The Empowerment Stage of Stroke Recovery
Introduction at the International Stroke Conference 2018

Dear Stroke Professionals,

After acute and subacute care, there is need for a new stage of stroke recovery. At this point, when patients and families come to you, there is an inherent limit to what you can do for them and there are recovery behaviors that they must do for themselves.

After acute and subacute care, the empowerment stage of stroke recovery enables patients and families to continue their recoveries with weekly education, guidance, interpersonal connection, daily practice of targeted functions and periodic rehabilitation to refine recovery efforts, as stroke professionals transition to a supportive role.

We’ve come to ISC 2018 because stroke professionals are in the best position to refer patients to empowerment services. Please explain how patients and families can heal themselves with self-initiated recovery behaviors and the guidance and support of a community of experienced stroke specialists, survivors and families.

Significantly, the empowerment stage of stroke recovery fills a void with education, direction, inspiration and hope that the “chronic” stage does not. With your support, this new stage can become a standard modality of stroke recovery. Please read "The New Stroke Paradigm” for more details. It's online at strokesocal.org.

Stroke survivors and family members will be at the conference hall at booth 141. Please ask them how they have been empowered in their recoveries. Please contact me if you would like to discuss “empowerment” in your community.

Sincerely yours,

Reams Freedman, MA, MFT
Director and Stroke Victor

Stroke survivors become stroke victors as powerlessness transforms to empowerment.
Empowerment after Stroke
A guide for survivors and families

To be empowered is to have the ability, means and opportunity to do something.

Loss of control is a frequent consequence of stroke. To varying degrees, stroke can affect every aspect of living, including mobility, dexterity, communication, strength, energy, thinking, emotions, mood, relationships, roles, and social, residential, occupational and financial stability. As stroke survivors, we often feel powerless and afraid that our disabilities and circumstances are fixed and won’t get better.

Here is a solution. Empowerment is a word that describes how we regain control after stroke. As we learn and practice the skills of recovery, we gradually restore physical, psychological and social functioning and the quality of our lives.

Today, we have choices in how to respond to stroke. While we may have limited control during the acute medical phase, we have significant control over our recovery, daily life and the ultimate outcome.

As we pass through uncertainty, challenge and healing, we find, within us, courage, patience, determination, adaptability, love for others and life, and will to live and thrive. We discover we are stronger than we thought. Here are steps to empowerment:

1. Learn how, why and when to accept responsibility for our own recoveries
2. Learn the steps and skills of physical, psychological and social recovery
3. Select functions we want to restore and practice them daily
4. Turn everyday activities into recovery exercises
5. Connect with others, practice recovery skills together, support one another
6. Seek proactive medical care and follow directions to protect our health
7. Practice self-care, make changes in lifestyle, manage health risk factors
8. Believe that recovery can be continuous, with determination and effort
9. Appreciate gradual progress and the unanticipated benefits of recovery
10. Be grateful for and enjoy the portion of the glass that is filled

Empowerment is the best antidote to loss of control and powerlessness

(310) 575-1699 ● reams@strokesocal.org
The Empowerment Stage of Stroke Recovery
Survivor Initiated Recovery

After stroke onset, stroke survivors and families now benefit from major advances in medical and rehabilitation services, but science can only do so much, for there are essential steps of recovery that patients and families can only do for themselves.

Early stroke services are emergency and critical care, medical stabilization, and acute and subacute rehabilitation, which last up to six months. Optimally, thereafter, as stroke professionals transition to a supportive role, survivors and families learn and practice the steps and skills of self-initiated stroke recovery.

This is “the empowerment stage of stroke recovery” in which patients and families actively participate in weekly education, guidance, interpersonal connection, daily practice of targeted functions and periodic rehabilitation to refine recovery efforts.

After acute and subacute care, further progress in recovery depends on the behaviors of survivors and the support of their families. They select functions they want to regain, practice them daily and the brain gradually forms new neural pathways. Here are actions that empower stroke survivors and families.

1. Education about the steps and skills of self-initiated stroke recovery
2. Weekly support groups and functional exercise classes
3. Interaction and inspiration with experienced survivors and families
4. Selection of specific functions that survivors want to improve
5. Daily practice of those self-selected functions
6. Everyday activities become recovery exercises
7. Periodic rehabilitation guides and refines daily practice
8. Resources in the community augment functional, physical, psychological and social recovery

As survivors and families are empowered, progress can be made in both anticipated and unexpected ways; 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.

After acute and subacute rehabilitation, survivors and families accept responsibility for their recoveries

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Fundamentals of Stroke Recovery

1. Neurological return and plasticity are fundamental mechanisms of stroke recovery. Some functions “return” as injured but viable cells heal. Other functions are restored as the brain organizes new neural pathways around deceased neurons. Both return and neuroplasticity require recurrent rehabilitation and practice of targeted functions.

2. Stroke rehabilitation and recovery typically begin after critical care and medical stabilization. Acute and subacute rehabilitation consists of intensive individual physical, occupational and speech therapy, for about three or four months.

3. After acute and subacute care, Bruce Dobkin M.D., director of UCLA neurological rehabilitation and research recommends periodic rehabilitation to guide daily practice of functions that survivors choose for themselves. This process is “pulse therapy.”

4. During “the empowerment stage of stroke recovery,” survivors take charge of their own recoveries. They select functions they want to restore and practice them daily. They turn everyday activities into recovery exercises, such as standing, walking, use of the affected hand, speaking, reading, chores, games, socializing.

5. The degree of their success depends on the amount of effort between therapy sessions. Metaphorically, one must practice daily to play the piano well. “How do you get to Carnegie Hall? Practice, practice, practice.”

6. Early rehabilitation focuses on injury and disability at that point in time. Over time, there is potential for return of additional function. After acute and subacute care, periodic rehabilitation refines practice and recovery activities.

7. There is an old belief that recovery only occurs during the first months after a stroke. In fact, recovery is a continuous process of biological healing and improved functioning that occurs with recurrent rehabilitation and practice.

8. Stroke recovery is a gradual biological process, like the growth of a child. We are patient with infants and toddlers who walk at one year and talk at age two. Can we be similarly gentle with ourselves as we slowly recover.

9. It’s important to remember that we can enjoy life, even as we recover. It’s good to have goals but we don’t need to make our happiness conditional on some achievement. It is an act of wisdom to appreciate the portion of the glass that is filled.

10. Survivors who fully participate in the recovery process have better outcomes, health and fewer subsequent strokes.

Neuroplasticity does not stop at six months
and neither does recovery from stroke