

Lurgan Hospital

Physiotherapy Department



Physiotherapy Following a Stroke

**Information for
Patients and Relatives**

Physiotherapy Following a Stroke

The role of the Physiotherapist is to help the patient improve their physical ability.

The amount of improvement and the length of rehabilitation depends very much on a number of issues such as:

- The severity of the stroke
 - the amount of weakness
 - ability to follow instructions
 - memory problems
- The patient's medical state
- The patient's motivation / participation
- The patient's previous level of fitness

It is very important that each patient is not compared with someone else who has had a stroke.

Everyone has different problems, everyone is an individual.

Close to the time for discharge, or to facilitate short outings from hospital, the physiotherapist may advise and teach relatives/carers how to assist the patient to move (if able) as safely as possible to protect both carer and patient from injury.

If you wish to make any comments or suggestions about the physiotherapy service, you can do so by:

1. Placing your written suggestion in the box outside the physiotherapy gym.
2. Speaking directly to the ward physiotherapists.
3. Contacting:

Angela Gemmell
Superintendent Physiotherapist
Lurgan Hospital
Sloan Street
Lurgan

Tel: 028 3861 3003

For further information on local support groups, please contact:

Chest, Heart & Stroke Association Tel. 028 9032 0184

Help The Aged Tel. 028 9023 0666

Age Concern - Belfast Tel. 028 9024 5729

Age Concern - Dungannon Tel. 028 8772 5980

Or ask your Physiotherapist for details of specific interest groups e.g. Parkinsons.

Care of The Ankle Joint

The ankle joint may also be at risk of injury due to weakness in the muscles supporting the joint. This may cause the patient to go over on the ankle joint in sitting or standing.

If the patient has decreased feeling around their ankle, they may not be aware of their ankle being in a poor position. It is very important to regularly check that the foot is resting flat on the ground and the ankle is in a good position so that the joint is not overstretched or strained.

If necessary, the physiotherapist may provide an ankle support.

The Physiotherapists on the ward are –

Contact Number 028 3861 3003

If the patient is agreeable, next of kin can contact us if they have any concerns or would like to discuss their relative's progress with physiotherapy.

All information will be treated as confidential.

Family members are welcome to attend treatment sessions if the patient is happy for them to do so and if arrangements are made with the physiotherapist beforehand.

Physiotherapy Assessment

Physiotherapy starts as soon as possible with a full individual assessment to find out:

- The amount of movement the patient has on their weak side.
- The amount of feeling present on their weak side.
- How much help the patient requires to balance in sitting and standing.
- The amount of help needed to move e.g. from sitting to standing, from lying to sitting.
- The patient's ability to walk – this may not be appropriate at the earlier stages of rehabilitation.

From the assessment findings, the physiotherapist will:

- Plan the treatment, based on the needs of the individual patient.
- Discuss and explain the treatment plan with the patient.
- Decide on the best method of positioning the patient in a chair and in bed.
- Decide on the best method of moving the patient from bed to chair and chair to chair.
- Advise the nursing staff and other team members on the best way to position and move individual patients. This ensures everyone is using a similar method and therefore helps the patient get maximum benefit from rehabilitation.

Physiotherapy Treatment

The aim of physiotherapy is to assist the patient to move as normally as possible.

Following a stroke, the patient usually has weakness down one side of their body. They will tend to overuse their 'good' side by pushing and pulling with the good arm and leg. If this is allowed to continue, the brain eventually forgets about the weak side making it less likely to recover. As a result, it is possible that the muscles on the weak side may become tight. However, if tightness does occur, physiotherapy still can help.

Physiotherapy is directed at keeping the overuse in the 'good' side to a minimum while promoting the return of 'normal' movements on the affected or weak side. Encouraging both sides of the body to work together assists recovery of balance and movement.

It is therefore very important that the patient and his/her family follow the advice of the physiotherapist to avoid overuse of the 'good' side.

Initially the patient may need a lot of assistance to stand and move to make sure that they are not pushing and pulling with their 'good' side. Progression in therapy may be slow, but it is important that the patient does not do too much too quickly or carry out activities which he or she does not have adequate muscle activity to perform as this may cause muscle tightness in the weak side and overuse of the 'good' side.

Care of The Shoulder Joint

The shoulder joint normally relies on the muscles around it for support and prevention of injury. If these muscles become weak following a stroke, the joint can become very loose. This in itself should not be painful although the patient may experience a dragging discomfort if the arm is left unsupported.

Therefore, the arm should always be supported on a pillow in front of the patient in sitting and by their side in lying. The physiotherapist will teach the patient and relative how to do this. The physiotherapist may also provide a shoulder support.

Careful handling of the weak shoulder and arm is extremely important in preventing injury and pain.

Therefore:

- NEVER lift the weak arm by the hand or elbow when assisting with washing and dressing.
- NEVER lift the patient under the arm.
- NEVER pull on the weak arm or use it to help the patient to move.
- NEVER encourage or assist the patient in exercising the shoulder or arm, unless the physiotherapist has shown you how to do so.
- NEVER give the patient a ball to squeeze with his/her weak hand, as this may cause the hand to become tight.