The road to recovery

The support available to help you with your recovery after stroke
We’re for life after stroke

Need to talk?
Call our confidential Stroke Helpline on 0303 3033 100.

You may also find our other leaflets helpful.

- We are the Stroke Association
- What is a stroke?
- How to prevent a stroke
- When a stroke happens
- Life after stroke

We also have lots more useful information. To order leaflets and factsheets, or to find out more about stroke, please call 0303 3033 100, email info@stroke.org.uk or visit us at stroke.org.uk.

We are a charity. We rely on your support to change lives.

Produced by the Stroke Association’s Information Service. To see which references we have used, visit stroke.org.uk.

Please call us on 0115 871 3949 or email quality@stroke.org.uk if you are unhappy with us in any way. We will happily discuss any issues and help sort them out.

The Stroke Association is registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in Northern Ireland (XT33805), Isle of Man (No 945) and Jersey (NPO 369).

Introduction

A stroke can happen so suddenly, it can change your life overnight. The road to recovery can be difficult, but there is a lot of help and support available.

This leaflet explains what happens during your rehabilitation. We’ve also included some tips for you and your carer to help you move on with life after having a stroke.

"The five months after my stroke were the hardest days of my life. After months of hard work, I can wash myself, make a cup of tea and go for a walk."

Jess, stroke survivor aged 19

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Recovery

“I’ve rebuilt my life and worked hard to get my confidence and independence back.”

Robert, stroke survivor

After having a stroke, your body will need time to heal and recover. This often takes time, practice, determination and patience.

A stroke causes damage to the brain, which causes brain cells to die. Although they can’t grow back, other parts of the brain can learn to take over the jobs that the damaged areas did. This is called neuroplasticity.

In the first few days and weeks after your stroke, you will be in the early stages of recovery and may be feeling confused and tired.

After an early burst of recovery in the first few months, progress tends to slow down to a more gradual pace. This is normal. Time and practice will now play a very important role. You may continue to notice changes and improvements many months and even years after your stroke.

Rehabilitation helps you to cope and adapt to your situation so you can become as independent as possible after your stroke. You will normally be treated by a number of people who have specialist training and experience. For example, a physiotherapist could help you with problems with walking or using your arm or hand.

Although recovery is linked to rehabilitation, the two are not the same thing. Recovery means getting better, rehabilitation means overcoming or adapting to the effects of your stroke.

Rehabilitation will probably involve:

• setting goals that are then broken down into small, manageable steps
• exercises to help you recover any abilities you have lost
• being shown new and different ways of doing things such as dressing with one arm instead of two, and
• finding social, emotional and practical support at home and in the community.

Rehabilitation

In many ways your recovery is a journey that is very personal to you. Even if your stroke symptoms are similar to someone else’s, your ability or your motivation to recover may be very different.
**Physiotherapy**

Rehabilitation starts in hospital with the people involved in your care. For more information see our leaflet ‘When a stroke happens.’

A stroke can cause weakness or paralysis on one side of your body and problems with your balance or co-ordination. You may also experience changes in sensation, unpleasant feelings of heat or cold, and tingling, like pins and needles. Physiotherapy can help with all these effects, supporting you to regain as much mobility, muscle control and strength as possible.

You should start physiotherapy as soon as possible after your stroke. A therapist will assess your needs and put together a recovery plan.

Firstly, the physiotherapist will look at your posture and balance, starting with sitting up safely. When you’re ready, they might work with you to help you stand and then to move around safely. Your physiotherapist can give you advice on using equipment such as a walking stick to help you get around more easily.

If you have weak or paralysed limbs, your treatment is likely to start with small guided movements and practising simple tasks. As you start to improve and build up your strength, your physiotherapist will show you larger movements and more complicated exercises that encourage both sides of your body to work together. This will help to make sure that you do not overuse the side of your body that is not affected by the stroke.

Your therapist will work with you to set aims or goals, such as picking up an object or walking. They will be able to teach you and your carer (if you have one) some exercises to practise between sessions to help your recovery.

A physiotherapist, occupational therapist or social worker can assess your needs and arrange for:

- mobility aids, such as a walking stick or wheelchair
- adaptations to the home, such as ramps and handrails, and
- specialist equipment and gadgets to make it easier for you to manage tasks at home.

"I am left with restricted movement and horrendous pins and needles. But with help I have made progress and I’m improving all the time."

Adrian, stroke survivor
Speech and language therapy

A stroke can affect your ability to communicate. You may have difficulty with understanding, reading, writing or speaking. This is called aphasia. Your speech and language therapist can assess your ability to communicate and help you to recover or adapt.

You may know what you want to say but can’t find the words. It may also be hard for you to understand what others are saying to you. Therapy can help you understand and find words. It can also help you find other ways to communicate such as using gestures, word-and-picture charts, symbols or a computer.

If you have weakness in the muscles in your face (called dysarthria), your therapist may be able to teach you exercises to help you get your strength back and improve your speech. They can also show you and your family exercises you can practise between therapy sessions to help your recovery.

Occupational therapy

Problems with movement, co-ordination, memory or vision can make it hard to carry out everyday activities. Your occupational therapist will work with you to find ways of carrying out vital everyday tasks. This could be dressing, washing, making a hot drink or shopping. The aim is to support you to become as independent as possible. They can also help you to continue with hobbies that you had before your stroke and to learn new skills. If you worked before your stroke, they can help you return to work.

Your therapist can also provide aids and equipment to make life easier and prepare you for going home from hospital.

Occupational therapists will help you find new ways of doing things, depending on your situation and how your stroke has affected you. This may include learning to eat or dress with one hand, using memory aids such as lists or a diary, or practising physical or mental skills using crafts and board games. Your therapy will usually start with simple activities, then move on to more complicated ones as you progress.
Your vision

Speech and language therapists can also give you advice if you cannot swallow after a stroke.

They may be involved in assessing you, and will work with a dietitian to come up with a diet plan that is easy to eat, and has all the nutrients you need. They can also look at other options if you continue to have swallowing problems. For more information see our factsheet ‘Swallowing problems after stroke’.

Vision

Stroke can cause a range of visual problems. You may experience double vision, blurred vision or partial blindness. You may have difficulty processing information, such as recognising things.

You should be referred to an ophthalmologist or orthoptist to have your vision assessed. You may then be referred to a low-vision clinic to get advice on using visual aids like glasses, a patch or prisms. They can also give you advice on coping with daily life.

Your emotions

Other specialists that can help you to cope with visual problems include:

- a physiotherapist or occupational therapist who can help with movement and exercises to compensate for, or cope with, areas of blindness, and
- a clinical psychologist or occupational therapist who can help with problems to do with processing information, like recognising familiar things or people.

Emotions

Feelings of anger, despair, frustration and grief are all normal if you or a member of your family has had a stroke. You may feel low or depressed, anxious, or find it hard to control your emotions. This can be due to the damage the stroke has caused to your brain, or be part of the process of coming to terms with the way your stroke has changed your life.

Understanding and coping with these feelings is an important part of rehabilitation. Talk about how you are feeling – help and support are available.

"Having a stroke ruins your confidence. I didn’t want to go out with my friends anymore. Going out and meeting people like yourself really helps grow that confidence and helps to combat loneliness and frustration too."

Jennifer, stroke survivor
Your mental processes

Your doctor may prescribe anti-depressants to you or refer you to see a counsellor to talk about how you are feeling. If you need more advice, your doctor can arrange for you to see a clinical psychologist or psychiatrist.

Mental processes

It is common for a stroke to affect your mental processes such as thinking, concentrating, remembering, making decisions, reasoning, planning and learning. A clinical psychologist can assess these problems and suggest ways of dealing with them. For example:

- if you have memory loss, you may need to keep notes to remind yourself to do routine things, and
- if you have problems concentrating, take things more slowly and avoid distractions.

For more information, see our factsheets ‘Memory, thinking and understanding after stroke’, ‘Depression after stroke’ and ‘Emotional changes after stroke’.

Using the toilet (continence)

Having problems controlling your bladder or bowels is common after a stroke. Incontinence may be caused by damage to your brain as a result of your stroke, and communication or mobility problems can make things worse. You might find it difficult to tell someone you need the toilet, or you may not be able to get there in time.

Most people can control their bladder and bowels after a few weeks, but help is available from the following people if you need it.

- **A continence adviser** is a specialist nurse who can develop a rehabilitation plan with you. This might include retraining your bladder to help you ‘hold on’, pelvic floor exercises to strengthen your muscles, and continence aids like pads and bed covers.
- **A physiotherapist** can teach you exercises to make it easier for you to walk or use a commode or toilet.
- **An occupational therapist** can give you advice on how you could adapt your home. They can talk to you about what kind of equipment might make it easier for you to use the toilet.

Tips for helping yourself

- Drink plenty of water during the day (this helps prevent infections).
- Cut down on caffeine and alcohol.
- Keep active.
- Wear clothes that are easy to undo.
Helpful tips

Rehabilitation is a journey full of ups and downs, and it is natural to find it hard to keep going on some days. It’s important to stay positive and focused on what you want to achieve. Here are some tips.

• Practise the tasks therapists teach you – but don’t exhaust yourself.
• Understand why each task has been set. If you are not sure, ask your therapist. This will keep you motivated.
• Remember recovery can be gradual.
• Don’t push people away. If you have problems communicating with others, even just being with other people can stop you becoming isolated and withdrawn.
• Stay healthy. Plenty of sleep, a good diet and regular physical activity are all important in helping you to recover.
• Don’t worry if you can’t do everything you used to be able to do. Enjoy the best quality of life you can.
• Don’t be too hard on yourself if you have a bad day. Get back on track tomorrow.

If you are finding it difficult to get the help and support you need, contact us, talk to the hospital team or contact your GP if you are at home.

Family, friends and carers

Family and friends can help you in many ways. For example, they can:

• help you practise exercises between therapy sessions
• give you emotional support and keep you motivated towards your long-term aims
• adapt to your needs, for example, by speaking more slowly and using gestures if you have communication problems, and
• learn techniques for dealing with difficult situations, such as how to help you get up if you have a fall.

Tips for carers

• Be patient. Rehabilitation can be a slow process.
• Be positive. Constant encouragement and praise are needed to keep up everyone’s spirits.
• Get the right balance between helping and encouraging the person to be confident and independent by doing things for themselves.
• Create a daily routine that everyone can stick to. Build in short but regular periods in the day to practise exercises and learn skills.
• Make time for yourself. Caring for someone can be physically and emotionally tiring.

For more information and advice, and to find out about services near you, call our Stroke Helpline on 0303 3033 100 or visit our website at stroke.org.uk.

“By eating sensibly, taking regular exercise and getting the right support, I’m now on the road to recovery and am determined to prove there is life after stroke.”

Ivor, stroke survivor aged 70
We are the Stroke Association

We believe in life after stroke. That’s why we support stroke survivors to make the best recovery they can. It’s why we campaign for better stroke care. And it’s why we fund research into finding new treatments and ways of preventing stroke.

We’re here for you. If you’d like to know more please get in touch.

Stroke Helpline: 0303 3033 100
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