

# The Brain Buzz

A UAMS NEWSLETTER FOR STROKE SURVIVORS AND  
THEIR CAREGIVERS



## Need Some Support?

Each week, stroke survivor Molly Schwarz visits patients at UAMS on H8 that have had a stroke. If you are interested in having her visit with you to share her experience and provide support, please let your nurse know.



Molly Schwarz

## Stroke Rehabilitation

By Shannon Doerhoff, MNsc, ACNP-BC

When a patient is admitted to UAMS with a stroke, rehabilitation begins soon after admission. The patient is assessed by physical therapy (PT), occupational therapy (OT), speech therapy (ST), and a Physical Medicine and Rehabilitation (PMR) provider. These therapists and PMR provider will assess what types of physical, functional and cognitive limitations the patient might have and will design an individualized therapy plan to assist with functional recovery following a stroke. When the patient becomes stable enough to be discharged from the hospital, he may not be able to return home safely due to his limitations and may need to go to a rehab center for further therapies and medical management.



### Transportation to Rehab

Most local acute rehabs in Central AR offer van transportation from UAMS directly to the rehab center. If the patient is going to a rehab center outside central Arkansas, then plans will be made to have the patient transported by family or friends or a transportation service. The patient's social worker or RN case manager will help to make the arrangements with the rehab facility.

### The Rehab Team

UAMS Physical Medicine and Rehab doctors work at Baptist Health Rehabilitation Center (BHRI) in Little Rock. They are able to work alongside the patient's Neurology Stroke Team here at UAMS to help ensure a smooth transition to BHRI. When transferred to an inpatient acute rehab facility the PMR doctors oversee the rehab team that consists of nurses, therapists (PT/OT/ST), social workers, and support staff that are there to provide patient care and help the patient get the most out of therapy.

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## Stroke Rehabilitation Continued...

### Therapy

The normal length of stay in an acute rehab center is usually two weeks long. During this time, the patient will be involved in skilled therapies up to 3 hours a day. These therapies will be focused on working to reduce the patient's functional limitations and can include:

- Training in walking, balance and coordination
- Transfers (for example, moving from the bed to a chair)
- Activities of daily living (dressing, bathing, hygiene, and personal grooming)
- Swallowing exercises, speech and language exercises
- Strengthening exercises
- Patient and family rehab education



The rehab team will also be evaluating whether or not the patient will need any medical equipment when it is time for him to be discharged. Family members and loved ones are encouraged to be involved in the patient's rehab to help ensure a successful and safe transition home.

## STROKE is an Emergency. Every minute counts. **ACT F.A.S.T!**



### **F**ACE

Does one side of the face droop?  
Ask the person to smile.



### **A** RMS

Is one arm weak or numb?  
Ask the person to raise both arms. Does one arm drift downward?



### **S**PEECH

Is speech slurred?  
Ask the person to repeat a simple sentence. Is the sentence repeated correctly?



### **T**IME

If the person shows any of these symptoms, **Call 911** or get to the hospital immediately.



## Caregivers: Need Help After Your Loved One Has Had a Stroke?

The website provided by the American Stroke Association can help. This website provides many resources for caregivers to help you to manage the stressful time right after a stroke. Go to [www.strokeassociation.org](http://www.strokeassociation.org), click on "Life After Stroke" and then on "Family Caregivers." If you aren't able to access the internet, call the American Stroke Association at 1-888-4-STROKE.

"It is so important as a caregiver not to become so enmeshed in the role that you lose yourself. It's neither good for you nor your loved one."

- Dana Reeve

### **Refreshing the Caregiver**

*Source: American Stroke Association*

One of the most important things you can do for yourself and your loved one is to carve out time and space for yourself. This has to be a conscious action that you take every day. It could be as simple as spending 10 minutes playing a fun computer game. If you don't learn how to take a timeout, your frustration is going to boil over. You'll be less productive and your relationship with your loved one will suffer.

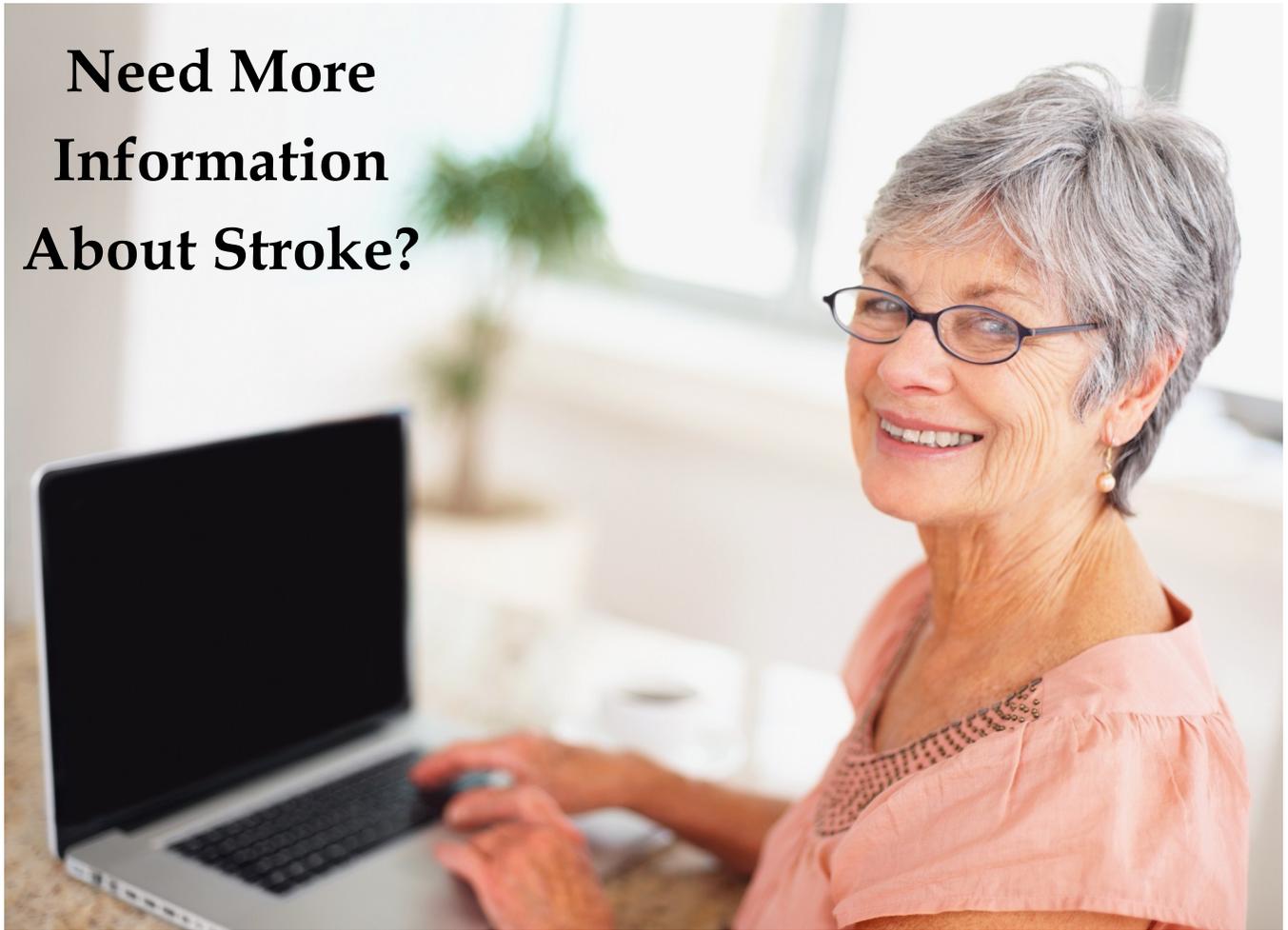
-Find a way to take a 10- or 15-minute walk a couple of times a day, even if it's just around the yard.

- Choose a space in the house that is your "quiet space" where you can go take a few deep breaths, close your eyes, read a book, pray, meditate, listen to music, sing, write in your journal, talk to a friend on the phone or just rest quietly for a few minutes.

-Schedule your timeouts. Choose a time when your loved one is typically sleeping, eating, watching a TV program or seems to be at their best during the day. They will get accustomed to your little timeouts after a while and stop resenting your privacy and interrupting you.

Insist on these moments in a gentle way and reward your loved one when you've refreshed yourself.

**Need More  
Information  
About Stroke?**



**National Stroke Association**

1-800-STROKES (787-6537)

[www.stroke.org](http://www.stroke.org)

**American Stroke Association**

1-888-4-STROKE (478-7653)

[www.strokeassociation.org](http://www.strokeassociation.org)

**UAMS Neurology Department**

501-686-5838

<http://neurology.uams.edu/>