

The First Year of Stroke Recovery

A guide for survivors and families

After a stroke, survivors have questions, "Will I get better? Will I be able to function? Will I be able to take care of myself and my family? Will I be able to enjoy my life?" Everyone in the family needs to learn about recovery from stroke so they feel hopeful, encouraged and know what they can do to recover.

With education and support, survivors and families learn that recovery is a continuous process. After a stroke, the brain has the ability to repair itself by forming new neural connections. In a process of "neurorepair," the brain gradually relearns a function with repetition of behaviors, and progress is made over months and even years with regular practice of targeted exercises and skills.

The first months after a stroke is a period of intensive medical and therapy services that consists of emergency and critical care, medical stabilization, and daily inpatient and weekly outpatient therapy. These are the acute and sub-acute phases of treatment and are administered directly by stroke professionals.

After hospital care, there is gradual transition from services provided by professionals to recovery actions initiated by survivors and families themselves, in which they learn and practice skills to renew their bodies and spirits, and regain function. Survivors and families now take charge of their own healing, for there are steps and behaviors of recovery that no one else can do for them.

During the first year, those new to stroke recovery:

- Participate in weekly exercise and support groups;
- Learn the steps and the skills of self-initiated recovery;
- Practice those steps and skills daily at home;
- Meet experienced survivors and families who support and inspire;
- Refine and strengthen recovery with intermittent therapy.

Another important step in recovery is for survivors and families to recognize their own gradual progress, for it can come in both anticipated and unexpected forms; in physical functioning; in speech and communication; in thinking, emotions, moods and attitudes; in family and social relationships; in energy and motivation; in interests and passion; in purpose and meaning; in quality of life.

Stroke survivors and families can enjoy life even as they recover. They don't have to wait for future events or accomplishments.



Stroke Services during the First Year

Functional Exercise and Recovery Classes

We now know that neurorepair and recovery after stroke can be a continuous process, especially with good patient motivation, therapeutic guidance, interpersonal support and daily practice of targeted behaviors and skills.

Universally, this knowledge is not being adequately applied. After stroke onset, treatment to individuals is provided for a few months and then services usually stop. Current care and insurance reimbursement practices were established before this new understanding came to be and treatment hasn't yet caught up with what is known about recovery today.

Here is a possible solution. When individual treatment ends, continued services in a weekly functional exercise and recovery class can augment neurorepair and improve recovery outcomes. Cost-effective services in a group or class could be provided after completion of individual therapy, especially during the first year after stroke onset.

Here are characteristics of a functional exercise and recovery class:

- 1. Upon completion of individual rehabilitation, stroke survivors are directed to functional exercise and recovery classes as the next phase of their recovery.
- 2. The class meets weekly and is supervised by a physical or occupational therapist.
- 3. The class provides exercises to stimulate and extend range of motion.
- 4. Participants select specific functions and skills that they want to regain.
- 5. Participants practice selected functions and skills in class and at home.
- 6. Recovery is enhanced because participants connect with and support each other.
- 7. Discussion of neurorepair principles and progress reinforce home practice.
- 8. The class meets before or after a stroke support group in order to coordinate physical, psychological and social recovery.

How would these services be paid for? Although groups and classes are very effective, insurance only pays for individual, but not group stroke services. Until the value of group services is recognized and reimbursed, patients could pay the equivalent of a standard copay, which would cover the expense of a group or a class.

We have to do it ourselves, but we don't have to do it alone