

**STROKE RECOVERY  
ASSOCIATION NSW**



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# **PRACTICAL GUIDE TO STROKE RECOVERY WITH EXERCISES AND ADVICE**

**Activities and tips to assist  
people to maximise  
independence and recovery**

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## ACKNOWLEDGEMENTS

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(Sydney University Occupational Therapy Students 2009)

Staff of the Stroke Recovery Association NSW

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# CONTENTS

<b>The Stroke Recovery Association</b>	<b>4</b>
<b>Principles of Energy Conservation and Task Simplification</b>	<b>5</b>
<b>Techniques of Energy Conservation and Task Simplification</b>	<b>6</b>
• Self-care, Clothing, Bathroom Safety	6
• Cleaning, Meal Preparation, Service & Clean-up	7
• Laundry, Communication, Storage, Shopping	8
• Body Mechanics, Pacing, Work Heights	9
<b>Assistive Devices</b>	<b>10 - 11</b>
<b>Memory-Related Exercises</b>	<b>12 - 17</b>
<b>Neurobics</b>	<b>17</b>
<b>Memory Games</b>	<b>18</b>
<b>On-Line Games</b>	<b>19</b>
<b>Changes to Cognitive Function After Stroke</b>	<b>20</b>
<b>Other Helpful Organisations</b>	<b>21</b>
<b>State Stroke Associations Contact List</b>	<b>24</b>

# THE STROKE RECOVERY ASSOCIATION

## WHAT WE DO

The Association is a focal point for information about Stroke prevention and recovery. We provide:

- ♦ Telephone counselling;
- ♦ Information Kits for people affected by Stroke, their families, carers and health workers;
- ♦ Referrals to other services;
- ♦ Coordination of Stroke Recovery Clubs;
- ♦ Seminars, workshops and presentations for carers, Stroke-affected people and professionals on Stroke;
- ♦ Advocacy on issues relating to Stroke;
- ♦ A library of books, brochures, tapes and videos on Stroke;
- ♦ Regular publications to members and club members;
- ♦ Stroke Awareness Week held annually. Activities held draw attention to the risk factors, prevention and effects of Stroke.

## STROKE RECOVERY CLUBS

There are **Stroke Recovery Clubs** throughout Australia. They are for people affected by Stroke, their families and carers. Run by volunteers, they provide a social meeting place for people to share their experiences, as well as an opportunity for group activities, speech practice, exercises and companionship. Activities vary from club to club.

For more information contact your State Stroke Association - contact details are on the back cover.



# Energy Conservation and Task Simplification PRINCIPLES

## Principles of Energy Conservation

After having a Stroke, you may find that things that were once easy now take more effort. You may also find that you have less energy by the end of the day. Energy conservation practices provide guidelines on how to best accommodate the reduced energy levels often associated with Stroke.

- Sit when possible. Activities such as showering, dressing and meal preparation can all be performed while sitting. Make sure chairs and beds are of the correct height (about knee height) to make them easier to get in and out of.
- Avoid bending. - use long-handled implements where possible.
- Avoid straining. Activities such as cutting with blunt knives or scissors, lifting and carrying heavy items, or opening tight jars should all be avoided. Seek dietary advice if you are constipated.
- Work as near to waist level as possible. Any activity above shoulder level requires more energy.
- Pace yourself and rest before you become exhausted. A few short rests are better than one long rest. Balance activity with rest.
- Plan your time. Make sure not too many activities are performed in quick succession, and alternate light and heavy activities. Spread the load out over a day or many days. Plan ahead and set priorities.

## Principles of Task Simplification

- Slide, don't lift
- Eliminate unnecessary motions
- Sit to work whenever possible
- Use proper work heights
- Avoid stooping, bending and over-reaching
- Store supplies where used
- Don't be afraid or embarrassed to ask for help



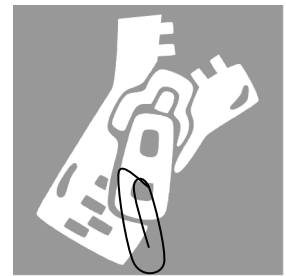
# Energy Conservation and Task Simplification TECHNIQUES

## SELF-CARE

- Choose combs, brushes, etc. with large handles - they are easier to grip.
- Use pipe insulation from a hardware store to enlarge utensil handles.
- Put on a terry cloth bathrobe if you can't dry your back.
- Use a long handled bath brush for feet and back.
- If you have difficulty manipulating medication containers, ask your physician to write, "Do not put in child-proof container" on the prescription.
- Ease toileting and bathing by using adapted bathroom, i.e., elevated commode, safety rails, tub bench, hand-held shower and grab bars (see below).

## CLOTHING

- Select larger clothing than usual, as it is easier to put on and take off.
- Select clothing that opens in front and opens all the way so that you do not have to step into it.
- Select clothing with large flat buttons.
- Difficulty with small fasteners? Adaptive equipment is available.
- Ease zipper manipulation by using a large paper clip or ring on zipper.
- Buy pants with elastic waistbands.



## BATHROOM SAFETY

With their often wet, slippery floors and so many hard surfaces, bathrooms are potentially very hazardous places in the home for anyone with compromised balance or coordination.

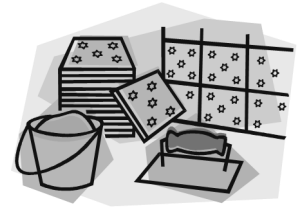
Some simple modifications in the bathroom will provide a more secure environment:

- Install grab bars in the bathtub and shower as they are essential safety items for all.
- Non-skid strips in bottom of tub.
- Shower chair and hand held shower hose.
- Raised toilet seat and/or toilet safety rails, as they can provide additional support.
- Place soap bar in the bottom of a stocking, tied to the tap or shower-head, to avoid dropping (and having to bend down - potentially dangerous - to retrieve)



## CLEANING

- Use tongs to pick up objects from the floor.
- Do not reach when using the dust mop.
- Use light weight, long handled tools.
- Use tea cart to transport cleaning equipment
- When shower curtain gets dirty, throw it in the washing machine with a towel.
- Carry a light basket with all the cleaning supplies you need.



## MEALS - PREPARATION / SERVICE / CLEAN-UP

- Use surface appliances rather than a low-down oven when possible.
- Use long fireplace matches to light a gas oven.
- Gather all supplies and position them where they are to be used before starting the first step of the job.
- Use tea cart to transport heavy objects and to save steps.
- Slide filled pans along stove and counter tops instead of lifting them.
- Use a pull cart to bring food home from the supermarket rather than carrying shopping bags.
- Use an electric appliance when possible (ie. blender, mixer, electric can opener, etc)
- Use prepared mixes, frozen foods, or packaged foods.
- Plan one-dish meals.
- Prepare extra portions for easy reheating later.
- Use light-weight pots and pans with non-stick coating.
- Wear apron with pockets so that you can carry objects around the kitchen. This is also a good way to have the cordless phone with you at all times.
- Eliminate unnecessary work:
  - Let dishes drain dry
  - Use paper dinner napkins instead of linen ones
  - Use placemats instead of tablecloths
  - Soak pots in hot water and detergent to eliminate vigorous scrubbing.



## LAUNDRY

- Pin socks together before washing.
- Sort clothes on a table, never on the floor.
- Use sinks that are at a proper work height.
- Sit to iron.
- Use fabric softener to avoid wrinkles.
- Use three baskets to collect dirty clothes, to avoid sorting: light, medium and dark colours.



## COMMUNICATION

- Use a book stand or music stand to hold books.
- Use large print books and magazines, or use a magnifying glass.
- Use writing aids with large handles that are built up with firm tape.
- To play card games, use a card holder which is commercially available (or use a scrub brush).
- Ease telephone speaking by using a phone holder and putting your telephone on loud speaker. This is strange at first but persevere, as you will get used to it.



## STORAGE

- Store items where they are used, in an easy to access area.
- Use pull-out storage bins for vegetables etc, to avoid reaching.
- Hang pots on wall, if dust is not a problem.
- Install pull-out or swing-out shelving.



## SHOPPING



- Call larger shops and malls ahead of time and reserve a wheelchair.
- Call ahead to make sure the items you want are available.
- Keep memo pad and pencil in all rooms to keep shopping list up-to-date.
- Shop at non-peak hours.
- Have a grocery store deliver groceries.
- Shop on-line if you have access to the internet and a credit card for payment.



## CORRECT BODY MECHANICS SAVE ENERGY

- Sit and stand correctly by using good posture.
- Lift with your legs while keeping your back straight.
- Avoid reaching.
- Push, don't pull.
- Use both hands to carry items whenever possible.
- Slide, don't lift.
- Hold objects close to your body when carrying.



## PACE YOURSELF

- Work and move at a moderate pace.
- Fast walking takes 1-1/2 times as much energy as slow walking.
- Walking up stairs takes 7 times as much energy as walking on level ground.
- Take frequent short rest periods while you are walking to avoid getting tired, instead of a long rest period after you get tired.



- Use slow, flowing motions rather than fast, jerky movements.
- Plan ahead to avoid rushing. This allows you to work at a relaxed pace.
- Alternate light and heavy work throughout the day and week.
- Avoid sudden bursts of activity.
- Naturally, we tire as the day progresses. Remember this when you are planning activities, so your most important tasks do not get abandoned due to exhaustion.

## WORK HEIGHTS

- Use work surfaces that are at a level that allows you to work without bending or raising your hand above the elbow.
- Adapt counter space or use a lapboard for wheelchair patients.
- Order desk arms on a wheelchair to allow an individual access to appropriate tables.



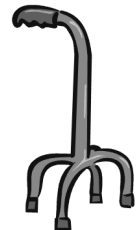
Adapted from: *PH Central. (2009). Energy conservation and Work simplification techniques.*  
<http://www.phcentral.org/medical/conservation.html>

# ASSISTIVE DEVICES

An assistive device compensates for loss of function and enhances your ability to take care of yourself more comfortably and safely. Such devices can be as simple as a long-handled bath brush or as complex as a wheelchair. Assistive devices can be obtained from medical and surgical supply stores, listed in your yellow pages telephone directory, or by mail order from self-help companies. The internet is a great place to search for assistive devices. Independent Living Centre has a companies in your area.

## ASSISTIVE DEVICES TO AID IN AMBULATION AND MOBILITY

- Mildly impaired balance/stability - Single-point cane
- Unilateral lower limb pain/mild weakness - Single-point cane; hold with unaffected side
- Moderate impaired balance/stability - Quad cane (narrow or wide base)
- Moderate-to-severe unilateral weakness/hemiplegia - Walk cane/hemiwalker
- Bilateral lower extremity weakness/paralysis - Bilateral crutches or walker (pickup or front-wheeled)
- Severely impaired stability - Walker (pickup or front-wheeled)
- Impaired wrist or hand function - Platform forearm walker
- Difficulty climbing stairs - Stair-climbing walker
- Impaired bed mobility - Bed rails (half or full); hospital bed (manual or electrically controlled)



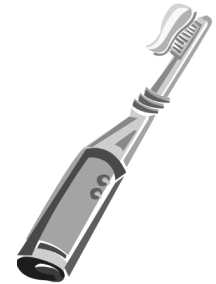
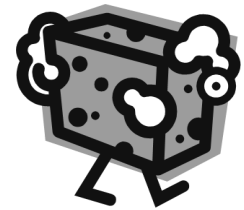
## ASSISTIVE DEVICES TO AID IN COMMUNICATION:

- Difficulty holding pen to write - Built-up pen or pencil
- Difficulty typing - Typing stick
- Reading difficulty caused by impaired vision - Magnifying glasses, talking clock or watch
- Difficulty dialling and using phone - Push-button dialling or 1-touch dialling with speaker phone; voice-activated phone
- Difficulty calling for help - Simple buzzers or other signalling devices operated by switches that require minimal pressure; medical alert system, such as Life Alert.



## ASSISTIVE DEVICES TO AID IN DAILY LIVING ACTIVITIES:

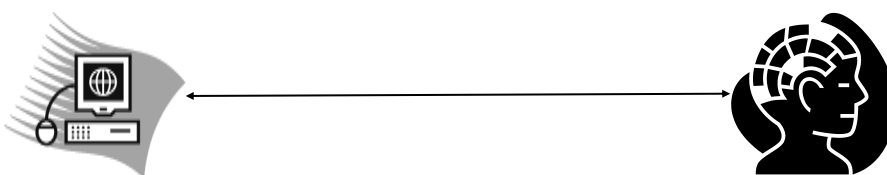
- Limited hand function and fine motor control:
  - Eating - Built-up utensils, universal cuff with utensil hold
  - Dressing - Button hook, zipper hook, Velcro closure, sock aid, long shoe horn, elastic shoe laces
  - Bathing - Wash mitts, long-handled sponge
  - Grooming - Built-up combs or brushes, electric toothbrush, electric razor with custom handle
- Loss in 1 hand of eating-related functions - Plate guard, rocker knife
- Impaired coordination, tremor - Weighted utensils
- Impaired range of motion (ROM) of shoulder, proximal weakness - reacher
- Impaired mobility for toileting - Bedside or rolling commode, raised toilet seat, grab bars around toilet
- Impaired mobility for bathing - Tub transfer bench, hand-held shower, grab bars on tub or shower; shower chair



## IMPAIRMENTS DUE TO COMPLETE LOSS OF ALL FOUR LIMBS OR LIMB MOTOR FUNCTION

Brain-computer interface (BCI) devices or motor neuroprosthetic devices are systems that allow individuals to translate in real time the electrical activity of the brain into overt device control such that it reflects the user's intentions. In essence, these constructs can decode the electrophysiologic signals representing motor intent. They do not rely on muscular activity and can therefore provide communication and control for those who are severely paralysed due to injury or disease.

Current BCIs differ in how the neural activity of the brain is recorded, how subjects (human or animal) are trained to produce a specific electroencephalographic response, how the signals are translated into device commands, and which application is provided to the user. Patients with any of a variety of conditions, such as locked-in syndrome, spinal cord injury, stroke, limb loss, or a neuromuscular disorder, may benefit from the implantation of these BCIs, which augment the ability of a patient to communicate and interact with his/her environment.



Adapted from: D, Kedlaya. (2008). *Assistive devices to improve Independence.*

<http://emedicine.medscape.com/article/325247-overview>

# MEMORY-RELATED EXERCISES

## SPATIAL RECALL/PATTERN RECALL TASK

This spatial recall exercise is designed to stimulate the person's short term memory recall by providing him/her with certain manipulated patterns which are then required to be duplicated. The task is spread out over 8 stages with the initial stage beginning with a relatively simple pattern. The complexity of each pattern will gradually increase throughout each stage of the task.

### AIM OF THE TASK

The aim of the task is to stimulate the person's short term memory, so that he/she is able to practise remembering a set of codes and patterns. The task will allow the person to participate in short term memory tasks, which is aimed at helping them complete these tasks in their daily lives, i.e. remembering bank card numbers and directions.

### METHOD OF IMPLEMENTING TASK:

- The therapist/carer must eliminate all external distractions which may compromise the person's attention, i.e. television, radio, open windows etc.
- The therapist/carer must first construct a pattern on their grid (grid template next page). The therapist/carer begins by constructing a relatively simple pattern comprising of only 2 or 3 beads/markers positioned on top of one another or side by side.
- The person must examine this pattern for no more than 3 seconds and then complete the identical pattern on their grid.
- The therapist/carer must gradually increase the difficulty of the task by increasing each pattern by 1 bead. The pattern should also become more difficult throughout the 8 stages, by placing the beads in a more randomised order rather than a predictable pattern. (Note this step should only be undertaken if the person successfully completes the prior arrangement).
- Upon successful completion of each step, the pattern must continuously become more difficult, so as to challenge the person, and build his/hers association abilities. (Note: if the person does not complete a pattern he/she must return to the start of the task and complete the previous stages of the patterns.)

**This exercise should take no longer than 30 minutes, because with longer sessions the person's attention and interest in the activity may lessen.**



## TEMPLATE FOR SPATIAL RECALL/ PATTERN TASK:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>A</b>						
<b>B</b>						
<b>C</b>						
<b>D</b>						
<b>E</b>						
<b>F</b>						

This grid may be photocopied. Make multiple copies for each session.  
You will also need at least 20 beads or game markers.

# COLOUR RECALL AND PICTURE VISUALISATION TASK

The colour recall and picture visualisation task is designed to strengthen the individual's recall abilities. This is a simple task that requires the person to look at certain photographs or pictures for no more than 5 seconds. After this is done they are asked a series of questions such as, which objects featured in the picture, the colour of these objects, the number of objects and so on.

The design of this task is very simple and easy to use.

## AIM OF THIS TASK

The aim of this task is to improve the person's recall and attending abilities (concentration). Listing down the features of the pictures previously viewed challenges the person's recall abilities, whilst viewing the picture and identifying all the features enhances their attending abilities.

## METHOD OF IMPLEMENTING TASK

Before commencement of this task the therapist/ carer must collect certain pictures or photographs they wish to use. Examples are provided in this manual, however the same pictures must **not** be used more than once as the person will become familiar with the object, leading to a decrease in attending skills.

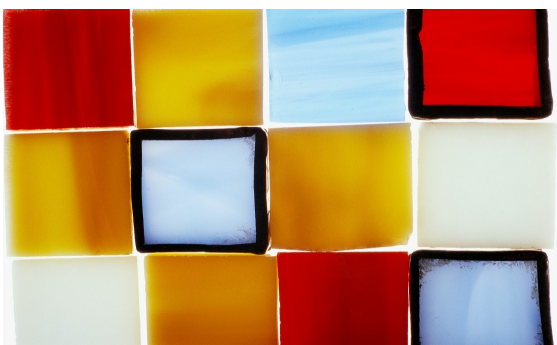
- The therapist/carers must eliminate all external distractions which may compromise the person's attention, i.e. Television, radio, open windows etc.
- The therapist/carers place a photograph/picture in front of the person.
- The therapist/carers remove the image from the person's view after 5 seconds. The person must now answer the therapist/carers' questions regarding certain features of the image (Questions asked by the carer should be directly related to certain features of the image, i.e. what colours were in the image?, how many people were in the image?, what types of food were in the image?, and so on).
- The therapist/carers will identify how many of the questions the person answered correctly and thus generate a score regarding their performance.
- The task should be completed with a number of different images, each containing different features and questions.
- Sample images and questions are provided on the next page.

**This exercise should take no longer than 30 minutes.**

**If sessions are any longer, the person's attention and interest in the activity may lessen.**



- How many different fruits in the photograph?
- Which fruits were in the photograph?
- What colours were the fruits in the photograph?



- How many different shapes were in the picture?
- How many different colours were in the picture/
- Which shapes were in the picture?
- Which colours were in the picture?
- Were there any identical shapes?



- How many different animals were in the photograph?
- How many cats were in the photograph?
- How many dogs were in the photograph?
- What colour was the dog?



- How many people were in the photograph?
- How many women were in the photograph?
- Name some of the items on the table.

**Start saving colour magazines and pictures. Use the sample questions and pictures above to guide you in regards to type of pictures and type of questions that would be most useful and appropriate.**

# AUDIO AND WRITTEN REPETITION

The audio and written repetition task encourages short term memory recall in the person by requiring them to repeat and put into writing a spoken sentence. The therapist/carer is required to say a sentence and the person will write down the sentence as accurately as possible on the provided paper. The style of sentence should become more difficult as the session continues. The first sentence must be between ten and fifteen words long, with each sentence becoming longer and more complex as the session continues. This activity will encourage short term memory recall and develop attending abilities.

## AIMS OF THIS TASK

The task aims to improve the person's short term memory recall and attending abilities, so that he/she is able to confidently participate in conversation and successfully complete instructions and other tasks which require any form of memory recall and concentration.

## METHOD OF IMPLEMENTING TASK

- The therapist/carer must eliminate all external distractions which may compromise the person's attention, i.e. television, radio, open windows etc.
- State a 10-15 word sentence to the person. The sentence must be similar to that of every day conversation, i.e. "I went to down to the park today and bought ice cream". The first sentence in the session must be relatively simple to comprehend and remember, thus allowing the person to develop his/her skills throughout the activity.
- The person must then write down the sentence within 30 seconds of initial comprehension of it.
- Upon successful completion of accurately repeating the sentence in writing the person will then be asked to repeat another spoken sentence from the therapist/carer. The therapist/carer must increase the difficulty of each sentence by increasing the amount of words used and changing the subject of the sentence each time.
- Sample sentences are provided at right in order to give the therapist/carer an idea of how the sentences should be structured.
- (Note, different sentences must be generated for each session, there must be at least 3 sessions before the same sentence may be reused.)



**This exercise should take no longer than 30 minutes. If sessions are any longer, the person's attention and interest in the activity may lessen.**



## Sample sentences for repetition:

1. I went to the beach yesterday for a surf.
2. I am going to the movies tonight to see 'Transformers 2'.
3. I caught the train to Woy Woy last week and the fee was \$10.
4. I went out to dinner last weekend with some friends and then we had ice cream.
5. It takes 60 minutes to travel from Gosford to Sydney, which encompasses a distance of 80 kms.
6. The trains get so crowded in the mornings, just last week no one was able to get a seat because of this.
7. Songs such as 'With or Without You', 'Beautiful Day' and 'Gloria' have made the band U2 one of the most successful bands in history.



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## NEUROBICS

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Neurobics is a coined term which describes mental exercises that will hopefully improve your brain function in the same way that aerobic exercise will improve muscle functionality. Think of it as increasing one's mental motion - creating a fitter, more flexible mind.

There are many tasks we do almost automatically, without really thinking: washing up, ironing clothes, brushing our teeth. Well, the idea of neurobics is to engage your brain at times like this, in effect by 'challenging' it with slight changes to the usual method of completing these tasks. The expectation is that doing this will create new neural pathways and create new connections at cellular level - basically, brain growth and repair.

Here are some examples of things you can do to exercise your brain this way:



- Brush your teeth with your non-dominant hand
- Change the arm on which you usually wear your watch
- Use your non-dominant hand to operate your computer mouse
- Reorganise your desk or a cupboard.
- Use your non-dominant hand to dial the phone
- Try a new route next time you walk to the corner shop
- Share a meal and use only visual means to communicate - no talking allowed
- Change the radio station.

# MEMORY GAMES

Besides the companionship and understanding to be found in Stroke Recovery Clubs, there are plenty of opportunities for social gatherings. Many groups play cards or chess/checkers, some just gather to chat and have a cuppa. Some like to engage their brains in some neural exercise, and play games such as these.

These memory games are from the Stroke Association in the UK. They are very basic but great fun, and would be good for a group of people to play together.

## FUZZ

The players begin to count in sequence, each calling out one number in turn: one, two, three, etc. The player who should call out five must instead say, FUZZ. The counting continues until ten is reached, which becomes TWO FUZZ. Fifteen is THREE FUZZ, twenty is FOUR FUZZ, twenty-five is FUZZ FUZZ and so on.

## FUZZ BUZZ

This is a harder version of FUZZ. As the number five is replaced by FUZZ, so the number seven is replaced by BUZZ, with multiples of seven becoming TWO BUZZ, THREE BUZZ, and so on, as for FUZZ as well.

NOTE: a mistake in either of these two games should mean that the player who makes it is out of the game but it is better not to be too strict. Either count a point against the player, or correct him/her and continue the game.

## ALPHABET GAME

A player calls out a letter, and the other players have to call out the letter which comes *before* it in the alphabet. The first player to do so then calls out another letter, and so the game continues. Example: if a player says M, then the first person to call out L is the next to play. Should he then say X, then the player who says W first has the next call.

If this becomes too easy, play **two** letters ahead; when M is called the players should say K; for X they call V. This is much more difficult.

## ASSOCIATION OF IDEAS

The first player says any word he likes, and the second player immediately adds the first word that comes into his mind, and so on with each player in turn. When one or two rounds are completed, the players try to rewind from the last word to the first. Example: table, leg, run, rabbit.

Note: Players must try to speak spontaneously and not prepare what they are going to say before their turn. There should be no helping each other while the game is in progress. It is interesting to find out whether players can still recall the list half an hour later.

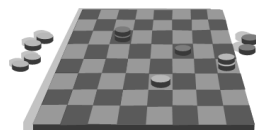
## I WENT TO MARKET

The first player says, 'I went to market.' The second player asks, 'What did you buy?' The first replies, 'I bought half a pound of tea.' The second player says to the third, 'I went to market,' and when asked what he had bought replies, 'I bought half a pound of tea and a dozen eggs,'... and so on, each player repeating the previous purchases before adding his/her own.

# GAMES

Other games which are fun and stimulating to play are games which were very popular before TV and Computers. They Include:

- Scrabble
- Up words
- Dominoes
- Card Games - All types
- Find -a-Word
- Sudoku
- Cross Word Puzzles
- Checkers/Draughts



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## ON-LINE GAMES

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If you are connected to the internet, there are several websites offering free games and puzzles. Some you will have to sign up for (and then put up with the odd promotional email now and again) others are hassle and obligation free. Here are a few web addresses that might interest you:

<http://www.positscience.com/braingames>

<http://freecrosswordpuzzles.com.au/>

<http://www.lumosity.com/k/brain-exercises>

Free trials of brain games are also on offer from 'Designs for Strong Minds', a US company which sells advanced materials for cognitive training. Beware though, even staff at the Stroke Recovery Association, who have not had Strokes, struggled with some of them: <http://www.designsforstrongminds.com/play-sample-games.html> and

<http://www.dsmexercises.com/>



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## RESOURCE BOOKS

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*Memory Games: Easy Ways to Keep Your Mind Sharp* by Jack Bateman and Helen Tichler

*The Brain That Changes Itself* by Norman Doidge MD

Puzzle Books that can be purchased at any Newsagency

# SOME FINAL WORDS ON COGNITIVE CHANGES FOLLOWING STROKE

**MEMORY** - After a stroke, problems remembering what has been said or done, forgetting people's names or faces, and forgetting to do things, may occur. It may also take longer to learn new things and adapt to changes.

- Use notebooks, calendars and diaries
- Keep things in specific places
- Set up regular routines

**CONCENTRATION** - After a stroke sometimes it is harder to pay attention and to stay alert for a reasonable amount of time. It can also be difficult to concentrate on more than one task at a time.

- Choose simpler tasks
- Do things for shorter periods of time
- Reduce distractions
- Do only one thing at a time

**SPEED OF PROCESSING AND RESPONDING** - Some people will take longer to process information and respond after a stroke. They may take longer to perform tasks than previously.

- Allow more time to complete tasks
- Allow time to respond rather than responding for the person
- Be patient



**PLANNING AND SEQUENCING** - After a stroke some people may have trouble organising the order in which to do things. They may experience difficulty planning the steps needed to achieve the task.

- Divide tasks into smaller logical steps
- Do simpler versions of the tasks with fewer steps
- Use written instructions

**PROBLEM SOLVING AND DECISION-MAKING** - After a stroke some people may experience difficulty solving problems and making decisions. The person may find it hard to come up with solutions or the trouble may be getting stuck on one idea and not being able to think of alternatives.

- Allow time to consider alternatives
- Provide clear, simple instructions
- Provide assistance with generating and evaluating ideas or solutions

## **IMPORTANT RESOURCES TO REMEMBER**

**Stroke Recovery Association: 1300650594**  
**[www.strokensw.org.au](http://www.strokensw.org.au)**

**Carers NSW: 1800 242 636, (02) 9280 4744**  
**[www. carersnsw.asn.au](http://www.carersnsw.asn.au)**

**Carers Respite Centres: 1800 059 059**

**Centrelink: 13 10 21**  
**[www.centrelink.gov.au](http://www.centrelink.gov.au)**

**Home & Community Care (HACC) Service:**  
**1800 350 792**  
**[www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)**

**Meals On Wheels: (02) 8219 4200**  
**[www.nswmealsonwheels.org.au](http://www.nswmealsonwheels.org.au)**

**Community Health Centres: See “Community Health”**  
**in**  
**your local telephone directory.**  
**[www.whitepages.com.au](http://www.whitepages.com.au)**

## **IMPORTANT RESOURCES TO REMEMBER**

**Independent Living Centre NSW:**

**1300 885 886**

**[www.ilcnsw.asn.au](http://www.ilcnsw.asn.au)**

**Technical Aid for the Disabled (TAD):**

**(02) 9912 3400 or 1300 663 243**

**[www.technicalaid.org.au](http://www.technicalaid.org.au)**

**Australian Physiotherapy Assoc NSW: (02) 8748 1555**

**[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)**

**Speech Pathologists Association NSW: (02) 9743 0013**

**[www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)**

**Taxi Subsidy Scheme: - 1800 623 724**

**RTA Disabled Drivers Parking Permit: - 13 22 13**

**Aged Care Assessment Team (ACAT): 1800 500 853**

**[www.health.gov.au/acc/acat/assess.htm](http://www.health.gov.au/acc/acat/assess.htm)**

# NOTES

# State Stroke Associations

<b>NSW</b>	Stroke Recovery Association Tel: 1300 650 594 (02) 9807 6422 Fax: (02) 9808 6173 Email: <a href="mailto:info@strokensw.org.au">info@strokensw.org.au</a> Website: <a href="http://www.strokensw.org.au">www.strokensw.org.au</a>
<b>QLD</b>	Stroke Association of QLD Tel: (07) 3844 8699 Email: <a href="mailto:strokeaq@iinet.net.au">strokeaq@iinet.net.au</a> Website: <a href="http://www.strokeqld.org.au">www.strokeqld.org.au</a>
<b>VIC</b>	Stroke Association of Victoria Suite 7, Level 1 247 Flinders Lane Melbourne Vic 3000 Tel: (03) 9077 1246 Email: <a href="mailto:admin@strokeassociation.com.au">admin@strokeassociation.com.au</a> Website: <a href="http://www.strokeassociation.com.au">www.strokeassociation.com.au</a>
<b>SA</b>	Stroke SA Inc Tel: (08) 8352 4644 Fax: (08) 8352 4944 Email: <a href="mailto:strokesa@chariot.net.au">strokesa@chariot.net.au</a> Website: <a href="http://www.stroke.org.au">www.stroke.org.au</a>

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