Section 3

The Rehabilitation Experience

This section gives advice on living with a stroke in the long term, and covers:

- what rehabilitation involves

- feelings about the stroke

- relationships

- adapting to family and household routines

- working toward goals

- the needs of caregivers.

What rehabilitation means

The aim of treatment after the initial stage of a stroke is rehabilitation – that is, restoring the person with stroke to their greatest potential and maximum independence.

- Because every stroke is different, there is no single or main treatment.

- If a person is medically stable they will be able to start rehabilitation 24 hours after a stroke (the sooner the better). Some people will need more rest and medical treatment before they begin specific therapy such as exercises.

- Each person will progress at a different rate, and faster at some times than at others.

Rehabilitation involves not only therapy; eventually it must encompass putting back together the life affected by the stroke.

In the fullest sense, rehabilitation means:

- identifying what you want to do

- finding ways to move toward your personal goals

- continually looking for options that will help you to progress

- finding solutions to problems.

"After eight years, every day I work toward further recovery – sometimes with very small things, but they're important"

The rehabilitation programme

As many members as needed of the rehabilitation team (**see page 27**) work together to provide care and therapy for the person with stroke in a programme designed especially for that particular stroke. (**See also 'Therapy' on page 87**.)

Rehabilitation starts immediately, but its extent will depend on what the person can manage. The programme will be:

- designed in consultation with the person with stroke and their family

- adjusted over time to meet changing needs

- aimed at helping the person with stroke to overcome the problems associated with their particular stroke (**see Section 2, starting on page 45**).

It is important that both the person and their family make known to the therapists the personal goals they would like the programme to help achieve, and to express any concerns about progress or how they feel about the therapy.

Details of proposed health care and therapy will be outlined before the programme is begun, and the person and family can accept or reject such plans.

Repetition of active movements or tasks is an important part of rehabilitation. Practice makes perfect. A person with a stroke should practice the skills they learn in therapy throughout the rest of the day.

The success of rehabilitation depends very largely on the motivation, courage and perseverance of the person with the stroke, for example in how they deal with the fatigue that often comes with rehabilitation activity. However, remember that sometimes the stroke can affect the 'motivation centre' in the brain, or depression can affect motivation and must be treated first.

Rehabilitation in hospital

As part of the hospital team (**see page 27**) nurses have a very important part to play in the rehabilitation process. Because rehabilitation starts as soon as the person is medically stable it is the nurses responsible for day to day care who will guide the first steps. In particular the specialist rehabilitation nurse will, for example, often help with the first simple exercises while the person is in the ward. It is the nurses who are around throughout the day who can ensure their patient practices and repeats any exercises the therapists have recommended.

In general, all the nursing staff contribute simply by seeing to it that basic needs are met and that nothing gets in the way of the recovery process. Stroke often affects the most basic needs and activities, and so dealing with functions such as hygiene, eating and communication can be a central part of the rehabilitation journey in itself. Nurses in a stroke unit are trained to deal with all aspects of stroke care and are aware of the particular problems that stroke can create.