

Physical control

Movement and balance

Falls

Falling after a stroke is very common, and may occur because the person believes their capabilities are greater than they are, because they are too impatient to take the appropriate precautions, or because the stroke has caused a lack of insight into the dangers of walking unaided.

What helps

- Always use your walking aid (don't decide you'll just grab onto the furniture because you're only going a short distance)
- Practice the balance and strength exercises you have been given
- Falls are more likely to happen when you are tired or distracted
- At home, clear the floor of rugs, fasten down loose ends of carpet or lino, remove objects that might be tricky to negotiate, e.g. pot-plants on the floor, electrical cords
- Learn from the physiotherapist how to fall safely, and a safe method of getting up from the floor, in case precautions fail
- Follow the advice of your rehabilitation team regarding activities that you shouldn't attempt
- Wear a personal alarm
- Group or individualised balance exercise after discharge from hospital can help.

Performing purposeful movements

The person has great difficulty in performing an intentional movement, e.g. combing the hair, but may easily perform the same movement without thinking, e.g. scratch their head.

I can't 'think' my foot forward.

Unusual movements

Sometimes the arm or leg on the affected side suddenly moves strongly on its own. This may be associated with a fright or a spontaneous action such as a yawn. These movements are often nothing to be concerned about, but talk to your doctor or physiotherapist to understand more.

Clumsiness

Even when an arm or leg has recovered much of its strength there may be difficulty with more delicate, precise movements, e.g. threading a needle, getting a foot into a shoe.

Dressing

Dressing may present difficulty because of problems with weakness, or perception ([see page 52](#)), as well as movement and balance. The occupational therapist will advise on ways to overcome individual problems.

What helps

- Put clothes ON the affected side first. Take clothes OFF the unaffected side first
- Always sit down to dress, preferably in a chair with arms, and with your feet flat on the floor (make sure all the clothes you need are within reach before you sit down)

- Buy comfortable, easy-on clothing: avoid fiddly fasteners, back zippers, thin-strapped garments – consider velcro and elastic instead of buttons and zips, t-shirts instead of singlets
- Try putting on a bra back-to-front, doing it up in front then turning it around
- Pull-on t-shirt bras may be easier than fastening ones – buy a size larger than your normal size
- Elastic braces on loose-fit trousers instead of a belt and fly make it easier to pull trousers up, e.g. at the toilet, and you don't have to bend right down to reach the waistband
- When sitting, crossing the affected leg over the other one can help you to reach the affected foot when putting on pants or socks/shoes
- When your affected hand is not able to hold and tug, garments can be gently gripped between the knees or in the mouth when dressing/undressing
- A long shoe-horn not only helps with putting on shoes but can be used to hook and manipulate some garments
- Avoid shoes with difficult fasteners. Try ones that can be slipped on, or do up with velcro or a zip (with a split pin through the zipper tag for easy grasping)
- Choose clothes in suitable fabrics:
 - pure cotton is cool, but will crease
 - synthetics look smart, but may be uncomfortable in warm weather or when exercising
- If you wear a special splint or other device, before taking it off for the night make sure there is no more walking to be done (last trip to the toilet, close the window, get a glass of water).

Swallowing and eating

Problems with eating or swallowing can result in poor nutrition and affect the person's general health and recovery. Food or drink can go down the wrong way into the lungs and cause infection or pneumonia. Apart from this, eating should be one of life's simple pleasures, and is strongly connected with socialising, so finding ways to help overcome problems is especially rewarding.



When it gets to my tonsils it makes me cough.

There may be swallowing problems if:

- the voice sounds faint, husky or 'wet', especially after eating or drinking
- food is chewed too long, remains in the mouth, or is held (pocketed) in the side of the mouth
- there is difficulty chewing
- a lot of swallows are needed to clear the throat of food
- loss of appetite, unwillingness to eat, or taking an excessively long time to eat a meal
- coughing or choking while eating or drinking
- food comes out of the nose after it is swallowed
- drooling, which can also be the result of a poor sitting position, or forgetting to swallow regularly
- spilling food or drink from the mouth (poor muscle tone can make it difficult to keep the lips together)
- altered taste sensation reduces the swallowing impulse
- eating quickly and impulsively with reduced concentration can lead to food going down the wrong way.

Apart from swallowing, eating problems can include:

- inability to locate dishes, utensils, food (because they are on the affected side) – **see page 53**
- difficulty getting food to mouth
- inability to ‘scoop’ food from plate
- eating with fingers or using wrong utensil
- rough ‘table manners’ (because social awareness is impaired)

What helps

With swallowing problems:

- ensuring the person is alert and sitting upright will help to position the food correctly in the mouth until it is swallowed
- swallowing with the head tipped forward and down avoids foods falling off the back of the tongue too soon
- make sure food and drinks are the right consistency for your particular swallowing difficulty – your speech-language therapist will advise you on this
- the dietitian will recommend the best menu for good nutrition
- remind the person if necessary to take small mouthfuls and to swallow before the next one
- provide smaller spoons if excessively large mouthfuls are being eaten
- have the person sit upright for 30 minutes after eating

General tips for mealtimes:

- don’t feed or help the person more than is necessary. Mealtimes that are long and messy will improve gradually with practice. Being able to feed oneself is one of the basics of independence
- if it is necessary to feed the person, use the correct utensil (a fork for meat and vegetables, not a spoon)
- make sure the table is a comfortable height
- too much conversation can interfere with concentration

- be sensitive to a need for privacy while eating, even at home (resist the inclination to watch what happens to every mouthful)
- start with finger foods to practise getting food to mouth and progress to using utensils
- it is easier to scoop food from a bowl than a plate
- specially adapted cutlery and plates can be obtained through the occupational therapist
- hand the person the correct utensil if they use the wrong one, without too much comment.
- reduce distractions by turning off the television or radio

If the appetite is poor, serve several smaller meals or snacks instead of fewer large meals. Make sure that the food served looks attractive and is as nutritious as possible, with a balanced intake over the day ([see page 166](#)).

Bladder and bowel function

The ability to sense when the bladder is full and to 'hang on' until you get to the toilet can be affected by a stroke. Being less active is a common cause of constipation. Constipation can make a bladder problem worse.

Bladder

- Being unable to pass urine (retention), or not emptying the bladder completely
- Leakage or dribbling of urine
- Not being able to hold on until you get to the toilet
- Passing urine without being aware of it, in bed or at other times
- A sense of having to rush (urgency) to pass urine
- Needing to go the toilet very often (frequency).

What helps

- Do NOT cut down on fluid intake – this could cause other problems. However, it is sensible not to have too much to drink in the evening before going to bed
- If urine is very smelly or there is pain or burning when passing it, there may be an infection. See the doctor
- Bladder training (practising waiting first for a few seconds and building up gradually to a couple of minutes) can teach muscles how to ‘hold on’. Learning this technique needs specialised help from a continence nurse or physiotherapist
- Urinals are available for men and women (especially useful when travelling)
- Make regular trips to the toilet – say every two hours during the day, even if you feel you don’t need to go
- If the person cannot tell you when they want to go, arrange a signal that can be used easily and without embarrassment
- Provide as much privacy as possible for toileting
- Pay special attention to skin care in areas that get wet with urine. Wash and dry thoroughly as soon as possible. A small amount of barrier cream could be used for protection
- Various types of absorbent pads can be worn under clothing or in bed. Use a waterproof sheet to protect the mattress
- Avoid smell by changing or washing pads or clothes and bedding as soon as they are wet. (If they are not going to be washed immediately put them in an airtight plastic bag or soak in a solution used for babies’ nappies.) Keep rooms well aired. Dribbles on carpets sometimes go unnoticed and leave a lingering smell – sponge and disinfect regularly in areas likely to be soiled
- Plan outings – it may be wise to use pads, even if they are not needed at home. Be aware of where toilets are located in places you visit

- Sometimes it may be necessary to use a catheter (a small tube inserted into the bladder that drains off urine into a bag) – the doctor will advise. A catheter is usually well tolerated but does have risks such as infection.

Bowels

- Constipation (not being able to pass a bowel motion) is the main problem
- ‘Overflow’ leakage of mainly liquid (not to be confused with diarrhoea) sometimes accompanies constipation
- The person may accidentally pass a bowel motion, in bed or at other times.

Constipation is common in the first two weeks after a stroke and often rights itself after this time. Immobility and a change of diet in hospital is sometimes the cause, rather than the stroke.

What helps

- Make sure plenty of fluids are drunk (at least eight cups a day). Offer the person a drink several times through the day
- The diet should include plenty of fresh fruit (kiwifruit are especially good – one per day), vegetables, and wholegrain breads and cereals
- It is not essential to have a bowel motion every day – only when motions are hard, irregular or difficult to pass is a person constipated
- Don’t use laxatives without the doctor’s advice
- Try to regain the same pattern of bowel movements as before the stroke, e.g. shortly after finishing breakfast
- Provide maximum privacy and comfort for toileting – so the person can take their time
- Guard against accidents in the same way as for urinary problems (see page 76).