

STROKE: RECOVERY REHABILITATION AND PREVENTION

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The DNV, in conjunction with The American **Heart Association/ American Stroke** Association, has recognized AnMed with **Advanced Certification** as a Primary Stroke Center.

Welcome to AnMed. You have been admitted because you may have suffered a stroke or a Transient Ischemic Attack (TIA). We understand this can be a confusing and frightening time.

This booklet will help you and your family understand what a stroke is, what the stroke patient might experience and how a stroke can be treated and prevented. We hope this will serve as a source of useful information and will provide you with answers to questions you may have throughout your hospital stay and recovery. We encourage both you and your family to be involved in the care and rehabilitation process and to ask questions at any time.

Hospital Plan of Care for TIA (Transient Ischemic Attack) or Stroke Patients

At AnMed, a system of care called Care Coordination will be used throughout your stay. Your case manager will monitor your stay and assist the healthcare team to ensure that everything goes smoothly. The following information is an overview of what you can expect during your stay. Depending on the severity of your stroke, you may recover faster or slower than indicated in these general guidelines.

Day 1 – Admission and Assessment

If your doctor thinks you have had either a stroke or TIA, you may be admitted to the AnMed Neuroscience Center, specializing in the care of patients with neurological conditions. Several different tests and diagnostic procedures may be ordered by your doctor to confirm what has happened to you. Nurses will talk to you about the hospital and your room, as well as about tests and treatments that will be needed. If you appear to have problems swallowing, nurses and dieticians will work with you to determine an appropriate diet for you. Medications from home will be discussed, and your doctor may order new medicines. To ensure your safety, you are encouraged to ask for help before getting out of bed.

We encourage both patients and families to be involved in the care and rehabilitation process.

Day 2 - Evaluation

Your doctor may order additional tests or blood work. Members of the healthcare team (discharge planner; speech, physical and occupational therapists; nurse/case manager) will meet with you to evaluate any needs you may have. If the team completed its initial evaluation at the time you were admitted, they will begin therapy. Nurses will talk to you about your stroke. Your ability to swallow may be further evaluated to make sure you are getting proper nutrition. You will be monitored closely.

Day 3 - Planning Your Recovery

By the third day, your discharge planner will be helping you make plans for your discharge from the hospital. If members of the healthcare team believe extra therapy or rehabilitation is needed, they will talk to you about selecting an agency that best meets the needs of you and your family. Therapists will continue to provide therapy. You will begin increasing your out-of-bed activities with the assistance of the nursing staff and therapists.

Plans for discharge will be made no matter the severity of the stroke, the plan may just differ. Information about additional medications and stroke prevention will be provided.

Day 4/5 – Rehabilitation Equipment Orders/ Reviewing Discharge Plans and Instructions

Healthcare team members will continue to work with you and your family. You should be preparing for discharge. Therapists will continue to work with you. Staff will continue to provide you and your family with information about your stroke and about recovery. Any equipment you may need after discharge will be ordered for you at this time.

Written instructions about activity, changes in medications or new medications ordered, follow-up appointments and any special instructions will be provided. Information about your care needs will be sent to a rehabilitation facility, a home health agency or an outpatient therapy provider as deemed appropriate.

Support Staff and Services

Discharge Planner/Chaplain/Patient Advocate

Soon after your admission, a discharge planner will meet with you and your family to assess what needs you might have at the time of your discharge and to share information about the types of community and support services that are available to you. This person will work with other members of your healthcare team, including therapists, nursing staff and doctors, to develop and coordinate a comprehensive discharge plan specifically for you. The discharge planner can also help put you and your family in touch with appropriate community resources, such as home health and equipment agencies, the Department of Social Services, charitable organizations, support groups, inpatient and outpatient rehab facilities and skilled nursing facilities.

Your discharge planner is interested in helping you to meet the financial, emotional and social needs caused by your stroke and can be reached during your hospitalization at 512–1237, or through your doctor or a member of the nursing staff.

A hospital chaplain is available 24 hours a day. The nursing staff will contact them for you. The chapel on the first floor of AnMed Medical Center can be visited anytime.

Patient advocates are available to assist you and your family with any non-medical needs.

Patient advocates are available to assist patients and family with any nonmedical needs.

What is a Stroke?

The word stroke means "brain attack." When a stroke occurs, blood flow to the brain is interrupted or blocked. As a result, part of the brain is deprived of life-giving oxygen. When this happens, the body tells you something is wrong. Weakness or numbness, dizziness, sudden problems seeing or talking clearly may be experienced in parts of the body.

An **ischemic stroke** is a stroke caused by a clot that blocks blood flow to the brain.

A **hemorrhagic stroke** is caused by a blood vessel breaking open or rupturing causing an interruption to blood flow in the brain.

A "Warning Stroke" or TIA

A warning stroke, often called TIA or Transient Ischemic Attack, is similar to a stroke in that it involves a temporary blockage of blood flow to the brain. If you experience any TIA symptoms, seek medical help immediately.

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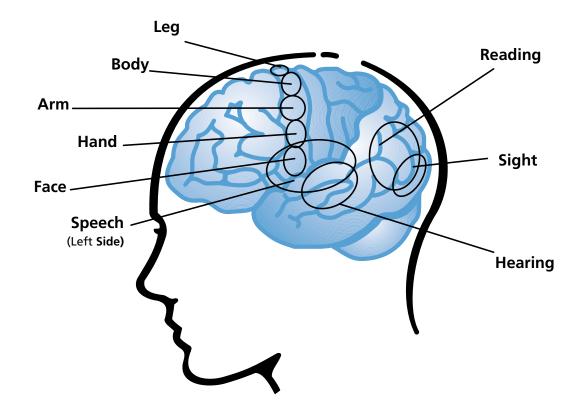
Warning Symptoms of Stroke/TIA

- Sudden weakness or numbness of the face, arm or leg; especially on one side of the body.
- Loss or change in vision.
- Confusion or brief loss of consciousness.
- Unexplained headache.
- Slurred speech.
- Drooping of one side of the face.
- Loss of balance, trouble walking.
- Dizziness.

What to do

- Immediately dial 911.
- Don't ignore the signs of a stroke.
- Check the time note when the symptoms started.
- Remember: time lost is brain lost.





How a person is affected by a stroke depends largely on what part of the brain is deprived of oxygen and the body functions the affected part directs.

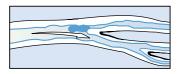
What Causes a Stroke?

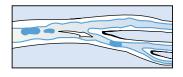
Knowing the cause of your stroke helps the doctor to decide how best to treat you. Strokes usually occur in one of three ways:

- A blood clot forms in a vessel in the brain and blocks the flow of blood. Known as a thrombus, this type of clot can happen inside blood vessels that have been damaged by the buildup of the plaque caused by cholesterol.
- A blood clot forms elsewhere in the body and travels to the brain. When this type of clot blocks a vessel in the brain, it is known as an embolus. Some heart problems can lead to an embolus.
- A blood vessel in the brain breaks and blood spills onto the surrounding tissue. This is called a cerebral hemorrhage. High blood pressure can sometimes cause this type of stroke.

Regardless of the cause of the stroke, when the brain is deprived of blood for more than a few minutes, brain cells begin to die. How a person is affected by a stroke depends largely on what part of the brain is deprived of oxygen and the body functions the affected part directs.

A stroke can cause unconsciousness, paralysis, speaking problems (aphasia), swallowing problems (dysphagia), mood swings, and memory/thinking problems. The extent of the damage can vary from mild to severe.







Stroke-Related Problems: A message for family and friends

When a person has a stroke, the effects may be mild and temporary. However, some strokes may cause more permanent damage that may result in physical and behavioral changes. Support and understanding from the patient's family is very important. It can help the patient to achieve maximum benefit from treatment and rehabilitation.

Every stroke is different, and every person deals differently with the changes a stroke brings.

- **Emotions** After a stroke, you may not be able to control all of your emotions. As a result, some behaviors may seem inappropriate. You may laugh when crying might be more appropriate. Or you might cry at something that should be funny. Depression, frustration, anger and irritation are among the emotions that may be displayed. Often these outward emotions are not what you are feeling on the inside.
- Communications The ability to communicate is often affected by the stroke. You may not be able to talk clearly, and family and friends may have trouble understanding what is said. Although you may hear others talking, they may not be able to understand or respond. When this occurs, it can lead to feelings of frustration.
- **Memory** You may also have trouble with your memory. New information is sometimes quickly forgotten. Comments or instructions may need to be repeated.

It is important for your family to understand that you cannot control all of your behaviors and that many of your actions may be the result of how you are trying to deal with such sudden and frightening changes.

Support and understanding from the patient's family can help the patient to achieve maximum benefit from treatment and rehabilitation.

Reducing Your Risk Factors

While you are in the hospital, a team of rehabilitative and medical specialists will be working with you to help you recover. Some will be helping you to get stronger, while others will talk with you about ways to change your lifestyle to help you avoid another stroke.

Members of your healthcare team will help you to identify factors that put you at an increased risk for another stroke, and they will work with you on finding ways to reduce these risks.

Steps you can take to prevent a stroke include:

- Have your blood pressure checked regularly.
- Reduce the cholesterol in your diet by eating more fresh fruits and vegetables, fish, poultry, and less red meat, eggs and dairy products.
- Reduce your salt intake.
- Keep your weight down by exercising regularly.
- Don't smoke if you do, quit.
- Control your diabetes.
- Take your medications as prescribed. Consult your doctor if you are having side effects or difficulty getting your medications.

Risk Factors You Cannot Control

- Age. Strokes are much more common after age 55.
- Gender. Women have strokes more often than men.
- Race. African-Americans have more strokes than Caucasians.
- **Previous stroke**. People who have had one stroke have an increased risk of having another.
- Family history. Strokes are more common in people whose family members have had a stroke.

In many cases, a stroke can be prevented by reducing or eliminating various risk factors.

Risk Factors You Can Control

- **High blood pressure.** This is the biggest stroke risk factor. High blood pressure can be lowered by eating a balanced diet, maintaining a normal weight and taking prescribed medicines on advice of your doctor.
- Cigarette smoking. Cigarette smoking damages the heart and blood vessels, increases blood pressure and reduces the amount of oxygen carried to the body. If you smoke, please STOP.
- **Heart disease**. People with heart disease have twice as many strokes as people with healthy hearts. Heart disease can often be prevented by avoiding cigarette smoke, by eating fewer high-fat and high-cholesterol foods and by controlling blood pressure.
- **Diabetes.** Uncontrolled or poorly controlled blood sugars damage the blood vessels in the brain making it easier to form clots in those blood vessels.
- Atrial Fibrillation or atrial flutter. The irregular beating of the heart causes blood clots to form and obstruct the brain blood vessels.
- **High Blood Cholesterol**. High blood cholesterol (LDL) obstructs the brain's blood vessels. High blood cholesterol can be controlled by avoiding fried or fatty foods and exercising regularly. It may require medication.
- Other factors that increase your risk of having a stroke include an inactive lifestyle, being overweight, use of birth control pills, atherosclerosis (fatty deposits in the arteries), stress, use of illegal drugs, certain blood disorders and excessive alcohol use.

See page 17-19 for your personalized risk factors.

Your Healthcare Team

Upon admission to AnMed Medical Center, you will undergo a medical exam by a physician and additional evaluations by a number of healthcare professionals. Together, these individuals who make up your healthcare team develop a plan of care designed to achieve the rehabilitation goals.

Team of Professionals

Among the professionals who frequently serve on the team:

- Physicians
- Nurses
- Dietitians
- Occupational therapists
- Physical therapists
- Respiratory therapists
- Speech pathologists
- Discharge planners
- Pharmacists
- · Case managers

Cigarette smoking damages the heart and blood vessels, increases blood pressure and re-duces the amount of oxygen carried to the body.

Nutrition

Proper nutrition is an important concern for you, if you have had a stroke. Strokes can cause chewing and swallowing problems, which can make it difficult for you to eat the amount of food needed for adequate nutrition.

The consistency or texture of the foods that make up your diet may need to be adjusted to help you safely meet your nutritional needs. Thick, creamy foods are usually tolerated best. Thin liquids or foods that are a mixture of several ingredients that are different textures, such as beef stew or casseroles, may be more difficult to chew and swallow. Also, foods such as rice and meat may be hard to form into a "bolus," or ball of food, to be swallowed. A clinical dietitian and a speech pathologist are available to make sure you receive a diet that meets your needs.

Your doctor may place you on a low-fat, low-cholesterol and low-salt diet to help lower cholesterol levels and to control high blood pressure. One-on-one instruction and educational materials regarding this diet are available to you.

If eating is difficult for you, nutrition can be provided in other ways, such as by tube feeding. Your dietitian will monitor your nutritional status to make sure you are receiving nutrition in ways that are best for you and that meet your nutritional needs.

Neurological Rehabilitation Services

If your physician orders neurological rehabilitation, you will be evaluated by an occupational, physical and/or speech therapist. Rehabilitation professionals will determine the types and frequencies of therapy you will need. They will then work with you and your family members to set up therapy goals and a plan of care. All three therapists work together as a team. Depending on your needs, therapy sessions could include one, two or all three therapists at the same time.

After your discharge from the Medical Center, you may need additional therapy to help you to maximize your potential for recovery. You may go to a rehabilitation hospital for intensive inpatient therapy; you may receive continued therapy on an outpatient basis; or you may receive therapy in your home.

A clinical dietitian and a speech pathologist are available to make sure you receive a diet that meets your needs.

Recovery and Rehabilitation: Physical, Occupational and Speech Therapy

Physical therapists are concerned with teaching you to do as much for yourself as possible. They work with you to help you reach your highest level of function.

A physical therapist will evaluate your muscle tone, strength, sensation, balance, endurance, gait, coordination and overall mobility. After determining your needs, the therapist will design a therapeutic program that will assist you in achieving your goals. The therapist will also assess your needs for equipment and instruct you in the use of assistive devices such as walkers, wheelchairs and canes. You and your family members will be taught how to perform prescribed exercises and how to safely perform transfers. As you are able, you will be taught to walk again, using whatever equipment is necessary. Participating in the prescribed physical therapy activities helps you return to a functional lifestyle.

Occupational therapists focus on returning you to your highest level of physical and psychosocial functioning after a stroke to increase your independence with activities of daily life such as bathing, dressing, feeding and grooming. They use a combination of exercise and activities to help you achieve maximum functional use of your entire body, and to retrain your use of perceptual (seeing and hearing) and cognitive (thinking) skills. If you are like many patients, your stroke may have affected your visual perception and your thought processes. It may have caused weakness in one arm or leg. If this is the case, your occupational therapist will develop an exercise program that will increase your ability to care for yourself and teach you adaptive living techniques. Such a program could include one-handed techniques for dressing and self-feeding, as well as muscle re-education techniques to assist with the rehabilitation of the affected limbs by increasing range of motion and strength.

After determining your needs, the therapist will design a therapeutic program that will assist you in achieving your goals

Speech Therapy

Speech pathologists evaluate your ability to communicate and swallow effectively, and initiate therapies as needed. The goal of the speech pathologist is to help you return to the highest level of independence possible. Difficulties evaluated and treated by the speech pathologist include:

- Understanding conversation and directions.
- Producing understandable and appropriate speech.
- Remembering old or new information.
- Swallowing safely or eating an adequate amount of food.
- · Reading or writing.
- Providing alternative means of communication for patients who are unable to talk.

Depending on your specific difficulty, the speech pathologist could provide:

- Suggestions for positioning and preparing food to improve swallowing.
- Exercises for weakness that has resulted in slurred speech.
- Assistance with expressing ideas or recalling personal information.

The speech pathologist will work closely with you and your family to improve your communication and swallowing skills and to help you recover as quickly and as completely as possible.

Respiratory Therapy

You may be visited by a respiratory therapist, which is a healthcare professional who specializes in assessing and treating breathing problems. After evaluating your needs, the therapist will work with other members of the team to make sure you receive any respiratory therapy treatments that are needed.

After a stroke, you sometimes have problems coughing and swallowing. These problems can cause the lungs to become congested. You will be taught coughing and deep-breathing exercises to help decrease any congestion you may experience. Keeping the head of the bed elevated may also help by preventing secretions from going into the lungs.

You may also receive chest physical therapy. This treatment includes clapping on the chest to loosen secretions so they are easier to cough up.

Sometimes it is necessary for you to have secretions removed by suctioning. This procedure is not uncommon, and if needed, it will help make you more comfortable.

Your progress will be regularly evaluated, and changes will be made as needed in your respiratory care plan. If you have any questions or concerns about your care, please feel free to discuss them with your respiratory therapist.

Your progress will be regularly evaluated, and changes will be made as needed in your respiratory care plan.

Medication Guidelines

- Know the names and dosages of medications you are taking and why you are taking them. You may find it helpful to keep a list or a schedule of your medications.
- Know the exact amount of medication to take and how to take it. Ask if you should take it before, during or after meals, on an empty stomach, or at bedtime, etc. Follow all instructions carefully. Always take the exact amount of medication prescribed. Ask if your medication can be taken safely with other medications. Tell your doctor about all other medications you are taking and any medication allergies you have.
- Always talk to your doctor before taking any over-the-counter medications.
- Ask about possible side effects and what to do if they occur.
- Store medications properly. Always read the label for special storage instructions.
- Keep your medications in their original container to decrease the risk of taking the wrong medication. Always check the label before you take any medicine.
- Don't stop taking your medication or change your dosage without talking to your doctor, even if you are feeling better. Take the medication for as long as your doctor tells you to do so.
- Don't take medications in the dark. Always turn on the lights to avoid taking the wrona medication.
- Don't use someone else's medication or give yours to another person.
- If you miss a dose of your medication, don't double the dose later. Ask your doctor what to do if you miss a dose.

Always talk to your doctor before taking any over-the-counter medications.

Preventing Falls in the Hospital

Keeping you safe while you are here for care is our biggest goal. We want to work with you and your family to help prevent falls. You may have tests, medications, and treatment that increase your chance of falling. We want you to be as active and safe as possible. Here is what you can do to help prevent falls:

- Remind us to make sure that your call light, bedside table, telephone and anything else you need are within easy reach.
- Ask your nurse or doctor what activities are safe for you to do on your own.
- Ask for help before you get out of bed if you feel weak, lightheaded or dizzy. Being in bed for even one day or taking new medicines can cause a person to feel dizzy or weak.
- It is not safe to rest against the siderails of your bed. You may slip between the rails and the mattress, or get caught in the rails.
- Do activities at a slower speed. Move slowly. Sit at the side of the bed and wait to see how you feel before you stand up.
- If you need help to walk, call us. Never lean on or use an IV pole or anything with wheels to support you.
- Use the toilet often. That way you won't have to hurry there when you have to go.
- When possible, avoid wearing long nightgowns or robes. These can cause you to trip.
- Wear slippers, socks or shoes that won't slip when you get up. Wear shoes or slippers that fit well and stay securely on the feet. Ask for a pair of slip resistant socks if you need something to wear.
- Please let staff know if there is a spill or slippery area.

After Discharge

Several options to continue care after discharge are available through AnMed for eligible patients. Your discharge planner can help determine which, if any, of these services you may qualify for. Your discharge planner can also provide information about other resources available in the community (please see pg.3).

Rehabilitation Hospital

AnMed Rehabilitation Hospital is a 60-bed facility located at 1 Springback Way in Anderson. It provides inpatient and outpatient rehabilitation. The facility offers personalized rehabilitation programs using advanced technologies and experienced rehabilitation teams that can positively affect stroke outcomes. The therapy teams develop rehabilitation goals targeting strength, skill, and speech improvement with a focus on increasing your ability to safely and independently perform daily tasks at home and in the community.

You may learn more about AnMed Rehabilitation Hospital by calling 864.716.2615, visiting the website at www.anmedrehab.com, and/or talking to your discharge planner or case manager.

Home Health

The therapy you receive while in the hospital or during inpatient rehabilitation can be continued at home through home health. The services you may be eligible to receive through home health include nursing care, physical therapy, occupational therapy and speech therapy. Your home health team will set goals that will include helping you to continue to adjust to life after stroke and teaching you ways to increase your independence at home. You may learn more about AnMed Home Health by calling 864.512.6410 or talking to your discharge planner or case manager.

Home Safety Tips

As in the hospital, safety is important at home. Here are some tips to help you make sure your home is safe.

- Clear well-traveled pathways of furniture and clutter.
- Check for frayed, worn or curling carpeting. Repair problem areas.
- Remove rugs if possible or use area rugs with non-skid backing.
- Wipe up spills immediately.
- Use rubber mats on tub and shower floors.
- Install a grab bar on the wall near or in the bathtub.
- Keep stairs in good repair.
- Provide adequate lighting for all areas.
- Install smoke detectors.
- Wash hands before and after performing patient care tasks.
- Wear gloves when doing wound care or when handling body fluids.

As in the hospital, safety is important at home.

For Additional Information

National Stroke Association

8480 E Orchard Rd, Suite 1000 Englewood, CO 80111 (303) 771-1700 Toll-free (800) STROKES (787-6537) www.stroke.org www.strokesmart.org

National Aphasia Association

P.O. Box 1887 Murray Hill Station New York, NY 10156 Toll-free (800) 922-4622 www.aphasia.org

Provides information on the partial or total loss of the ability to speak or comprehend speech, resulting from stroke or other causes.

Internet Stroke Center

www.strokecenter.org/patients/

Administration on Aging

330 Independence Avenue, SW Washington, DC 20201 Toll-free (800) 677-1116 (call for list of community services for older Americans in your area) www.aoa.gov

AHA Stroke Connection

(formerly the Courage Stroke Network)

American Heart Association

7272 Greenville Avenue Dallas, TX 75231 Toll-free (800) 553-6321 (or check telephone book for local AHA office)

Provides prevention, diagnosis, treatment, and rehabilitation information to stroke survivors and their families. www.americanheart.org

The Well Spouse Foundation

P.O. Box 801 New York, NY 10023 Toll-free (800) 838-0879

Provides support for the husbands, wives, and partners of people who are chronically ill or disabled. www.wellspouse.org

Different Strokes for Different Folks

Stroke Support Group AnMed Rehabilitation Hospital 1 Springback Way Anderson, SC

AnMed Rehabilitation Hospital 864-716-2600

Medicare Information

Consumer Information Center Department 59 Pueblo, CO 81009

By writing to this address, you can receive a free copy of The Medicare Handbook (updated and published annually). This handbook provides information about Medicare benefits, health insurance to supplement Medicare, and limits to Medicare coverage. It is also available in Spanish. www.pueblo.gsa.gov

Glossary of Tests and Treatments

Angiogram An X-ray procedure in which dye is injected through a large artery, usually in the

groin, to outline the blood vessels of the brain

(CAT Scan) An X-ray that provides cross-sectional pictures of the brain. CT Scan

(Non-Invasive Vascular Studies) An ultrasound procedure to check blood flow in the NIVS (Transcranial/

Carotid Doppler) major vessels in the neck and head.

(Electrocardiogram) A recording of the electrical activity of the heart. **EKG EEG** (Electroencephalogram) A recording of the electrical activity of the brain.

(Ambulatory EKG monitoring) A portable device used to record electrical activity of **Holter Monitor**

the heart for 24 hours to detect abnormal heart rhythms.

(Magnetic Resonance Imaging) A special scanner that uses a magnetic field to take **MRI**

pictures of the brain; the pictures can be taken in three different views.

PT or Protime (Prothrombin Time) A blood test used to evaluate the effect of Coumadin; a test of

clotting time.

(Partial Thromboplastin Time) A blood test used to evaluate the effect of Heparin; a PTT

test of clotting time.

Glossary of Stroke Terms

An abnormal enlargement of a blood vessel, associated with a weakened or bulging **Aneurysm**

vessel wall.

Absence or impairment of the ability to communicate through speaking, writing or **Aphasia**

signs. Receptive aphasia – reflects inability to understand written or spoken words.

A vessel that carries blood from the heart out to the tissues. **Artery**

Atrial Fibrillation A heart condition characterized by rapid and irregular contraction of the heart

chambers.

Carotid Artery Two arteries that arise from the aorta of the heart to provide blood supply to the

brain, neck and face.

Carotid Bruit An abnormal or blowing sound heard when one listens to the carotid artery with a

stethoscope; indicates narrowing or blockage of the artery.

Carotid

Endarterectomy

A surgical procedure in which the carotid artery is opened to remove atherosclerotic

plaque from the lining of the vessel.

A condition of unconsciousness and unresponsiveness caused by illness or injury. Coma

Dysarthria Difficult or defective speech (such as slurring or thick speech).

Inability to swallow or difficulty with swallowing. Dysphagia

Hemisphere Either half of the brain.

Heparin An anticoagulant drug used to prevent the formation of blood clots.

Temporary decrease in blood supply to an area due to a blockage in a blood vessel. Ischemia

Necrosis An area of tissue that dies due to lack of blood supply to that area.

Neglect Lack of awareness of one side of the body.

Temporary or permanent loss of function or movement. **Paralysis**

Paresthesia Sensation of numbness, tingling, prickling or increased sensitivity.

Range of motion (ROM) Exercises that maintain or increase the amount of movement in a joint. Seizure A sudden change in body function due to excessive electrical activity in brain cells.

Stent Metal tube placed in blood vessels to allow blood to flow through more easily.

Stroke A sudden disturbance or blockage of blood flow to the brain resulting in brain cells dying. TIA

Also known as "mini stroke," a Transient Ischemic Attack could be a warning sign of a

stroke. A temporary blockage of blood to the brain.

Stroke Risk Factors

High Blood Pressure

"Hypertension" or "high blood pressure" is a disease that affects 80 million Americans. It is a disease that can damage your arteries over time by stretching them beyond their limits. A normal blood pressure should be less than 120/80. With age, the top number (systolic) often rises due to stiffening of arteries and the buildup of plaque within the arteries. Eating a healthy diet that is low in fat and sodium, exercising and taking prescribed medications may keep your blood pressure within a healthy range. It is very important to take blood pressure medications accurately. High blood pressure may not present with outward symptoms like many other diseases. For this reason, do not stop taking your medications even when you feel well.

High Cholesterol

Cholesterol is a waxy substance in our bodies made by the liver. There are two types of cholesterol. HDL is "good" cholesterol which helps eliminate the "bad" LDL type of cholesterol. When eating a diet high in saturated and trans fats, LDL cholesterol builds up between the layers of our arteries. This makes it hard for the heart to circulate blood to the body. Cholesterol build up in the arteries can break off and travel through the blood stream. Heart attacks are the result of cholesterol "plaque" blocking an artery in the heart. Strokes are the result of a blocked artery in the brain. A healthy diet and exercise is essential in lowering cholesterol levels. Your doctor may also prescribe cholesterol lowering medications to decrease your risk of heart attack and stroke.

Diet

A poor diet can contribute to high cholesterol, high blood pressure and excess body weight, all risk factors for stroke. Diets high in fat can raise cholesterol levels. Diets high in sodium can contribute to high blood pressure, and high calorie diets can contribute to obesity. These simple diet changes can reduce the risk of stroke:

- Eat more fresh fruits and veggies
- Eat whole grain and high fiber foods
- Eat fish twice a week
- Eat lean meat (such as chicken and turkey)
- · Choose low-fat or fat free milk and other dairy
- · Limit fat intake and fried foods

Smoking

Cigarette smoking damages the heart and blood vessels, increases blood pressure and reduces the amount of oxygen carried to the body. If you smoke, please STOP.

- Raises triglycerides (type of fat in your blood)
- Lowers good cholesterol levels
- Damages the cells that line your blood vessels
- Nicotine raises blood pressure
- Causes clots to form which could block blood flow to your heart or brain
- Reduces the amount of oxygen your blood can carry to the brain

Diabetes

Diabetes can cause destructive changes in blood vessels throughout your body. If blood glucose levels are high at the time of a stroke, the brain damage is usually more severe and extensive than when blood sugar is well controlled. A normal blood sugar is between 70 and 100. Hypertension (high blood pressure) is also common among diabetics and accounts for much of their increased risk for stroke.

Atrial Fibrillation

Atrial fibrillation or "AFib" is a type of irregular heart beat that results in some blood staying in the chambers of the heart instead of being pumped throughout the body. When blood is not moving, there is a higher risk of clots forming which could be fatal if sent to the heart, brain or lungs. You may be able to detect an irregular rhythm if your heart feels like it is racing or your pulse is irregular. Treatment for AFib includes medications to keep the heart rate less than 100, blood thinning medications to decrease the risk of blood clots forming, and/or medications which aid in correcting the rhythm itself. Your doctor may evaluate if surgery is an option for you to correct the AFib.

Stroke Risk Factors

Obesity

Obesity can increase your risk of developing high blood pressure, diabetes, heart disease, high cholesterol and stroke. Losing as little as 10 pounds can help decrease this risk. Your BMI is a calculation using weight and height, and your goal should be to keep this number to 25 or less. Your doctor can determine your current BMI.

The American Heart Association recommends obese patients participate in a medically supervised weight loss program. The treatment plan for weight loss involves eating fewer calories than your body needs, getting aerobic exercise for 30 minutes most days of the week, and learning the skills to change unhealthy behaviors. Weight loss surgeries may be considered for severely obese patients. Talk with your doctor about obesity screening and your best treatment options for weight loss.

Lack of Exercise or Inactivity

Physical activity includes anything that gets your body moving. Exercise helps you lose weight, lower blood pressure and reduce your risk of stroke. It is recommended to engage in at least 30 minutes of exercise each day. If you can't fit a 30 minute activity into your schedule, break up that time into shorter activities.

- Take the stairs instead of the elevator
- Join a gym
- · Make it fun! Walk, bike with a friend, or take a dance class. ALL physical activity counts!!

Artery Diseases

Arteries can narrow due to plaque buildup and can also be blocked by a blood clot. Strokes occur when there is insufficient blood flow to the brain. Arteries in the brain and neck which supply blood to the brain can become blocked or obstructed. Your doctor may prescribe blood thinning medication to decrease your risk of blood clots. Surgery may be an option to remove the blockage in a neck artery.

Heart Failure

An enlarged heart as well as heart valve disease and congenital heart defects keep the heart from functioning as it should. If your doctor has diagnosed you with a heart problem and prescribed medications, it is very important to take your medications as directed.

Drug Abuse

The use of illicit drugs including amphetamines, cocaine, ecstasy, heroin and marijuana is associated with stroke. Repeated use of cocaine can raise blood pressure, which increases the risk of stroke. Amphetamine users are four times more likely to have a stroke than nonusers.

Alcohol

Drinking excessive amounts of alcohol can raise blood pressure and lead to strokes. Drinking alcohol in moderation or not drinking alcohol at all reduces stroke risk. Drinking in moderation means no more than two drinks per day for men and no more than one drink per day for women.

One drink is equal to one 12-ounce beer or 8 to 9 ounces of malt liquor or 5 ounces of wine or 1.5 ounces of hard liquor.

Blood Disorders

It is more likely for clots to occur with a high red blood cell count. Also, with sickle cell anemia, the sickle shaped red blood cells stick to blood vessel walls. This can block arteries and cause a stroke. Doctors consider abnormalities in clotting factors when a patient has experienced a stroke.

Stroke Risk Factors Checklist

Risk factors I can't control						
	Age Gender Family History of Stroke Race Prior Stroke, TIA or Heart Attack					
Risk factors I can do something about						
	Smoking or exposure to second-hand smoke High blood pressure Diabetes Heart failure Carotid or other artery disease					
[]	Atrial fibrillation High blood cholesterol					
[]	Lack of exercise/inactivity Poor diet					
[]	Excessive alcohol consumption Street drugs Obesity					
	Certain blood disorders:					

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My plan to change or lessen the threat of stroke



Scan here for more information about AnMed's award winning stroke care.

