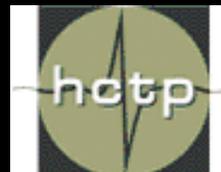


# Timing it Right

## Stroke Family Support Program

### Calgary Edition



**TIMING IT RIGHT**  
**STROKE FAMILY SUPPORT PROGRAM**

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Stroke Family Support Guide- Introduction

## **CHAPTER #1**

### **TIMING IT RIGHT STROKE FAMILY SUPPORT PROGRAM**

*The prognosis for stroke survivors' recovery is better than ever before.*

Much research has gone into the development of treatments and programs to help patients rehabilitate and reintegrate into society as completely as possible. Studies showing promising statistics, such as a 91% rate of return to work, suggest that the research is working. It has also been shown that the love and care which patients' family caregivers provide is very important in the stroke recovery process. Therefore, it is important for us to enable you, the caregiver, to provide the best support you can.

*Much research has been done to study how caregivers, like you, can be better assisted and prepared for this important role in stroke recovery. This guide brings you the best of that research.*

One important aspect of this research is that it is not useful for caregivers like you to receive all the informational, emotional, and practical support that you will need throughout this process, all at once. Instead, previous caregivers in your position have found it more helpful to receive information only at the times when they need it. In response to these changing caregiver needs we developed the Timing It Right (TIR) Framework, on which this program was based. The TIR framework is an outline based on research which describes caregivers' needs for assistance, training, emotional, and informational supports at different points of time after the stroke occurred right through to community living. It delivers the right kind of support to caregivers at the time when it is needed most.

*Everything in this guide is based on what we have learned from stroke caregivers and health care professionals.*

**Past caregivers have told us that immediately after the stroke occurred, they were most concerned about:**

- Needing to know what had just happened
- Needing to know what this meant for the health of their loved one
- Needing to know how this would change their life

**You may feel this way too; *You are not alone!***

We believe there is power in numbers and so we hope that by giving you support based on the feedback of many current and former caregivers, and by connecting you with people in the same situation, you will be helped to support your loved one as best you can.

## THIS GUIDE

Through our interaction with caregivers in the past, we learned that people in a caregiving position will require more than just information pertaining to stroke; you will need emotional support, and guidance to do the practical things you are required to do (for example, helping your family member with his or her rehabilitation exercises).

We have surveyed stroke caregivers and asked them what kinds of support needs (be it informational, emotional, or practical) are most helpful at the different stages in the recovery process. We have used these results to help design this binder to ensure you receive the kind of support you need, when it will be most useful to you.

### **How This Guide is Organized:**

This guide includes seven chapters. The first chapter, which you are reading now, will introduce the rest of the guide and give a brief overview of what the recovery process entails.

The second, third, fourth, fifth, and sixth chapter of the guide are each devoted to a specific phase of recovery.

The final chapter will provide you with a list of resources you may find helpful.

At the end of each chapter, you will also find 3 blank copies of the Support Needs Management Form for you to use as you manage your support needs outside of this guide.

The following is an overview of each of the following chapters:

### **Chapter 2: My Family Member Has Had a Stroke**

This section corresponds with the stroke event phase – right after the stroke happens. You may find that your greatest need is for educational and emotional support as you try to understand what has happened and who you can talk to about these difficult circumstances. This phase generally lasts for a few days, and can be quite emotionally difficult and stressful. This portion of the guide will outline some educational and emotional resources and who you can go to for help. You may find that you are anxious and concerned about your loved one's health – this is normal and you are not alone.

This section will cover:

#### Informational Support

- ❖ Diagnosis: Tests
- ❖ Types of Stroke
- ❖ Current treatment options
- ❖ Who to Talk to for Help

## Stroke Family Support Guide- Introduction

### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

### Practical Support

- ❖ Common practical needs for assistance
- ❖ Who to talk to for help

## **Chapter 3: My Family Member's Condition Has Stabilized**

Once a stroke survivor's medical condition has stabilized, caregivers generally move into a new, transitional phase. In this phase, the health care professionals in acute care start the recovery process. This phase is relatively short, and you will likely receive answers from your professional health care team regarding the extent of disability resulting from the stroke. Health care professionals will focus on specific markers for patient improvement such as mobility, communication, thinking, memory, and problem-solving. You may find that you will want to begin to learn more about the recovery process, and how you can help your loved one who has just had a stroke.

This section will cover:

### Informational Support

- ❖ What is a stroke?
- ❖ What to Expect after a Stroke
- ❖ What is aphasia?
- ❖ Types of Aphasia
- ❖ Rehabilitation Treatment Options
- ❖ Recovery Process Team Members
- ❖ Family Meetings
- ❖ Preparing for In-patient Rehabilitation
- ❖ Who to Talk to for Help

### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Who to Talk to for Help
- ❖ Other Supports

### Training Support

- ❖ Swallowing and Eating after Stroke
- ❖ Communicating with someone with Aphasia
- ❖ Who to Talk to for Help

## **Chapter 4: Preparing To Go Home from the Hospital or Rehabilitation**

This section focuses on the time just before the stroke survivor returns home from the acute care hospital or rehabilitation facility. You may want to learn about how to assist the stroke survivor in maintaining his or her personal needs. You may also want to learn about how to prepare your home so the stroke survivor can live in a safe environment. Additionally, you may want information about home care services that are available to you.

This section will cover:

### Informational Support

- ❖ Warning signs of Stroke
- ❖ Risk Factors for Stroke
- ❖ Secondary prevention
- ❖ Medications after Stroke
- ❖ Diet after stroke
- ❖ Preparation for outpatient rehabilitation
- ❖ My Discharge Plan (From Acute Care)
- ❖ My Discharge Plan (From Rehabilitation)
- ❖ Preparing My Home for Discharge
- ❖ Safety Equipment & Assistive Devices
- ❖ Completing Successful Transfers
- ❖ Who to Talk to for Help

### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Depression in the Stroke Survivor
- ❖ Peer Support Groups
- ❖ Who to Talk to For Help

### Practical Support

- ❖ Common Practical Needs for assistance
- ❖ Home Visits & Safety Assessments
- ❖ Who to Talk to for Help

### Training Support

- ❖ Common Training Needs at this Time
- ❖ Your Loved One's Memory

## Stroke Family Support Guide- Introduction

- ❖ Mobility & Exercises after stroke
- ❖ Completing Successful Transfers
- ❖ Who to talk to For Help

### **Chapter 5: The First Few Months At Home**

After your loved one returns home, you may become the primary caregiver, shifting the responsibility out of the hospital environment and away from health care professionals. You are now learning how to adapt to your new lifestyle at home with the stroke survivor, and you are “learning the ropes” while you practice the new skills you learned in the previous phase, though you may have home care and respite supports. You may experience challenges that you did not anticipate, and as such, this section of the guide will provide you with information and resources on how to get support once you are in the home environment.

This section will cover:

#### Informational Support

- ❖ Home Care
- ❖ Emergency Contacts
- ❖ Who to talk to for Help

#### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

#### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Respite Care
- ❖ Who to Talk to for Help

#### Training Support

- ❖ Common Training Needs at this Time
- ❖ Rehabilitation Exercises
- ❖ Pain & Symptom Management
- ❖ Who to Talk to for Help

### **Chapter 6: Getting On with Life in the Community**

During this phase, you may find that outpatient rehabilitation programs have finished, and the stroke survivor has adjusted to living in the home. Primary care of the stroke survivor is now dependent upon you, family physicians, and the stroke survivor. You may feel more confident in your abilities, and are now looking for ways to have you and your loved one participate in social activities, events, employment, and travel. You may find that you are taking things “one day at a time” and are looking for additional supports in the community to assist you.

## Stroke Family Support Guide- Introduction

This section will cover:

### Informational Support

- ❖ Intimacy
- ❖ Returning to Work
- ❖ Who to Talk to for Help

### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Peer Support Groups & Online Resources
- ❖ Who to Talk to for Help

### Training Support

- ❖ Common Training Needs at this Time
- ❖ Who to Talk to for Help

## **Chapter 7: Notes and Resources**

The final chapter in our binder, Chapter 7 (Notes and Resources), will provide you with the opportunity to write down any questions or concerns you may have at any point throughout the recovery process. These may be questions, concerns, or ideas you may want to share with health care professionals, the stroke survivor, family, friends, or peers. Open communication will help us to give you the supports you need, when you need them. This section provides you with the opportunity to keep a record of your thoughts throughout the process.

Chapter 7 will also provide you with a calendar and an appointment book. This will provide you with the opportunity to keep track of your important appointments with healthcare professionals, support groups, and other events, so you can spend more quality time focusing on the stroke survivor and yourself.

## Getting Support Using This Guide

This guide may not answer all of the questions you have, and certain questions may be more specific to your own personal situation. Each section corresponds to a particular phase of your loved ones' recovery, and provides a list of who to talk to about concerns that pertain to certain themes. By following that list, it is possible to approach the appropriate individual to get the answers you need. The following section may help you self-manage your needs, and gain information not contained in this guide.

### Self-Managing Your Support Needs

When you are providing care to a family member who has had a stroke, you may need different types of support including information, someone to talk to about how you are feeling (your emotions), training in care-giving activities, assistance with arranging services, and other types of support.

Not all of your needs will be met by the *Timing it Right Stroke Family Support Program* so we want to provide you with some strategies to help you have as many of your support needs met as possible. We will provide you with some guidance on how to identify your unique support needs, and strategies to use to have these needs met. We will also provide you with some strategies for communicating with health care professionals, the stroke survivor, other family members, friends, neighbours, and other sources of support.

### A Seven-Step Approach to Managing Your Support Needs

The following is a series of steps that you can use to identify your needs and the resources to meet these needs. Whenever you need some support, use all of the steps. You can also use the worksheet (3 copies at the end of each chapter of this guide) to work through the seven steps.

**Step 1:** The first and most important step is to determine what supports you need (informational, emotional, training, or tangible support). You should try to be as specific as you can be. For example, you may need more information about aphasia and communication programs that are available in the community.

**Step 2:** Once you have specified your support needs, the next step is to list the resources available to help you to meet these needs. You can ask family, friends, and health care professionals to identify additional resources that may be available to you. For example, you may want to ask the speech language pathologist in the rehabilitation centre about any community-based aphasia programs.

**Step 3:** Once you have identified a few sources of support, decide which resource to try first. Follow through with this resource to see if they can provide the support that you need. For example, contact

## Stroke Family Support Guide- Introduction

the community-based aphasia program to determine the types of supports that they provide and whether or not these programs will meet your needs.

**Step 4:** Next you will need to determine if this resource has met your need. If you feel that your needs are not quite being met you may want to go back to your resource list and try another resource. For example, your own research has helped you identify other community-based aphasia programs that you may want to contact about the programs that they offer.

**Steps 5, 6, & 7:** The next step will be to try one of these additional resources and again examine whether or not it has fully met your needs. If not, you may have to consider further resources and may want to ask more friends, family, health care professionals, and other individuals to help identify additional resources. You may also have to accept that this need may be able to be met at this time.

### **Summary of Support Management Steps**

1. Identify the support need (this is often the most difficult and most important step).
2. List resources available to meet this support need.
3. Select one resource to try.
4. Assess the results.
5. Substitute another resource if the first didn't work.
6. Learn about other resources (ask friends, family, professionals for ideas if your solutions didn't work).
7. Accept that these support needs may not be met now.

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### Support Needs Management Form (*Aphasia example*)

1. What supports do you need right now?
  - *I need help communicating with my family member*
  - *Inpatient rehabilitation is over and I don't know where to get more support*
  - 
  - 
  -
2. What resources can you draw upon to get this support?
  - *Outpatient rehabilitation*
  - *Community Aphasia program*
  - *Other??*
  - 
  -
3. What resources will I try first?
  - *Community Aphasia program*
  - 
  - 
  - 
  -
4. How did this work out?
  - *OK, we are receiving training in communication strategies*
  - *I could use more support that is directed at my coping and emotional needs*
  - 
  - 
  -
5. If it didn't work out, what other resources should I try?
  - *I can ask the Community Aphasia program for additional support for my own needs*
  - *Stroke Caregiver Support Groups*
  - 
  - 
  -
6. Accept that this support need may not be met right now.

## Getting Support from Medical Staff and Other Professionals

### *Getting Support in an Emergency*

- ❖ Do not hesitate to call **911** in an emergency.

### *Improving the Ability to Get Support*

- ❖ Be sure that questions are phrased clearly
- ❖ Learn who on your family members' health care team can answer these questions
- ❖ Ask the person directly or have someone else ask for you
- ❖ Assign one family member (this may be you) as the spokesperson and primary contact for the healthcare team

### *It Is Important to Remember...*

It is reasonable to assume that the medical staff wants to help you and would like to give you the assistance you need. Often, certain staff members cannot answer the questions we have because each medical care organization has its own rules about who knows what, and who is allowed to give support to patients and caregivers. When faced with uncertainty about who to talk to, please consult this guide as to how each individual on our health care team is able to assist us. If uncertainty still persists, it is perfectly reasonable to ask a member of the health care team as to who you can talk to about a particular concern. You are not alone, and resources exist to aid you.

### *Strategies That May Help When Communicating with Health Care Professionals*

- ❖ Write down all of the issues that you want to discuss with the doctors or other health care professionals, or you can have someone else write it down for you.
- ❖ Place the most important items on the list first.
- ❖ Give the health care professionals a copy of that list. It is not necessary to wait for them to ask you if you have any questions or concerns.
- ❖ Write down the answers to your questions for future reference.
- ❖ If you are afraid that you may not understand or hear everything, you can bring someone with you to the doctor. It may be helpful to bring a relative or close friend.
- ❖ If there are concerns about a particular treatment, let the health care team know.
- ❖ If problems are persisting, don't wait for the next appointment. Call the doctor right away.
- ❖ Ask for an appointment time when the doctor is less likely to be rushed.
- ❖ If for some reason you find that you will not or cannot follow advice, let the health care team know. Often they can suggest another option. If you do not discuss your concerns, appropriate solutions may not be offered.
- ❖ Set a goal for the appointment.
- ❖ Keep complete and thorough records of your or your loved one's health history, the onset of conditions and/or disability, surgeries, a list of doctors and their specialties, and a current list of medications.

## **Getting Companionship, Support and Assistance from Family and Friends**

### *What to Do...*

- ❖ List people who can provide companionship and support.
- ❖ Do not worry about how far away these people live, how busy they are, how long since you've talked to them, or even how well you know them.
- ❖ Telephone calls are often easier to arrange than inviting someone to the home.
- ❖ Sometimes you can call on volunteers in the community or church organizations to provide companionship and support.
- ❖ Plan how to make visiting pleasant for visitors.
- ❖ Don't wait for people to visit – seek them out.
- ❖ Let people know what you need, and how they may help.

### *Tips on Communicating With Family*

How families function is important to health and coping. Good communication is one of the best ways to have a family that functions well.

Keep the following in mind:

- ❖ What is important to you and your family?
- ❖ What are your strengths as a family?
- ❖ How do you communicate with each other?
- ❖ Who in the family is most supportive?

Family functioning is determined by three factors:

- ❖ How cohesive or “together” the members of the family feel, and how they support each other.
- ❖ How members can express what they feel and think.
- ❖ How problems are talked about and solved together.

Good family communication is an important part of good coping.

## **Succeeding at Care-giving**

While using this guide, it will become evident that care-giving involves solving problems. We have been solving problems throughout our lives. The only difference now is that many of the challenges that come with helping stroke survivors may be new. This guide will help approach these new situations; it will provide information and guidance at times when you need it the most.

The successful caregiver is a team player, working with the stroke survivor, family and friends, and health care professionals to support stroke recovery. The stroke survivor and caregiver are central to the team, requiring participation from both individuals.

Successful caregivers emphasize the positive parts of care-giving. Care-giving can provide a sense of satisfaction and confidence. You may also develop inner strengths that you did not realize you had. It is also possible to find new, rewarding friendships with other caregivers who are going through similar experiences.

**It is important to remember** that the more you take care of your own needs for rest, food, enjoyment, and relaxation, the better you will be able to help the stroke survivor and yourself. This guide will help you find the resources you need to support yourself and your loved one as you embark on your care-giving journey. We have outlined the people to contact if you need assistance or for various questions or concerns. We have also provided the information that other caregivers found helpful in their journey. It is important to remember that as a family caregiver, you are not alone and resources to help you throughout any phase of recovery do exist. Sometimes you need to become active about finding the answers to certain questions yourself, but this guide will serve as a starting point to acquiring the most appropriate supports for each of your needs.

## **CHAPTER #2**

# **MY FAMILY MEMBER HAS HAD A STROKE**

As a family member or friend, one of the hardest things to do is watch someone you love experience a serious health event like a stroke. When your loved one has a stroke, it may be difficult to cope with the series of events that transpire immediately after the event.

This guide will assist you by providing the answers to some of the questions you may have during this difficult time. Also, this guide will help you determine who can assist you most during this time for various needs.

### **This Chapter at a Glance:**

#### Informational Support

- ❖ Diagnosis: Tests
- ❖ Types of Stroke
- ❖ Current treatment options
- ❖ Who to Talk to for Help

#### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

#### Practical Support

- ❖ Common practical needs for assistance
- ❖ Who to talk to for help

## DIAGNOSIS: TESTS

### Tests

When someone has shown symptoms of a stroke or a TIA (transient ischemic attack or mini stroke), a doctor will gather information and make a diagnosis. He or she will review the events that have occurred and will:

- ❖ Get a medical history
- ❖ Do a physical and neurological examination
- ❖ Do certain laboratory (blood) tests
- ❖ Get a CT scan of the patient's brain
- ❖ Study the results of other diagnostic tests that might be needed



### The purpose of evaluation is to:

- ❖ Check for the cause of the symptoms, such as if the event was caused by a stroke or TIA (also known as a “mini stroke”), low blood sugar (if you have diabetes), or Bell's palsy (a nerve disease).
- ❖ If a stroke diagnose is confirmed, check for the cause of the stroke (was it because of high blood pressure, heart disease, or blood vessel disease?). This information is important to prevent another future stroke.
- ❖ Determine whether you need surgery to reopen a blocked artery (carotid endarterectomy).
- ❖ Determine whether you need medicines to prevent blood clots.

### What are the types of diagnostic tests?

Diagnostic tests examine how the brain looks, works and gets its blood supply. They can outline the injured brain area. Most of them are safe and painless.

Diagnostic tests fall into three categories:

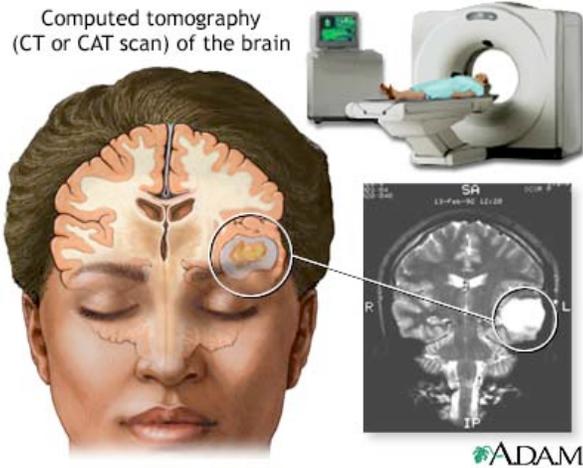
- ❖ Imaging tests give a picture of the brain similar to X-rays.
- ❖ Electrical tests record the electrical impulses of the brain.
- ❖ Blood flow tests show any problem that may cause changes in blood flow to the brain.

### What are some common imaging tests?

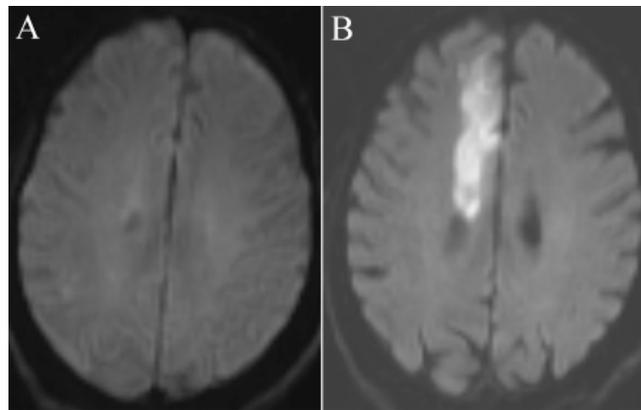
- ❖ CT scan (Computed Tomography) or CAT scan is a key imaging test. It uses radiation to create a picture of the brain. It's usually one of the first tests given to patients suspected of stroke. CT test results give valuable information about the cause of

## Chapter #2- My Family Member has had a Stroke

stroke and the location and extent of brain injury. CT scans are used to check for bleeding in the brain and to check for evidence of a stroke or other disease, such as a tumour. I can't see the pictures, I am sure they are great!



- ❖ MRI (Magnetic Resonance Imaging) uses a large magnetic field to produce an image of the brain. Like the CT scan, it shows the location and extent of brain injury. The image produced by MRI is sharper and more detailed than a CT scan so it's often used to diagnose small, deep injuries.



MRI Scan of a normal brain (fig. A) vs. one with an acute ischemic stroke (fig. B).

### What is a blood flow test?

Several blood flow tests exist; most use ultrasound technology. A probe is placed over the suspect artery (usually arteries in the neck or at the base of the skull) and the amount of blood flow is determined.

Examples of blood flow tests are: B-mode imaging, Doppler testing and duplex scanning. These tests give detailed information about the condition of arteries.

## Chapter #2- My Family Member has had a Stroke

Another blood flow test is a medical procedure called angiography (arteriography or arteriogram). In this, special dyes are injected into the blood vessels and an X-ray is taken.

Angiography gives a picture of the blood flow through the vessels. This allows the size and location of blockages to be evaluated. This test can be especially valuable in diagnosing aneurysms and malformed blood vessels and providing information before surgery.



**Angiography-** In this picture doctors have located the source of a blockage in the artery

## TYPES OF STROKE

There are two main types of stroke: strokes caused by blood clots and bleeding stroke.

### 1. Strokes caused by blood clots (Ischemic Stroke)

As we get older, a waxy plaque can build up along the inside of the arteries that feed the brain. Plaque is like the gunk that builds up in the pipes underneath your sink: the thicker it grows, the less room there is for the blood to flow. Smoking, diabetes, high blood pressure and high cholesterol can cause this buildup. Sometimes, a blood clot can plug an artery narrowed with plaque. This can cut off the flow of blood and cause an *Ischemic Stroke*.

A blood clot that causes a stroke can form in the artery, where there is a lot of plaque. Or the blood clot may form someplace else in the body. Sometimes a blood clot will form in the heart and travel to the brain.

If your loved one has had a stroke caused by a blood clot, here are some terms your doctor may use:

**Transient Ischemic Attack or TIA** — Some people call a transient ischemic attack (TIA) a mini-stroke, because the symptoms are like those of a stroke but do not last long. A TIA happens when blood flow to part of the brain is blocked or reduced, often by a blood clot. After a short time, blood flows again and the symptoms go away. With a stroke, the blood flow stays blocked, and the brain has permanent damage.

**Atherosclerosis** — Sometimes called “hardening of the arteries,” occurs when fat (cholesterol) and calcium build up in the inner lining of the arteries, forming a substance called plaque. Over time, the fat and calcium buildup narrows the artery and blocks blood flow through it

**Atherothrombosis** — when a blood clot forms over a buildup of plaque inside an artery. The blood clot is called a thrombus and the thick, rough, fatty plaque is referred to as atheroma. If the plaque is also present in the arteries in your heart, you may be at risk of having a heart attack.

### 2. Strokes caused by bleeding (Hemorrhagic Stroke)

Strokes can also be caused by breaks in the blood vessels in the brain.

When the blood vessel bursts, blood rushes into the brain and damages it.

This kind of stroke is called a *hemorrhagic stroke*. High blood pressure can cause this type of bleeding stroke.

If your loved one has had a stroke caused by bleeding, here are some terms your doctor may use:

**Aneurysm** — When the wall of a blood vessel is weak and balloons out. Aneurysms can be caused by disease or injury to a blood vessel, or you can be born with them. If the aneurysm bursts, it can cause a bleeding stroke.

**Intracerebral hemorrhage** — a stroke caused by spontaneous bleeding into the brain, often resulting from high blood pressure

**Arteriovenous malformations or AVM** — In some people, some of the tiny blood vessels within the brain, brainstem or spinal cord are not formed properly (they are malformed). If these tiny blood vessels break or rupture, it can cause a bleeding stroke.

**Subarachnoid hemorrhage** — A stroke caused when an artery within the brain breaks (ruptures) and blood enters the brain.

### **3. Other causes of stroke**

Most strokes are caused by blood clots or bleeding. In a few people, the flow of blood through an artery can be interrupted by a growth (such as a tumor), infection, or swelling of the brain (edema).

Each stroke is different. How well your loved one will recover from a stroke depends upon a number of factors. These factors include how much of your loved one's brain was damaged, what parts of his or her brain were damaged, and your loved one's health before the stroke.

The work you do with the health care team, the stroke rehabilitation team, as well as the support of family and loved ones, are crucial to the stroke survivor's recovery.

## **STROKE TREATMENT PLANS AND OPTIONS**

### **HOW IS STROKE TREATED?**

Strokes can be treated and often prevented. At the moment, no treatment can cure a stroke, and most people will have some form of residual damage, which will vary from person to person. Residual damage can range from a slight limp, communication difficulties, memory or other cognitive problems, or paralysis on one side of the body. Prevention will be the key to avoid further strokes.

### **TREATMENT FOR ISCHEMIC STROKE (blockage in blood flow to the brain)**

#### **❖ t-PA (tissue plasminogen activator)**

Thrombolytic drugs such as t-PA are often called “clot busters”. t-PA is short for tissue plasminogen activator. They work by breaking up a clot that is blocking a blood vessel in the brain. They are considered a first-line treatment for stroke because of their high rate of effectiveness. However, there is a risk the drug may cause an intracranial hemorrhage (bleeding in the brain). Due to this increased risk for bleeding, doctors have several specific criteria that a patient must meet before thrombolytic therapy can be administered. It can only be given to patients who have a stroke caused by a blood clot (ischemic stroke) and must be given within the first few hours of the onset of symptoms.

#### **❖ Aspirin**

Aspirin is the other important medication used in the treatment of an acute ischemic stroke. Aspirin should not be given within 24 hours of the t-PA. However, it should be given within 48 hours of symptoms. Early aspirin use has been shown to decrease long-term disability and death in stroke patients.

#### **❖ Surgery**

Appropriate patients with moderate to large blood clots in their brain who are still awake or conscious may be the best candidates for surgery. Surgical treatment involves removing the large clot from the area. In some cases, surgery may be required to remove plaque from inside the artery in the neck that supplies the brain with blood.

## **TREATMENT FOR HEMORRHAGIC STROKE**

A cerebral haemorrhage (or bleeding in the brain) is associated with higher death rates than ischemic stroke. It can be treated with either surgery or medical intervention and there is currently no medical consensus as to which treatment is best.

### **❖ Surgery**

In some cases, surgery may be required to repair damage after a stroke or to prevent a stroke from re-occurring. Surgery may be performed to remove blood that has pooled in the brain or to repair broken blood vessels.

### **❖ Medical treatment**

This involves monitoring blood pressure while providing adequate blood flow to the brain. If increased pressure is suspected treatment with intravenous mannitol (which reduces reducing the clot) with or without furosemide (a diuretic that reduces pressure and removes excess water) may be helpful.

## **TREATMENT FOR A SUBARACHNOID HEMORRHAGE**

A subarachnoid haemorrhage can be treated with either surgery or medical treatment. Surgical treatment involves not only finding the site of the bleeding, but also stopping the bleeding in the brain. Currently, surgery for patients in good neurological condition (meaning there are no other complications affecting the nervous system) is the treatment of choice, if the site is surgically easy to get to and there are no other medical complications present.

Medical treatment involves getting blood pressure to normal levels, bed rest initially, analgesics (acetaminophen) to relieve headache and nimodipine (Nimotop) (to reduce pressure and decrease brain cell loss). Nimodipine has been shown to reduce death and hospitalizations.

## **NEW TREATMENT OPTIONS**

### **Non-surgical procedures**

Some people may benefit from treatments that are performed through a thin, flexible tube, called a catheter, into the blood vessels of the brain. Many of these procedures are new and experimental and not all hospitals may be able to do them. Catheter-based procedures are being developed to remove plaque buildup from arteries and to treat aneurysms (weak spots in the wall of a blood vessel that can bulge outward and rupture).

## **WHO TO TALK TO FOR MORE INFORMATIONAL HELP**

For additional informational resources, you may find it helpful to talk to one of the following individuals for various concerns. For instance:

### ***Talk to your Doctor or Neurologist about...***

- ❖ Your loved one's chance of survival
- ❖ Your loved one's prognosis (i.e. how he or she is doing after the stroke)
- ❖ Information regarding diagnostic tests or scans (e.g. MRI, X-Rays)
- ❖ Treatment information (if blood transfusions are required; if ventilators are necessary)
- ❖ Referrals to other specialists if required (e.g. counselors, social workers, rehabilitation professionals, case managers)

### ***Other Caregivers Found...***

- ❖ Information needs during this time were most often met by health care professionals

### ***If You Require Additional Assistance...***

- ❖ If you have needs that are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources, and approach the appropriate individual on your health care team to ensure that your questions or concerns are addressed.

## **EMOTIONAL SUPPORT**

### ***Feelings You May Be Experiencing At This Time:***

There are many different emotions that family members and caregivers can experience. Previous caregivers in your position told us they:

- ❖ Had a need for moral support, and knowing others were there for them
- ❖ Had a need for encouragement and advice
- ❖ Had trouble communicating what was going on with children and others

Please know that these feelings are normal. This is a stressful time and you may feel as if any combination of these emotions has overwhelmed you. Remember you are not alone.

## **WHO TO TALK TO FOR EMOTIONAL HELP**

For additional emotional support, you may find it helpful to talk to one of the following individuals. For instance:

### ***Talk to your Social Worker or a Counselor about:***

- ❖ How to handle the situation (e.g. how to cope with stress, anxiety, fear, sadness)
- ❖ Your emotions – how you are feeling and how the stroke survivor is feeling
- ❖ Managing your appointments and getting in contact with others who can help

### ***Talk to your Family or Friends about:***

- ❖ Needing help at home (e.g. cooking, finances, child/parental care)
- ❖ Needing the company of others
- ❖ How to handle the situation
- ❖ Your emotions – how you are feeling and how they are feeling
- ❖ Spending time with you or the stroke survivor
- ❖ Making sure your own needs are being met during this difficult time

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **PRACTICAL SUPPORT**

### ***COMMON PRACTICAL NEEDS FOR ASSISTANCE***

Given the events that have occurred, your focus will likely be on your loved one and not on the other things that you usually focus on day-to-day. During this phase, it is important to ensure that *your* needs are addressed.

#### **Previous caregivers found Health Care Professionals could help them with:**

- ❖ Finding out what hospital resources are available, and how you can take advantage of them
- ❖ Being provided with (or having your loved one be provided with) a blanket, food, a place to stay, or other items that may assist you or your loved one
- ❖ Being connected with counseling resources

#### **Previous caregivers found Family, Friends, and Neighbors could help them by:**

- ❖ Calling other friends, family, or your loved one's employer regarding the situation that has happened
- ❖ Visiting you and/or your loved one at the hospital
- ❖ Providing food at home for you and/or your family
- ❖ Assisting with child/parental care if required

## **WHO TO TALK TO FOR PRACTICAL HELP**

During this phase, previous caregivers appreciated when family, friends, or health care professionals assisted them with more practical matters.

Here are some things you may wish to ask for:

### ***Talk to a social worker about...***

- ❖ Getting assistance with contacting friends and family and notifying them about the situation
- ❖ Anything that may assist you or your loved one – such as being provided with a blanket, food, or even a place to stay if you live a considerable distance away from the hospital
- ❖ Getting assistance with counseling services

### ***Talk to a doctor or nurse about...***

- ❖ Assistance finding and using hospital resources

### ***Talk to your family or friends about...***

- ❖ Having them visit you or your loved one at the hospital
- ❖ Providing food at home for you or any other loved ones at home
- ❖ Assisting with child or parental care
- ❖ Helping with duties around the house

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

**Support Needs Management Form**

1. What supports do you need right now?

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2. What resources can you draw upon to get this support?

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3. What resources will I try first?

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4. How did this work out?

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

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4. How did this work out?

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

## Chapter #2- My Family Member has had a Stroke

## Chapter #3- My Family Member's Condition has Stabilized

## **CHAPTER #3**

### **MY FAMILY MEMBER'S CONDITION HAS STABILIZED**

During this phase, your loved one has survived the stroke, and his or her condition has more or less stabilized. You are moving into a new, transitory phase where health care professionals in acute care will begin to develop and implement a treatment plan. This may include developing goals to assist your loved one's recovery. Health care professionals will focus on specific markers for your loved one's improvement, including mobility, communication, thinking, memory, and problem-solving. You may find that you will want to begin to learn more about the recovery process, and how you can help your loved one who has had a stroke. Also, you may wish to start collecting information to plan for additional help including transportation needs, meal assistance, and financial assistance. This section will be your comprehensive guide to assist you through this phase.

#### **This Chapter at a Glance:**

##### Informational Support

- ❖ What is a stroke?
- ❖ What to Expect after a Stroke
- ❖ What is aphasia?
- ❖ Types of Aphasia
- ❖ Rehabilitation Treatment Options
- ❖ Recovery Process Team Members
- ❖ Family Meetings
- ❖ Preparing for In-patient Rehabilitation
- ❖ Who to Talk to for Help

##### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

##### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Who to Talk to for Help
- ❖ Other Supports

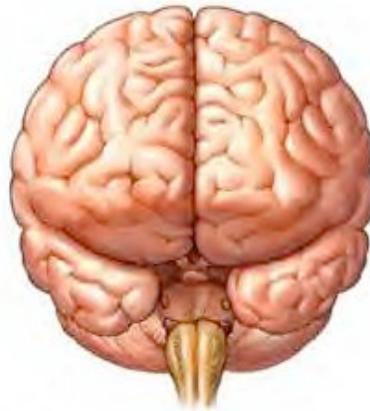
##### Training Support

- ❖ Swallowing and Eating after Stroke
- ❖ Communicating with someone with Aphasia
- ❖ Who to Talk to for Help

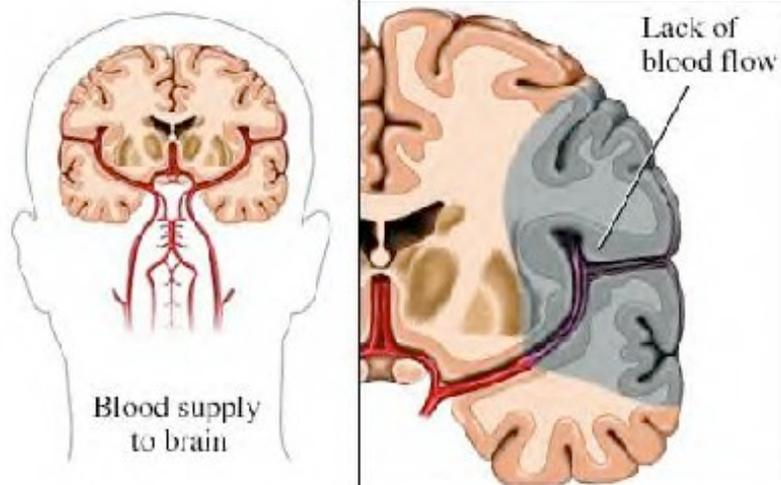
## WHAT IS A STROKE?

A stroke happens when something goes wrong with the flow of blood to the brain. Blood vessels called arteries carry blood that is rich in oxygen and nutrients through the body. When an artery to the brain becomes blocked or bursts, the blood supply to a part of the brain is cut off. If the blood flow is cut off for more than a few hours, part of the brain may be permanently damaged.

Different parts of the brain control different body functions. For example, some parts of your brain control your ability to move your arms or legs. Other parts control your ability to talk or to understand speech. When a stroke damages your brain, the injured part of the brain is unable to send messages to the part of the body it used to control.



Normal brain (front view)



## WHAT TO EXPECT AFTER A STROKE

### RECOVERY

After a stroke, your loved one may experience physical difficulties, particularly in the arm, leg and face on one side of the body, cognitive problems, and speech and language deficits. He or she can expect some degree of "spontaneous recovery" in the days, weeks, and months immediately following the stroke. During this time, physical, cognitive, and communication deficits may decrease on their own as the brain heals. Interventions such as physical therapy, occupational therapy, and speech-language pathology services can enhance this spontaneous recovery or teach the survivor new ways to do things.

Recovery may continue for over a year. The degree of recovery is highly dependent on the severity and location of the stroke and is very difficult to predict. Many times, improvements in physical abilities occur more rapidly than in communicative ability and cannot be used as a predictor for future speech and language improvements.

### PROGNOSIS

The outcome after a stroke is variable, and will depend greatly on the type of stroke that has occurred, as well as the patient's characteristics. Health care professionals will do the best they can to maximize the stroke survivors recovery. The good news is mortality rates are decreasing, and patients are living longer after stroke than ever before.

Health care professionals may say that there is "**no crystal ball**" when they are discussing your family members' recovery. Every stroke is different and recovery varies across individuals. Health care professionals can only give you their best estimate of how your family member will recover from their stroke but this may or may not reflect your family members' actual recovery.

Actively participating in events at the hospital, such as visits with the doctor, nurse, or rehabilitation team will help you, the caregiver, understand your loved ones specific circumstance and prognosis. The better you understand, the more prepared you will be to help your loved one, and your family through this difficult time. Do not be afraid to ask questions, or ask someone close to you for help right now.

## WHAT IS APHASIA?

Aphasia is an acquired disorder caused by an injury to the brain that affects a person's ability to communicate. It is most often the result of stroke or head injury.

An individual with aphasia may experience difficulty expressing themselves when speaking, difficulty understanding the speech of others, and difficulty reading and writing. Sadly, aphasia can mask a person's intelligence and ability to communicate feelings, thoughts and emotions.

Did You Know...

1. Aphasia occurs most commonly following a stroke.
2. Aphasia occurs in one third of all stroke survivors.
3. Aphasia can be so severe as to make communication with the person almost impossible, or it can be very mild. On occasion, it affects only a single aspect of language use, such as the ability to retrieve names of objects or the ability to read. More commonly, however, multiple aspects of communication are impaired.
4. It is estimated that there are over 100,000 people living with aphasia in Canada, and over 1,000,000 in the U.S.
5. There are nearly twice as many people with aphasia than there are individuals with Parkinson's Disease, and yet the general public knows little or nothing about aphasia.
6. The number of people with aphasia is expected to increase significantly as the population ages.
7. In a national survey in the U.S., about 70% of those surveyed with communication disorders felt that people avoided contact with them because of communication challenges.

Many people with aphasia and their families have written about living with aphasia and note that maintaining a positive attitude and learning from others' experiences are keys to success in life after stroke. Reading personal accounts, using the Internet for information, and joining support groups are some ways in which you can learn more about living with aphasia.

Aphasia may be a chronic problem. Learning to live with it gracefully is possible and can lead to a fulfilling and satisfying life after stroke.

## TYPES OF APHASIA

There are two broad types of aphasia:

**Expressive** — your loved one knows what he or she wants to say, but the words do not come out right.

**Receptive** — your loved one may not understand what people are saying to him or her.

Some stroke survivors may have both forms. Aphasia can also make it difficult to read, write or do math. Aphasia can be very frustrating — both for your loved one, as well as for you and your family. The severity of (how serious or debilitating) the aphasia will vary from person to person. In some people, it may be temporary and improves quickly after a stroke. Other stroke survivors may be left with permanent language problems. Speech therapy can help your loved one recover his or her use of language, or develop new ways of communicating.

### SPECIFIC TYPES OF APHASIA

**Broca's aphasia (expressive):** In severe cases, your loved one may only be able to get out bursts of a few words. His or her vocabulary may be limited and when your loved one speaks, he or she may be difficult to understand. But your loved one may understand what people are saying to him or her, and may be able to read.

**Wernicke's aphasia (receptive):** If your loved one has this type of aphasia, he or she may speak without hesitation but he or she may use the wrong words and be difficult to understand. Your loved one may also have difficulty understanding what is being said to them, and with reading or writing.

**Anomic or nominal aphasia:** Your loved one may understand what other people are saying and may be able to read, but he or she has trouble naming objects or people, or coming up with nouns. This can make it difficult for people to understand what your loved one means.

**Global aphasia:** There may be total, or near total, loss of the ability to use language. Your loved one may not be able to read or write, and it may be hard to understand other people or to express him- or herself. This type of aphasia is often seen immediately after a stroke has occurred. If the damage to the brain is not severe, it may get better over time.

### OTHER LANGUAGE-RELATED PROBLEMS

#### **Apraxia**

Apraxia (or dyspraxia) is a problem with muscle control, and planning movements. It can affect all or some of the movements your loved one needs to make when he or she speaks. If your loved one has apraxia, it can limit his or her ability to make hand gestures, such as waving goodbye, beckoning, or saluting, or pantomiming or pretending movements, such as blowing a kiss or pretending to eat.

## Chapter #3- My Family Member's Condition has Stabilized

### **Dysarthria**

Dysarthria is a speech problem due to weakness, slowness or poor coordination of the muscles used for speaking. If your loved one has dysarthria, his or her speech is probably slurred and may be difficult to understand.

### **Dysphagia**

Dysphagia (or aphagia) is difficulty swallowing. It may be caused by weakness or a lack of sensation in the mouth. Dysphagia involves many of the same muscles involved in speech. It is usually diagnosed and treated by your speech-language pathologist. Dysphagia can make it difficult to eat.

## **THE RECOVERY PROCESS: REHABILITATION TREATMENT OPTIONS**

The goal of stroke rehabilitation is to restore as much independence as possible by improving physical, mental, and emotional functions. This must be done in a way that preserves the dignity of the stroke survivor, and allows the stroke survivor to re-learn basic skills that the stroke may have affected, such as eating, dressing, and walking.

Rehabilitation should start in the hospital, as soon as possible after the stroke. If the stroke survivor is medically stable, rehabilitation may begin as soon as the patient is medically stable, and should be continued after release from the hospital, if needed.

Stroke rehabilitation options may include:

- ❖ Rehabilitation unit – inpatient care at a specialized unit either at the Foothills medical centre or the Dr. Vernon Fanning Centre.
- ❖ Outpatient care at a community accessible rehabilitation site (CAR) or Day Hospital
- ❖ Home therapy
- ❖ Community-based programs

Available options will depend on several factors including available beds, the stroke survivors' stamina or activity tolerance for therapy, and your geographical area.

## THE RECOVERY PROCESS: TEAM MEMBERS

### REHABILITATION HEALTH CARE TEAM

Throughout the recovery process, you and your loved one will work with a team of health care professionals. It is important that you get to know your health care team and feel comfortable discussing with them any issues that arise. This section will teach you what each different health care professional does, so you will know who to go to with specific questions or concerns.



**A doctor** is a licensed medical practitioner. Your doctor may be a neurologist (a doctor who specializes in the brain or nervous system), neurosurgeon, internal medicine specialist, rehabilitation specialist (physiatrist), geriatrician, or family physician. Doctors provide supervision and care for medical problems related to the stroke.



**Nurses** work closely with your loved one, family, and the health care team during the initial stages following a stroke. Until the stroke survivor can do more for him or herself, nurses will help with daily care such as giving medications, bathing, dressing, and toileting.



**Psychologists and social workers** also aid caregivers and stroke survivors with emotional and adjustment issues by providing counseling and support services. Social workers/case managers may help families and caregivers determine the best possible options to meet rehabilitation and recovery needs.



**Occupational therapists** help stroke survivors re-learn the skills needed for everyday living including eating, toileting, dressing, and taking care of themselves. They also address changes in your loved one's cognitive and perceptual status (ie. thinking, memory, and visual skills).



**Physiotherapists** help restore physical function including movement, muscle strength, coordination, and balance on the side of the body affected by the stroke. They will also help the stroke survivor re-learn mobility skills such as getting out of bed and walking.

## Chapter #3- My Family Member's Condition has Stabilized



**Speech-language pathologists** (SLPs) are trained to work with stroke survivors who may have developed problems communicating, or swallowing as a result of a stroke. Speech language and swallowing therapy will involve techniques to reduce and compensate for these impairments.



**Recreational therapists** help your loved one plan new hobbies and interests, or learn new or different ways to resume old ones.



**Pharmacists** fill your loved one's prescriptions and can answer questions you might have about medications.



**Dieticians** help you and the stroke survivor plan healthy meals to help with weight control, cholesterol levels, dietary needs, or any problems the stroke survivor might have with eating.



**Therapy Assistants** may help you directly with your therapy sessions. These trained individuals can help restore physical functioning, cognitive and communication skills the same way an Occupational Therapist, Physiotherapist or Speech-Language Pathologist would.



**The stroke survivor** is an integral part of the recovery team. Your loved one may face many challenges throughout the recovery process. A crucial component of the recovery process is the dynamic between the stroke survivor and you, the caregiver. Communication between you and the stroke survivor is important; as this will help you both achieve your goals. It will also help you both realize each of your needs, and how to overcome any challenges and obstacles together.



**Your family and friends** are an important part of the recovery team, as each individual can provide you with additional supports that you may need. You may find that your family can offer you emotional support, comfort, understanding, and reassurance during the often challenging recovery process. Family members might also assist you by helping with care-giving activities, or by providing support around the house with chores and cooking meals. It is important that you feel comfortable enough to ask your family and friends for help when you need it. This program will help you learn how to ask for assistance when you need it, and who you can turn to for different supports.

### Chapter #3- My Family Member's Condition has Stabilized



***Peers who have gone through similar situations as yours*** are an important part of the recovery team as they can teach you strategies that helped them to face different challenges. Peers can also provide you with emotional support and community resources that will help you realize that you are not alone, and that help *is* available to you. Information on support groups and where to find them will be discussed in our ***Resources*** section (Chapter #7).

## **FAMILY MEETINGS**

During a **family meeting** your whole family can meet with the health care team and receive information on the diagnosis, prognosis, and future directions to take in your loved ones care.

*Previous caregivers have found family meetings to be extremely helpful.*

### **What are family meetings?**

A family meeting is when all the health care providers who look after your loved one (including the doctor, nurse, physiotherapist, occupational therapist, speech therapist, social worker, and even dietician) meet to let you know how your loved one is doing. They will tell you their role in your family member's care and the goals each of them have set for his/her recovery.

Family meetings commonly take place at different points in your loved one's recovery process: during acute care following the stroke, during inpatient rehabilitation, further into treatment and recovery, and once during outpatient rehabilitation, to discuss progress made towards your loved one's goals.

*Many of your questions can be answered at this time.*

The health care team uses this opportunity to bring you and your family up to speed on everything that is going on with patient at that time. Therefore, this is a valuable opportunity for the family to learn about your loved one's situation.

### **How can you arrange a family meeting?**

Unfortunately, family meetings are not standard practice (particularly during acute care), and thus, not all patients and families will have the opportunity to take part in a family meeting. As a result, the caregiver may have to request a family meeting.

If you would like to request a family meeting, the best person to speak to is your loved one's social worker. A social worker can organize such a meeting. The social worker is also responsible for getting the entire health care team together for the meeting.

### **What happens at a family meeting?**

In acute care, family meetings can be described as an information-sharing event. The medical doctors typically begin the family meeting with an overall medical review of the patient. Often times, in family meetings taking place in acute care, the medical doctors will even show X-rays or CT scans, taken of the patient, to the family. Afterwards, family members and the patient can ask the doctors any questions they may have.

## Chapter #3- My Family Member's Condition has Stabilized

Once the medical doctors have given an overview of your loved one's stay in the hospital, the rehabilitation team will discuss what aspects of your loved one's care they are looking after. They might discuss the following:

- Goals that they are working on with your loved one to help them recover
- Specifics as to how the stroke has affected your loved one's ability to function
- Treatments they are providing to help your loved one achieve these goals
- Any special or concerning issues they are dealing with (for example, if your loved one's mood is interfering with his/her therapy)
- Plans for the next step in your loved one's recovery process (for example, if your loved one needs to go to a rehabilitation unit for further therapy, or if your loved one has to go to a long-term care facility because he/she may not meet the criteria for entry into a rehabilitation program).

Any questions you may have for the allied health team can be asked at this time. You may find it helpful to write down the answers to these questions for future reference.

Family meetings taking place during in-patient or out-patient rehabilitation will be structured and function the same way as family meetings in acute care. You may find however, that family meetings in a rehabilitation setting will focus on longer-term outcomes and long-term goals.

### **When can I arrange a family meeting?**

Family meetings can be arranged once the patient is deemed medically stable. Often, this is when the patient has been discharged from the emergency department into a stroke unit or general hospital ward.

*Often times, previous caregivers felt like no one was willing to answer their questions. This can be a frustrating experience.*

*Family meetings provide an appropriate opportunity to ask these questions, and finally get straight answers.*

## PREPARING FOR INPATIENT REHABILITATION

### *Who goes to Inpatient Rehabilitation?*

Not every stroke survivor goes to an inpatient rehabilitation unit. An obvious consideration is the severity of your loved one's stroke. In addition to this, for a stroke survivor to be able to go to inpatient rehabilitation, he/she must:

1. Be able to participate in a rehabilitation therapy session that lasts at least 30 minutes
2. Be able to tolerate sitting upright, with or without support.
3. Be able to demonstrate carry-over of learning (can retain information learned from the last session, and build on this information in the next session).
4. Be able to consistently follow instructions to participate in therapy sessions.

### *What is Inpatient Rehabilitation?*

Inpatient Rehabilitation helps stroke survivors who are medically stable, but still need intensive therapy before they are ready to return home.

Stroke survivors are referred to a rehabilitation unit by their health care team while they are in the acute care hospital. Once their medical condition has stabilized and a spot opens for them at the rehabilitation facility, they are transferred directly from the acute care hospital.

Each rehabilitation unit is staffed by a highly experienced, multidisciplinary team, which includes specially trained nurses, physiatrists, neuropsychologists, physiotherapists, occupational therapists, dietitians, social workers, speech-language pathologists and recreation therapists.

Family members are also considered to be an important part of the rehabilitation team and therefore, **you are highly encouraged to participate** in therapy sessions.

You may notice that there are several other stroke survivors in inpatient rehabilitation. This may be a great opportunity to meet other caregivers in your position who are also caring for a recovering stroke survivor.

### *How long is Inpatient Rehabilitation?*

The length of stay in inpatient rehabilitation varies depending on the type of program the stroke survivor is enrolled in. There are two types of programs in Calgary:

## Chapter #3- My Family Member's Condition has Stabilized

### Active Rehabilitation

Stroke survivors receive intensive therapy 5 days a week. They generally stay for 4 to 6 weeks at the Rehabilitation unit (PCU 58). The stroke survivor can sometimes go home on the weekends. This can be arranged with the rehabilitation team.

### Low Intensity Rehabilitation

Stroke survivors also receive therapy, although sessions may be less frequent and last shorter durations compared to an active rehabilitation program. Therapists will adjust treatment sessions based on what your loved is able to tolerate. The length of stay is generally 2-3 months.

Which program your loved one will go to will depend on the severity of his or her stroke, his or her rate of recovery, and their tolerance for therapeutic activities. The health care team in acute care will recommend to you the best program that meets your loved one's needs.

### *Need More Information?*

The therapists or social worker in acute care will be able to provide you with more information on what to expect in rehabilitation, and who to talk to in order to get your questions answered.

You can request to see the Unit 58 video to learn more about FMC Unit 58 – Tertiary Neurorehabilitation unit.

You can find more information about the Dr. Vernon Fanning Neurorehabilitation unit at:

<http://www.carewest.ca/index.php?page=programs>

or

[www.calgaryhealthregion.ca/rehabunits/index.htm](http://www.calgaryhealthregion.ca/rehabunits/index.htm)

## **WHO TO TALK TO FOR MORE INFORMATIONAL HELP**

As your loved one's condition stabilizes, your information needs may change. Caregivers generally found that at this time, their focus began to shift from the immediacy of the event, to how to assist their loved one's progress after the stroke.

For additional informational resources, you may find it helpful to talk to one of the following individuals for various concerns. For instance:

### ***Talk to your Doctor about:***

- ❖ Your loved one's status and progress (how your loved one's condition has improved)
- ❖ Your loved one's treatment plan (dietary changes, new medications, options for rehabilitation if your loved one qualifies)
- ❖ Information about stroke
- ❖ Hospital transfer information (if your loved one needs to be transferred to another hospital that is better suited to his or her needs, your doctor will discuss this with you)
- ❖ Clarification on the roles of your Health Care Team (who they are and how they can help you)
- ❖ Other resources as required (e.g. referrals to social workers, counselors, other professionals)

### ***Talk to your Social Worker about:***

- ❖ Discharge information (for example, date of discharge, whether your loved one will be returning home or transferring to a rehabilitation unit at an inpatient facility)
- ❖ Resources for financial assistance
- ❖ Other resources you may need at this time (such as long-term care information, home care information)

### ***Talk to your Physiotherapist about:***

- ❖ Your loved one's physical progress
- ❖ The amount of assistance your loved one needs to get out of bed and/or walk
- ❖ Exercises you can do with your loved one

### ***Talk to your Occupational Therapist about:***

- ❖ Your loved one's progress with their thinking, memory, or visual skills
- ❖ The amount of assistance your loved one needs for their self-care
- ❖ How you can help your loved one re-learn skills needed for everyday living

### ***Talk to your Speech-Language Pathologist about:***

- ❖ Information pertaining to Aphasia (problems your loved one may experience with communicating)
- ❖ Dysphagia (problems your loved one may experience with swallowing)

### ***Other Caregivers Found...***

- ❖ Informational needs during this time were most often met by health care professionals – especially through doctors and rehabilitation therapists
- ❖ Social workers were helpful in assisting with financial information and transportation resources

## **EMOTIONAL SUPPORT**

### ***Feelings You May Be Experiencing At This Time:***

There are many different emotions that family members and caregivers experience during this phase. Previous caregivers in your position told us they:

- ❖ Had a need for moral support, and knowing others were there for them
- ❖ Had a need for encouragement and advice
- ❖ Had trouble communicating what was going on with children and others

Previous caregivers also told us they did not know who to discuss their emotional needs with. If you need emotional support or someone to talk to, please speak with your social worker. Social workers are trained to provide you with counseling and can also help you secure the supports you need.

Please know that these feelings are normal. This is a stressful time. Remember you are not alone.

## **WHO TO TALK TO FOR EMOTIONAL HELP**

During this time, you may find that you may require additional emotional support as your loved one's condition stabilizes. You may begin to wonder how to cope with the upcoming challenges, when your loved one may return home, or who you can go to in order to develop a strong support network for yourself during this time. It is important to remember that you are not alone, and help is available when you need it.

For additional emotional support, you may find it helpful to talk to one of the following individuals. For instance:

### ***Talk to your Social Worker or a Counselor about:***

- ❖ How to handle the situation (e.g. how to cope with stress, anxiety, fear, sadness)
- ❖ How to ask family and friends for assistance
- ❖ How to ensure your own needs are being met during a time that tends to be very focused on the stroke survivor
- ❖ Your feelings overall – how to make sense of them, how to gain support, how to be understood

### ***Talk to your Family or Friends about:***

- ❖ Your feelings overall – how to make sense of them, how to gain their support if you need it, and how to be understood
- ❖ Ensuring your own needs are met – support at home, help with chores, assistance with meals if you don't have enough time or energy to prepare them
- ❖ Needing someone to stay with you at home, or someone to stay with the stroke survivor at the hospital for a sense of comfort and to not feel alone

### ***Other Caregivers Found...***

- ❖ Emotional needs (someone to talk to) were best met by social workers, counselors, family, and friends
- ❖ Support at home was often offered and provided by family and friends, and when this was not possible, talking on the phone also proved helpful

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **PRACTICAL SUPPORT**

### ***COMMON PRACTICAL NEEDS FOR ASSISTANCE***

During this phase, you may wish to receive some assistance from the people around you. Given the events that have happened, your focus will still likely be on your loved one and not on the other things that you usually focus on day-to-day. During this phase, it is important to ensure that your needs are addressed, and it is important to talk to the members of your health care team (including your family and friends as well) so they can assist you.

Previous caregivers in your position found their needs included:

- ❖ Having someone visit your loved one
- ❖ Having someone visit you
- ❖ Assistance with household chores
- ❖ Financial assistance
- ❖ Finding a place to stay near the hospital
- ❖ Having someone assist with meals, transportation, and accommodation.

## **WHO TO TALK TO FOR PRACTICAL HELP**

During this phase, previous caregivers appreciated when family, friends, or health care professionals provided hands on assistance with a variety of activities.

Here are some things you may wish to ask for:

### ***Talk to a doctor or nurse about...***

- ❖ Ensuring your loved one's needs are being met at the hospital – that regular routines are being met, and that they are mindful about accessibility (for instance, if your loved one cannot reach the cord that allows them to call for assistance, ensure that the health care professional moves it for easy access)
- ❖ Follow-up appointments (scheduling them, what they are for, what dates they will take place)
- ❖ Any pain or symptom management issues that are bothering you or the stroke survivor.

### ***Talk to a social worker or counselor about...***

- ❖ Financial assistance
- ❖ Follow-up appointments (for yourself or your loved one concerning various matters pertaining to discharge or counseling)
- ❖ Needing a place to stay near the hospital
- ❖ Transportation assistance

### ***Talk to family or friends about...***

- ❖ Assisting you at home with household chores
- ❖ Providing food for you or your family (in case you or your family don't have time or energy to prepare meals).

## OTHER SUPPORTS

If your friends or family are unable to help you with **meal preparation**, you may want to visit [www.mealcall.org/canada/](http://www.mealcall.org/canada/) This website will direct you to the appropriate number for you to call for assistance with meals.

If you have difficulty arranging **transportation** to and from the hospital and cannot find friends or family to assist you, please consider the following options:

There are more resources and number you may wish to call for assistance located in the '**Additional Resources**' section, at the back of this guide.

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources and approach the appropriate individual on your health care team to ensure that your concerns are addressed.
- ❖ Consult Section 7: Notes and Additional Resources for resources in your community pertaining to a wide range of supports.

## **TRAINING SUPPORT**

### **SWALLOWING AND EATING**

A stroke can affect the muscles of the mouth, tongue and throat. As a result, your loved one may have trouble swallowing. This is known as dysphagia (or aphagia). Dysphagia may be temporary or permanent. Because it involves many of the same muscles used in speaking, dysphagia is usually diagnosed and treated by a speech-language pathologist (SLP). If not treated, swallowing problems can lead to serious health problems, such as choking or inhaling food (aspiration) that can lead to pneumonia, malnutrition and dehydration.

During the early stages of the stroke survivor's recovery, your loved one's speech language pathologist or dietitian may order meals that are easy for him or her to eat. For example, soft foods such as applesauce or porridge may be easier for your loved one to swallow than thin liquids such as water or juice.

Your loved one may also be given:

- ❖ Liquids thickened to the consistency of pudding or liquid honey
- ❖ Food that is softer or smoother (such as mashed potatoes)
- ❖ Food that has been chopped or minced into smaller pieces
- ❖ Food that has been pureed or put in a blender

As swallowing improves, many stroke survivors can go back to eating regular food.

### **WHAT YOU CAN DO**

Here are some tips if your loved one is having difficulty swallowing or eating:

- ❖ Always follow the guideline recommended by the SLP for food and liquid textures.
- ❖ When eating, have your loved one sit up straight in a bed or chair.
- ❖ Have your loved one take small bites. Try using a teaspoon rather than a tablespoon.
- ❖ Ensure your loved one chews on the stronger side of his or her mouth.
- ❖ Your loved one should chew each mouthful thoroughly before swallowing.
- ❖ Your loved one should keep their chin tucked-in (down) while swallowing.
- ❖ Your loved one should clear his or her throat and mouth of food after each bite.
- ❖ He or she should not talk while chewing.
- ❖ If drooling on the weakened side of your loved one's mouth is a problem, have him or her wipe his or her face frequently with a napkin or cloth.
- ❖ Avoid distractions while eating. Turn off the TV or radio. Avoid busy restaurants and dining rooms if your loved one is easily distracted while eating.
- ❖ After eating, your loved one can remove food trapped in his or her cheek with his or her finger. He or she can use a small mirror to see where food is trapped. Your loved one should brush his or her teeth and rinse after each meal.
- ❖ If your loved one suffers heartburn or acid reflux after eating, try to avoid highly spiced or seasoned foods; citrus fruits and juices and other acidic foods (e.g. tomatoes);

## Chapter #3- My Family Member's Condition has Stabilized

drinks with caffeine, such as coffee, tea, chocolate and cola; peppermint or spearmint; or high fat, fried foods.

### **SPECIAL DEVICES TO ASSIST WITH EATING**

Special devices are available to make eating easier if your loved one is using only one hand. Your loved one's occupational therapist or another member of the stroke rehabilitation team can tell you what types of devices may help your loved one and where to get them.

Devices include:

- ❖ Plates with big rims to hold food in
- ❖ Dishes with gripper pads on the bottom to keep them from slipping
- ❖ Cup or container holders
- ❖ Modified utensils with buildup or bent handles
- ❖ Cutting utensils made for one-handed use, such as a rocker knife, cheese knife or pizza cutter
- ❖ Modified cups with a cut-out or partial lid

### **ADDITIONAL THINGS YOU CAN DO**

If the stroke survivor requires help to eat, ask the nurse, SLP or other member of the stroke rehabilitation team to show you how to do it. **Because of the danger of choking, do not try to feed the survivor unless you are trained how to do it.**

Ask the SLP to explain any special food and liquid textures the stroke survivor might find easier to eat. The SLP can help you learn how to prepare foods that are safe for the stroke survivor to eat.

Small, frequent meals may be easier to eat and digest. Work with your dietitian to ensure meals are balanced and healthy. Good oral hygiene is important. Take the survivor to regular dental check-ups. If necessary, assist the survivor in brushing and flossing.

Most people need to drink at least 6 – 8 cups of non-caffeinated fluids a day (drinks without caffeine). Non-caffeinated drinks include water, fruit juices, milk and some soft drinks. Sometimes, stroke survivors may not drink enough fluids and can become dehydrated. This is not healthy, and in severe cases can be dangerous.

### **SIGNS OF DEHYDRATION INCLUDE:**

- ❖ Decreased urine output (urinates less)
- ❖ Dark, concentrated and/or strong-smelling urine
- ❖ Frequent urinary tract or bladder infections
- ❖ Thick stringy saliva
- ❖ Constipation
- ❖ Dizziness when sitting up or standing
- ❖ Confusion or a change in mental status

### Chapter #3- My Family Member's Condition has Stabilized

- ❖ Weight loss of 3.5 pounds (1.5 kg) in less than 7 days
- ❖ Fever
- ❖ Decreased skin elasticity. You can test for this by gently pinching the skin on the survivor's arm. If it does not spring back into place, but remains "pinched up", this may be a sign of dehydration.

## **COMMUNICATING WITH SOMEONE WITH APHASIA**

If your loved one has aphasia, here is some information you can use, as well as information you can share with your family and friends. It may help them understand how to better communicate with your loved one.

- ❖ Do not leave the stroke survivor out of social gatherings or conversations.
- ❖ Try to help the stroke survivor so he or she does not feel lonely and cut off from people.
- ❖ Phrase questions so they can be answered with a “yes” or “no” or a nod or shake of the head. Remember that sometimes, stroke survivors may get these responses confused. Try using pieces of paper with “Yes”, “No” and “I don’t know” written on them. Ask the survivor to point to the correct response.
- ❖ Speak in a natural voice. Do not shout or talk too fast. Pauses and speaking at a moderate pace may help the survivor understand you.
- ❖ When talking with a stroke survivor, turn off distractions such as the TV or radio. Keep conversations clear and direct.
- ❖ Have only one person speak at a time.
- ❖ During the early stages of recovery, when giving the stroke survivor choices, limit the number of choices to two. For example, ask the stroke survivor, “Would you like coffee or tea?” Try writing down the choices. If the person with aphasia is having difficulty reading, use a drawing beside the written word. If this is still difficult, try asking a question that can be answered with a ‘yes’, or a ‘no’.
- ❖ In time, as the person recovers, you can try adding more choices.
- ❖ Short, concrete, common words may be easier to understand. For example, say “leg” instead of “limb”, “bread” instead of “nutrition” or “house” instead of “residence.”
- ❖ Do not rush a person with aphasia. Be patient and give him or her time to come up with the right word.
- ❖ The single most important thing you and your family can do is to remember that aphasia means that your loved one has difficulty with language, not with thinking.
- ❖ In many respects, your loved one is still the same person inside. Having aphasia does not mean that your loved one is not intelligent or doesn’t understand things.

### ***WHO TO TALK TO FOR MORE TRAINING HELP***

#### ***Talk to a rehabilitation therapist about...***

- ❖ Learning various exercises and techniques to help your loved one regain some level of independence or mobility
- ❖ Learning how to assist with every day activities

#### ***Talk to your Speech-Language Pathologist about...***

- ❖ Communication strategies to assist your loved one if he or she has Aphasia (your speech-language pathologist may invite you to sit in on your loved one’s rehabilitation sessions to learn various strategies to assist him or her)

## Chapter #3- My Family Member's Condition has Stabilized

### ***If You Require additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in Section 7: Notes and Additional Resources, and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

**Support Needs Management Form**

1. What supports do you need right now?

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2. What resources can you draw upon to get this support?

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3. What resources will I try first?

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- 
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4. How did this work out?

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

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## Chapter #3- My Family Member's Condition has Stabilized

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

## **CHAPTER #4 PREPARING TO GO HOME FROM THE HOSPITAL OR REHABILITATION**

During this phase, your loved one is getting ready to leave acute care or rehabilitation, and you are about to begin to support your family member in the home. We have found that caregivers are vulnerable to feelings of confusion or being under prepared at this stage, so this section of the guide is designed to assist you in developing accurate expectations and preparing yourself, your loved one, and your home environment for the return from hospital.

Because this phase of recovery focuses on preparing for discharge, we will give you information concerning when your loved one will return home, how to prepare your home for discharge; any special equipment that will be needed; as well as how to ask your family and friends for assistance.

### **This Chapter at a Glance:**

#### Informational Support

- ❖ Warning signs of Stroke
- ❖ Risk Factors for Stroke
- ❖ Secondary prevention
- ❖ Medications after Stroke
- ❖ Diet after stroke
- ❖ Preparation for outpatient rehabilitation
- ❖ My Discharge Plan (From Acute Care)
- ❖ My Discharge Plan (From Rehabilitation)
- ❖ Preparing My Home for Discharge
- ❖ Safety Equipment & Assistive Devices
- ❖ Completing Successful Transfers
- ❖ Who to Talk to for Help

#### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Depression in the Stroke Survivor
- ❖ Peer Support Groups
- ❖ Who to Talk to For Help

#### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Home Visits & Safety Assessments
- ❖ Who to Talk to for Help

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

### Training Support

- ❖ Common Training Needs at this Time
- ❖ Your Loved One's Memory
- ❖ Mobility Exercises after stroke
- ❖ Completing Successful Transfers
- ❖ Who to Talk to for Help

## WARNING SIGNS OF STROKE

### What are the warning signs of stroke?

The warning signs of stroke are the brain's way of telling you that it is under attack. The warning signs will depend upon what part of your brain is in trouble. Not everyone will have every warning sign.

### Warning Signs of Stroke



#### **Weakness**

Sudden weakness, numbness, or tingling in the face, arm or leg.



#### **Trouble speaking**

Sudden temporary loss of speech or trouble understanding speech.



#### **Vision problems**

Sudden loss of vision, particularly in one eye, or double vision.



#### **Headache**

Sudden, severe and unusual headache.



#### **Dizziness**

Sudden loss of balance, especially with any of the above signs.

If you or someone you know is having any of these signs  
**CALL 9-1-1** or your local emergency number immediately.

## STROKE RISK FACTORS

Evaluating the risk for stroke is based on heredity, natural processes, and lifestyle. Many risk factors for stroke can be changed or managed, while others that relate to hereditary or natural processes cannot be changed.

### **Risk factors for stroke that can be changed, treated, or medically managed:**

❖ **High blood pressure**

The most important controllable risk factor for brain stroke is controlling high blood pressure.

❖ **Heart disease**

Heart disease is the second most important risk factor for stroke, and the major cause of death among survivors of stroke.

❖ **Cigarette smoking**

The use of oral contraceptives, especially when combined with cigarette smoking, greatly increases stroke risk.

❖ **History of transient ischemic attacks (TIAs)**

A person who has had one (or more) TIA is almost 10 times more likely to have a stroke than someone of the same age and sex who has not had a TIA.

❖ **High red blood cell count**

A moderate increase in the number of red blood cells thickens the blood and makes clots more likely, thus increasing the risk for stroke.

❖ **High blood cholesterol and lipids**

High blood cholesterol and lipids increase the risk for stroke.

❖ **Lack of exercise, physical inactivity**

Lack of exercise and physical inactivity increases the risk for stroke.

❖ **Obesity**

Excess weight increases the risk for stroke.

❖ **Excessive alcohol use**

Drinking more than 2 standard drinks per day for women or 4 standard drinks per day for men raises blood pressure, and binge drinking can lead to stroke.

❖ **Drug abuse (certain kinds)**

Intravenous drug abuse carries a high risk of stroke from cerebral embolisms (blood clots). Cocaine use has been closely related to strokes, heart attacks, and a variety of other cardiovascular complications. Some of them, even among first-time cocaine users, have been fatal.

**Risk factors for stroke that cannot be changed:**

❖ **Age**

For each decade of life after age 55, the chance of having a stroke more than doubles.

❖ **Diabetes**

Diabetes is strongly linked with high blood pressure and, therefore, it increases a person's risk of stroke. Although there is no cure for diabetes, good management of diabetes can decrease a person's risk of stroke.

❖ **History of prior stroke**

The risk of stroke for someone who has already had one is many times that of a person who has not had a stroke.

❖ **Heredity/genetics**

The chance of stroke is greater in people who have a family history of stroke.

**Other risk factors of stroke to consider:**

❖ **Temperature, season, and climate**

Stroke deaths occur more often during periods of extreme temperatures.

## **SECONDARY PREVENTION**

### ***Always say never again***

In medicine, secondary prevention activities are aimed at early disease detection. Knowing the warning signs of stroke, and reviewing the causes or risk factors for stroke, will help you prevent or act quickly in the case of a second stroke.

### ***PREVENTING ANOTHER STROKE***

There are about 40,000 to 50,000 new strokes in Canada in a given year. Stroke is the fourth leading cause of death, and a leading cause of disability in Canada. There are 300,000 Canadians living with stroke. A stroke survivor has a 20% chance of having another stroke within 2 years.

Your loved one's health care team can introduce several ways to help your loved one prevent another stroke.

### ***OVERVIEW OF PREVENTION GUIDELINES***

You and your loved one have control over many stroke risk factors. In the United States, the National Stroke Association and its panel of stroke experts have developed ten simple guidelines to help you and your loved one reduce risks for stroke.

- Know your loved one's blood pressure. If it is elevated, work with their doctor to keep it under control. A normal blood pressure reading is considered less than 130/80.
- Find out if your loved one has atrial fibrillation, which is an irregular heartbeat rhythm (also called AF). If your loved one has AF, work with your doctor to manage it.
- If your loved one smokes, help them to stop.
- If your loved one drinks alcohol, they should do so in moderation.
- Know your loved one's cholesterol number. Speak to a doctor if it is high.
- If your loved one is diabetic, follow their doctor's recommendations carefully to control their diabetes.
- Include exercise in the activities your loved one enjoys in his or her daily routine.
- Encourage your loved one to eat a lower sodium (salt), lower fat diet, and abide by dietary instructions provided by the Canadian Food Guide.
- Ask your doctor if your loved one has circulation problems that increase their risk for stroke. If so, work with their doctor to control them.
- If your loved one has any stroke symptoms, seek immediate medical attention.

## MEDICATIONS AFTER A STROKE

If your loved one has had a stroke or Transient Ischemic Attack (TIA – a mini stroke), he or she has a greater chance of having a second stroke or TIA. There are several things you and your loved one can do to lower the chance of having another stroke including reducing blood pressure and cholesterol, quitting smoking, exercising regularly, eating healthy foods and taking the right medications as directed.

### Medication to Prevent Stroke

Medication may help reduce stroke risk by controlling high blood pressure or high cholesterol, treating heart disease, or by interfering with the blood's tendency to form potential stroke-causing blood clots. There are many different medications your doctor may prescribe to reduce your loved one's risk of having another stroke or TIA. It is important that you understand:

- ❖ What medication(s) your loved one is taking
- ❖ Why he or she is taking them
- ❖ How and when your loved one should take them (e.g. are they to be taken with food?)
- ❖ Any side effects of your loved one's medication
- ❖ What happens if your loved one suddenly stops taking his or her medication

### Blood Pressure Lowering Medications

High blood pressure is one of the most important and easily controllable stroke risk factors. Often it can be controlled through diet and exercise, but medication may also be necessary. Medications to reduce blood pressure are called 'antihypertensives' (anti = against + hypertensive = high blood pressure). Several different kinds of medications are available to treat high blood pressure including the most common groups of drugs called calcium channel blockers and ACE-inhibitors. It is important to remember that your loved one and his or her doctor may have to try several different drugs before your loved one find the one that works best. This is common, so try not to be discouraged if it happens. Once your loved one finds a drug that works, be sure that he or she takes it exactly as prescribed.

### Blood Thinners

After a stroke occurs, there are several clot prevention medications available to help reduce the risk of a second stroke. Blood thinners help to reduce the risk of formation of blood clots forming that can lead to a stroke. There are two types of blood thinners:

1. **Antiplatelet medication** (Platelet Aggregation Inhibitors). This group of medications keeps tiny cells (platelets) in the blood from sticking together and forming blood clots. There are three common types of antiplatelet medication including Aspirin, a combination of Aspirin and Dipyridamole, and Clopidogrel. Aspirin is the least expensive and longest standing clot prevention medication. A newer, more effective option is a combination of aspirin and extended-release dipyridamole, called Aggrenox®. Clopidogrel (Plavix®) is another option

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

the doctor might consider. Different medications may be prescribed depending on which ones your loved one can tolerate.

**2. Anticoagulant medication** also stops blood from forming clots, however this medication uses a different chemical process. Common examples include Heparin and Warfarin (Coumadin®). Patients taking Warfarin should be carefully monitored by a physician to see if he or she has the right level of medication in his or her blood. They should also be aware of foods rich in vitamin K such as green leafy vegetables, alfalfa, egg yolks, soy bean oil and fish liver, which may counteract the drug's effects. Your loved one should try to maintain a consistent level of vitamin K in his or her diet. If your loved one alters his or her intake of vitamin K drastically from one day to the next, be sure to tell his or her doctor.

Anticoagulant medication may also be prescribed for people who have atrial fibrillation (irregular heartbeat) or those with particular heart conditions (e.g. A prosthetic heart valve).

Your loved one may bleed more easily when taking these medications. It is important you try to prevent accidental injuries (e.g. falling over) or that you or your loved one tell his or her health professional before undergoing other medical treatment (e.g. surgery).

Your doctor will help you to decide which is the most effective medication for your loved one's condition.

### **Cholesterol-Lowering Medications**

High levels of cholesterol may also increase stroke risk by not allowing blood to move freely through the arteries. Cholesterol build-up can break off, causing a stroke to occur. Several drugs, including a new class of drugs called statins, may help lower cholesterol levels. Some statins have also been proven effective in reducing the risk of stroke or TIA in patients who have had a heart attack, even if they have average or only slightly elevated cholesterol levels.

### **Remembering to take medication**

If your doctor prescribes medication, it is important that your loved one continues to take it unless the doctor tells him or her to stop. If your loved one has difficulty remembering to take their medications then you can try:

- ❖ Giving your loved one his or her medications at the same time every day. It is important to get your loved one in a routine.
- ❖ Using a pillbox or dispenser that notes day and times. You can organize this with your local pharmacist.
- ❖ Using a medication diary or daily chart to keep track of your loved one's medications.

Your doctor will help you and your loved one to work out the right medication, dosage and timing for his or her lifestyle. Your loved one should never stop taking his or her medication or change how much is taken without talking to his or her doctor. In some cases, suddenly stopping medication can be dangerous.

### **Understanding and Reporting Side Effects**

Medications can occasionally produce side effects. It is important to remember and report any side effects experienced by your loved one to your doctor, no matter how big or small. In order to report the side effects to your doctor, you must first understand the particular side effects the medications can produce. Pharmacists commonly provide a list of possible side effects when they dispense the medications. The doctor may be able to make changes that reduce or remove the side effects that may be experienced, however they can only do that if you report them.

### **Other Medications**

Your loved one may be taking a number of medications for different medical reasons. For example he or she may use injections or tablets to control diabetes or he or she may take tablets for arthritis. You should speak to the doctor or pharmacist about how your loved one's medications interact and ask questions you have regarding any medication being taken.

## DIET AFTER A STROKE

Many people can return to their usual diet after stroke. Some stroke survivors will be encouraged to change their diet to decrease the chance of another stroke from occurring. However some stroke survivors may experience short or long-term difficulties with eating or drinking. After a stroke, there is a greater risk of poor nutrition, poor fluid intake and weight loss. This is often due to:

- ❖ Swallowing problems (called dysphagia)
- ❖ Problems with movement (eg. using a knife and fork)
- ❖ Problems with thinking (eg. forgetting to eat)
- ❖ Loss of appetite

### Who Helps Provides Advice On Nutritional Needs?

- ❖ **A Dietitian can assess your loved one's diet** and provide ways to help you meet the nutritional needs of your loved one and you, and prevent poor nutrition from slowing down your loved one's recovery. Dietitians often work with the Speech Pathologist who looks at the consistency of foods and fluids that your loved one can swallow safely.
- ❖ **Dietitians can provide nutritional assessment and advice to decrease your loved one's risk of having another stroke.** These risk factors include high cholesterol, high blood pressure, being overweight, poor fruit and vegetable intake and diabetes.
- ❖ While your loved one is recovering in hospital, **nursing staff and/or your dietitian** should weigh your loved one once a week and monitor how much he or she is eating and drinking. If your loved one is at home, you may like to do this yourself.

### Eating To Reduce Risk of a Stroke

Healthy eating can reduce the risk of stroke or having another stroke by reducing risk factors such as high cholesterol, high blood pressure, being overweight and diabetes. The following information should be used as a guide only and may not be appropriate for people who are underweight or with swallowing problems. Ask a Dietitian for an eating plan to suit you and your loved one.

### **Eat Plenty Of:**

**1. Fruit and Vegetables** – You and your loved one should aim to eat at least 7 servings of vegetables or fruit everyday. Some days you may eat more vegetables and other days more fruit to reach the total of 7 servings per day. Fruit and vegetables reduce the risk of stroke as they contain:

- ❖ *Antioxidants* which can help reduce damage to blood vessels
- ❖ *Potassium* which can help control blood pressure
- ❖ *Fibre* which can lower cholesterol
- ❖ *Folate* which may reduce risk of stroke

**2. Wholegrain breads and cereals** – These include wholemeal or wholegrain breads, brown rice, wholemeal pasta, and breakfast cereals such as weetbix and porridge. Wholegrain breads and cereals contain fibre, potassium, folate and other vitamins and have been associated with a reduced risk of stroke.

**3. Fluids** - Aim to drink 8 cups of fluid per day unless your loved one is on a fluid restriction. Water is the best choice. Getting the right amount of fluid is particularly important if your loved one has a swallowing problem and is only drinking thickened fluids.

### **Eat In Moderation:**

- ❖ *Meat, Chicken, Fish* - Red meat and chicken can be a part of a healthy diet. Be sure to choose lean cuts of meat, watch your portion size, trim off any visible fat and take the skin off chicken. Fish has been associated with a lower risk of certain types of stroke. Try to have fish at least 2-3 times a week. This can be fresh, frozen or tinned/canned, but not the deep-fried battered types.
- ❖ *Low Fat Dairy* - The calcium and potassium in low fat dairy can help control blood pressure and may contribute to lowering the risk of stroke. Low fat dairy foods include low fat milk, yogurt, low fat cheese and low fat custard. Milk and yogurt containing less than 2% milk fat (e.g. skim milk, 1% milk) are your best dairy food choices. It is recommended to consume them daily.

### **Eat In Small Amounts:**

- ❖ *Healthy Fats* - These include polyunsaturated and monounsaturated fats like olive oil, canola, margarine (if low in trans fat), avocado and nuts. Too much of these fats may lead to weight gain, however small amounts can help control cholesterol and reduce the risk of stroke.

### **Limit:**

- ❖ *Unhealthy Fats* - These include saturated and trans fats. These can be found in butter, lard, fatty meats, full-cream dairy, pastries, chips and other snack foods (including fatty fast-foods). Saturated and trans fats can raise cholesterol and increase the risk of stroke. The less trans and saturated fat you eat the better.
- ❖ *Salt intake* - Too much salt in your loved one's diet can raise blood pressure and increase risk of stroke. Choose no added salt or reduced salt products. Limit foods like

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salty snacks (e.g. pretzels), foods in brine, processed meats and convenience meals & sauces that are high in salt. Try not to add salt to foods. (You might want to try supplementing salt with spices or herbs for flavor). People should limit their sodium intake to less than 2300mg per day.

- ❖ *Alcohol* - If you or your loved one drink alcohol regularly, a safe level of intake for women is no more than 1 standard drinks per day, and for men no more than 2 standard drinks per day. Everyone should have at least 1 or 2 alcohol free days every week. A standard drink is a small glass of beer, a can of mid strength beer, 100mls of wine or a nip of spirits. It is a good idea to discuss alcohol intake with your doctor as alcohol may interact with some of your loved one's medications or make it harder to control blood pressure.

*Canada's food guide is a useful resource for healthy eating. For more information, please see:*

[http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)

## **PREPARATION FOR OUTPATIENT REHABILITATION**

After stroke rehabilitation during acute care or inpatient rehabilitation, follow up care is often required. Outpatient rehabilitation programs meet the needs of patients requiring physical, occupational and/or speech therapies. The goal is to integrate services to improve the functional level of each patient. Outpatient rehabilitation services focus on developing a patient's optimal level of function and community integration.

Out-patient services are available for patients who require help from at least two different therapy professionals (Example: Help from a Physiotherapist, and help from a Speech Language Pathologist).

Make sure you, as the caregiver, attend these therapy sessions as frequently as possible. This is a chance for you to comment on the things you have noticed in the stroke survivor's recovery, and mention areas the patient still needs help with. These sessions are also a valuable opportunity for you to learn how to assist the stroke survivor appropriately, to learn new skills that may make your job easier, and to ensure your loved one is continuing to practice skills as he or she has learned in therapy while at home.

## **DISCHARGE PLANNING**

### ***WHAT IS DISCHARGE PLANNING?***

Sometimes it seems as though discharge from the acute care unit and/or the rehabilitation unit happens all at once, and very quickly. But discharge planning is a process, not a single event. Medicare defines discharge planning as: “A process used to decide what a patient needs for a smooth move from one level of care to another.” As a result of that process, the discharge plan may be to send your loved one to his or her home or someone else’s home, a rehabilitation unit, a nursing home, or some other place outside the hospital where they are currently receiving care. Discharge from a hospital does not mean that your loved one has completely regained function, but it does mean that the health care team has determined that a facility or service other than the present hospital is now best able to continue the recovery process. If your loved one receives inpatient rehabilitation after acute care they will experience the discharge planning process more than once, as they prepare to return home.

### ***WHO DOES IT?***

Only a physician can ultimately authorize a hospital discharge, but many people are involved in working out the details of the discharge plan. As the patient’s family caregiver, you are one of the most important members of this team. You alone have essential information about and understanding of the patient’s home situation, as well as about your own care-giving capabilities. Make sure you are involved from the outset.

Of the professionals involved in your loved one’s discharge, the discharge planner is your primary contact. The discharge planner may be a nurse, a social worker, an administrator, or have some other title. It is important for you to know who this person is and to understand how they can help you, so you can save yourself the stress of navigating unfamiliar territory on your own. If the discharge planner does not come to see you and your loved one early in the hospital stay, find out who is in charge of your loved one’s discharge and ask for an appointment.

The discharge planner is responsible for making sure that the plan for your loved one’s discharge is safe. You can be assured that your loved one will be going to a place that does not present immediate dangers to his or her health and well-being, and that realistic plans have been made for appropriate follow-up care.

Discharge planning is a short-term plan to get your loved one out of the hospital. It is not a blueprint for the future. Your loved one’s condition may improve or worsen over time. You may or may not be able to sustain the level of care-giving that is required at the outset. Even though no one can predict what the needs will be four weeks, or four months, from discharge, it is important for you to think about the long-term needs of your loved one as much as possible. You may be able to build into the immediate plan services that will be important in the long run (e.g., respite care).

## ***WHEN SHOULD IT HAPPEN?***

Many health care providers say that discharge planning should begin early so that everyone has as much time as possible to prepare. As such, we suggest that you start thinking about it – and connecting with your discharge planner – as soon as you are ready to. This will help you to find the best way possible to balance the many considerations that have to be made in coming to a decision. These considerations often include the time at which your loved one wants to return home, the professional judgment of the hospital staff, and your own needs.

## ***WHAT SHOULD I BE DOING WHILE MY LOVED ONE IS IN THE HOSPITAL?***

It is normal and expected that your mind will be mostly occupied with questions about your loved one's condition and a desire to ensure that he or she is receiving the best care possible. However, if you can, it is helpful to start thinking about the larger implications of this life change.

Social workers are trained to help you work through this thought process, but you can also speak to a nurse, doctor, patient advocate, or chaplain. They will guide you in considering things such as whether you are able to take time off from work, how much care you can provide at home, how your own health situation will affect matters, and what your other family responsibilities are.

Thinking through issues like these is important because health care providers may assume that since you have been such a faithful and loving companion in the hospital, you will be available full time for future care. If that is not the case, you need to say so – firmly and consistently. A discharge plan that is based on faulty assumptions or incomplete information is not going to work.

One concrete way to determine your ability to help is to make a list of all the tasks that will have to be done when your loved one leaves the hospital. A social worker or counselor can help you with this. Then look at the list and determine what you can and cannot do. For the tasks which you will not be able to do yourself, ask the social worker to guide you to people and services that can provide the care.

You can also begin to learn some of the techniques that are important for your loved one's care. Sometimes hospital staff are able to train you formally but you can also learn by watching and asking questions. Even if you are not going to provide all the care yourself, it is important that you understand how it should be done so that you can instruct or supervise others.

Don't be afraid to say that you are not able or do not want to do certain tasks, such as personal hygiene or wound care. Remember that you are a family member, not a professional. You should not have to do anything that interferes with maintaining your special relationship with your family member, or that may place your own health at risk (e.g. injuring yourself during transfers).

## ***WHAT ARE MY CHOICES?***

Ideally, a discharge plan is based on a careful review of all the options. These may include sending the patient home with in-home rehabilitation therapy and some assistance with personal care, or inpatient rehabilitation where they can begin to re-learn how to perform every day activities.

Whatever is ultimately recommended, it is important that you are comfortable, but keep an open mind about what has been recommended as most appropriate. For example, if the discharge plan calls for a rehabilitation facility that is too far away or one that you do not believe provides excellent care, you should feel free to explore other possibilities. You may wish to research other possibilities on your own; you can ask your family and friends to work with you in this process. It is important to remember however, that in some situations other possibilities may not be possible.

## ***TAKE CARE OF YOURSELF***

While you are busy making all the arrangements for a smooth discharge process for your loved one, don't forget that you need to take care of yourself as well. You probably have been spending a lot of time at the hospital. You may not have been sleeping well or eating regular meals. Maybe you are worrying about all the things that you have not had time to do at home or at your job. All this takes a toll on your own health and well-being, and can end up making a difficult time even harder.

Try to find a little time to unwind. Even a few hours doing something you enjoy or talking to a trusted friend or family member will help. Ask the discharge planner or social worker about resources in the community you can turn to when the hospital stay is over. If your employer has an Employee Assistance Program, call to get referrals. There are support groups of many kinds, counselors familiar with caregivers' stresses, and many different kinds of practical, emotional, and even financial help.

## ***PUTTING IT ALL TOGETHER FOR DISCHARGE PLANNING***

### ***DISCUSSION***

At the very outset of discharge planning, health care professionals, family caregivers, and the patient (if appropriate) should discuss the following:

- ❖ The patient's condition, and any changes that may have occurred as a result of treatment at the facility
- ❖ Any likely symptoms, problems, or changes that may occur when the patient is at home, and what to do about them
- ❖ The patient's care plan, the caregiver's needs, and any adjustments that must be made to meet these needs
- ❖ The potential impact of care-giving on the caregiver
- ❖ Warning signs of stress; techniques for reducing stress.

### ***PLANNING***

Prior to discharge, health care professionals should work with family caregivers – with patient consent, if appropriate – to:

- ❖ Set up home care services for which the patient is eligible and other services for which the patient/family can pay
- ❖ Get the home ready by arranging for equipment rental and home modification
- ❖ Provide a 24-hour phone number the caregiver can call to speak with a health care professional (such as HealthLink at 403-943-5465; [www.healthlinkalberta.ca](http://www.healthlinkalberta.ca))
- ❖ should problems arise
- ❖ Organize transportation home for the patient
- ❖ Schedule a follow-up appointment at the stroke prevention clinic (403) 944-1447 and/or physiatry Clinic (403) 944-1025
- ❖ Inform Alberta: [www.informalberta.ca](http://www.informalberta.ca), provides a searchable database of local and provincial programs and services

## MY DISCHARGE PLAN (DISCHARGE FROM ACUTE CARE HOSPITAL)

My discharge planner is \_\_\_\_\_, and can be reached at  
(name)

the following phone number: \_\_\_\_\_.

My family member \_\_\_\_\_ will be discharged on the  
(name)

following date \_\_\_\_\_.  
(MM/DD/YYYY)

### Optional:

My family member will continue care at \_\_\_\_\_  
(Rehabilitation or Care Centre Name)

located at \_\_\_\_\_.  
(Address)

Phone number: \_\_\_\_\_.  
(Phone number of facility)

In case of assistance, I have been asked to call \_\_\_\_\_.  
(Phone Number of Emergency Care)

Other Notes:

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## MY DISCHARGE PLAN (DISCHARGE FROM REHABILITATION HOSPITAL)

My discharge planner is \_\_\_\_\_, and can be reached at  
(name)

the following phone number: \_\_\_\_\_.

My family member \_\_\_\_\_ will be discharged on the  
(name)

following date \_\_\_\_\_.  
(MM/DD/YYYY)

### Optional:

My family member will continue care at \_\_\_\_\_  
(Out-Patient Rehabilitation or Care Centre Name)

located at \_\_\_\_\_.  
(Address)

Phone number: \_\_\_\_\_.  
(Phone number of facility)

In case of assistance, I have been asked to call \_\_\_\_\_.  
(Phone Number of Emergency Care)

Other Notes:

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## PREPARING MY HOME FOR DISCHARGE

After your loved one has had a stroke, changes in your home or the home of your loved one may make it easier and safer for the stroke survivor to move around and perform everyday activities. These changes can be as simple as moving furniture and appliances, or as complex as purchasing special devices and building ramps.

Your occupational therapist can help you decide what changes you should make in the home. Many adaptations are easy and inexpensive to make. If your loved one needs special devices, or modifications have to be made, your social worker may be able to help you find funding. Your loved one may be eligible for full or partial funding for special devices or home modifications from your provincial ministry of health or social services, or your private health insurance. Organizations such as the March of Dimes ([www.marchofdimes.ca](http://www.marchofdimes.ca)), the Canadian Red Cross ([www.redcross.ca](http://www.redcross.ca)) Easter Seals ([www.easterseals.ab.ca](http://www.easterseals.ab.ca)) or other groups in your community may also be able to help you.

Depending upon your loved one's needs, you may find it helpful to:

- ❖ Move thermostats, plugs and switches to make reaching them easier
- ❖ Rearrange furniture that blocks the path where your loved one walks
- ❖ Raise the height of chairs using wooden platforms
- ❖ Remove loose mats, area rugs or older style shag rugs that your loved one could trip over

### ***Where to find Assistive Aids?***

Here are a few rehabilitation equipment vendors who may carry the assistive devices you need. Please remember to speak with an occupational therapist or physiotherapist regarding what equipment is best for your loved one.

ABILITY Medical Supplies  
3439 26th Ave. N.E.,  
Calgary, Alberta T1Y 6L4  
Phone: (403) 263-9994  
Email: [Info@abilitymedicalsupplies.com](mailto:Info@abilitymedicalsupplies.com)  
[www.abilitymedicalsupplies.com](http://www.abilitymedicalsupplies.com)

Alberta Aids to Daily Living  
Up to 75% funding of equipment costs for persons with a physical disability of 6 months or longer.  
Toll free: 310-0000, then 780-427-0731  
[www.seniors.gov.ab.ca/aadl](http://www.seniors.gov.ab.ca/aadl)

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Blain MacLean Surgical  
3407 26<sup>th</sup> Avenue SW  
Calgary, AB  
Phone (403) 249-7515  
[www.hcpharmagroup.com](http://www.hcpharmagroup.com)

Calgary Aids to Daily Living  
Sheldon M. Chumir Centre  
1213-4th Street SW, Calgary T2R 0X 7  
Phone (403) 955-6955

CalMedi & Surgical Supplies Inc.  
Bay B1  
5012-16<sup>th</sup> Ave NW, Calgary T3B 0N3  
Phone: (403) 663-8777  
<http://www.calmedi.com/>

CB Medical  
7521 Flint Road SE  
Calgary, AB T2H 1G3  
Phone: (403) 295-9545  
[www.cbmedical.ca](http://www.cbmedical.ca)

CO-OP Home Health Care  
9309 Macleod Trail SW  
Calgary, AB  
Phone: (403) 252-2266

Healthcare and Rehab  
629 1<sup>st</sup> Ave NE  
Calgary, AB  
Phone: (403) 262-7595  
[www.healthcareandrehab.com](http://www.healthcareandrehab.com)

Health Plus Rexall Pharmacy and Medical Supply  
120, 290 Midpark Way SE  
Calgary, AB  
Phone: (403) 254-9600

#### Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

##### Kenron Pharmacy- Home Care & Sports Medicine

#100 1620 29 Street NW

Calgary, AB, Canada

Phone: 403 289-7224

[www.Kenronpharmacy.com](http://www.Kenronpharmacy.com)

Email: [info@kenronpharmacy.com](mailto:info@kenronpharmacy.com)

##### Main Street Pharmacy – Cochrane

207, 105-1<sup>st</sup> Street

Cochrane, AB T4C 1A7

Phone: (403) 932-6246

[www.mainstreetpharmacy.ca](http://www.mainstreetpharmacy.ca)

##### Maximum Healthcare and Mobility

4724 14<sup>th</sup> Street NE

Calgary, AB

Phone: (403) 769-6166

##### MEDIchair

7413 Macleod Trail SW

Calgary, AB

Phone: (403) 252-5366

[www.medichaircalgary.ca](http://www.medichaircalgary.ca)

##### Motion Specialties

10, 2928 Sunridge Way NE

Calgary, AB

Phone: (403) 247-2222

[www.themotiongroup.com](http://www.themotiongroup.com)

##### Red Cross Medical Equipment Loans

3-3300 14 Avenue NE

Calgary, AB T2A 6J4

(403) 273-4426

[www.redcross.ca](http://www.redcross.ca)

##### Shoppers Home Health Care

Various locations throughout Calgary and region

(1-800) 665-2200

## SETTING UP YOUR HOME: SAFETY EQUIPMENT AND TIPS FOR CAREGIVERS

### USING THE TOILET

Many challenges a stroke survivor may face are related to using the toilet. Therefore, the use of handrails, or grab bars can help an individual to stabilize when sitting on and getting up from the toilet. In addition, the floor surrounding the toilet should be non-slip. If bath rugs are in front of a toilet, they should have some sort of backing to prevent sliding, such as non-skid tape.



Changing the height of the toilet may make using the toilet less difficult. A raised toilet seat or a toilet seat riser reduces the distance from a standing to sitting position so a person does not have to squat or bend down as far to reach the seat. Risers are usually made of plastic and can be placed on top of the toilet seat or between the seat and toilet rim. Raise the toilet seat by loosening the bolts and placing a “shim” underneath the regular seat, or purchase a raised toilet seat. Raised toilet seats may also be purchased with arm rests to further assist users in getting on and off the toilet (ex. a versa frame, as pictured above).



Because accidents are often unavoidable, it is a good idea to keep a pair of clean clothes in all bathrooms. Stroke survivors may also feel more comfortable if they wear disposable under-garments.

It is important to remember if purchasing disposable briefs to insure proper fit for the stroke survivor. This will avoid the garment from slipping while walking, while decreasing the chances of impaired mobility or falls.

### GROOMING

#### USING THE BATHROOM SINK

Faucets are often easier to use when the handles are lever handles, which allow a person to turn water on and off with a fist or arm movement.



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Someone who uses only one hand will find it difficult to use items such as nail brushes and soap bottles. Suction pads can be used to hold tools in place on a counter top. Non-slip pads or sheets may also be useful. Your Occupational therapist can advise about these.



Brushing teeth can be made easier by increasing the size of the toothbrush handle and using a flip-top for dispensing toothpaste. A toothpaste squeezer may also be helpful for people with limited grasping ability.



When shaving, an electric razor may be easier to handle and safer than a regular razor.

If your loved one finds it hard to safely get in and out of the bathtub, consider using a tub bench and a hand-held, flexible shower hose. Because there are so many different options available, it is important to speak to your loved one's occupational therapist to find out which one will be best suited to your loved one's needs.

A stroke survivor who uses only one arm/hand may want to try using soap-on-a-rope in the shower. A bath mitt and long-handled brush can also make bathing easier.

## DRESSING

The National Stroke Association suggests to "avoid tight-fitting sleeves, armholes, pant legs and waistlines; as well as clothes which must be put on over the head." Clothes should have fasteners in front. To make fastening clothes easier, Velcro fasteners or elastic can replace buttons, zippers and shoe laces. Assistive aids such as reachers, sock aids, dressing sticks, and shoe horns can also make dressing easier for the stroke survivor. For individuals with less mobility in one arm/hand, remember it is always easier to dress the weaker side first and then proceed to the stronger side.



## SLEEPING

To avoid accidents in the night due to being unable to get to the bathroom soon enough, a stroke survivor may want to keep a commode chair near the bed. A three in one commode chair has three features: a raised seat, grab bars on both sides of the chair, and a removable bucket. During the day or when it is not needed, the commode chair can be kept in a nearby closet.



Stroke survivors must also understand that accidents are often unavoidable. To make accidents easier to clean up, pads can be placed underneath sheets on the bed which are washable and reusable, with a cloth and waterproof side to prevent staining on furniture. These pads are often washable and reusable.



You may also find it helpful adjust the bed height to make getting in and out easier. Removing the box spring is an easy way to reduce the height. Ask your occupational therapist about furniture raisers if you need to increase bed height. A night-light can also be helpful in the bedroom at night.

Grab bars or side rails can also be added to beds to assist in making bed mobility easier.

## STORING AND ACCESSING FOOD

A person with impaired vision may be unable to read some of the labels on food and spice containers. Labeling containers with black bold letters in all caps on a white background may help to make identifying foods easier. Plenty of spacing between bottles makes for easy identification and removal from the shelf or rack. Switching some foods or spices to containers with larger-sized lids may help to make the containers easier to open.



Cutting food can be dangerous if the stroke survivor has trouble using their hands. Purchasing pre-sliced foods may be the safest solution to this problem. Weighted handles or built up handles make utensils and cooking tools easier to handle. A spiked cutting board or a non-skid surface holding the cutting board can also decrease accidents.



## **THE KITCHEN**

You may wish to purchase and install faucets that can be turned on and off with a push from a fist, wrist or arm.

Try storing dishes and pot lids on vertical plate holders. Placing kitchen items on low shelves or in places where they are easily reached can help your loved one. Purchasing a revolving shelf (or “Lazy Susan”) can make items easier to reach. Also, long-handled reachers or tongs can help your loved one reach items on high shelves



Install casters or wheels on utility carts so your loved one can use them to carry items to the stove or refrigerator.

To keep plates from sliding, put wet washcloths or paper towels under them to keep them in place.

## **CLEANING**

After a stroke, when the survivor has less energy and endurance, everyday cleaning tasks such as sweeping, mopping, washing counters, walls and other surfaces, garbage disposal, and general tidying may need to be done while seated. Working in small areas and taking frequent breaks can make these tasks more manageable. Products are available to simplify steps in cleaning processes, such as disposable wipes presoaked in cleaning solutions or multipurpose solutions for cleaning multiple objects. Long handled mops, sponges, and dust pads can also prevent having to bend over to complete tasks. Items such as vacuums can also be purchased in lightweight models to avoid using excess energy.

## DOORWAYS

Entryways and hallways should have a 32-inch clearance to accommodate people in wheelchairs. When doors do not open as wide as hinges were designed, application of a lubricant allows the hinges to work as they were designed. This extra space can allow a person using a wheelchair or walker to fit through the doorway. The edges of a swelled door may need to be shaved to allow for extra space, in some cases the door may need to be removed completely.



Stroke survivors who are unable to grasp with their fingers or twist their wrists to open doors can use a downward movement of their fist to open lever door handles more easily than regular doorknobs. The location of the knob may need to be moved as well.



Uneven thresholds should be fixed or changed to prevent tripping and allow easier wheelchair access. A portable ramp is often an affordable solution.

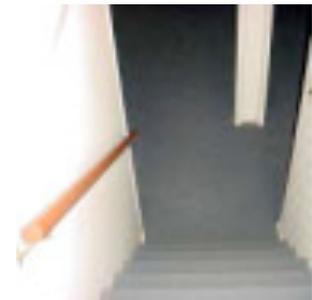


## FLOORING AND STAIRWAYS

In addition to avoiding slippery surfaces whenever possible, wearing non-skid shoes can prevent slipping. Secure carpets or runners in hallways or stairwells for traction.

Handrails provide support while going up and down stairs. They may be attached to reinforced walls or the floor or ground. Outdoor handrails need to withstand weather conditions. A ramp may need to be added as well.

If the house requires going up and down a lot of stairs, consider a chair-lift, elevator, or build a ramp where there are four stairs or fewer.



Bright tape can also be applied to the edges of each step to provide greater visual contrast for distinguishing the steps.

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Rugs should be taped down with non-skid tape or removed. Thick carpet should be replaced when it makes movement in a wheelchair difficult.

Pathways should be clear of clutter and electrical cords. Extension cords can be used to reroute cords along walls, and cords should be secured to the floor or walls when possible. Cords with frayed ends should be discarded and replaced.

### OTHER SUGGESTIONS

Individuals who do not require a wheelchair but find it difficult to move from place to place on their own may need to use a cane, walker, or scooter. A physiotherapist can recommend the most suitable walking aid for your loved one. In addition, they may feel more comfortable if handrails or grab bars are mounted to the walls of the home. An occupational therapist can make recommendations for grab bars.



Phones should be easily accessible for the stroke survivor in every room of the house. A cordless phone or a wearable call button may be necessary and would prevent tripping on a phone cord. Emergency phone numbers should be posted in a highly visible area.



A large button phone is easier to read and use for patients with limited movement or vision problems. High contrast such as dark on light or light on dark also helps people with vision problems to read the numbers and words on phones. A picture phone reduces the need to remember phone numbers or to press several buttons to make a call. The phone can be programmed to fit a person's individual needs. A symbol, drawing, or photograph corresponds to emergency numbers and numbers of family or friends.



## **WHO TO TALK TO FOR MORE INFORMATIONAL HELP**

As your loved one's condition has improved throughout acute care and rehabilitation, he or she is now ready to return home. You are now transitioning into a phase where you become the primary caregiver – responsible for more of your loved one's needs than you were when they were in the hospital. This may include medication management, home exercises, and helping your loved one regain independence. This can be overwhelming for one person to face, so in addition to giving you information we want to help you connect with others who can share the load. Here are some of the things which the different members of your team can help you with:

### ***Talk to your social worker or discharge planner about...***

- ❖ Discharge planning (discuss the date of discharge, the options available to you and your loved one in terms of care or respite services)
- ❖ Financial assistance (home modifications may be costly – discuss financial options with your social worker, and acquire resources to help you)

### ***Talk to your community care worker or case manager about...***

- ❖ Home-safety assessments (find out information about assessing your home to determine what changes need to be made to ensure your home is a safe environment to which your loved one will return)
- ❖ Home care assistance (resources for accessing home care if necessary)

### ***Talk to a rehabilitation professional about...***

- ❖ Ongoing care at home (learn which exercises to continue at home)
- ❖ Home-safety assessments (find out information about assessing your home to determine what changes need to be made to ensure your home is a safe environment to which your loved one will return)

### ***Talk to a doctor, nurse, or rehabilitation professional about...***

- ❖ Hospital transfers – when and where they are occurring (if applicable)
- ❖ Information pertaining to long-term care, home care, or how to alternate care-giving activities with family members
- ❖ How to prevent a stroke
- ❖ How to manage stroke and other medical conditions (such as diabetes, high cholesterol, etc.)

### ***Talk to your peers about...***

- ❖ How to handle upcoming challenges
- ❖ How to find time for yourself to relax

### ***Other caregivers found...***

- ❖ Informational needs during this time were met by health care professionals, rehabilitation professionals, community case workers, social workers, and peers.

## **EMOTIONAL SUPPORT**

### ***Feelings You May Be Experiencing At This Time:***

There are many different emotions that family members and caregivers can experience. Previous caregivers in your position told us they:

- ❖ Felt more relaxed, and optimistic during this phase.
- ❖ Felt comfortable and able to share their feelings and emotions with their friends, family, and peers now.
- ❖ Felt support came from the social worker and rehabilitation team as opposed to the primary care doctors now.
- ❖ Wished for a greater sense of empathy from the health care professionals.
- ❖ Wished to interact more with peers.

If you feel as though the rehabilitation team or doctors are unaware of your needs, do not hesitate to discuss this with them. A social worker can also be a valuable source of support and guidance at this time.

This is a stressful time and you may feel as if any combination of these emotions has overwhelmed you. Please remember these feelings are normal. You are not alone.

## **DEPRESSION AFTER STROKE: THE STROKE SURVIVOR**

Grief, extreme sadness and depression are very common among people who have had a stroke. Depression can affect anyone at any time.

Research shows that:

- ❖ Around half of all stroke survivors will experience depression
- ❖ Family members of stroke survivors often experience depression as well
- ❖ Depression is more common in the first year after stroke, but can happen at any time

### **What is Depression?**

- ❖ Depression is common and affects around 14.4 million people in the United States each year.
- ❖ Depression is not just a low mood or feeling sad, it's an illness that requires attention.
- ❖ Depression is often associated with an imbalance of certain chemicals in the brain.
- ❖ People with depression generally feel sad, down or miserable most of the time. They find it hard to function every day.
- ❖ Depression may be influenced by major life-changing events such as stroke, but can also be influenced by personal factors, such as bad experiences in the past or certain personality traits.

### **How to Tell if a Person is Depressed and Not Just Sad**

A person may be depressed, if for more than two weeks they have:

1. **Felt sad, down or miserable** most of the time, OR
2. **Lost interest or pleasure** in most of their usual activities AND experienced symptoms in at least three of the following four categories:

#### **1) Behaviour**

- Stopped going out
- Not completing tasks
- Withdrawing from close family members and friends
- Relying on alcohol and sedatives
- No longer doing things they once enjoyed
- Unable to concentrate

#### **2) Thoughts**

- 'I'm a failure'
- 'It's all my fault'
- 'Nothing good ever happens to me'
- 'I'm worthless'
- 'Life is not worth living'

### 3) Feelings

- Overwhelmed
- Guilty
- Frustrated, angry or irritable
- No confidence
- Unhappy
- Indecisive
- Disappointed
- Miserable or sad

### 4) Physical

- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Poor appetite/weight loss

While some of the symptoms above may be related directly to the stroke, they are also signs of depression. Typically, depression will go on for weeks or months if left untreated.

### Treatments for Depression

Research to date has not identified the best treatments for depression in people with stroke. Depression may be mild, moderate or severe and there is a range of effective treatments available for adults with depression.

A doctor may recommend physical exercise for preventing and treating mild depression, or psychological treatments and/or drug treatments for moderate or severe depression. Treatment can be recommended by your loved one's doctor or he/she may be referred to a psychiatrist (a doctor who specializes in mood disorders).

Depression is treatable. With proper treatment, your loved one can get back to everyday life and focus on his or her recovery from the stroke.

### Psychological Treatments

Psychological treatments are sometimes called Talking Therapies:

- ❖ **Cognitive Behaviour Therapy (CBT)** helps to correct negative thought patterns. CBT is a structured program which recognizes that the way people think affects the way they feel. CBT teaches people to think rationally about common difficulties.
- ❖ **Interpersonal Therapy (IPT)** is a structured program with a specific focus on improving relationships. People with depression may sometimes be easily upset by other people's comments. They may feel criticized when no criticism was intended. IPT helps people find new ways to get along with others.

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

- ❖ **Grief counselling.** Grief is a normal reaction to loss. Grief counselling involves talking about the situation to help the person come to terms with loss and life changes.

### **Psychological Treatments Can Help To:**

- ❖ Change negative thoughts and feelings
- ❖ Encourage the person to get involved in activities
- ❖ Speed the person's recovery
- ❖ Prevent depression from recurring
- ❖ Identify ways to manage depression and stay well.

### **Medications**

If a person is only mildly or moderately depressed, psychological treatment alone may be effective. However, if depression is severe, medication is often necessary as well.

Medical research indicates that depression is often associated with an imbalance of certain chemicals in the brain. Antidepressants help rebalance these chemicals. Antidepressants take several weeks to have their full effect and should never be stopped unless a doctor is consulted.

### **How to Help Someone with Depression**

People with depression do not usually get better by themselves. They need the help and support of their families and friends. Often it is a family member or caregiver who notices that the stroke survivor may have depression.

### **You can help a stroke survivor by:**

- ❖ Encouraging the person to talk about the things causing distress
- ❖ Suggesting the person talks to a doctor or another health professional
- ❖ Assisting the person to make an appointment
- ❖ Going with the person to see a doctor or other health professional
- ❖ Following up after the appointment
- ❖ Encouraging or helping the person to become involved in social activities

### **It would be unhelpful to:**

- ❖ Put pressure on the person by telling them to 'snap out of it' and 'get their act together'
- ❖ Stay away or avoid the person
- ❖ Tell the person to stay busy or get out more
- ❖ Pressure the person to mask how they're feeling with drugs and/or alcohol.

If you or someone you know needs help, talk to your doctor or another health professional about getting the right help.

## PEER SUPPORT GROUPS: RESOURCES

### **Stroke Recovery Association of Calgary (SRAC)**

SRAC provides after care support for stroke survivors and their families.

[www.geocities.com/sracalgary](http://www.geocities.com/sracalgary)

403-827-7520

### **Stroke Recovery Association of Alberta (SRAA)**

To promote the stroke recovery process for stroke recoverers and their families by providing communication, education, start up assistance and support to stroke recovery groups throughout Alberta

[www.telusplanet.net/public/fln/directory.html](http://www.telusplanet.net/public/fln/directory.html)

403-249-7215

### **Stroke Recovery Canada**

Peer support groups and social programs geared to help stroke survivors survive and thrive after stroke.

[www.strokerecoverycanada.com](http://www.strokerecoverycanada.com) or 416-425-4209

### **Southern Alberta Brain Injury Society (SABIS)**

SABIS provides emotional support, service coordination, referrals to other community programs, advocacy, information and education.

[www.sabis.ab.ca](http://www.sabis.ab.ca)

403-521-5212

### **Family Caregiver Centre - Calgary**

The Family Caregiver Centre provides information, referral, education and support to enhance the abilities and energies of family caregivers across the lifespan.

[www.familycaregivers.ab.ca](http://www.familycaregivers.ab.ca)

(403) 303-6027

## ***WHO TO TALK TO FOR MORE EMOTIONAL HELP***

During this time, you may find that you may require additional emotional support as you prepare to welcome your loved one home. You may begin to wonder how to cope with the upcoming challenges ahead, and you may wish to establish a strong support network for yourself during this time.

For additional emotional support, you may find it helpful to talk to one of the following individuals. For instance:

### ***Talk to your Social Worker or Counselor about...***

- ❖ How to handle the situation (e.g. how to cope with stress, anxiety, fear, sadness)
- ❖ How to ask family and friends for assistance
- ❖ How to locate peer social networks for care-giving support
- ❖ How to ensure your own needs are being met during this time
- ❖ Your feelings overall – how to make sense of them, how to gain support, how to be understood

### ***Talk to your Peers about...***

- ❖ How they felt during this time – talking to those who have gone through a similar situation may help you handle some of the challenges you may face

### ***Talk to your doctor about...***

- ❖ How to ensure your own needs are being met during this time

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **PRACTICAL SUPPORT**

### ***COMMON PRACTICAL SUPPORT NEEDS FOR ASSISTANCE***

During this phase, you may wish to get support from the people around you. Given that you are now preparing to welcome your loved one home, your focus will likely be on preparing your loved one, yourself, and your home for discharge. During this phase, it is important to ensure that your needs are addressed, and it is important to talk to the members of your health care team (which includes your family and friends) so they can assist you.

Some of your needs may include:

- ❖ Setting up a home-safety assessment (ensuring your home is safe and well-prepared for the return of your loved one)
- ❖ New safety equipment to help your loved one
- ❖ Discharge planning – having someone enroll you in home care or long-term care (if required)
- ❖ Assistance with financial matters
- ❖ Transportation assistance

## **HOME SAFETY ASSESSMENTS & WEEKEND PASSES**

In some circumstances, your **occupational therapist** may assess your home prior to the stroke survivor's discharge to provide recommendations for safety and independence (i.e. shower chair and ramps). You can ask the occupational therapist about this service if it is not offered to you.

Often times, the stroke survivor will also be able to go home for one or more weekends during acute care and/or inpatient rehabilitation. This is often referred to as a weekend pass. On a weekend pass you will be able to take the stroke survivor home with you for one or both days to begin "learning the ropes", and adjusting back into life at home. No health care professional will supervise you or assist you through this weekend. Please talk to your healthcare team members for more information about day and weekend passes. Generally, weekend passes are not allowed during the first weekend of your admission to the rehabilitation unit, but may be available for the remaining weekends your loved one is in inpatient rehabilitation.

## ***WHO TO TALK TO FOR MORE PRACTICAL SUPPORT HELP***

During this phase, caregivers appreciate when social workers, rehabilitation professionals, health care professionals, peers, and family assist them with practical things that need to be done (e.g., forms, arranging services, things around the home).

Here are some things you may wish to ask for:

### ***Talk to a rehabilitation professional or community care professional about...***

- ❖ Follow-up (appointments to be made to monitor how you and your loved one are doing)
- ❖ Weekend or weekday passes (what they are, how to make arrangements)
- ❖ Home-safety assessments (setting them up; assistance with what to do next)
- ❖ New equipment (what they are, where to get them)

### ***Talk to your family about...***

- ❖ Providing assistance with household chores
- ❖ Visiting you and your loved one at home
- ❖ Spending the night with you if required
- ❖ Assisting with meals for you and your family

### ***Talk to your social worker about...***

- ❖ Discharge planning
- ❖ Enrolling your loved one in the appropriate long-term care or supportive living facility (if required)
- ❖ Financial assistance (Long-term disability; Canada Pension disability, etc.)
- ❖ Transportation assistance
- ❖ Home Care options

### ***Talk to a doctor or nurse about...***

- ❖ Home care assistance
- ❖ Allowing your loved one to stay in the desired facility for an extended period if required
- ❖ Follow-up (appointments to be made regarding how you and your loved one are doing)

### ***Talk to peers about...***

- ❖ How to handle upcoming challenges (gain perspectives on some of their experiences, and receive any tips or support they may have to offer you)

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.
- ❖ Consult **Section 7: Notes and Additional Resources** for resources in your community pertaining to a wide range of supports.

## **TRAINING SUPPORTS**

### ***COMMON TRAINING NEEDS***

During this phase, you may wish to learn to help your loved one with various tasks pertaining to symptom management, rehabilitation, and personal hygiene.

Some needs you may wish to address include:

- ❖ How to help your loved one with memory problems
- ❖ How to help with your loved one's mobility
- ❖ How to complete successful transfers
- ❖ How to help your loved one maintain an adequate level of personal hygiene
- ❖ How to assist in the rehabilitation process once you return home
- ❖ How to take care of your loved one
- ❖ How to assist with dietary or lifestyle changes

The following section outlines who to contact for these needs.

## WHAT YOU CAN DO ABOUT YOUR LOVED ONE'S MEMORY

Check with your loved one's doctor or psychologist. In some cases, the memory problems can be treated medically. Remember that the brain works better if the whole body is as healthy as possible. This means your loved one should be as physically active as possible, eat a healthy diet and drink plenty of non-alcoholic fluids. Make sure your loved one gets enough rest, as simply being tired can cause poor memory.

- ❖ **Be organized.** Have a place for things that are easily misplaced (e.g. a key rack near the door or an eyeglass holder beside their chair). As soon as your loved one is finished using an item, he or she can immediately return it to its place. A routine of doing things in the same way, at the same time can also help your loved one remember.
- ❖ **Use short simple instructions** when asking the stroke survivor to do something to maintain attention and avoid feeling overwhelmed.
- ❖ **Use calendars or day planners** to make notes of things your loved one needs to remember. He or she is more likely to remember things if they are written down.
- ❖ **Write down grocery lists or errands that need to be done.** After your loved one picks up an item or finishes a job, he or she can cross it off. Place a list of the most important things to remember (such as emergency phone numbers, when medications should be taken, etc.) in several places, such as the fridge, the car, the bedroom, beside the phones, and the bathroom.
- ❖ **Use a small tape recorder** to have your loved one record directions to the place where he or she is going. The tape recorder can also be used to record the steps to complete a task or project. Have your loved one replay the tape as he or she goes, stopping it after each step of the project or segment of the journey.
- ❖ **An alarm clock, a watch or a stove timer** can help your loved one remember things such as taking medications or returning phone calls.
- ❖ **Double-check important directions or instructions.** Say them out loud to help your loved one remember. Keep repeating them at regular intervals.
- ❖ **Find triggers that jog your loved one's memory.** For example, a picture of a toothbrush in the bathroom may remind him or her to brush his or her teeth.
- ❖ **The more your loved one listens and pays attention to what's being said, the more likely he or she is to remember.** The key is to have your loved one relax and to reduce background noise and distractions. Have your loved one turn off the television or radio when talking to someone so he or she can concentrate on what is being said. When learning something new, he or she can go to a quiet place where there are no distractions. Your loved one should pace him- or herself and try to learn only what he or she can manage at one time.
- ❖ **Even if your loved one forgets people's names, if he or she recognizes their faces, he or she can still greet them.** If your loved one is expecting to see people he or she hasn't seen for a while, look at some photographs of them together. The photos will help your loved one to remember what they look like.
- ❖ **Watching the news on television or reading a newspaper** will help your loved one to remain aware of his or her surroundings and what is happening. It can also help him or her to practice attention skills.
- ❖ **Every day, your loved one should try to do exercises to sharpen his or her senses.** For example, he or she can try to memorize the phone numbers of the people

#### Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

who have phoned during the day. He or she can also try to recall a picture, a taste or a sound soon after your loved one experiences it; then he or she can try again after a few hours or even a few days. At a restaurant, your loved one can try to remember the items on the menu or the tastes of the foods he or she tries.

## **MOBILITY AND EXERCISES AFTER A STROKE**

A common problem after a stroke is paralysis or weakness on one side of the body, such as in an arm and/or leg. It is important to understand that the stroke affects the brain and that the problem is not primarily in the muscle themselves. Although most improvement usually occurs in the first three months after a stroke, further recovery may continue for several years.

### **Role of the Physiotherapist After Stroke**

Physiotherapists are specially trained to identify movement problems that may be caused by a stroke and can help to improve your loved one's activities such as walking, keeping balanced and using his or her arm.

### **Common Problems**

The problems which physiotherapists can help the stroke survivor with include:

- ❖ Weakness (paralysis) in leg and/or arm muscles.
- ❖ Loss of sensation or feeling. Sometimes there can be a loss of feeling in the skin or the joints themselves.
- ❖ Poor coordination or balance often as a result of weakness or loss of feeling.
- ❖ Muscle or joint stiffness. Muscles and joints easily become stiff if not used normally. Spasticity (muscles are continuously contracted or flexed) may also be present limiting movement.
- ❖ Shoulder pain or subluxation (bones move out of normal position) caused by weak shoulder muscles allowing the shoulder bones to move out of joint.
- ❖ Lack of energy (fatigue). If your loved one has difficulty moving, he or she normally uses more effort and energy to move, which can lead to increased fatigue. However, fatigue can also be common when recovering from a stroke.

### **Therapy for Movement Problems**

Your loved one's therapist will be able to work with you and your loved one to decide the best exercises and other therapy for your loved one. Therapy may involve:

- ❖ Practicing tasks/activities that your loved one has difficulty doing. This may include rolling over in bed, sitting up, standing up, walking and using his or her hand and arm.
- ❖ Often your loved one will need to practice parts of the movement first. Eventually he or she will practice the whole movement, all with the guidance of his or her therapist.
- ❖ Exercises to improve your loved one's strength, sensation (ability to sense or feel things), coordination, balance and/or fitness. Often this can be done as he or she practices normal activities such as standing up or walking.
- ❖ Exercises that use electrical stimulation and other equipment (eg. treadmills) may also be used as part of your loved one's therapy to help improve his or her ability to move.

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

- ❖ Having your loved one join a fitness centre or club in the community to keep him or herself fit. Often after a stroke, fitness levels drop, so it is important that your loved one keep as active as possible in the long-term. Talk to your loved one's therapist about whether this is right for them.
- ❖ Stretching or supporting your loved one's muscles to reduce their stiffness or pain. Often when muscles are not being used normally they get stiff and can also become painful. It is important to keep the muscles flexible.
- ❖ Teaching your loved one how to safely walk which may include the help of certain aids like a walker or cane. Never use a cane or walker without getting advice from your loved one's physiotherapist first. Some people are better avoiding the use of these supports early after a stroke as it changes the way muscles learn to move again and limits recovery. Your loved one's therapist will help determine if he or she needs them.
- ❖ Limiting the use of your loved one's good arm to encourage use of the affected arm. Research has found that by forcing your loved one to use his or her affected arm, he or she can improve the extent of recovery. It is important to seek the advice of your loved one's therapist first.

### **What Can I Do?**

Research has found that the more your loved one does, the better he or she gets. The physiotherapist can give you advice on what is best for your loved one to do by him or herself or with your assistance. Your loved one should then practice throughout the day what he or she has learned. You may also need to check with a doctor in case there are other medical conditions (e.g. heart condition), which may limit the amount of activity which is safe to do.

Ongoing exercise will help maintain the movement your loved one regains after a stroke to keep him or her as healthy as possible. You may consider having them join a local gym or finding an exercise group (e.g. walking group) if he or she would like to participate. Remember exercising helps with your loved one's movement as well as reducing his or her risk of further strokes such as reducing blood pressure. Exercising is also known to help your loved one feel more positive and improve his or her energy levels.

## **COMPLETING SUCCESSFUL TRANSFERS**

Safe lifting and transferring is dependent on good technique, proper equipment and selecting the method that best suits the stroke survivor. An appropriate lift or transfer should be safe for the patient, allow the patient to assist as able, and provide the least work for the caregiver by making use of good body mechanics and/or equipment. Caregivers should obtain training for transfers from a health care professional like a physiotherapist, an occupational therapist, or a nurse.

By placing less physical demand on the caregiver, there is less risk of back or shoulder injury.

When performing any lift or transfer, it is important to pay attention to posture to eliminate twisting, reaching or stooping. Patient handling and assistive devices are designed to make the job easier. With proper body mechanics and when used correctly, the devices outlined below can greatly reduce the risk of injury to the caregiver.

### **Transfer Belt**

The belt allows you to control the movement of your loved one during the transfer. It can be used for one-person pivot/knee block transfers, two-person side-by-side transfers, and patients who need walking support. The belt is worn at the waist by the patient, and provides a handhold and secure grip.

The stroke survivor should be flexible enough to be able to stand; able to cooperate and follow directions; capable of gripping a handle with at least one hand and sitting unassisted on the edge of a bed or chair; and able to partially bear weight on one or both legs.

### **Sliding Device**

If a stroke survivor is unable stand up to transfer from bed to wheel chair, a sliding device such as a slide board can be used. The board is rigid and strong enough to fill gaps between two surfaces. Some models have moving sliding sections. The board allows the patient to assist with the transfer.

### **Roller Sheets**

Durable, tubular sliding sheets are designed with materials that alleviate resistance during movements. They are used to move a patient who is laying or seated up or down in the bed, turn a patient, and reposition or pivot a patient in bed.

If the patient does not fit properly on the sheet, or is too large for the width of a large sheet, he or she is probably too large to move without a mechanical device.

## **Mechanical Lift**

A mechanical lift can be used for transferring from bed to chair, bed to stretcher, bed to commode and floor to bed. These lifts are used to move stroke survivors who are unable to help themselves during a transfer, if a stroke survivor is unable to bear weight, or is particularly heavy. Two types of mechanical lifts are detailed below.

**Ceiling Lift** - Does not require floor space and can be used by one caregiver. The ceiling lift is battery powered, and can be used for all types of lifts/transfers: fallen patients, bathing, toileting, bed to chair, etc. They are used for totally dependent patients, and those who require special medical considerations due skin integrity and broken bones, for example. There are special slings for toileting, bathing and orthopedic needs.

**Hoyer Lift** - To use this type of lift, the bed must be 4-6 inches off the ground, so the base of the lift can fit under it. A sling that provides adequate head and neck support is used with this type of lift. Hoyer lifts are not to be used for bathing as they cannot be positioned close enough to the tub.

## **Standing/Bent Pivot**

Standing/bent pivot transfer devices are used for those who have trouble standing and/or transferring on their own.

With this device, the user is bent over a chest pad and kneepad, via a strap underneath the legs, which is connected to a rotation lever. They are available in manual and powered versions. Stroke survivors must be able to bear weight through one or both legs, and have some upper body strength and control.

## **Sit-to-Stand Device**

Used to transfer patients between two seated postures, the sit-to-stand device is designed to support only the upper body.

These devices have a wide adjustable base, sling materials that are extremely strong, and most have an electrical motorized lifting mechanism. The newer devices can transfer patients up to 300 lbs. The stroke survivor should be able to bear weight through one leg and hold the frame with at least one hand.

## **WHO TO TALK TO FOR MORE TRAINING HELP**

### ***Talk to a nurse about...***

- ❖ How to help your loved one with his or her personal needs (how to assist with hygiene, toileting, changing a catheter)
- ❖ How to perform successful transfers with your loved one (i.e. getting them out of bed and onto a chair, or vice versa)

### ***Talk to a rehabilitation therapist about...***

- ❖ How to perform successful transfers with your loved one (i.e. getting them out of bed and onto a chair, or vice versa)
- ❖ How to help your loved one with his or her personal needs (how to assist with hygiene, toileting, changing a catheter)
- ❖ Talk to the Occupational therapist specifically about your loved one's cognitive and perceptual deficits, and strategies for management.
- ❖ Speak with a physiotherapist about assisting your loved one's mobility and exercises.
- ❖ Talk to the speech language pathologist about strategies for communicating with your loved one if aphasia is a concern.

### ***Talk to a doctor or dietician about...***

- ❖ How to assist with recommended dietary or lifestyle changes as outlined by this individual (how to make sure your loved one's dietary needs and medication schedules are met and adhered to)

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources**, and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

**Support Needs Management Form**

1. What supports do you need right now?

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- 

2. What resources can you draw upon to get this support?

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- 

3. What resources will I try first?

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4. How did this work out?

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- 
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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

## Chapter #4- Preparing to go Home from the Hospital or Rehabilitation

## **CHAPTER #5 THE FIRST FEW MONTHS AT HOME**

Now that your loved one has returned home, you may notice that responsibility has been shifted out of the hospital or rehabilitation environment, and away from health care professionals, towards you, the primary caregiver. You are now learning to adapt to your new lifestyle at home with your loved one. You are “learning the ropes” while you practice the skills you learned while preparing for your loved one’s return. You may find that you wish to have more time for yourself, and respite services as well as home care may be options you may wish to consider. You also may find that you are faced with some unexpected challenges. As such, you will now receive the information and resources on how to get the supports you need, now that you and your loved one are back home.

### **This Chapter at a Glance:**

#### Informational Support

- ❖ Home Care
- ❖ Emergency Contacts
- ❖ Who to talk to for Help

#### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

#### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Respite Care
- ❖ Who to Talk to for Help

#### Training Support

- ❖ Common Training Needs at this Time
- ❖ Rehabilitation Exercises
- ❖ Pain & Symptom Management
- ❖ Who to Talk to for Help

## HOME CARE

Home care is a group of services that allows people with health problems to live as well and as independently as possible, in their own homes and communities.

The care provided at home can come from a number of sources — family members, friends, neighbours, community volunteers, health professionals, paid care workers, government-run and volunteer-run community health, social services agencies and private care agencies.

Most home care services are publicly funded but a growing proportion is paid for by private insurance plans, charitable organizations and by individuals out of their own pockets. Patients and families also bear the indirect costs of lost employment opportunities, lost wages, unpaid family labour as well as the psychological, social, physical and economic burdens.

### TYPES OF HOME CARE SERVICES

#### Professional Nursing and Therapeutic Services

Clinical care provided by registered health care professionals

- ❖ Nursing
- ❖ Physiotherapy
- ❖ Occupational therapy
- ❖ Speech therapy
- ❖ Social work
- ❖ Personal support workers
- ❖ Nutrition counseling

#### Medical Services

- ❖ Intravenous antibiotic therapy
- ❖ Dialysis
- ❖ Life support systems
- ❖ Ventilator assistance
- ❖ Tube feeding
- ❖ Monitoring of chronic illness
- ❖ Personal care, intravenous therapy
- ❖ Rehabilitation services
- ❖ Wound care
- ❖ Help with your medication
- ❖ Oxygen therapy

#### Personal Care Services

One-on-one care provided by family members, home care workers, community volunteers

- ❖ Assistance with activities of daily living

## Chapter#5- The First Few Month at Home

- ❖ Assistance with personal hygiene (e.g., bathing)

### **Support Services**

A wide range of homemaking and personal support services provided by family members, friends, neighbours, government agencies, community agencies and organizations, private agencies and individuals.

- ❖ Homemaking
- ❖ Companionship services
- ❖ Volunteer visiting
- ❖ Transportation
- ❖ Meal programs delivered to the home
- ❖ Community dining
- ❖ Home maintenance
- ❖ Respite care
- ❖ In-home respite — including overnight care
- ❖ Adult day programs — care away from home during working hours
- ❖ Institutional respite — the ill person stays for a weekend, a week or longer
- ❖ Palliative care: home care for someone with a progressive, life-threatening illness

## EMERGENCY CONTACTS

If you or the stroke survivor experience an emergency situation please **call 911 immediately**. Even if you are unsure if the situation warrants a 911 call, please call just to be sure. A representative from the emergency hotline can guide you through the situation and assist you until medical personnel arrive.

Once you have called 911, or if the situation is not a medical emergency you may want to call a friend, family member, or neighbor for support.

**Calgary Health Link** is another great source for medical help. This is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse. The numbers for Health Link are: toll-free 1-866-408-5465 or within Calgary at 403-943-5465.

For advice on emotional, psychological, or medical non-emergencies, feel free to contact your local family doctor. You may have written this number down in the My Appointments Calendar, the My Notes section, or the My Rehabilitation Team: Contact Information section of this binder.

Also, feel free to contact your local **Homecare** for help or advice. Home care personnel can help you access government-funded home care services and long-term care homes. They also help people to navigate the array of community support and health agencies in local communities. The number for new referrals is 403-943-1920; current home care clients: 403-943-1600. [www.calgaryhealthregion.ca/commhomecare/](http://www.calgaryhealthregion.ca/commhomecare/).

## **WHO TO TALK TO FOR MORE INFORMATIONAL HELP**

As you have now taken on the role of being the primary caregiver, you may face unanticipated challenges in the home environment. You are now responsible for a majority of the treatment plan, and as such, you need to be well-equipped with the resources and supports to assist you throughout this phase.

For additional informational resources, you may find it helpful to talk to one of the following individuals for various concerns. For instance:

### ***Talk to your rehabilitation professionals about...***

- ❖ Care processes at home (what to do next, how to handle upcoming challenges, how to adapt according to your loved one's new lifestyle)
- ❖ Resources pertaining to home care, respite services, or long-term care options if required
- ❖ Your loved one's level of independence (what he or she can do unsupervised versus what should be supervised or requires assistance)
- ❖ Aphasia information (how to cope with communication challenges; tips and recommendations to assist you in communicating with your loved one)

### ***Talk to your peers about...***

- ❖ Care processes at home (what to do next, how to handle upcoming challenges, how to adapt according to your loved one's new lifestyle)

### ***Talk to a case manager or social worker about...***

- ❖ Resources pertaining to stroke or aphasia support, peer support groups, other networks or resources you may need

### ***Other caregivers found...***

- ❖ Informational needs during this time were met by health care professionals, rehabilitation professionals, community case workers, peers, and community resources.

## EMOTIONAL SUPPORT

### ***Feelings You May Be Experiencing At This Time:***

There are many different emotions that family members and caregivers can experience. Previous caregivers in your position told us they:

- ❖ Felt compassion from others around them
- ❖ Felt others understood their situation better now
- ❖ Wondered if they were doing everything right
- ❖ Felt a connection with peers in their position
- ❖ Felt peers were a good source of support, and that peers could reassure the feeling that care-giving was often done by “trail and error”
- ❖ Felt a need for health care professionals to be more interested in how they were doing

Please know that these feelings are normal. This is a stressful time and you may feel as if any combination of these emotions has overwhelmed you. Remember you are not alone.

If you feel as though the rehabilitation team or doctors are unaware of your needs, do not hesitate to discuss this with them. A social worker can also be a valuable source of support and guidance at this time.

## **WHO TO TALK TO FOR MORE EMOTIONAL HELP**

During this time, you may feel quite alone and that you require additional emotional support as you adjust to having your family member back into the home environment. You may be wondering how to cope with the day-to-day challenges you face.

For additional emotional support, you may find it helpful to talk to one of the following individuals. For instance:

### ***Talk to your Social Worker/Case Manager about...***

- ❖ How to handle the situation (e.g. how to cope with stress, anxiety, fear, sadness, uncertainty)
- ❖ How to ask family and friends for assistance
- ❖ How to connect with peers for care-giving support
- ❖ How to ensure your own needs are being met during this time
- ❖ Your feelings overall – how to make sense of them, how to gain support, how to be understood

### ***Talk to your Peers about...***

- ❖ Visiting you or your loved one
- ❖ Connecting and sharing your experiences through a support group
- ❖ Sharing your experiences and learn how other caregivers handle the day-to-day challenges
- ❖ Needing reassurance that life does get better over time
- ❖ Gaining a sense of encouragement – that everything will be alright

### ***Talk to your health care professional about...***

- ❖ Ensuring your own needs are being met during this time
- ❖ Your feelings overall – how to make sense of them, how to gain support, how to be understood

### ***If You Require Additional assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **PRACTICAL SUPPORT**

### ***COMMON PRACTICAL NEEDS FOR ASSISTANCE***

During this phase, you may wish to be provided with some assistance from the people around you. Given that you have now had some experience being a primary caregiver, your focus is on how to cope with upcoming challenges, and how to ensure that you are living a life that is beneficial for your loved one as well as yourself. You may find that you need to ask other people for support for various matters.

Some of your needs may include:

- ❖ Needing home care
- ❖ Needing time to run errands outside of the home
- ❖ Needing time for yourself
- ❖ Requiring someone to assist you to get things done at home or outside of the home
- ❖ Having someone alternate care-giving activities with you occasionally
- ❖ Being linked with community resources
- ❖ Being provided with the opportunity for follow-up
- ❖ Being linked with resources pertaining to home care, respite services, long-term care

## RESPITE CARE

### Caregiver Respite

There are various services offered to help you, the caregiver, to have a break or do some things for yourself. These services are called respite care services, and there are three ways that they can be provided: In-home respite, Adult day programs, and short-stay respite.

### In-Home Respite

This service brings someone to your own home to provide help with care (e.g. personal care) and to allow a regular family caregiver to take a break.

If you are eligible for services coordinated by Home Care, in-home respite is paid for by the Alberta Health & Wellness. These services may also be available from various providers (e.g. We Care Home Health services, Calgary North (403)-297-9744, Calgary South local (403) 225-1222 or toll free 877-225-1227; Intercare Corporate Group (403) 252-1194; In Home Support Services (403) 240-7327) and you will be required to pay a fee for these services.

### Adult Day Programs

These programs provide social and other therapeutic activities at a location outside your home and are geared towards adults over the age of 65 who are living in the community. Programs usually include planned recreation and physical activities, meals, transportation to the program and some personal care. There can be a consumer fee for this service to cover the meals and supply costs (approximately \$15 per day). Subsidies may be available. Anyone can make a referral by calling Home Care at 403-943-1630. Transportation may be arranged through Access Calgary (403-537-7770).

### Short-Stay Respite

The temporary care provided in a long-term care home under "caregiver respite" is considered a "short stay" and is subject to an accommodation rate which is different from the regular (i.e. long-stay) home accommodation rate. There is a consumer fee for this service.

If you need a slightly longer break from your Care-giving duties (e.g., to take a vacation or visit family), arrangements can be made for your loved one to stay in a long-term care facility temporarily.

The above services can all be arranged by Home Care. If you are a home care client, request assessment from your Home Care Coordinator or by calling 403-943-1600. If you are not a Home Care client or for more information you will need to contact Home Care at 403-943-1920 ([www.calgaryhealthregion.ca/commhomecare/](http://www.calgaryhealthregion.ca/commhomecare/)).

### Informal Respite Care

Informal respite care can also be provided by family members, friends, or neighbors. Having a friend watch over the stroke survivor while you run errands, or take a much needed break will help you maintain good health, while keeping the stroke survivor safe.

## **WHO TO TALK TO FOR MORE PRACTICAL SUPPORT HELP**

During this phase, previous caregivers appreciated when peers, case workers, family, friends, and rehabilitation professionals assisted them with other matters that are not quite informational or emotional supports.

Here are some things you may wish to ask for:

### ***Talk to a case manager about...***

- ❖ Home care options (home care visits, long-term care options, respite services)
- ❖ New equipment to assist you at home
- ❖ Linking you with community resources (support groups, financial services, other services)

### ***Talk to a rehabilitation professional about...***

- ❖ Home care options (home care visits, long-term care options, respite services)
- ❖ New equipment to assist you at home
- ❖ Follow-up appointments regarding your loved one's improvements over the long term
- ❖ Getting physiotherapy treatments at home if required

### ***Talk to your family or friends about...***

- ❖ Alternating care-giving activities (ensuring you have more time to run your own errands or have time for yourself; taking your loved one to rehabilitation sessions if required)
- ❖ Visiting you and your loved one
- ❖ Providing meal assistance at home if required

### ***Other caregivers found that...***

- ❖ Relaxation sessions gave the caregiver a chance to get away and reduce some tensions
- ❖ Transportation services were needed during this time- please see the Notes and Additional Resources Section for more information.
- ❖ Having time to run errands outside of the home or having time to oneself was regarded as very beneficial.

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **The Notes and Additional Resources section** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

**Consult** The Notes and Additional Resources section **for resources pertaining to a wide range of supports.**

## **TRAINING SUPPORT**

### ***COMMON TRAINING NEEDS***

During this phase, you may wish to learn new strategies to help your loved one with various tasks pertaining to rehabilitation, and personal hygiene. Moreover, you may wish to receive feedback that the strategies you are using are being done properly, and are benefiting your loved one.

Some needs you may wish to address include:

- ❖ How to help your family member to exercise at home
- ❖ How to help your family member manage their pain
- ❖ How to help your loved one be more independent
- ❖ How to continue physiotherapy at home
- ❖ How to assist your loved one who has aphasia with communication strategies

The following page outlines who to contact for these needs.

## **EXERCISES TO CONTINUE AT HOME**

The ability to move around is basic to the level of independence your loved one can achieve and maintain after a stroke. Walking, bending and stretching are forms of exercise that can help strengthen your loved one's body and keep it flexible.

Exercising is an important way to help your loved one regain previous functioning. Exercising body parts affected by the stroke may be difficult however, therefore it is strongly encouraged that you speak to your physiotherapist, occupational therapist, recreational therapist, or health care professional before beginning any exercise routine.

### **TYPES OF EXERCISE**

Mild exercise, which should be undertaken every day, can take the form of a short walk or a simple activity like sweeping the floor. Stretching exercises, such as extending the arms or bending the torso, should be done regularly. Moving weakened or paralyzed parts can be done while seated or lying down. Swimming is another beneficial exercise if the pool is accessible and a helper is available.

A physical or occupational therapist can help with such problems as muscle tightness, low endurance or the inability to sit up from a lying position. The exercise program should be written down, with illustrations and guidelines for a helper as necessary.

### **FATIGUE**

Fatigue while exercising is to be expected. Like everyone else, your loved one will have "good" and "bad" days. Your loved one can modify these programs to accommodate for fatigue or other conditions. Avoid overexertion and pain. However, it may be necessary that your loved one tolerate some discomfort to make progress.

### **WALKING AIDS**

A physiotherapist should make recommendations for the appropriate device and the progression to less supportive equipment.

- ❖ Training in safety procedures and proper technique for use is essential.
- ❖ The walker, which provides the most support, requires the use of two hands. It can be fitted with wheels if it is too difficult to lift between steps.
- ❖ The hemi-walker, less supportive than the walker, is used with one hand on the unaffected side of the body. It has a strong base of support and is quite stable, but requires a large, open walking space for maneuvering around objects.
- ❖ The quad cane, a four-footed device, provides a broad base of support, although less than either the walker or the hemi-walker. It is recommended for individuals with good balance and weight-shifting ability who require additional stability.
- ❖ The standard cane provides minimal support for the person who needs only occasional assistance with balance, or while walking on uneven terrain, or when fatigued.

## **PAIN AND SYMPTOM MANAGEMENT**

After a stroke, your loved one may have trouble with movement because of paralysis or muscle weakness. If they are not used, muscles and limbs may stiffen and tighten. This can cause painful joint stiffness.

Another problem your loved one may experience is spasticity or muscle stiffness in his or her affected limb. A spastic limb is difficult to move and it may hurt when being moved. These difficulties may interfere with everyday activities or with your loved one's physical therapy.

If one arm is weak and hanging down, it can pull on the other shoulder muscles. This can contribute to a painful shoulder (sometimes commonly referred to as a "frozen shoulder"). The paralyzed arm should be supported when your loved one is standing or sitting up to keep the blood circulating.

### **How can you lessen the pain?**

Usually, muscles are not completely paralyzed by a stroke. It is important to work with your loved one's therapist to regain as much movement and control as possible. Pain can be caused by the stress on the muscles and joints because of muscle weakness and stiffness. Keeping your body and joints properly positioned and supported can go a long way to preventing pain.

Your loved one should never be lifted by his or her affected arm or shoulder. This could cause serious damage to his or her arm or shoulder. Your physiotherapist can help your loved one to regain mobility and manage any pain he or she might have. This may involve special exercises or functional activities to retrain the weak muscle, or to help control posture and movement. You, your family, or friends may be able to assist your loved one with these. Your physiotherapist can give you some ideas.

### **What to do if the pain gets worse?**

Tell the doctor or therapist about your loved one's pain, especially if it comes on suddenly. Follow his or her advice about looking after the affected part of your loved one's body. Do not let his or her joints get too tight or stiff. Appropriate activity can help to reduce the pain, even if he or she does not regain all of his or her normal movements.

### **Care of your loved one's affected hand**

A stroke can cause lack of sensation or movement in the hand. Because the hand is not being used, fluids may pool in it. This causes swelling and may result in pain and skin problems. To reduce hand problems:

- ❖ When sitting, make sure your loved one's affected arm is supported on a lap tray or arm trough. The hand should be positioned in front, with the fingers opened and the wrist supported.
- ❖ Use foam wedges or arm supports placed on the tray to elevate the hand and reduce swelling.
- ❖ Try having your loved one use his or her other hand to gently bend and open the fingers of his or her affected hand, and to place the hand on the supporting surface.
- ❖ If the hand is extremely contracted, tight or spastic, do not force it open.
- ❖ Gently stroke the back of the hand and wrist. This should help the fingers start to open.
- ❖ Do not squeeze soft balls. Squeezing a ball encourages the hand to close and the fingers to tighten.
- ❖ To ensure optimal positioning of the hand and arm, talk to your loved one's occupational therapist about splinting or other positioning devices.

### **Care of your loved one's feet**

Changes in the way a person walks are common after a stroke. These changes can eventually lead to problems with the feet. However, most of these problems can be avoided by taking a few very simple steps:

- ❖ Have you or your loved one check your loved one's feet every day for cracks, blisters, sores, swelling or any changes in skin colour. This is especially important if your loved one has diabetes, or circulation problems or reduced sensation in the feet. Any sign of infection such as redness, swelling, or discharge should be seen by your loved one's family doctor or chiropodist (foot specialist) immediately.
- ❖ Your loved one should always wear socks. Socks made of natural fibres (e.g. cotton or wool) will help to absorb sweat and keep the feet cool and dry.
- ❖ Poorly fitting shoes can cause foot problems. When buying shoes make sure the shoes are wide and deep enough, but fit snugly at the heel. Shop for shoes at the end of the day, when your loved one's feet are naturally swollen and have both feet measured.
- ❖ Ideal shoes for a stroke survivor have low heels, shock absorbing soles, laces or Velcro®, deep, rounded toe boxes, and leather or canvas uppers.

Many stroke survivors require special footwear to give support and to accommodate braces or orthotics (devices that provide additional support and straightening of the foot within the shoe). Footwear advice, modifications and orthotics can be prescribed by a chiropodist or in consultation with the physiotherapist.

## Skin care

The skin is the body's largest organ. It provides a defense against infection. It is important to keep your loved one's skin healthy. A number of factors can increase a stroke survivor's risk of skin damage such as: loss of sensation or the ability to move, dry skin, poor nutrition, dehydration, or friction on the skin because of improper positioning. Moisture from perspiration or incontinence can also irritate the skin.

What can be done to prevent skin damage:

- ❖ Check the stroke survivor's skin each day.
- ❖ Pay particular attention to bony areas such as heels, hip bones and elbows.
- ❖ Look for redness and signs of abrasion, scraping or bruising.
- ❖ Regularly wash with mild cleansing agents. Clean soiled skin promptly.
- ❖ Do not scrub the skin. Be sure to rinse off all soap residue, which can irritate the skin.
- ❖ Treat dry skin with moisturizers.
- ❖ Minimize your loved one's skin exposure to moisture from urine, perspiration or wound drainage. Ask a nurse about ways to protect the skin, such as using incontinence products, wound dressings or barrier creams.
- ❖ Use proper positioning, mobility, transfer and turning techniques to minimize skin injury due to friction. Your loved one's nurse or physical therapist can help you learn proper positioning and mobility techniques.
- ❖ Ensure that your loved one does not sit or lie in one position for long periods of time.
- ❖ If your loved one is confined to his or her bed for long periods of time, a water pillow, thick foam or specialty boot can be used to relieve pressure on the heels.
- ❖ Make sure your loved one is eating a healthy diet and drinking enough fluids. Ask your dietitian for help.
- ❖ If the problem persists, talk with the stroke rehabilitation team about special devices that could help, such as pressure-reduction mattresses, alternating air mattresses, elbow pads or pressure reduction seat cushions for wheelchairs.

## Fatigue

Caring for a loved one with stroke and having to learn new ways to do things can be tiring. If fatigue (feeling tired) is a problem for you and/or your loved one, here are some helpful tips:

- ❖ Ensure you, and your loved one eat a healthy balanced diet that follows *Canada's Food Guide to Healthy Eating*.
- ❖ Drink plenty of fluids.
- ❖ Plan your loved one's day to take advantage of the times when you have the most energy.
- ❖ Every day, make a 'to do' list and decide which jobs are the most important to you and your loved one. On days when you and your loved one feel tired, do only the things you must. On high energy days, you can both work your way a little further down the list.
- ❖ If necessary, take short rest breaks when you become tired.
- ❖ Ensure you and your loved one do something you enjoy every day.

- ❖ Know when to ask for help. Don't think you or your loved one have to do everything yourselves.

## Memory and Problem Solving

Even a mild stroke can affect your loved one's ability to learn and to remember. He or she may have trouble:

- ❖ **Learning and remembering new information.** Your loved one may be able to remember events that happened before the stroke, but have trouble learning and remembering new information. For example, someone with this problem might remember how to play a card game they played in the past, but be unable to learn new games.
- ❖ **Applying information to a new setting (therapists call this "generalizing" the information).** For example, your loved one may learn how to move from a wheelchair to a bed while in the hospital, but is unable to do the same task at home.
- ❖ **Doing something without being reminded or prompted (therapists refer to this as "initiating actions").**
- ❖ **Becoming confused or lost in what should be a familiar place or losing track of the time or date.**

The first thing you or your loved one should do is to talk with his or her doctor. It is important to know what is causing the memory problem. Memory problems can be caused by many things. Some of these can be treated. For example, being depressed or eating an unhealthy diet can affect your loved one's memory. In these cases, depression treatment for your loved one or changing his or her diet can help his or her memory improve.

Problem solving is a complex activity that involves both memory and planning. If a stroke has affected your loved one's memory or his or her ability to make decisions, it may be hard for your loved one to organize his or her thoughts.

Some stroke survivors have limited attention spans. Attention span refers to how many pieces of information he or she can remember, use, or act upon.

## Having difficulty remembering things or solving everyday problems can be upsetting. It can affect many parts of your loved one's life, such as:

- ❖ **Your Loved One's Emotions:** Having trouble remembering or solving problems can make your loved one feel that he or she is losing his or her independence. Your loved one's self-esteem may suffer. He or she may feel anxious or depressed.
- ❖ **Your Loved One's Behaviour:** Stroke can change a person's behaviour. If certain parts of the brain are damaged from a stroke, your loved one may become slow and cautious or he or she may show poor judgment (for example, say or do inappropriate things). He or she may also become more irritable (for example, losing their temper easily).
- ❖ **Your Loved One's Social Life:** Your loved one's social life may suffer if he or she keeps forgetting appointments and social engagements. If people stop visiting or inviting your loved one to events, he or she may begin to feel lonely and isolated.

## Chapter#5- The First Few Month at Home

- ❖ **Your Loved One's Hobbies:** Even activities and hobbies that were once enjoyable may seem overwhelming if your loved one has a memory problem.
- ❖ **Stroke Survivor's Self-Care:** Some people with memory problems have difficulty remembering to dress appropriately or to brush his or her hair or teeth.
- ❖ **Your Loved One's Safety:** Sometimes, if your loved one is forgetful, it can be more than a nuisance — it can be dangerous. Things to watch out for your loved one include:
  - Leaving on heating devices such as irons, electric blankets and heating pads
  - Being accidentally burned by hot water faucets that are not clearly marked as “hot” or water heaters that are set too high
  - Confusing food items with toxic substances such as cleansers and disinfectants
  - Getting your loved one's medications confused (e.g. taking too many pills or taking the wrong pills at the wrong time)
  - Forgetting to chew food thoroughly, which can lead to choking
  - Some stroke survivors experience memory problems and disorientation that cause them to wander away from the home
- ❖ **Your Loved One's Ability to Drive:** Every stroke survivor should get a doctor's permission before he or she goes back to driving a car. In some provinces, a re-test or Driver Rehabilitation course may be required. A stroke can cause physical, perceptual or judgment problems that can make driving dangerous.

## **WHO TO TALK TO FOR MORE TRAINING HELP**

### ***Talk to a rehabilitation professional about...***

- ❖ How to help your loved one's level of independence (how to assist with mobility, how to perform various exercises, how to improve your loved one cognitive functioning, or helping your loved one walk).
- ❖ How to continue therapy at home (either with a professional or by yourself)
- ❖ How to communicate with your loved one with aphasia (you may also wish to visit The Aphasia Institute at [www.aphasia.ca](http://www.aphasia.ca))
- ❖ Receiving feedback pertaining to the exercises you are doing (are they being done properly? Are they benefiting your loved one?) (you may also wish to learn more about the Moving on After Stroke Program offered by Baycrest at [http://www.baycrest.org/Programs\\_and\\_Services/Healthy\\_Living/11956.asp](http://www.baycrest.org/Programs_and_Services/Healthy_Living/11956.asp))
- ❖ How to complete successful transfers (i.e. getting him or her out of bed and onto a chair, or vice versa)

### ***Talk to a speech-language pathologist about...***

- ❖ How to communicate with your loved one with aphasia

### ***Talk to an occupational therapist about...***

- ❖ your loved one's cognitive and perceptual function and strategies for dealing with these challenges

### ***Other Caregivers Found it Helpful to...***

- ❖ Talk to rehabilitation professionals about specific training techniques
- ❖ Talk to peers allowed for the sharing of techniques and exercises
- ❖ Talk to peers and rehabilitation professionals to obtain feedback on your care-giving activities

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **The Notes and Additional Resources section**, and approach the appropriate individual on your health care team to ensure that your concerns are addressed.
- ❖ For other stroke support call Neighborhood CHAT at Duggan Public Health Center, 5035 108 A St., NW, Edmonton, AB T6H 2Z9  
Contact: Hana Reynolds-Askewe, M.S., CCC-SLP, (780) 413-5026,  
Email: [hreynold@cha.ab.ca](mailto:hreynold@cha.ab.ca)

**Support Needs Management Form**

1. What supports do you need right now?

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2. What resources can you draw upon to get this support?

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3. What resources will I try first?

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4. How did this work out?

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

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4. How did this work out?

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5. If it didn't work out, what other resources should I try?

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6. Accept that this support need may not be met right now.

## Chapter#6- Getting on with Life in the Community

## **CHAPTER #6**

### **GETTING ON WITH LIFE IN THE COMMUNITY**

During this phase, most caregivers have adapted to providing care in the home and stroke survivors' have adjusted to living back at home. Hopefully you are also feeling more confident in your care-giving abilities, and are now looking for ways to have you and your loved one participate in social activities, events, employment, and travel. You may find that you are taking things "one day at a time" and are looking for additional supports in the community to assist you.

#### **This Chapter at a Glance:**

##### Informational Support

- ❖ Intimacy
- ❖ Returning to Work
- ❖ Who to Talk to for Help

##### Emotional Support

- ❖ Feelings You May Experience at This Time
- ❖ Who to Talk to for Help

##### Practical Support

- ❖ Common Practical Needs for Assistance
- ❖ Peer Support Groups & Online Resources
- ❖ Who to Talk to for Help

##### Training Support

- ❖ Common Training Needs at this Time
- ❖ Who to Talk to for Help

## INTIMACY

Sexual desire is a natural human drive, and it is understandable that you and your loved one would be interested in fulfilling this together, especially if you were sexually active before the stroke. However, physical changes can interfere with intimate relations with others. Your loved one may not have feelings on one side of his or her body, or he or she may have problems speaking. Some men have difficulty getting an erection or discharging semen. Women may have less feeling in the vagina and more dryness. Medications such as tranquilizers, high blood pressure medicine and sleeping pills may also reduce your loved one's sexual ability and desire.

### **Feeling nervous about resuming intimacy?**

Being anxious about intimacy is normal. Sexuality is closely linked with the way you see yourself. If the stroke has changed your loved one's appearance, they may wonder if you are still attracted to them. As well, either of you may be depressed and not interested in giving or receiving attention. All these things can lead to anxiety and may cause you both to avoid intimate relations. However, delaying intimacy only increases anxiety.

Returning to a satisfying sex life may require some changes. Both you and your partner will need to adjust to the physical changes in your loved one's body. Accepting these changes may take time, effort and honest communication. If you feel uncomfortable discussing your sexual feelings with each other, ask your doctor to refer you to an appropriate professional. Your social worker or mental health professional may also be able to help.

Don't feel that you must have sexual intercourse to show love for your partner. Hugging, kissing, caressing, massaging and touching all show love and affection. Find out different ways to please each other. Affection for each other is important.

- ❖ Stay as attractive as you both can through good grooming and personal hygiene.
- ❖ Plan in advance for intimacy. Choose times when you are both rested and will have no interruptions. Also, set aside plenty of time. That way, if you or your loved one has slowed sexual responses, you can allow yourselves enough time for lovemaking.
- ❖ Don't worry about your partner having another stroke during intercourse. Sexual activity raises your blood pressure, but no more than walking up a short flight of stairs.
- ❖ Try relaxing together before you begin. For example, give a massage, listen to music or soak in a bath.
- ❖ Some couples enjoy sharing intimate books or movies. Talk with your partner to see if this would be helpful.
- ❖ Experiment with new ways of having sexual relations if your loved one has paralysis or loss of sensation. These adjustments are not always easy. But it's important to make your sexual activity as easy and comfortable as possible.
- ❖ Use a water-soluble lubricant such as K-Y Jelly, if you or your partner has vaginal dryness.
- ❖ Don't use petroleum jelly — it doesn't dissolve in water and can cause vaginal infection.

## Chapter#6- Getting on with Life in the Community

- ❖ Try to empty your bladders before sexual activity. Limiting fluids like water, coffee and juices two hours before sexual activity can decrease the amount of urine in the bladder.
- ❖ Some of drugs prescribed to stroke survivors, such as blood pressure lowering medications or antidepressants, can affect the urge or ability to have sex.
- ❖ Avoid using alternative herbal remedies in an attempt to restore sexual function or interest. Many herbs interact with the medications commonly used by stroke survivors.

## RETURNING TO WORK

If you or your loved one were employed when your loved one had the stroke, you may be worried about whether either of you will be able to return to work. This is especially true if your loved one is a younger stroke survivor. As you think through this issue, here are some factors to consider:

- ❖ The kind of job you or your loved one had
- ❖ The effects of the stroke on your loved one
- ❖ Your loved one's general state of health
- ❖ Your age

### Ready to retire?

If you are close to, or over, retirement age, you or your loved one may not want to return to work. You both may feel that you would rather spend more time with your family, pursuing hobbies or interests you enjoy, or volunteer work. In this case, it is quite possible that a retirement pension, employment insurance, or disability pension can help you financially. To help you find out what benefits your loved one is eligible for, talk with:

- ❖ Your loved one's social worker
- ❖ Your loved one's former employer's human resources department
- ❖ If your loved one is a member of a union, his or her union representative
- ❖ Your local Employment Insurance office

### Going back to work

If your loved one wants to go back to work, talk with members of the stroke rehabilitation team. The occupational therapist, psychologist or social worker can help determine if your loved one can go back to his or her old job. Maybe your loved one will have to change the way he or she works. For example, this may include learning to do things with one hand. Some stroke survivors will also choose to find another job that may be more suitable to their new needs.

If your loved one is no longer receiving outpatient rehabilitation, you may re-contact the comm. Accessible rehab- to discuss return to work. Employers have a responsibility to make reasonable accommodations in the workplace or in job descriptions for employees who become disabled. These accommodations can range from very simple things, such as creating a handicapped parking space near the door, or more complex changes, such as allowing your loved one to work a flexible schedule, or providing special equipment so your loved one can do his or her job. If your loved one wants to return to his or her job begin by talking to any of the following members of the stroke rehabilitation team:

- ❖ your loved one's social worker
- ❖ psychologist
- ❖ occupational therapist

## Chapter#6- Getting on with Life in the Community

- ❖ vocational rehabilitation therapist
- ❖ You will also want to talk with your loved one's employer's human resources department and, if applicable, your loved one's union representative.
- ❖ The Web site [www.Enablelink.ca](http://www.Enablelink.ca) also has information on employment law.

### Changing careers

After a stroke, your loved one may consider changing careers. Maybe he or she feels he or she cannot return to his or her previous type of work. Or maybe your loved one feels that he or she has been given a chance to try something new.

Choosing a new career can be exciting. Spend some time exploring new ideas. Be realistic about disabilities or problems created by your loved one's stroke, but focus on the positive. Starting a new career demands that you and your loved one be patient, positive, proactive and persistent. Don't expect overnight success. But don't give up without giving it your best. You can support your loved one in making a change. You might also want to call upon members of the stroke rehabilitation team such as the social worker, occupation therapist, or vocational rehabilitation therapist.

If you or your loved one thinks that retraining would help, contact your local Human Resources Development Canada office. Some offices provide aptitude testing and résumé writing workshops, as well as retraining programs.

Aptitude testing, career counseling and résumé-writing services are also provided through many community colleges and Boards of Education continuing adult education programs. There are also private agencies that can provide similar services.

For information about programs for people with disabilities call Alberta Community Disability Services: call (403) 250-9495 or <http://www.communitydisabilityservicesalberta.com/calgary.html>. Community Disability Service agencies support adults aged 18 and older through a wide range of service options based on individual choice.

Organizations such as the March of Dimes ([www.marchofdimes.ca](http://www.marchofdimes.ca)) also offer programs for people with disabilities. The organization offers job training, as well as financial assistance for needed assistive devices.

## **WHO TO TALK TO FOR MORE INFORMATIONAL HELP**

Now that you have adapted to being the primary caregiver, you probably are accustomed to dealing with many different challenges. You are now well on your way to becoming a very successful caregiver, as you have had months of experience behind you. Even so, there may still be new or unexpected needs which you encounter, and so we want to provide you with some suggestions regarding who you can talk to regarding these concerns:

### ***Talk to your rehabilitation professionals about...***

- ❖ Challenges the stroke survivor may still be facing, and possible solutions to them.
- ❖ Resources pertaining to home care, respite services, or long-term care options if required

### ***Talk to your peers about...***

- ❖ Care processes at home (what to do next, how to handle upcoming challenges, how to adapt according to your loved one's new lifestyle)

### ***Talk to a case manager about...***

- ❖ Resources pertaining to stroke or aphasia support, (**Neighborhood CHAT** at Duggan Public Health Center, 5035 108 A St., NW, Edmonton, AB T6H 2Z9, Canada  
Contact: Hana Reynolds-Askewe, M.S., CCC-SLP, (780) 413-5026,  
Email: [hreynold@cha.ab.ca](mailto:hreynold@cha.ab.ca)) peer support groups, local Stroke Recovery Association, Calgary Caregiver Centre, or other networks or resources you may need.

### ***Other caregivers found...***

- ❖ Informational needs during this time were met less by health care professionals, and more by rehabilitation professionals, community case workers, peers, and community resources.

## **EMOTIONAL SUPPORT**

### ***Feelings You May Be Experiencing At This Time:***

There are many different emotions that family members and caregivers can experience. Previous caregivers in your position told us they:

- ❖ Were doing things for themselves better now, not just for the stroke survivor
- ❖ Benefited from caregiver specific groups, not just stroke survivor groups
- ❖ Needed more attention from health care professionals about their own needs
- ❖ Needed someone to speak to socially, not just about care-giving activities

Please know that these feelings are normal. This can still be a stressful time. Remember you are not alone.

If you feel your needs are not being met do not hesitate to speak to the social worker or your doctor about getting the resources you need.

## **WHO TO TALK TO FOR MORE EMOTIONAL HELP**

During this time, you may be wondering how to cope with the day-to-day challenges you face.

For additional emotional support, you may find it helpful to talk to one of the following individuals. For instance:

### ***Talk to your Social Worker about...***

- ❖ How to cope with added stress, sadness, or feeling overwhelmed
- ❖ How to ask family and friends for assistance
- ❖ How to connect with peers for care-giving support
- ❖ How to ensure your own needs are being met during this time
- ❖ Community programs, reintegration services, or volunteer agencies that can help.
- ❖ Intimacy issues

### ***Talk to your Peers about...***

- ❖ Visiting you or your loved one
- ❖ Connecting and sharing your experiences through a support group
- ❖ Sharing your experiences and learn how other caregivers handle the day-to-day challenges
- ❖ Needing reassurance that life does get better over time
- ❖ Gaining a sense of encouragement – that everything will be alright

### ***Talk to your health care professional about...***

- ❖ Ensuring your own needs are being met during this time
- ❖ Your feelings overall – how to make sense of them, how to gain support, how to be understood

### ***If You Require Additional assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **PRACTICAL SUPPORT**

### ***COMMON PRACTICAL SUPPORT NEEDS FOR ASSISTANCE***

During this phase, you may wish to receive some level of care by the people around you. Even though you have now had experience being a primary caregiver for several months, there are still ways that others can practically help you and your loved one to live the best life possible.

Some of your needs may include:

- ❖ Needing home care
- ❖ Needing time to run errands outside of the home
- ❖ Needing time for yourself
- ❖ Requiring someone to assist you get things done at home or outside of the home
- ❖ Having someone alternate care-giving activities with you occasionally
- ❖ Being linked with community resources
- ❖ Being provided with the opportunity for follow-up
- ❖ Being linked with resources pertaining to home care, respite services, long-term care
- ❖ Financial assistance
- ❖ Transportation assistance
- ❖ Referrals for various organizations or programs

The following page provides a guideline for who to talk to in order to ensure that you are being cared for at this time.

## PEER SUPPORT GROUPS & ONLINE RESOURCES

The following is a list of online resources you may find helpful. Through these websites you will find information on online support groups, or events happening in your community.

- Stroke Recovery Association of Calgary  
<http://www.geocities.com/sracalgary/>
- Stroke Recovery Association of Alberta  
<http://www.telusplanet.net/public/fln/directory.html>
- Stroke Recovery Canada  
[www.strokerecoverycanada.com](http://www.strokerecoverycanada.com)
- The Family Caregiver Centre, Calgary  
<http://www.calgaryhealthregion.ca/programs/famcaregiver/index.htm>
- Caregiving Online <http://www.caregiving.com/>
- The Stroke Network <http://www.strokenetwork.org/>
- The Internet Stroke Centre  
<http://www.strokecenter.org/pat/support.htm>

There are a number of other sites online that you may find helpful. Your acute, rehabilitation, or community hospital may also have a website that offers information on support groups or upcoming events. Please feel free to check out your specific hospital's webpage.

## **WHO TO TALK TO FOR MORE PRACTICAL SUPPORT HELP**

During this phase, caregivers appreciate when peers, case workers, family, friends, and rehabilitation professionals assist them with a variety of issues.

Here are some things you may wish to ask for:

### ***Talk to a rehabilitation professional about...***

- ❖ Home care options (home care visits, long-term care options, respite services)
- ❖ Additional follow-up appointments regarding your loved one's improvements over time
- ❖ Getting physiotherapy, occupational therapy, or speech language pathology treatments at home or in the community, if they are required

### ***Talk to a SLP about...***

- ❖ **How to communicate with your loved one with aphasia**
- ❖ **Referrals to support networks**

### ***Talk to a case manager about...***

- ❖ Linking you with community resources (support groups, financial services, other services)

### ***Talk to your family or friends about...***

- ❖ Alternating care-giving activities (ensuring you have more time to run your own errands or have time for yourself; taking your loved one to rehabilitation sessions if required)
- ❖ Visiting you and your loved one
- ❖ Joining a community involvement organization with you, or taking up a hobby with you
- ❖ Providing meal assistance at home if you require help

### ***Other caregivers found that...***

- ❖ Relaxation sessions that were provided offered the ability for the caregiver to get away and reduce some tensions
- ❖ Transportation services were needed during this time – please see **Section 7: Notes and Additional Resources** for more information
- ❖ Having time to run errands outside of the home or having time to oneself was regarded as very beneficial

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources** and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

## **TRAINING SUPPORT**

### ***COMMON TRAINING NEEDS***

During this phase, you may wish to learn new strategies to help your loved one with various tasks pertaining to symptom management, rehabilitation, and personal hygiene. Moreover, you may wish to receive feedback that the techniques you are using are being performed properly, and are benefiting your loved one.

Some needs you may wish to address include:

- ❖ How to perform exercises with your loved one
- ❖ How to facilitate your loved one's level of independence
- ❖ How to assist your loved one who has aphasia with communication strategies

The following page outlines who to contact for these needs.

## **WHO TO TALK TO FOR MORE TRAINING HELP**

### ***Talk to a rehabilitation professional about...***

- ❖ How to help your loved one's level of independence (how to assist with mobility, how to improve cognitive skills, speaking or eating skills, how to perform various exercises, or helping your loved one walk)
- ❖ How to continue physiotherapy/Occupational therapy/speech language pathology at home (either with a professional or by yourself)
- ❖ Receiving feedback pertaining to the exercises you are using (are they being done properly? Are they benefiting your loved one?)
- ❖ Making sure you are completing transfers appropriately (i.e. are you lifting and assisting in the correct way as to not hurt yourself?)

### ***Talk to a speech-language pathologist about...***

- ❖ How to communicate with your loved one with aphasia
- ❖ Referrals to support networks

### ***Talk to a health care professional about...***

- ❖ How to perform injections as part of the ongoing medication routine (if necessary)

### ***Other Caregivers Found...***

- ❖ Talking to rehabilitation professionals about specific training techniques was mostly useful
- ❖ Trial-and-error is often a useful way of discovering what works and what does not
- ❖ Talking to peers allowed for the sharing of techniques and exercises
- ❖ Peers and rehabilitation professionals also found that providing feedback for caregivers was regarded as beneficial as it helped the caregivers' confidence levels, as they knew what to do and how to do it

### ***If You Require Additional Assistance...***

- ❖ If your needs are not listed in this chapter, please write down any questions you may have in **Section 7: Notes and Additional Resources**, and approach the appropriate individual on your health care team to ensure that your concerns are addressed.

**Support Needs Management Form**

1. What supports do you need right now?

- 
- 
- 
- 
- 

2. What resources can you draw upon to get this support?

- 
- 
- 
- 
- 

3. What resources will I try first?

- 
- 
- 
- 
- 

4. How did this work out?

- 
- 
- 
- 
- 

5. If it didn't work out, what other resources should I try?

- 
- 
- 
- 

6. Accept that this support need may not be met right now.

**Support Needs Management Form**

1. What supports do you need right now?

- 
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- 
- 

2. What resources can you draw upon to get this support?

- 
- 
- 
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- 

3. What resources will I try first?

- 
- 
- 
- 
- 

4. How did this work out?

- 
- 
- 
- 
- 

5. If it didn't work out, what other resources should I try?

- 
- 
- 
- 

6. Accept that this support need may not be met right now.

**Support Needs Management Form**

1. What supports do you need right now?

- 
- 
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- 
- 

2. What resources can you draw upon to get this support?

- 
- 
- 
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- 

3. What resources will I try first?

- 
- 
- 
- 
- 

4. How did this work out?

- 
- 
- 
- 
- 

5. If it didn't work out, what other resources should I try?

- 
- 
- 
- 

6. Accept that this support need may not be met right now.

## Chapter#6- Getting on with Life in the Community

## Chapter #7- Notes & Additional Resources

## **CHAPTER #7 NOTES AND ADDITIONAL RESOURCES**

### ***My Notes***

This section is for you to make notes about any questions, comments, concerns, or thoughts you may have throughout the recovery process. This is a useful section to make a list of questions you wish to ask appropriate members of your health care team.

Please be sure to consult the section entitled “The Recovery Process: Team Members” in the Introduction section. This will assist you in determining who to approach for various questions or concerns.

### ***My Appointment Calendar***

This section is for you to plan and schedule your loved one’s follow-up appointments by day, week, and month so you can stay on track of all appointments.

Remember to consult your calendar each day so you do not miss any important appointments or deadlines.

### ***Additional Resources***

This is a comprehensive list of resources available in the Calgary area surrounding the following supports:

- ❖ Stroke Support
- ❖ Aphasia Support
- ❖ Counseling Support
- ❖ Rehabilitation Support and Facilities
- ❖ Long-Term Care Facilities
- ❖ Community Care Access Centres
- ❖ Home Care Services
- ❖ Respite Services
- ❖ Government Assistance
- ❖ Financial Assistance
- ❖ Transportation Assistance
- ❖ Caregiver Peer Support Groups
- ❖ Stroke Survivor Peer Support Groups
- ❖ Courses Offered

Please consult this list whenever you need assistance or information concerning any of these matters.

# MY NOTES

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

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Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_

Date: \_\_\_\_\_

Question/Concern/Thought: \_\_\_\_\_

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Who to talk to: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Discussed with appropriate individual:  Yes  No

Date Discussed: \_\_\_\_\_







## MY REHABILITATION TEAM: CONTACT INFORMATION

### ***Primary Doctor***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

### ***Neurologist***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

### ***Physiatrist***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

### ***Primary Nurse***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

**Psychologist**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

**Social Worker**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

**Case Manager**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

**Physical Therapist**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

***Occupational Therapist***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Speech-Language Pathologist***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Recreational Therapist***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Family Physician***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

***Dietician***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Other Contacts***

**Role:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Role:***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

***Role:***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

**MY FAMILY, FRIENDS, AND PEERS**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Chapter #7- Notes & Additional Resources

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

# MY APPOINTMENT CALENDAR

Please use the following calendar to help organize your upcoming appointments. List who the appointment is with under name, and the office number under the number section.

Week of \_\_\_\_\_

Monday		8	Tuesday	
Number	Name		Name	Number
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
Wednesday		8	Thursday	
Number	Name		Name	Number
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
Friday		8	Saturday/Sunday	
Number	Name		Name	Number
		9		
		10		
		11		
		12		

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		1		
		2		
		3		
		4		
		5		

Week of \_\_\_\_\_

Monday			Tuesday	
Number	Name		Name	Number
		8		
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
Wednesday			Thursday	
Number	Name		Name	Number
		8		
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
Friday			Saturday/Sunday	
Number	Name		Name	Number
		8		
		9		
		10		
		11		
		12		
		1		
		2		

Chapter #7- Notes & Additional Resources

		3		
		4		
		5		

Week of \_\_\_\_\_

Monday			Tuesday	
Number	Name		Name	Number
		8		
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
Wednesday			Thursday	
Number	Name		Name	Number
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		9		
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		2		
		3		
		4		
		5		
Friday			Saturday/Sunday	
Number	Name		Name	Number
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Chapter #7- Notes & Additional Resources

		5		
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Week of \_\_\_\_\_

Monday			Tuesday	
Number	Name		Name	Number
		8		
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Wednesday			Thursday	
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		3		
		4		
		5		
Friday			Saturday/Sunday	
Number	Name		Name	Number
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		11		
		12		
		1		
		2		
		3		
		4		
		5		

## Chapter #7- Notes & Additional Resources

## ***ADDITIONAL RESOURCES***

### ***Stroke Support***

**Canadian Stroke Network**  
Room 3105 – 451 Smyth Road  
Ottawa, Ontario  
K1H 8M5  
Tel: 613-562-5800 x8593  
Fax: 613-562-5631

**Heart and Stroke Foundation of Canada**  
222 Queen Street, Suite 1402  
Ottawa, ON  
K1P 5V9  
Tel: 613-569-4361  
Fax: 613-569-3278

**Heart and Stroke Foundation of Alberta, NWT & Nunavut**  
200 - 119 14 Street NW  
Calgary, Alberta T2N 1Z6  
Telephone: 403.264.5549  
Fax: 403.237.0803  
<http://www.heartandstroke.ab.ca>

### ***Aphasia Support***

**The Aphasia Institute**  
73 Scarsdale Road  
Toronto, ON M3B 2R2  
Canada  
Tel: 416-226-3636  
Fax: 416-226-3706  
E-mail: [aphasia@aphasia.ca](mailto:aphasia@aphasia.ca)

**Neighborhood CHAT**  
Plaza 124 Building  
780-413-5684  
10216 - 124 Street Edmonton, Alberta  
T5N 4A3

**Stroke Recovery Association of Calgary**  
Box 5051, Station A  
Calgary, AB  
T2H 1X1  
Telephone: (403) 827-7520  
E-mail: [sralcalgary@hotmail.com](mailto:sralcalgary@hotmail.com)

**Canadian Association of  
Speech-Language Pathologists & Audiologists**  
130 Albert Street Suite 2006  
Ottawa, Ontario  
K1P 5G4  
Tel: 1-800-259-8519

## ***Counseling Support***

### **Canadian Association of Social Workers**

383 Parkdale Avenue Suite 402  
Ottawa, Ontario  
K1Y 4R4  
Tel: 613-729-6668

### **Calgary Family Services**

#300 906 8th Ave SW  
Calgary, AB T2P 1H9  
<http://www.calgaryfamilyservices.org/>

### **Calgary Seniors Resource Society**

<mailto:Online@calgaryarea.com>

## ***Rehabilitation Support and Facilities***

### **Southern Alberta Brain Injury Society**

# 137, 2723-37Ave. NE  
Calgary, AB T1Y 5R8  
(403) 521-5212  
mailto:sabis@sabis.ab.ca

### **Brain Injury Rehabilitation Centre**

300, 815-8th Ave SW  
Calgary, AB T2P 3P2  
(403) 297-0100  
mail to: BIRC@BrainRehab.ca

### **Association for the Rehabilitation**

of the Brain Injured  
3412 Spruce Dr. SW  
Calgary, AB T3C 3A4  
(403) 242-7116  
Mail to: info@arbi.ca

### **Universal Rehabilitation Service**

808 Manning Road NE  
Calgary, AB T2E 7N8  
(403) 272-7722  
www.ursa-rehab.com

### **Stroke Rehabilitation Clinic**

Foothills Medical Centre, SCB  
Room AW-122  
1357 29 St NW  
Calgary, AB T2N 4J9  
(403) 944-1025

### **Alberta Physiotherapy Association**

401-10109 106 St NW  
Edmonton, AB T5J 3L7  
(780)431-0569  
www.albertaphysio.org

### **Alberta College of Occupational Therapists**

300, 10436-81 Ave  
Edmonton, AB T6E 1X6  
(780) 436-8381  
www.acot.ca

### **Alberta College of Speech Language Pathologists and Audiologists**

#209, 3132 Parsons Road  
Edmonton, Alberta T6N 1L6  
(800) 537-0589 (toll free within Alberta)  
www.acslpa.ab.ca/default.html

## Chapter #7- Notes & Additional Resources

### ***Equipment/Supplies Rental and Purchase New Equipment***

Red Cross Medical Equipment Loans  
(403) 273-4426

Ability Medical Supplies  
(403) 263-9994

Vereburn Supply Ltd  
(403)219-2900

Shoppers Home Health Care  
(403) 250-2200

Benson Medical Industries Inc.  
(403) 251-9234

Colman Prosthetics & Orthotics Inc.  
(403)270-2941

Medichair Calgary  
(403) 252-5366

CaliMedi Home Care & Medical Stockings  
(403) 663-8777

Canadian Medical Supply  
(403) 297-0707

Companion Walker Ltd.  
(403) 297-1888

Edwards Medsurg Ltd.  
(403) 295-7222

Fitter International Inc  
(403) 242-6830

Healthcare & Rehab Specialties  
(403) 262-7595

Kenron Pharmacy-Home Care & Sports Medicine  
(403)289-7224

Stat Healthcare Corporation  
(403)297-0700

Stevens Company Ltd.  
(403) 640-2858

Western Home Medical Distributers  
(403) 252-6699

MD Equipment Sales & Service  
(403)239-9013

#### **Personal Medical Alert System**

##### **Bethany Lifeline**

1001-17 St NW  
Calgary, AB T2N 2E5  
(403) 270-4357  
[www.bethanycare.com](http://www.bethanycare.com)

##### **Direct Alert**

Shoppers Home Health Care  
Calgary north: 21–1941 Uxbridge Dr. N.W.  
403-662-2211  
Calgary south: 108 –10333 - Southport Rd.  
403-255-2288  
[www.directalert.ca/emergency/home-health-care.php](http://www.directalert.ca/emergency/home-health-care.php)

##### **United Alarm**

[www.unitedalarm.ca/senior\\_safety.html](http://www.unitedalarm.ca/senior_safety.html)

##### **LifeCall**

1-800-661-5433  
[contact@lifecall.ca](mailto:contact@lifecall.ca)

## Chapter #7- Notes & Additional Resources

### ***Long-Term Care Facilities***

#### **Northeast:**

Bethany Harvest Hills, 19 Harvest Gold Manor NE, 226-8200

Carewest George Boyack, 1203 Centre Avenue NE, 267-2750

Carewest Dr. Vernon Fanning, 722 16th Avenue NE, 230-6900

Newport Harbour, 10 Country Village Cove NE, 567-5100

Wing Kei Centre, 1212 Centre Street NE, 277-7433

#### **Northwest:**

Bethany Calgary, 916 18A Street NW, 284-6000

Bow-Crest Care Centre, 5927 Bowness Road NW, 288-2373

Bow View Manor, 4628 Montgomery Blvd NW, 288-4446

Carewest Colonel Belcher, 1939 Veterans Way NW, 944-7800

Extendicare Hillcrest, 1512 8th Avenue NW, 289-0236

Intercare Brentwood, 2727 Trans Canada Highway NW, 289-2576

#### **Southeast:**

Beverly Centre, Lake Midnapore, 500 Midpark Way SE, 873-2600

Father Lacombe, 332 146th Avenue SE, 256-4641

Forest Grove, 4726 8th Avenue SE, 272-9832  
Intercare Southwood, 211 Heritage Drive SE, 252-1194

McKenzie Towne, 80 Promenade Way SE, 508-9808

#### **Southwest:**

Beverly Centre, Glenmore, 1729 90th Avenue SW, 253-8806

Carewest Royal Park, 4222 Sarcee Road SW, 240-7475

Carewest Sarcee, 3504 Sarcee Rd. SW, 686-8100

Carewest Signal Pointe, 6363 Simcoe Road SW, 240-7950

Glamorgan Care Centre, 105 Galbraith Drive SW, 242-5911

Extendicare Cedars Villa, 3330 8th Avenue SW, 249-8915

Intercare Chinook, 1261 Glenmore Trail SW, 252-0141

Intercare Millrise, 14911 - 5th Street SW, 451-4230

Mayfair, 8240 Collicutt Street SW, 252-4445

Mount Royal, 1813 9th Street SW, 244-8994

Wentworth Court, 5717 14th Avenue SW, 242-5005

#### **Surrounding Communities:**

Banff Mineral Springs Hospital, 301 Lynx Street, 766-4193, Banff

Bethany Airdrie, 1736 1st Avenue NW, 948-6022, Airdrie

Bethany Cochrane, 302 Quigly Drive, 932-6422, Cochrane

Didsbury LTC, Health Centre, 1210 20 Avenue, 335-9393, Didsbury

Extendicare Vulcan, 715 - 2 Avenue S, 485-2022, Vulcan

Golden Eagle LTC (Canmore Hospital), 1100 Hospital Place, 678-7213, Canmore

## Chapter #7- Notes & Additional Resources

### **Surrounding communities continued ...**

High River General Hospital, 560 - 9 Avenue W,  
652-2200, High River

Little Bow Continuing Care Centre, 316 Armstrong  
Street, 643-3522, Carmangay

Rising Sun LTC (Oilfields Hospital), 717  
Government Road, 933-2222, Black Diamond

Strathmore District Hth Services Cont Care, 200  
Brent Blvd, 934-4204, Strathmore

Vulcan Community Health Centre, 610 Elizabeth  
Street S, 485-3333, Vulcan

Willow Creek Continuing Care, 4221 - 8 Street W,  
622-3361, Claresholm

## **Home Care Services\***

### **Alberta Health Services Home Care**

Home Care Administration  
2nd floor, 10101 Southport Rd. SW  
Calgary, Alberta T2W 3N2

Fax: (403) 943-1365

[www.calgaryhealthregion.ca/commhomecare/](http://www.calgaryhealthregion.ca/commhomecare/)

[http://www.calgaryhealthregion.ca/commhomecare/Brochures/Home\\_Care%20and%20You.pdf](http://www.calgaryhealthregion.ca/commhomecare/Brochures/Home_Care%20and%20You.pdf)

### **Private Home Care**

#### **WeCare Home Health Services**

Calgary North:

220 - 3359 27 Street N.E.

Calgary T1Y 5E4

Tel: 403-297-9744

Fax: 403-297-9740

Email: [rainsworth@wecarecanada.com](mailto:rainsworth@wecarecanada.com)

Calgary South:

#100 - 10325 Bonaventure Drive S.E.

Calgary T2J 7E4

Tel:(403) 225-1222

Toll-free: 877-225-1227

Fax:(403) 271-6688

Email: [wcampbell@wecarecanada.com](mailto:wcampbell@wecarecanada.com)

#### **Comcare Health Services**

212 2323-32 Ave NE

Calgary, AB T2E 6Z3

Tel: (403)228-3877

Toll-free: 877-228-3877

Fax: (403) 228-2612

Email: [calgary.comcarehealthnetwork.ca](mailto:calgary.comcarehealthnetwork.ca)

#### **In-Home Support Services**

4631 Richardson Way SW

Calgary, Alberta

T3E 7B7

Tel: (403) 240-7327

Fax: (403) 685-6443

Email: [inhomesupport@ddrcc.com](mailto:inhomesupport@ddrcc.com)

#### **Bayshore Home Health Care**

#100-5810 2nd Street SW

Calgary, AB T2H 0H2

Tel: (403) 229-3929

Toll-Free: 1-866-227-3259

Fax: (403) 229-4286

Email: [Calgary@bayshore.ca](mailto:Calgary@bayshore.ca)

#### **Supported Lifestyles Alberta Ltd.**

Brain Injury Services

1914 9th Avenue SE

Calgary, Alberta Canada

T2G 0V2

Phone: 403-261-8724 ext 1

Fax: 403-261-8953

E-mail: [brooksm@bis Calgary.com](mailto:brooksm@bis Calgary.com)

#### **Signature Care**

#102, 2723 37 Ave NE

Calgary, AB

T1Y 5R8

Tel: 403-508-2827

Fax: 403-250-2883

Email: [info@sigcare.com](mailto:info@sigcare.com)

#### **Aetas Health Care**

#500, 1400 - 1st Street SW

Calgary, AB T2R 0V8

Tel: (403) 232-8770

Fax: (403) 266-6887

Email: [sair@aetashealth.com](mailto:sair@aetashealth.com)

#### **Nurse Next Door**

Phone: 403.454.1399

Fax: 403.454.7014

Email: [help@nursenextdoorcalgary.com](mailto:help@nursenextdoorcalgary.com)

#### **Classic Caregivers**

<http://www.classiccaregivers.com/contact.html>

\* For additional resources, please see **Community Care Access Centres**

#### **Respite Services**

Alberta Health Region Home Care Services

<http://www.calgaryhealthregion.ca/commhomecare/>

Intercare Corporate Group

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

#### **We Care Home Health Services**

100-10325 Bonaventure Drive SE

Calgary, AB T2J 5R8

(403) 225-1222

[www.wecare.ca](http://www.wecare.ca)

#### **Alberta Caregivers Association**

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

## **Government Assistance**

### **Alberta Aids to Daily Living (AADL)**

10th Floor, Milner Building  
10040 - 104 Street  
Edmonton, Alberta T5J 0Z2  
Toll-free in Alberta: 310-0000, then 780-427-0731

### **Alberta Brain Injury Initiative**

Brain Injury Message Line: (780) 415-2747  
Post Office Box 476,  
Edmonton, Alberta T5J  
2K1 <http://www.seniors.gov.ab.ca/CSS/bii/>  
[braininjury@gov.ab.ca](mailto:braininjury@gov.ab.ca)

**Office for Disability Issues (ODI) Diane Bergeron, Acting Director, (780) 422-2726 For toll-free, call 310-0000, followed by the phone number**

### **Southern Alberta Brain Injury Society (SABIS)**

137, 2723-37 Avenue NE  
Calgary, AB T1Y 5R8  
Tel: (403) 521-5212  
Fax: (403) 283-5867

## **Financial Assistance**

### **Assured Income for the Severely Handicapped (AISH)**

500 TGS Place  
1520 4<sup>th</sup> Street SW  
Calgary, AB T2R 1H5  
Phone: (403) 297-8511  
<http://www.seniors.gov.ab.ca/AISH/>

### **CPP Disability Benefits**

[www.hrsdc.gc.ca](http://www.hrsdc.gc.ca)  
Tel: 1-800-277-9914

### **Special Needs Assistance for Seniors**

If you have questions or require additional information, please call Alberta Seniors and Community Supports toll-free at 1-800-642-3853

[http://www.seniors.gov.ab.ca/financial\\_assistance/special\\_needs/](http://www.seniors.gov.ab.ca/financial_assistance/special_needs/)

## **Transportation Assistance**

### **Access Calgary (Handi-bus and shared taxi service)**

Phone: (403) 537-7770  
[www.accesscalgary.ca](http://www.accesscalgary.ca)

## PEER SUPPORT GROUPS: RESOURCES

### **Stroke Recovery Association of Calgary (SRAC)**

SRAC provides after care support for stroke survivors and their families.

[www.geocities.com/sracalgary](http://www.geocities.com/sracalgary)

403-827-7520

### **Stroke Recovery Association of Alberta (SRAA)**

To promote the stroke recovery process for stroke recoverers and their families by providing communication, education, start up assistance and support to stroke recovery groups throughout Alberta

[www.telusplanet.net/public/fln/directory.html](http://www.telusplanet.net/public/fln/directory.html)

403-249-7215

### **Stroke Recovery Canada**

Peer support groups and social programs geared to help stroke survivors survive and thrive after stroke.

[www.strokerecoverycanada.com](http://www.strokerecoverycanada.com) or 416-425-

4209

### **Southern Alberta Brain Injury Society (SABIS)**

SABIS provides emotional support, service coordination, referrals to other community programs, advocacy, information and education.

[www.sabis.ab.ca](http://www.sabis.ab.ca)

403-521-5212

### **Family Caregiver Centre - Calgary**

The Family Caregiver Centre provides information, referral, education and support to enhance the abilities and energies of family caregivers across the lifespan.

[www.familycaregivers.ab.ca](http://www.familycaregivers.ab.ca)

(403) 303-6027

## ***Courses Offered***

### **Living Well with a Chronic Condition:**

Supervised Exercise Classes

Education Classes

Row Your own Boat (self management classes)

Phone: (403) 9-HEALTH

### **Adult Day Support Programs:**

<http://www.calgaryhealthregion.ca/ads/>

# ADDITIONAL RESOURCES

## CALGARY- SURROUNDING REGIONS

### Stroke Support

**Stroke Recovery Association of AB**  
403-249-7215  
<http://www.strokealberta.com>

**Brooks Heart to Heart Support Society**  
440 3<sup>rd</sup> St. E  
Brooks, AB, T1R 1B3  
Contact : Carol Johnson (403) 362-7566  
Meets every two months at the Brooks Hospital

**Chinook Stroke Club**  
500-11<sup>th</sup> St. S. (LSCO)  
Lethbridge, AB, T1J 4G7

**High River**  
540 - 7<sup>th</sup> St. SW  
High River, AB, T1V 1B7  
Contact - Ron Harris 403-652-4953  
Meeting: Every 3<sup>rd</sup> Thursday of the month at the High River Seniors Friendship Centre.

**Lethbridge Stroke Recovery Association**  
500-11<sup>th</sup> St. S. (LSCO)  
Lethbridge, AB, T1J 4G7  
Main group and young survivors group.  
Contact: Louise Landry; [ldlandry@shaw.ca](mailto:ldlandry@shaw.ca)  
403-317-2903

Monthly Meetings:  
a) Every 2<sup>nd</sup> Monday (Sept. to May) at 2 PM, Room A  
b) Every 2<sup>nd</sup> Wednesday (Sept. to May) at 7 PM in Room D, (under age 55)  
-Participants are encouraged to attend whichever meeting works best for them

**Stroke Recovery Association of Medicine Hat**  
303-10<sup>th</sup> St. SW  
Medicine Hat, AB T1A 4R6  
Gail Frandsen; 403-526-6764;  
Cell: 403-548-1095; [glfran@shaw.ca](mailto:glfran@shaw.ca)  
Monthly Meetings: 1st Monday of the month

**Post Stroke Wellness Group, Red Deer**  
c/o Golden Circle Senior's Centre  
4620-47<sup>th</sup>A Ave.  
Red Deer, AB T4N 3P5

Contacts:  
On the Move Wellness Group: The Golden Circle; 403-343-6074  
Lacombe Luncheon Group; Bryan Shantz; 403-887-4337  
Post Stroke Wellness Group; Bryan Shantz; 403-887-4337  
[bryan@theeaglesview.com](mailto:bryan@theeaglesview.com)  
Monthly Meetings: 3<sup>rd</sup> Tuesday of the month  
2:00 pm to 4:00 pm

**The Red Deer family support group** called Step by Step is held the 3<sup>rd</sup> Wed. at the Red Deer nursing home from 7- 9 pm.  
4736 30<sup>th</sup> St  
Red Deer, AB T4N 5H8

**Innisfail group-** meeting is the 1<sup>st</sup> Wed of the month from 2-4 pm at the Innisfail Hospital.  
5023 42<sup>nd</sup> St.  
Innisfail, AB, T4G 1A9

### Aphasia Support

**Aphasia Group Coffee Chat**  
4620 - 47A St.  
Red Deer AB, T4N 3R4  
403-342-8678  
The Aphasia group is designed to provide a comfortable atmosphere and increase confidence and communicative abilities. Available to patients or service providers.  
Monthly meetings: 3<sup>rd</sup> and 4<sup>th</sup> Tues. at 1 pm

## **Counselling Support**

**Claresholm Mental Health Centre**  
4901 2<sup>nd</sup> St. W  
Claresholm, AB, T0L 0T0  
403-682-3500 or 1-877-652-4700

**Claresholm Mental Health Clinic II**  
4915 2<sup>nd</sup> St. W  
Claresholm, AB, T0L 0T0  
403-625-3811

**High River Public Health Centre**  
Mental Health Centre  
310 MacLeod Trail  
High River AB T1V 1M7  
403-652-5176 or 1-877-652-4700

**Lethbridge Family Services**  
1107-2<sup>nd</sup> A Ave. N.  
Lethbridge AB T1H 0E6  
403-327-5724  
<http://www.lfsfamily.ca/>

**Medicine Hat Family Services**  
477 3<sup>rd</sup> St. S.E  
Medicine Hat, AB, T1A 0G8  
403-504-8026

**Nanton Community Health Centre**  
2214 20<sup>th</sup> St.  
Nanton, AB T0L 1R0  
403-646-2277

**Oilfields General Hospital**  
Black Diamond Mental Health Centre  
717 Government Road  
Black Diamond, AB T0L 0H0  
403-625-5176 or 1-877-652-4700

**Okotoks Mental Health Centre**  
11 Cimarron Common,  
Okotoks, AB T1S 2E9  
403-625-5176 or 1-877-652-4700

**Family Services of Central Alberta**  
5409 – 50<sup>th</sup> Ave.  
Red Deer, AB, T4N 4B7  
Phone: 403-343-6400 or 1-866-414-3722

**Vulcan Community Health Centre**  
Mental Health Centre  
610 Elizabeth St.  
Vulcan, AB, T0L 2B0  
403-625-5176 or 1-877-652-4700

## **Rehabilitation Support and Facilities**

**Community Rehabilitation**  
**Lethbridge, AB**  
403-388-6343

## **Equipment/Supplies Rental and Purchase New Equipment**

### **Red Deer/ North**

**MediChair**  
11 - 7667 – 50<sup>th</sup> Ave  
Red Deer, AB, T4P 1M6  
403-342-7300

**Shoppers Home Health Care**  
5250 22<sup>nd</sup> St. - Unit 70C  
Red Deer, AB, T4R 2T4  
403-342-4460/ 800-806-7999

**Zellers**  
1000-4900 Molli Banister Dr.  
Red Deer, AB, T4R1N9  
403-342-5931

**London Drugs**  
109, 2004 – 50<sup>th</sup> Ave  
Red Deer, AB, T4R3A2  
403-342-5222

**Three Hills Pharmacy**  
424 Main St.  
Three Hills, AB. T0M2A0  
403-514-5551

### **Medicine Hat/ South- East**

**Canadian Red Cross**  
110 2<sup>nd</sup> St. W  
P.O. Box 623 Station Main  
Brooks, AB, T1R 1B6  
403-362-4294

**Canadian Red Cross**  
398 Aberdeen St. S.E.  
Medicine Hat, AB, T1A 0R2  
403-526-3048

**MediChair**

Bay 3 - 939 Kingsway Ave. SE  
Medicine Hat AB, T1A 2X6  
403-528-2272

**Shoppers Home Health Care**

46 Carry Dr. S.E. Unit 2  
Medicine Hat, AB, T1B 4E1  
403-527-8110

**Lethbridge/ South- West****Canadian Red Cross**

335 Columbia Blvd W.  
Lethbridge, AB, T1K 5Y8  
403-327-7117

**Canadian Red Cross- Standoff Office  
c/o Blood Tribe Department of Health**

Box 229  
Standoff, AB, T0L 1Y0  
403-737-3883

**MediChair**

102 - 2527 Fairway Rd S.  
Lethbridge, AB, T1K 5V4  
403-320-1488

**Shoppers Home Health Care**

119 Stafford Dr. S.  
Lethbridge, AB, T1J 4N8  
403-327-4511 or 800-661-1032

**Personal Medical Alert System**

Zellers 286  
1240 – 2<sup>nd</sup> A Ave. N.  
Lethbridge, AB, T1H0E4  
403-382-2880

**London Drugs**

110 - 905 First Ave. S.  
Lethbridge, AB, T1J4M7  
403-320-8899

**Direct Alert Locations****Zellers**

1240 – 2<sup>nd</sup> A Ave. N.  
Lethbridge, AB, T1H 0E4  
403-382-2880

**London Drugs**

110 - 905 1<sup>st</sup> Ave. S.  
Lethbridge, AB, T1J 4M7  
403-320-8899

**Shoppers Drug Mart**

119 Stafford Dr. S.  
Lethbridge, AB, T1J 4N8  
403-327-4511 or 800-661-1032

**Zellers**

1000-4900 Molli Banister Dr.  
Red Deer, AB, T4R 1N9  
403-342-5931

**Shoppers Drug Mart**

5250 22<sup>nd</sup> St. Unit 70C  
Red Deer, AB, T4R 2T4  
403-342-4460 or 800-806-7999

**London Drugs**

109, 2004 – 50<sup>th</sup> Ave  
Red Deer, AB, T4R 3A2  
403-342-5222

**Three Hills Pharmacy**

424 Main St.  
Three Hills, AB, T0M 2A0  
403-443-5551

**Crescent Heights IDA Pharmacy**

25 - 8<sup>th</sup> St. NW.  
Medicine Hat, AB, T1A 6N9  
403-526-5959

**London Drugs**

104 - 3201 - 13<sup>th</sup> Ave. SE  
Medicine Hat, AB, T1B 1E2  
403-528-8360

**Shoppers Drug Mart**

46 Carry Dr. SE, Unit 2  
Medicine Hat, AB, T1B 4E1  
403-527-8110 or 1-800-307-6997

## **Long-Term Care Facilities**

### **Red Deer/ North**

#### **Consort Hospital and Care Centre**

5402 52<sup>nd</sup> Ave.  
Consort, AB, T0C 1B0  
403-577-3555

#### **Coronation Hospital and Care Centre**

5000 Municipal Road  
Coronation, AB, T0C 1C0  
403-578-3803

#### **Drumheller Health Centre**

351 9<sup>th</sup> St. NW  
Drumheller, AB, T0J 0Y1  
403-823-6500

#### **Hanna Health Centre**

904 Centre St. N  
Hanna, AB, T0J 1P0  
403-854-3331

#### **Innisfail Health Centre**

5023 42<sup>nd</sup> St.,  
Innisfail, AB, T4G 1A9  
403-227-7800

#### **Legacy West Sunset Manor**

3312 52<sup>nd</sup> Ave.,  
Innisfail, AB, T4G 0C3  
403-227-8200

#### **Olds Hospital and Care Centre**

3901 57<sup>th</sup> Ave.  
Olds, AB, T4H 1T4  
403-556-3381

#### **Aspen Ridge - Red Deer**

3100 22<sup>nd</sup> St.  
Red Deer, AB, T4R 3N7  
403-341-5522

#### **Extendicare Michener Hill**

12 Michener Blvd  
Red Deer, AB, T4P 0M1  
403-348-0340

#### **Red Deer Regional Hospital Centre**

3942 50<sup>th</sup> A Ave.  
Red Deer, AB, T4N 4E7  
403-343-4422

#### **Clearwater Centre**

5615 60<sup>th</sup> St.  
Rocky Mountain House, AB, T4T 1W2  
403-845-6033

#### **Stettler Hospital and Care Centre**

5912 47<sup>th</sup> Ave.,  
Stettler, AB, T0C 2L0  
403-742-7400

#### **Sundre Hospital and Care Centre**

709 1<sup>st</sup> St. NE  
Sundre, AB, T0M 1X0  
403-638-3033

#### **Bethany Sylvan Lake**

4700 47<sup>th</sup> Ave.  
Sylvan Lake, AB, T4S 2M3  
403-887-7741

#### **Chateau Three Hills**

920 Main St.  
Three Hills, AB, T0M 2A0  
403-443-2121

#### **Three Hills Health Centre**

1504 2<sup>nd</sup> St. N  
Three Hills, AB, T0M 2A0  
403-443-2444

#### **Trochu - St. Mary's Health Care Centre**

451 DeChauney Ave.,  
Trochu, AB, T0M 2C0  
403-442-3955

### **Calgary/ Central- East**

#### **Bethany Airdrie**

1736 1<sup>st</sup> Ave. NW  
Airdrie, AB, T4B 2C4  
403-948-6022

#### **Banff - Mineral Springs Hospital**

305 Lynx St.  
Banff, AB, T1L 1H7  
403-762-2222

#### **Oilfields General Hospital**

717 Government Road  
Black Diamond, AB, T0L 0H0  
403-933-2222

#### **Canmore General Hospital**

1100 Hospital Place  
Canmore, AB, T1W 1N2  
403-678-5536

**Castor Our Lady of the Rosary Hospital**  
5402 47<sup>th</sup> St.  
Castor, AB, T0C 0X0  
403-882-3434

**Bethany Care Centre - Cochrane**  
302 Quigley Dr.  
Cochrane, AB, T4C 1X9  
403-932-6422

**Didsbury District Health Services**  
1210 20<sup>th</sup> Ave.  
Didsbury, AB, T0M 0W0  
403-335-9393

**High River General Hospital**  
560 9<sup>th</sup> Ave. SW  
High River, AB, T1V 1B3  
403-652-2200

**Linden Nursing Home**  
700 Nursing Home Rd  
Linden, AB, T0M 1J0  
403-546-3966

**Strathmore District Health Services**  
200 Brent Blvd  
Strathmore, AB, T1P 1J9  
403-361-7000

**Extendicare Vulcan**  
715 2<sup>nd</sup> Ave. S  
Vulcan, AB, T0L 2B0  
403-485-2022

**Vulcan Community Health Centre**  
610 Elizabeth St.  
Vulcan, AB, T0L 2B0  
403-485-3333

### **Medicine Hat/ South- East**

**Bassano Health Centre**  
608 5<sup>th</sup> Ave.  
Bassano, AB, T0J 0B0  
403-641-6100

**Brooks Health Centre**  
440 3rd St. E  
Brooks, AB, T1R 1B3  
403-501-3232

**Brooks Home Care**  
311 9<sup>th</sup> St. SE  
Brooks, AB, T1R 1B7  
403-362-7766

**Big Country Hospital**  
312 3<sup>rd</sup> St. E  
Oyen, AB, T0J 2J0  
403-664-4300

### **Lethbridge/ South- West**

**Crowsnest Pass Health Centre**  
2001 107<sup>th</sup> St.  
Blairmore, AB, T0K 0E0  
403-562-5011

**Cardston Health Centre**  
144 2<sup>nd</sup> St. W  
Cardston, AB, T0K 0K0  
403-653-5234

**Little Bow Continuing Care Centre**  
316 Armstrong St.  
Carmangay, AB, T0L 0N0  
403-643-3511

**Willow Creek Continuing Care Centre**  
4221 8<sup>th</sup> St. W  
Claresholm, AB, T0L 0T0  
403-625-3361

**Coaldale Health Centre**  
2100 11<sup>th</sup> St.,  
Coaldale, AB, T1M 1L2  
403-345-3075

**Extendicare Fort Macleod**  
654 29 St.  
Fort Macleod, AB, T0L 0Z0  
403-553-3955

**Edith Cavell Care Centre**  
1255 5<sup>th</sup> Ave. S  
Lethbridge, AB, T1H 0V6  
403-328-6631

**Extendicare Lethbridge**  
1821 13<sup>th</sup> St. N.  
Lethbridge, AB, T1H 2V4  
403-328-6664

**Extendicare Fairmont Park**  
115 Fairmont Blvd S.  
Lethbridge, AB AB T1K 5V2  
403-320-1479

**St. Michael's Health Centre**

1400 9<sup>th</sup> Ave. S.  
Lethbridge, AB, T1J 4V5  
403-382-6400

**St. Therese Villa**

253 Southgate Blvd S  
Lethbridge, AB, T1K 2S1  
403-332-5300

**Milk River Health Centre**

517 Centre Ave. E  
Milk River, AB, T0K 1M0  
403-647-3500

**Pincher Creek Health Centre**

1222 Bev McLaughlin Dr.  
Pincher Creek, AB, T0K 1W0  
403-627-1234

**Raymond Health Centre**

150N 4<sup>th</sup> St. E  
Raymond, AB, T0K 2S0  
403-752-4561

**Taber Health Centre**

4326 50<sup>th</sup> Ave  
Taber, AB, T1G 1N9  
403-223-7211

**Home Care Services****Red Deer/ North****Castor Community Health Services**

4909 50<sup>th</sup> Ave  
Castor, AB  
403-882-3404

**Consort Community Health Centre**

5410 52<sup>nd</sup> Ave  
Consort, AB  
403-577-3770

**Coronation Community Health Services**

4909 Royal St.  
Coronation, AB  
403-578-3200

**Drumheller Health Centre**

351 9<sup>th</sup> St NW  
Drumheller, AB  
403-820-6020

**Eckville Community Health Services**

5120 51<sup>st</sup> Ave  
Eckville, AB  
403-746-2201

**Elnora Community Health Centre**

425 8<sup>th</sup> Ave  
Elnora, Alberta  
T0M 0Y0

**Hanna Dist Health Centre**

904 Centre St. N  
Hanna, AB  
403-854-5249

**Innisfail Health Centre**

5023 42<sup>nd</sup> St  
Innisfail, AB  
403-227-7810

**Meals on Wheels Innisfail**

5713 51<sup>st</sup> Ave  
Innisfail, AB  
403-227-7744

**Rosefield Care Centre**

5023 42<sup>nd</sup> St  
Innisfail, AB  
403-227-7800

**Olds Community Health Services**

5030 50<sup>th</sup> St. Suite 103  
Olds, AB  
403-556-8441

**Angel Associates Red Deer**

4805 48<sup>th</sup> St, 301  
Red Deer, AB  
403-346-7207

**Central AB Home Health Services**

5000 Gaetz Ave, Suite 501  
Red Deer, AB  
403-314-9213

**Family Services of Central AB**

5409 50<sup>th</sup> Ave  
Red Deer, AB  
403-309-8205

**Healthcare & Rehab Specialties**

5015 48<sup>th</sup> St  
Red Deer, AB  
403-340-3131

**Red Deer Community Health Services**  
4755 49<sup>th</sup> St, Bay C  
Red Deer, AB  
403-314-5780

**Red Deer Community Health Services**  
2845 Bremner Ave  
Red Deer, AB  
403-341-2130

**Shoppers Home Health Care**  
5250 22<sup>nd</sup> St, Unit 70C  
Red Deer, AB  
403-342-4460

**Rocky Mountain Community Health Services**  
4934 50<sup>th</sup> St  
Rocky Mountain House, AB  
403-845-3009

**West County Family Services**  
4934 50<sup>th</sup> St  
Rocky Mountain House, AB  
403-845-2033

**Sundre Community Health Centre**  
212 6<sup>th</sup> Ave NE  
Sundre, AB  
403-638-4063

**Three Hills Health Services**  
1504 2<sup>nd</sup> St N  
Three Hills, AB  
403-443-2444

**Meals on Wheels Trochu**  
451 DeChauncey Ave  
Trochu, AB  
403-442-3955

### **Calgary/ Central- East**

**Airdrie Seniors Outreach Program**  
125 Main St N, 211  
Airdrie, AB  
403-948-0263

**Banff Public Health & Community Care**  
301 Lynx St  
Banff, AB  
403-762-2990

**Meals on Wheels Claresholm**  
5009 2<sup>nd</sup> St E  
Claresholm, AB  
403-625-2042

**Meals on Wheels Didsbury**  
1210 20<sup>th</sup> Ave  
Didsbury, AB  
403-335-9393

**Foothills Home Services Ltd**  
1508 High Country Dr  
High River, AB  
403-652-4292

**Headwaters Community Care**  
702 6<sup>th</sup> St SW, c/o High River Hospital  
High River, AB  
403-601-1764

**Elite Home Support Services**  
Box 1022  
Okotoks, AB  
403-938-5598

**Foothills Senior Assist**  
82 Cimarron Trail  
Okotoks, AB  
403-922-0996

### **Medicine Hat/ South- East**

**Brooks Public Health / Home Care**  
440 3<sup>rd</sup> St E  
Brooks, AB  
403-501-3300

**Empress Home Care**  
PO Box 159  
Empress, AB  
403-565-3795

**MEDchair**  
939 Kingsway Ave SE, Bay 3  
Medicine Hat, AB  
403-528-2272

**Medicine Hat Community Health Services**  
2948 Dunmore Rd SE  
Medicine Hat, AB  
403-502-8200

**Medicine Hat Home Care**  
666 5<sup>th</sup> St SW  
Medicine Hat, AB  
403-528-8150

**Palliser Health Authority Home Care**  
666 5<sup>th</sup> St SW  
Medicine Hat, AB  
403-529-8844

**Shoppers Home Health Care**  
46 Carry Dr SE, 2  
Medicine Hat, AB  
403-527-8110

**Veiner Centre**  
225 Woodman Ave SE  
Medicine Hat, AB  
403-529-8383

**We Care Home Health Services**  
459 4<sup>th</sup> St SE  
Medicine Hat, AB  
403-529-2200

### **Lethbridge/ South- West**

**Bow Island Public Health / Home Care**  
802 6<sup>th</sup> St E  
Bow Island, AB  
403-545-2296

**Chinook Health Region Home Care**  
960 19<sup>th</sup> St S  
Lethbridge, AB  
403-382-6391

**Greystoke Homes & Support Services**  
316 13<sup>th</sup> St S  
Lethbridge, AB  
403-320-0911

**Meals on Wheels Lethbridge**  
102 5<sup>th</sup> Ave S  
Lethbridge, AB  
403-327-7990

**MEDlchair - Lethbridge**  
2527 Fairway Rd S, Suite 102  
Lethbridge, AB  
403-320-1488

**Shoppers Home Health Care**  
119 Stafford Dr S  
Lethbridge, AB  
403-327-4511

**Shoppers Home Health Care**  
2045 Mayor Magrath Dr, 102  
Lethbridge, AB  
403-320-7887

**We Care Home Health Services**  
1715 9<sup>th</sup> Ave S  
Lethbridge, AB  
403-380-4441

### **Private Home Care**

**We Care- Lethbridge**  
400 - 4<sup>th</sup> Ave. S. - Suite 411  
Lethbridge, AB, T1J 4E1  
403-380-4441

**We Care – Medicine Hat**  
459-4<sup>th</sup> St. SE  
Medicine Hat, AB, T1A 0K5  
403-529-2200

**We Care- Red Deer**  
5560 - 45<sup>th</sup> St. - Unit E5  
Red Deer, AB, T4N 1L1  
403-342-1500

**Greystokes**  
101B 920 2<sup>nd</sup> A Ave. N.  
Lethbridge, AB, T1H 0E3  
403-320-0911

**Paradigm Wellness**  
Main office- Lethbridge  
# 208- 1221 2<sup>nd</sup> Ave S (2nd floor)  
Lethbridge, AB, T1J 0E4  
Also serves Claresholm, Brooks, Bassano,  
Coaldale, Crowsnest Pass, Cardston,  
Magrath, and Vauxhall.

## **Respite Services**

### **Red Deer/ North**

#### **Castor Community Health Centre**

4909 50<sup>th</sup> Ave.  
Castor, AB, T0C 0X0  
403-882-3404

#### **Clearwater Centre**

5615 60<sup>th</sup> St.  
Rocky Mountain House, AB, T4T 1W2  
403-845-6033

#### **Consort Community Health Centre**

5410 52<sup>nd</sup> Ave.  
Consort, AB, T0C 1B0  
403-577-3770

#### **Coronation Community Health Centre**

4909 Royal St.  
Coronation, AB, T0C 1C0  
403-578-3200

#### **Drumheller Health Centre**

351 9<sup>th</sup> St. NW  
Drumheller, AB, T0J 0Y1  
403-820-6020

#### **Eckville Community Health Centre**

5120 51<sup>st</sup> Ave.  
Eckville, AB, T0M 0X0  
403-746-2201

#### **Elnora Community Health Centre**

425 8<sup>th</sup> Ave.  
Elnora, AB, T0M 0Y0  
403-773-3636

#### **Red Deer Bremner Ave Community Health Centre**

2845 Bremner Ave.  
Red Deer, AB, T4R 1S2  
403-341-2130

#### **Stettler Community Health Centre**

5911 50<sup>th</sup> Ave.  
Stettler, AB, T0C 2L0  
403-742-4461

#### **Sundre Community Health Centre**

212 6<sup>th</sup> Ave. NE  
Sundre, AB, T0M 1X0  
403-638-4063

#### **Sylvan Lake Community Health Centre**

4602 49<sup>th</sup> Ave.  
Sylvan Lake, AB, T4S 1M7  
403-887-6789

#### **Three Hills Health Centre**

1504 2<sup>nd</sup> St. N  
Three Hills, AB, T0M 2A0  
403-443-5355, ext 3401

### **Calgary/ Central- East**

#### **Didsbury District Health Services**

1210 20<sup>th</sup> Ave.  
Didsbury, AB, T0M 0W0  
403-335-9393

#### **High River General Hospital**

560 9<sup>th</sup> Ave. SW  
High River, AB, T1V 1B3  
403-652-2200

#### **Strathmore District Health Services**

200 Brent Blvd  
Strathmore, AB, T1P 1J9  
403-361-7000

#### **Willow Creek Continuing Care Centre**

4221 8<sup>th</sup> St. W  
Claresholm, AB, T0L 0T0  
403-625-3361

### **Medicine Hat/ South- East**

#### **Bassano Health Centre**

608 5<sup>th</sup> Ave.  
Bassano, AB, T0J 0B0  
403-793-6660

#### **Big Country Hospital**

312 3<sup>rd</sup> St. E  
Oyen, AB T0J 2J0  
403-664-4300

#### **Bow Island Health Centre**

938 Centre St.  
Bow Island, AB, T0K 0G0  
403-545-3208

#### **Medicine Hat Regional Hospital**

Room 002 Level 5 Rehabilitation and Support Services Building  
666 5 St. SW  
Medicine Hat, AB, T1A 4H6  
403-529-8084

## **Lethbridge/ South- West**

### **Lethbridge Family Services**

1107-2<sup>nd</sup> A Ave. N.  
Lethbridge AB, T1H 0E6  
403-327-5724  
<http://www.lfsfamily.ca/>

### **Coaldale Health Centre**

2100 11<sup>th</sup> St.,  
Coaldale, AB, T1M 1L2  
403-345-3075

## **Government Assistance**

### **AISH -Crowsnest Pass**

Provincial Building  
12501– 20<sup>th</sup> Ave  
P.O. Box 870  
Blairmore, AB, T0K 0E0  
403-562-3216

### **AISH -Red Deer**

#109 Provincial Building  
4920 – 51<sup>st</sup> St.  
Red Deer, AB, T4N 6K8  
403-340-7077

### **AISH -Rocky Mountain House**

P.O. Box 1180  
Provincial Building  
4919 – 51<sup>st</sup> St.  
Rocky Mountain House, AB, T4T 1A8  
403-845-8590

### **AISH -Drumheller**

P.O. Box 2079  
2<sup>nd</sup> Floor Riverside Centre  
180 Riverside Dr. E.  
Drumheller, AB, T0J 0Y0  
403-823-1630

### **AISH -Lethbridge**

Provincial Building  
200 – 5<sup>th</sup> Ave. S  
Lethbridge, AB, T1J 4L1  
403-381-5186

### **AISH -Medicine Hat**

#201, Provincial Building  
346 – 3<sup>rd</sup> St. SE  
Medicine Hat, AB, T1A 0G7  
403-529-3550

### **AISH -Olds**

#203, Provincial Building  
5030 – 50<sup>th</sup> St.  
Olds, AB, T4H 1S1  
403-556-4322

## Transportation Assistance

### Driver Fitness and Monitoring AB Transportation

Main Floor, Twin Atria 4999 – 98<sup>th</sup> Ave.  
Edmonton, AB, T6B 2X3  
Phone: 780-427-8230  
Fax: 780-422-6612

### Driving Evaluation Programs/Services: Drive-Able

403-252-2243 Calgary  
403-317-1463 Lethbridge  
403-309-6180 Red Deer  
403-528-4860 Medicine Hat

### Accessible Transportation Options

403-362-6190 Brooks Handibus  
403-537-7770 Calgary Access Calgary  
403-635-1025 Cardston Handibus  
403-562-8833 Crowsnest Pass Handibus  
403-380-0228 Coaldale Handibus  
403-823-1319 Drumheller Valley Bus  
Society  
403-601-3472 High River Handibus  
403-320-3885 Lethbridge LA Transit  
403-329-6464 Lethbridge Access- a- Ride  
403-320-9057 Genesis Medi Shuttle Inc.  
403-317-0737 Magrath Handibus  
403-529-8214 Medicine Hat Special  
Transit *or*  
403-529-8384 Buddy Program  
403-647-3773 Milk River Handibus  
403-556-8003 Olds Sunshine Bus  
403-732-4762 Picture Butte Handibus  
403-627-2509 Pincher Creek Handibus  
403-752-4561 Raymond Handibus  
403-342-8225 Red Deer Transit *or*  
403-343-3300 Associated Cab  
403-742-5858 Stettler & District Handibus  
Society  
403-934-3418 Strathmore Handibus  
403-223-2224 Taber Handibus

## Adult Day Support Programs

### Red Deer/ North

**Eckville Community Health Centre**  
5120 51<sup>st</sup> Ave.  
Eckville, AB, T0M 0X0  
403-746-4011

**Family Services of Central AB**  
5409 50<sup>th</sup> Ave.  
Red Deer, AB, T4N 6R7  
403-343-6400

**Clearwater Centre**  
5615 60<sup>th</sup> St.  
Rocky Mountain House, AB, T4T 1W2  
403-845-6033

**Stettler Community Health Centre**  
5911 50<sup>th</sup> Ave.  
Stettler, AB, T0C 2L0  
403-742-8103

### Calgary/ Central- East

**Airdrie Regional Health Centre**  
604 Main St. S  
Airdrie, AB, T4B 3K7  
403-912-8400

**Banff Community Health Centre**  
303 Lynx St.  
Banff, AB, T1L 1B3  
403-762-2990

**Oilfields General Hospital**  
717 Government Road  
Black Diamond, AB, T0L 0H0  
403-933-6505

**Bethany Care Centre - Cochrane**  
302 Quigley Dr.  
Cochrane, AB, T4C 1X9  
403-932-8427

**Canmore General Hospital**  
1100 Hospital Place  
Canmore, AB, T1W 1N2  
403-678-7200

**Claresholm Community Health Centre**  
5221 2<sup>nd</sup> St.  
Claresholm, AB, T0L 0T0  
403-625-4061

**Didsbury District Health Services**  
1210 20<sup>th</sup> Ave.  
Didsbury, AB, T0M 0W0  
403-335-9393

**High River Hospital Annex**  
702 6<sup>th</sup> St. SW  
High River, AB, T1V 1B3  
403-652-0173

**Nanton Community Health Centre**  
2214 20<sup>th</sup> St.  
Nanton, AB, T0L 1R0  
403-646-2218, 403-646-3046

**Okotoks Health and Wellness Centre**  
11 Cimarron Common  
Okotoks, AB, T1S 2E9  
403-995-2600

**Strathmore District Health Services**  
200 Brent Blvd  
Strathmore, AB, T1P 1J9  
403-361-7000

**Vulcan Community Health Centre**  
610 Elizabeth St.  
Vulcan, AB, T0L 2B0  
403-485-2285

**Nanton Community Health Centre**  
2214 20<sup>th</sup> St.  
Nanton, AB, T0L 1R0  
403-646-2218

**Okotoks Health and Wellness Centre**  
11 Cimarron Common  
Okotoks, AB, T1S 2E9  
403-995-2600

**Strathmore District Health Services**  
200 Brent Blvd  
Strathmore, AB, T1P 1J9  
403-361-7000

**Vulcan Community Health Centre**  
610 Elizabeth St.  
Vulcan, AB, T0L 2B0  
403-485-2285

**Medicine Hat/ South- East**  
**Lethbridge/ South- West**

**Victorian Order of Nurses**  
#105-3030 – 13<sup>th</sup> Ave SE (Co-op Mall)  
Medicine Hat, AB, T1B 1E3  
403-529-1222  
Karen.McCulloch@von.ca

**Areas Served:**  
Southern AB, including Medicine Hat and  
Lethbridge.