
- Advance Directive/5 Wishes/DNR documentation
**EMERGENCY CONTACT INFORMATION**

Home Phone: 

Address: 

City: State: Zip: 

<table>
<thead>
<tr>
<th>1st Contact:</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td></td>
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<tr>
<td>Cell:</td>
<td></td>
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<tr>
<td>Work:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Contact:</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td></td>
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<tr>
<td>Cell:</td>
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<tr>
<td>Work:</td>
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</table>

<table>
<thead>
<tr>
<th>3rd Contact:</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Home Phone:</td>
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<tr>
<td>Cell:</td>
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<td>Work:</td>
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<td>Specialty:</td>
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</tbody>
</table>
### Medical Conditions

<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th>Date</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Type 2 Diabetes</td>
<td>Diagnosed 1/2/10</td>
<td>Managed with medications.</td>
</tr>
</tbody>
</table>

### Allergies

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Peanut allergy</td>
<td>Example: Avoid all foods containing peanuts; look at ingredients on all product labels (everything in house is peanut-free). Use EpiPen in case of allergic reaction.</td>
</tr>
</tbody>
</table>
**MEDICATIONS**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dosage</th>
<th>Day(s)</th>
<th>Time(s)</th>
<th>Purpose</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Aspirin</td>
<td>325 mg</td>
<td>Daily</td>
<td>8:00 am</td>
<td>Prevent blood clots.</td>
<td>Take one daily.</td>
</tr>
</tbody>
</table>

Pharmacist: ________________________________

Direct Number: __________________

Pharmacy Name: ________________________________

Pharmacy Address: ____________________________ City: ____________

State: _______ Zip: _______
<table>
<thead>
<tr>
<th>Day/Time</th>
<th>Diagnosis</th>
<th>Purpose</th>
<th>Exercise/Activity Description</th>
<th>Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: M, W</td>
<td>Example:</td>
<td>Example: Practice vocalization and exercise</td>
<td>Example: Take the picture cards (on Bob's bedside table) and sit down with Bob. Show him each card</td>
<td>Example: Jeremy</td>
</tr>
<tr>
<td>7 p.m.</td>
<td>Aphasia</td>
<td>weak muscles.</td>
<td>and let him sound out the name of the object. Go through the cards at least twice.</td>
<td>Johnson</td>
</tr>
</tbody>
</table>
### Daily Activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Day(s)</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–8:15 a.m.</td>
<td>Example: Every Day</td>
<td>Example: Wake Up</td>
<td>Example: Bob wakes up at 8:00 a.m. every morning when his alarm clock sounds. He does not need any help getting out of bed, but it takes him about 10 minutes to get up. Make sure he goes straight to the bathroom after he wakes up. He does not need assistance, but ensure that he takes no more than 5 minutes.</td>
</tr>
</tbody>
</table>
DAILY ACTIVITIES (cont’d)

<table>
<thead>
<tr>
<th>Time</th>
<th>Day(s)</th>
<th>Activity</th>
<th>Details</th>
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<tbody>
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</table>

(2 of 2)
# Glossary of Stroke Terms

This glossary contains a number of terms you may hear when your stroke care team talks about stroke.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADLs</strong></td>
<td>activities of daily living (things you do every day)</td>
</tr>
<tr>
<td><strong>Ambulatory</strong></td>
<td>walking or mobility</td>
</tr>
<tr>
<td><strong>Aneurysm</strong></td>
<td>weak or thin spot on an artery wall that has ballooned out from the wall and filled with blood, or damage to an artery leading to pooling of blood between the layers of the blood vessel walls</td>
</tr>
<tr>
<td><strong>Anticoagulant</strong></td>
<td>drug therapy used to prevent the formation of blood clots that can become lodged in cerebral arteries and cause strokes</td>
</tr>
<tr>
<td><strong>Aphasia</strong></td>
<td>inability to understand or create speech, writing or language in general due to damage to the speech centers of the brain</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td>chronic disease characterized by abnormal thickening and hardening of the arterial walls, making them less elastic</td>
</tr>
<tr>
<td><strong>Arteriovenous Malformation (AVM)</strong></td>
<td>A tangle of blood vessels in the brain that can cause bleeding into the brain. AVMs are usually congenital, meaning someone is born with it.</td>
</tr>
<tr>
<td><strong>Atrial fibrillation</strong></td>
<td>irregular beating of the left atrium, or left upper chamber of the heart</td>
</tr>
<tr>
<td><strong>Brain attack</strong></td>
<td>another name for stroke</td>
</tr>
<tr>
<td><strong>Carotid arteries</strong></td>
<td>two major arteries, one on either side of the neck, that carry blood to the head</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Carotid stenosis</td>
<td>narrowing of the carotid artery, which can result in blood clots</td>
</tr>
<tr>
<td>Cerebellum</td>
<td>back part of the brain that controls body movement (e.g., balance, walking)</td>
</tr>
<tr>
<td>Cerebrovascular accident (CVA)</td>
<td>another name for stroke</td>
</tr>
<tr>
<td>Cerebrovascular disease (CVD)</td>
<td>reduction in the supply of blood to the brain either by narrowing of the</td>
</tr>
<tr>
<td></td>
<td>arteries through the buildup of plaque on the inside walls of the arteries,</td>
</tr>
<tr>
<td></td>
<td>called stenosis, or through blockage of an artery due to a blood clot</td>
</tr>
<tr>
<td>CT scan</td>
<td>computed axial tomography scan; this is a test that shows three-dimensional</td>
</tr>
<tr>
<td></td>
<td>pictures of the brain</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>trouble eating and swallowing</td>
</tr>
<tr>
<td>Embolic stroke</td>
<td>result of a blood clot forming elsewhere in the body (usually the heart)</td>
</tr>
<tr>
<td></td>
<td>and traveling through the bloodstream to the brain; in the brain, the clot</td>
</tr>
<tr>
<td></td>
<td>reaches a vessel it cannot pass through and blocks the flow of oxygen-carrying</td>
</tr>
<tr>
<td></td>
<td>blood</td>
</tr>
<tr>
<td>Hemiparesis</td>
<td>one-sided weakness</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>one-sided paralysis</td>
</tr>
<tr>
<td>Hemorrhagic stroke</td>
<td>sudden bleeding into or around the brain</td>
</tr>
<tr>
<td>High density lipoprotein (HDL)</td>
<td>another name for the “good” cholesterol; compound that helps remove</td>
</tr>
<tr>
<td></td>
<td>cholesterol from the blood, preventing it from building up in arteries</td>
</tr>
<tr>
<td>Hypertension</td>
<td>abnormally high arterial blood pressure</td>
</tr>
<tr>
<td>Infarct; infarction</td>
<td>tissue death resulting from an inadequate supply of oxygen, due to a</td>
</tr>
<tr>
<td></td>
<td>reduction or lack of blood flow to the area</td>
</tr>
<tr>
<td>Ischemic stroke</td>
<td>loss of blood flow to the brain, caused by an obstruction of the blood</td>
</tr>
<tr>
<td></td>
<td>vessel, usually in the form of plaque stenosis or a blood clot</td>
</tr>
<tr>
<td><strong>Low-density lipoprotein (LDL)</strong></td>
<td>another name for “bad” cholesterol; a compound that carries the majority of the total cholesterol in the blood and deposits it on the inside of your arteries</td>
</tr>
<tr>
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<tr>
<td><strong>MRI</strong></td>
<td>magnetic resonance imaging test; it is a test like a CT scan that shows doctors images of the brain</td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td>decreased attention to body and space, most commonly to one side of the body, following stroke</td>
</tr>
<tr>
<td><strong>Paralysis</strong></td>
<td>loss of voluntary movement of the limbs due to lack of strength</td>
</tr>
<tr>
<td><strong>Paresis</strong></td>
<td>weakness or partial paralysis</td>
</tr>
<tr>
<td><strong>Plasticity</strong></td>
<td>ability to be formed or molded; in reference to the brain, the ability to adapt to deficits and injuries</td>
</tr>
<tr>
<td><strong>Stenosis</strong></td>
<td>narrowing of a blood vessel due to the buildup of plaque on the inside wall of the blood vessel</td>
</tr>
<tr>
<td><strong>Thrombotic stroke</strong></td>
<td>most common type of stroke; this occurs when a clot blocks one of the blood vessels in the brain; it can result from the buildup of fatty deposits or cholesterol</td>
</tr>
<tr>
<td><strong>Transient ischemic attack (TIA)</strong></td>
<td>short-lived stroke that lasts from a few minutes up to 24 hours; often called a mini-stroke</td>
</tr>
<tr>
<td><strong>Vein</strong></td>
<td>vessel that carries blood back to the heart from various parts of the body; veins have thinner walls than the arteries because the blood they are carrying is under less pressure</td>
</tr>
<tr>
<td><strong>Vertebral artery stenosis</strong></td>
<td>narrowing of a vertebral artery, which can result in blood clots</td>
</tr>
</tbody>
</table>