

**OBJECTIVES:**

Review definition of Stroke (CVA)

Review body system affected by a Stroke

Review assisting clients after a Stroke

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References:

<https://medlineplus.gov/stroke.html>

NCDHHS/DHSR/HCPE
C | Home Care Aide
Curriculum | July 2021
Module 15 Common
Diseases Seen in Home
Care. Module 16
Restorative Care.

<https://www.stroke.org/en/life-after-stroke>

<https://www.cdc.gov/stroke/signs-symptoms/index.html>

STROKE

Stroke, also called Cerebrovascular Accident (CVA), occurs when the blood supply to part of the brain is stopped due to a blocked blood vessel or a leak or rupture in a blood vessel. A TIA (transient ischemic attack), or "mini stroke", is caused by a temporary clot. The result of a stroke depends on which blood vessels are blocked, leaking, or ruptured and which brain center is destroyed. If a stroke occurs and blood flow can't reach the region of the brain that controls a particular body function, that part of the body won't work as it should. The results of a stroke may be paralysis or loss of speech or vision because nerve impulses do not reach the brain due to damaged brain tissue. Brain injury can cause changes in certain sensory, motor, or cognitive (i.e. thinking, remembering, reasoning) functions. Collateral circulation sometimes will take over the circulation for the damaged blood vessel and supply blood to the injured brain tissue. Causes of a stroke include:

- Thrombus – a blood clot forms in the brain and blocks the blood vessel
- Embolus – a blood clot which forms in the body, travels to the brain and lodges in a small vessel. A thrombus that breaks loose and travels from one location in the body to another is called an embolus
- Plaque – accumulates in the blood vessel and eventually closes it
- Hemorrhage (aneurysm) – a blood vessel bursts, most common in people with high blood pressure.

Each side of the brain controls the opposite side of the body:

- A stroke on the left side of the brain affects the right side of the body
- A stroke on the right side of the brain affects the left side of the body
- If the stroke occurs toward the back of the brain, it's likely that some disability involving vision will result

Physical, communication, and emotional changes that can happen after a stroke:

- Weakness or paralysis on one side of the body
- Fatigue- for some, tiredness may continue for years
- Muscles in limbs contract (shorten or flex), this creates stiffness and tightness, which is referred to as "spasticity"
- Seizures- seizures are brain malfunctions that alter a person's awareness
- Aphasia is a common communication problem after a stroke. There are three types: expressive (know what they want to say but have trouble saying it), receptive (have trouble understanding words other people speak) and global (may be unable to speak, name objects, repeat phrases or follow commands)
- A swallowing disorder called dysphagia that can be caused by paralysis or weakness of the mouth and/or throat
- Incontinence when muscles that control urine and stool are weakened
- After a stroke, people often experience emotional and behavioral changes because the brain controls our behavior and emotions. A stroke may make a person forgetful, careless, annoyed or confused. Stroke survivors may also feel anxiety, anger or depression. Their behavior depends on which part of the brain is affected and the extent of the injury.

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Restorative care is about helping a person prevent disability, reduce the degree of a disability, or help adjust to a disability. The focus is on the person's abilities and to help him/her return to some level of selfcare. A home care client may be undergoing some sort of rehabilitation while receiving home care services. This will involve a team approach. Depending on the client's health or disability, team members that could be involved along with the client and client's support system such as family include: physician or other healthcare provider, nurse/nursing staff (including nurse aide), physical therapist, occupational therapist, psychiatrist and/or psychologist, speech therapist, social worker and dietician. Not every client will have each team member working with them. It will depend upon their level of functioning and what type of rehabilitation they require. As an In-home aide you will have a key role in this team and will most likely be with the client for more time than most other team members. It is important that you know what functional changes or behaviors to observe, record, and report. You should report any signs or symptoms of complications or any changes to your supervisor per the plan.

The client will have a plan of care developed by the nurse or by a therapist, you can encourage the client to perform as many activities as he/she is fully able to do. This may require emotional support and reassurance, as the client might be struggling with the loss of abilities. Learning new ways to perform tasks can be challenging, both physically and emotionally for patients. Positive reinforcement and focusing on progress will be helpful to the client and offering praise for accomplishments. It is important to practice good body alignment for the client and turn and reposition the client according to the plan of care. Ask your nurse supervisor for instruction if the client is to use an assistive or other device that you are not familiar with to avoid injury to the client or yourself. Provide personal care according to the plan of care and keep in mind the aspects of rehabilitation from the plan of care. The In-home aide can assist the client to plan a daily routine with all the different therapies. Arrange the activities so that the client does not get too tired. Assistance needs for a client after a stroke may include:

- Prevention of complications due to decreased mobility, assisting client with adaptive equipment
- Cleanliness of the body, assisting with continence and toileting, and oral hygiene are important areas of assistance according to the client's plan of care
- Need for proper nutrition including meal preparation and monitoring a client with eating who has dysphagia to help prevent aspiration (food or liquid going into the lungs) and choking. Report any signs of difficulty swallowing your client may be experiencing. Follow the plan of care for precautions with assisting a client to eat and any special dietary needs such as thickened liquids or a low sodium (salt diet)
- Safety is important, and keep in mind that clients may have decreased sensations and issues with vision and hearing. Show patience and understanding with providing and assisting with care. Do the exercises you have been instructed to do by the nurse or therapist. If paralysis has occurred, protect the paralyzed part of the body such as the arm or the leg
- Medication reminders and reporting any issues with clients taking their prescribed medications. Ask your supervisor if there are any special precautions needed with client care especially for those taking medications such as blood thinners, blood pressure medication or diuretics (to reduce the amount of fluid in the person's system, may be referred to as water pills)
- Having a stroke puts a person at higher risk for a second one. Be aware of the signs of stroke.
- ❖ During a stroke, every minute counts. Fast treatment can lessen the brain damage that stroke can cause. The signs of stroke in men and women are:
 - ❖ Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body.
 - ❖ Sudden confusion, trouble speaking, or difficulty understanding speech.
 - ❖ Sudden trouble seeing in one or both eyes.
 - ❖ Sudden trouble walking, dizziness, loss of balance, or lack of coordination.
 - ❖ Sudden severe headache with no known cause.
 - ❖ Call 9-1-1 right away if you or someone else has any of these symptoms.

STROKE

There are many devices that may assist a client who is receiving restorative care. Examples of adaptive equipment include:

- Canes, walkers, or walking sticks to assist with walking
- Slide boards to assist with getting to/from a wheelchair
- AFO (lower leg and foot) splints to assist with walking, especially for those with mild to moderate neurological deficits
- Wrist supports to assist with using one's hands and adding strength
- Button fasteners and zipper pulls to assist the client with self-dressing
- Silverware grips to assist with holding utensils for eating
- Long-handled brushes to assist with bathing and/or self-care
- Doorknob grippers to assist with opening doors
- Electric toothbrushes to assist with dental care
- Lifeline alert system installed to assist in case of a fall



Assistive devices are designed to help clients do things for themselves. For a client to be able to eat without assistance is a physical need as well as an emotional one. A client with a disability may be at a higher risk of falling, falls prevention is important. Follow the plan of care for assisting a client with ambulation and mobility and report changes in the client's level of functioning. As well as physical devices to assist a patient, it is also important to exercise one's mind. Simply doing a crossword puzzle can stimulate the brain. In addition to crossword puzzles, other types of brain stimulating games /puzzles/activities are healthy. Sudoku, word searches, and computer games also work to exercise the brain and can be beneficial to post stroke clients and others as well.

Technology has contributed to restorative care and rehabilitation. Video games with a joystick or controller can assist with hand/eye coordination. They tend to be more interesting and feel less like work for the client. Video games can be played alone, so a client can practice or play on his/her own time, and for as long as the client is able. Some video games now have the capability to assist with exercise and yoga as well. There may be times when adaptive equipment alone will not be enough. Home modifications will have to be made to assist the client with functioning at home. These modifications will be at the discretion of the client's care team, but it is what the client wants and feels would work best for him/herself for better daily function. Examples of home modifications include:

- Grab bars
- Raised toilet seat
- Shower chair
- Wheelchair ramp
- Wider doorways
- Chair lift/stair lift and overhead lifts

Not all clients will require home modifications; however, for those who do, there will be a learning process for a new feature of their home. It is important to be patient, as your client is going through a great deal of change currently in his/her life.

Some clients may require home modifications but may not have the financial means to ensure that those modifications are completed. Speak to your supervisor if this concern arises. Your supervisor may be able to assist with securing community resources to help with the home modifications. Provide encouragement as your client is learning to adapt to new equipment and during rehabilitation.

Range of motion exercises are also called ROM exercises. ROM exercises are important if the client must stay in bed or in a wheelchair. ROM exercises help keep their joints and muscles as healthy as possible. ROM exercises may be active or passive. Active ROM is performed when a person can do the exercises by himself. Active assisted ROM exercises are performed by the person and a helper. Passive ROM exercises are performed for a person by a helper. The helper does the ROM exercises because the person cannot perform them by himself. Do not perform passive ROM exercises on a person without being instructed to by your supervisor. Range of motion exercises may be necessary in some situations. These must be assigned by your supervisor and reviewed with you to ensure you are completing them properly so that no harm comes to the client.