The New Stroke Paradigm
and the roles and responsibilities of patients, families and communities

Accredited stroke centers, tPA, blood flow restoration devices and other comprehensive care are lifesaving advances in the treatment of acute stroke. There can also be dramatic advances in prevention and recovery with focus on the roles, responsibilities and behaviors of patients, families and communities in the continuum of stroke.

- Weekly wellness classes support self-care and healthy lifestyle, prevent first and secondary strokes, and protect against heart disease, diabetes and other illness.
- Class participants learn to recognize stroke signs and symptoms, immediately call 911 and go to an accredited stroke center to restore brain circulation.
- Patients and families receive support, education, guidance and encouragement during emergency and critical care, medical stabilization and rehabilitation.
- Weekly support groups provide education, guidance, interpersonal connection, continuity and cohesion throughout the process of recovery.
- Upon completion of individual therapy, recovery and neurorepair continue with weekly functional recovery classes and daily practice of targeted skills at home.
- In a process of periodic review and feedback, survivors, families and health professionals are guided to optimal recovery and health.
- Online education, guidance, interaction and support for survivors, families and communities augment wellness, prevention, treatment and recovery.

Reams Freedman, MA, MFT
Managing Director
Stroke Survivor
Reviewer Comments

“I think the document provides a comprehensive, well thought out framework for stroke care through all the stages of the disease.”

Jeffrey L. Saver, MD, FAHA, FAAN, FANA
Professor of Neurology
David Geffen School of Medicine at UCLA
Director, UCLA Comprehensive Stroke Center

“This is a good conception of an overall “holistic” stroke care continuum. Pulse therapy and greater involvement of support groups is a good model.”

S. Thomas Carmichael, MD, PhD
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Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
The New Stroke Paradigm

For millennium, stroke was a mystery, was once called “apoplexy” (a sudden blow delivered by the gods) and nothing could be done about it. Even in the 20th century, there were limits. The injury could not be arrested and it was believed that recovery only occurred during the first months or year after onset. Today, stroke can be prevented, successfully treated and continuous progress can be made in recovery.

- Seventy percent of strokes can be prevented with healthy lifestyle, management of risk factors and basic medical care.
- Emergency treatment can restore circulation to the brain with t-PA (a medication to dissolve clots), blood flow restoration devices and surgical intervention.
- Survivors and families can make continuous progress in recovery, with education, support, daily practice and application of neurological return and plasticity.
- Self-care and healthy behavior protect against subsequent strokes and illness.

Significantly, medical advances for stroke depend on behaviors by individuals, families and the public to be successful. Education, training and support can prepare everyone to fulfill their roles and responsibilities before, during and after a stroke, by learning to take care of their health, to prevent stroke, to recognize signs and symptoms and call 911, and to take control of their recoveries and lives.

Along with medical advances, stroke services need to be modernized. Recovery is often impeded by outdated beliefs and procedures that are contrary to what is known about how the brain heals. Too many stroke services effectively stop after a few months, even though the potential for recovery does not. Optimal recovery is a gradual process of biological healing and improved functioning over time that occurs with recurrent therapy, and daily practice of recovery skills that apply neurological return and plasticity.

Also, stroke causes serious psychological and social disruption that affect recovery outcomes. These ought to be treated with the same concern as physical effects. Survivors who adjust to and manage psychosocial effects of stroke make more progress in recovery than those who cannot. Significantly, in the first six months, a patient may have thirty to fifty rehabilitation sessions and zero sessions to address psychological and social issues.

Continuity of care is an important concept that should be applied to stroke services. Patients and families are often discharged without preparation for the next phase of treatment or the treatment may be weak or missing. Typically, attention is focused on the sudden event and for a few months afterwards. Stroke has multiple facets that evolve before, during and after onset that should be addressed on a continuum over many years.

Coordinated and integrated stroke services provide continuity of care throughout the stroke continuum
Premise and Promise

Because there have been advances in prevention, treatment, rehabilitation and recovery, this is what the new stroke paradigm can look like today.

1. Individuals and families protect themselves against stroke and other illness by participation in universal wellness and prevention education and practice.
2. An informed public knows the signs and symptoms of stroke and calls 911 immediately, which is critical to restoration of blood flow to the brain.
3. Emergency and acute care is provided at accredited stroke centers.
4. A period of intensive inpatient and outpatient rehabilitation is provided after medical stabilization, based on the individual treatment needs of each patient.
5. Coordinated physical, psychological and social therapies reinforce cognitive, emotional and social adjustment, stability and physical recovery and functioning.
6. After initial intensive rehabilitation, intermittent maintenance therapy and weekly support groups strengthen gradual and long-term recovery.
7. Caregivers and family members receive essential education, support and training in each phase of the stroke continuum.
8. Survivors and families prevent subsequent strokes and other illness with education, support and practice of healthy behavior in universal wellness classes and teams.
9. With continuity of care, each phase of treatment gets the support it needs. Patients and families are guided from one phase to the next.
10. Integrated post-acute physical, psychological and social care can be provided at low-cost, improves health outcomes and reduces later expense.

Here is the promise of the new stroke paradigm. Individuals and families who practice routines of wellness and prevention have fewer strokes than those who don’t. Survivors and families that participate in integrated physical, psychological and social therapies that emphasize education, guidance, interpersonal support, empowerment, practice of recovery skills and self-care, make more progress in functional recovery, have fewer subsequent strokes and have a better quality of life than those who do not.
Paradigm Perspective

I knew little about stroke, until I had one. Many years later, based on my experience and that of fellow survivors and their families, here is some of what I’ve learned, followed by ideas that I hope can be a new paradigm for stroke prevention and recovery, founded on empowerment of individuals and families and integration of stroke services.

Prevention through Wellness

Stroke, heart disease, diabetes, cancer and other illness can be prevented with healthy lifestyle, attention to health risk factors and basic medical care. All respond to the same universal self-care practices. Working with others in teams at home, work, school, in church and neighborhoods is an effective and enjoyable way to protect our health.

Call 911

A vital goal of emergency stroke care is to restore blood flow to the brain and treatment begins with a call to 911. Those who participate in prevention and wellness programs learn the signs and symptoms of stroke and to call 911. Immediate treatment at a stroke center can stop, reduce or reverse the injury of stroke.

Family Crisis

After a stroke, patients and families need education about stroke, recovery, emotional and social support and guidance to resources, provided by a hotline, knowledgeable health professionals, experienced survivors and caregivers, and weekly support groups.

Recovery from Stroke

Stroke recovery is a gradual process of biological healing and improved physical, psychological and social functioning that occurs over time with recurrent rehabilitation, education, support, guidance, daily recovery effort and practice by survivors and families.

Empowerment

Initially after stroke, survivors and families experience loss of control and depend on health professionals. On hospital discharge, they often feel anxious because they go home without that support. A next stage of recovery is for them to learn what they can do for themselves to get better, through a process of empowerment and the skills of recovery.

Recovery is an inside job

While the help of others is vital in recovery, survivors and families need to know their role and responsibilities, for there are actions that no one else can do for them. Healing from stroke is an inside job that is strengthened by hope, courage, optimism and trust, and persistent and patient practice of the behaviors of recovery.
Recovery with Others

While there are actions that stroke survivors and families can only do for themselves, they don’t have to do it alone. On return home, the next phase of recovery begins with outpatient therapy and support of a community of experienced survivors and families, who understand, encourage and inspire. No one has to be or feel alone after stroke.

Return and Plasticity

The path to neurological recovery is "return," which is spontaneous restoration of lost function, as injured but viable cells heal, and "plasticity," which is the brain’s ability to reorganize itself and regain function by forming new connections around deceased cells, and both of these occur with recurrent therapy and practice by survivors and families.

Simple. Not Easy

Rehabilitation research shows that survivors, who work with simple tools at home, recover as well as those who work with expensive equipment. A key determinant of success in recovery is regular practice, like learning to play a musical instrument.

Psychological and Social Recovery

Stroke impacts psychological and social functioning, sense of self, independence, security and stability, concerns for the future, and roles and relationships. Stroke affects how survivors and families think, feel, relate and experience life, and these need to be addressed with the same vigor as physical, occupational and speech therapies.

Attitudes of Recovery

After a stroke, it is understandable to initially dwell on losses. However, in recovery, focus gradually changes as survivors and families concentrate on ways to heal and resume their lives. Powerlessness is transformed into empowerment, disabilities to capabilities, resignation to acceptance, and bitterness to enjoyment of the gift of life.

Progress in Recovery

When survivors and families are frustrated by seemingly slow progress, it helps to know that recovery is a biological process, like the growth of children. No one expects a child to walk at six months or talk at one year. Survivors and families can have satisfying lives, even as they gradually recover, just as they enjoy their children at every age.

Community

We all live in community and much of our ability to protect ourselves comes from what we do together. Each of us has a stake in the challenge of stroke and other illness and every individual, family, health professional, hospital, employer, business, civic agency, college and religious order can be part of the solution. Read on.
The Power of Community
Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
Stroke and Community

The National Institutes of Health, the American and National Stroke Associations have conducted essential research, have established guidelines for advanced stroke care and have provided vital education about wellness, prevention, treatment and recovery. Now it is the time to apply this knowledge locally, in the community.

We all live together in community and much of our strength and many of our personal and social accomplishments come from what we do with others. We can apply that synergy to combat stroke.

Every person has a stake in how the challenges of stroke are confronted, and every individual, family, hospital, health professional, college, community leader and agency, religious organization, business and corporation can be part of the solution.

Stroke is more than a sudden event. The cause of stroke and the process of treatment and recovery take place on a continuum over many years. Stroke is a complex disease and strategies should be multi-dimensional and take place when and where stroke begins and recovery occurs, in the home and community.

There have been major advances in stroke prevention, acute care, rehabilitation and recovery: 1) Strokes can be prevented. 2) Accredited stroke centers restore brain circulation. 3) Neurorepair improves functional recovery 4) Survivors and families learn skills and adaptations that enable them to enjoy their lives, even as they recover.

Significantly, these advancements aren’t available to all Southern Californians because they are unevenly distributed over a vast area and population. Stroke prevention, treatment and recovery would be enhanced if services were provided locally, close to where and how people live.

Southern California has significant incidence and prevalence of stroke. While the nature of the disease is universal, the communities in which stroke occurs vary, according to population, culture, ethnicity and language.

Each region and community has its own unique resources, which may include hospitals, health professionals, colleges, community leaders and organizations, religious centers, business sponsors, concerned persons, especially those affected by stroke, and stroke support groups.

Essential advances against stroke need to occur in the community so that services and progress are available to all. The Stroke Association assists communities to develop optimal services in their respective neighborhoods throughout Southern California.
Stroke Services in the Community

The Stroke Association of Southern California is a vital resource in the continuum of stroke services and complements the advanced care of accredited stroke centers and the educational media and research of the American and National Stroke Associations with direct and personal services in the community. This is what SASC can do with support:

1. Prevention and wellness classes support healthy lifestyle, health risk mitigation and medical care that protect against stroke, heart disease, diabetes and other illness.

2. SASC prepares the public to recognize signs and symptoms, immediately call 911 and go to a certified stroke center to restore brain circulation.

3. When families contact the SASC helpline in a state of distress, they receive expert and compassionate guidance to resources and support.

4. In stroke recovery groups, survivors and families learn and practice the skills and adaptations needed to live well and enjoy life, even as they recover.

5. The psychological and social trauma of stroke is eased with education, support, expressive activities, adaptive exercise and professional services as needed.

6. SASC provides continual physical, psychological and social services throughout the continuum of stroke in the hospital, at home and in the community.

7. SASC is committed to serve uninsured, underserved and high-risk populations.

8. SASC supports advances in stroke care by representing survivors, families, and the public-at-large on various scientific advisory committees.

9. In the research project, “Trajectories of Stroke Recovery,” SASC examines the correlated factors that contribute to optimal stroke recovery.

10. SASC helps communities develop collaborative prevention, treatment and recovery services that make use of the resources and strengths in each locality.

The Stroke Association is a non-profit 501 (3)(c) organization (Tax ID 95-2809676) and can expand these services and accomplish these goals in more communities and regions of Southern California with the support of concerned individuals, families, healthcare providers and payers, local government and civic organizations and businesses.

Please support these efforts to improve health and prevent stroke and related illness in your community.
The Power of Community

The Stroke Association of Southern California functions with the support of survivors, families, support groups, health professionals and facilities, concerned persons, local organizations and communities that join together in commitment to stroke prevention, treatment, recovery and universal wellness that also protects against related illness.

1. Individuals, survivors, families and friends work together for a healthy lifestyle, attention to risk factors, to learn the signs of stroke and to call 911 immediately.

2. Hospitals and health professionals provide credentialed stroke centers, inpatient and outpatient rehabilitation, and guide patients through the continuum of prevention, acute care, rehabilitation, and transition to community services.

3. Weekly support groups help those new to stroke to learn optimal recovery skills and adaptations with the support of experienced survivors and families.

4. All community partners support universal wellness practices that protect against stroke, heart disease, diabetes, and other illness.

5. Churches, synagogues, mosques and temples encourage wellness and prevention activities, including blood pressure and other health risk screenings, conducted by health professionals who are members of the congregation.

6. Business and corporations sponsor universal wellness and illness prevention classes. Employers create a healthy work environment and support wellness practices. Healthy employees are most able to be productive employees.

7. Grocery stores and restaurants provide persuasive and “easy to use” nutritional information and access to healthy food choices.

8. Community colleges educate about health and wellness, provide adaptive exercise for the disabled and offer adult classes that enrich life after stroke.

9. Civic leaders and organizations bring the right people together with specialized skills and resources to give support when and where it’s needed most.

10. Stroke Association services are best sustained by the participation and collective expertise, connections and participation of varied members of the community.

A major effect of stroke may be powerlessness, however, community can overpower stroke.
SASC Services and Community Support

The services of the Stroke Association of Southern California (SASC) complement the advanced care of accredited stroke centers, and the research, guidelines and media of the American and the National Stroke Associations, with direct, local services that improve wellness and prevention, and stroke treatment and recovery in the community.

1. Weekly wellness classes support self-care and healthy lifestyle, prevent first and secondary strokes, and protect against heart disease, diabetes and other illness. Class participants learn to recognize stroke signs and symptoms, immediately call 911 and go to an accredited stroke center to restore brain circulation.

2. Patients and families receive personalized support, education, guidance and encouragement from the time of stroke onset through emergency and critical care, medical stabilization, rehabilitation and the ongoing process of recovery.

3. Weekly support groups provide education, guidance, interpersonal connection, continuity and cohesion throughout the process of recovery.

4. Upon completion of individual therapy, ongoing neurorepair continues with weekly functional recovery classes and daily practice of targeted skills at home.

5. In a process of periodic review, progress and outcomes are studied and survivors, families and health professionals are guided to optimal recovery and health.

6. Online education, guidance, interaction and support for survivors, families and communities augment wellness, prevention, treatment and recovery.

To provide these services, SASC depends on support, expertise, experience, resources, dedication and compassion that comes from different sources in the community.

1. A professional staff and a board of directors with expertise, experience, and compassion who are dedicated to wellness, prevention, treatment and recovery.

2. Experienced survivors and families who serve as advisors and advocates, and provide support, example and inspiration in the hospital, home and community.

3. Health professionals and facilities that contribute their expertise to universal wellness and prevention, and stroke treatment and recovery in the community.

4. Concerned civic, educational, business and religious organizations that contribute administrative, financial and marketing expertise, skills and resources.

5. Individuals and families who are professionally, socially and financially willing and able to do so use their connections and resources to support specific projects.

The Stroke Association fulfills its mission with support of the community.
Prevention and Wellness
Contents

The New Stroke Paradigm – Page 3

The Power of Community – Page 7

Prevention and Wellness – Page 13

Call 911 - Every Minute Counts – Page 21

Recovery from Stroke – Page 25

Psychological and Social Recovery – Page 31

Stroke Recovery Groups – Page 37

Support for Community Services – Page 45

Author – Page 49
Prevention through Wellness

Stroke prevention education provides instruction about healthy behavior. “This is what you do to prevent stroke.” However, education is only the first step because stroke can only be prevented after certain behaviors have been completed.

Patients are often asked how they want to receive health education; in writing, with media or in person. A friend said “I’d like to have it IV.” He was joking, but it is true that health education can be passive, and to be effective, action is also needed.

Fortunately, the steps we must take to protect ourselves are well-understood and straight-forward. It is also motivating to know that these steps prevent other illnesses such as heart disease and diabetes.

To a large extent, stroke and other illness are caused by unhealthy lifestyle, neglected health risk factors, and medical conditions that can be corrected. All of these respond to healthy behaviors: Maintain blood pressure, cholesterol and blood sugar at healthy levels; eat a Mediterranean diet which is low in saturated fats, and includes fruits, vegetables, complex carbohydrates and olive oil; exercise moderately daily; maintain a healthy body weight; don’t smoke and reduce alcohol intake, and get to basic medical care.

Here are steps to better health:

- Understand the importance of self-care
- Know what to do to protect our health
- Understand our personal risk factors
- Value ourselves enough to take action
- Practice self-care and wellness behaviors
- Accept that behaviors need to be done regularly
- Fit self-care into our daily routine
- Seek and receive social and professional support

Optimal prevention services are more than education and include empowerment and actual practice over time to accomplish lifestyle changes, exercise, nutrition, attention to risk factors and basic medical care. Please join others in behaviors that prevent stroke and other illnesses.
Universal Wellness Practice

Why does the Stroke Association emphasize universal wellness? Seventy percent of strokes can be prevented by healthy lifestyle, attention to risk factors, and basic medical care. These actions also protect against heart disease, diabetes, and other illnesses.

The National Stroke Association, the American Stroke Association, the American Heart Association, the American Cancer Society and the American Diabetes Association all recommend the same behaviors for wellness and disease prevention.

To practice means to repeat a behavior to achieve a goal, and also to work in a profession that requires extensive education and experience. SASC encourages regular practice of universally healthy behaviors with the support of health professionals and organizations.

The Stroke Association supports regular practice of universally healthy behaviors and encourages those who want to protect their health to join with others to achieve personal health goals.

- Form a wellness team at home, work, church, school or in your neighborhood to learn and practice the behaviors of self-care
- Make your home a “good food zone” and make healthy choices when dining out
- Exercise regularly and safely, selecting activities you enjoy, according to your health needs, and with your doctor’s approval
- Reduce unhealthy demands and stresses of your personal and work life
- Access the healthcare you need and work with your doctor for good health
- Manage health risk factors such as high blood pressure, cholesterol, heart conditions and diabetes
- Know how to recognize and respond to medical emergencies

We all need encouragement and support. It’s not easy to regularly eat well, exercise, maintain weight, manage stress and health risks, stop smoking, moderate drinking, go to the doctor and care for our families while under pressure of personal and work responsibilities, especially when fast foods and other short cuts that bypass healthy behaviors are so accessible.

While there are some healthy behaviors no one else can do for us, self-care is easier, more effective and enjoyable when done with others who are also committed to good health. Join with others and form a wellness team.
The New Health Paradigm

In the new paradigm, stroke survivors and families accept more responsibility for their health and healthcare. They practice wellness behaviors and recovery skills, including lifestyle modification, risk factor management, and proactive medical care. Healthcare focus changes from treatment done by others and more to a process in which patients themselves are the most active participants in their own health and healing.

Seventy percent of strokes can be prevented by healthy lifestyle and management of risk factors, which is to say that stroke is prevented by the psychologically and socially driven behavior of individuals and families. One hundred percent of prevention measures for stroke also protect against heart disease, diabetes, and other illness.

In our culture, insufficient attention is paid to wellness and prevention of illness, even though it would produce healthier lives, a more productive population and reduce the cost of healthcare. However, it isn’t necessary to wait for society to change. We can improve our own health now. In the new health paradigm, individuals and families are empowered to take better care of themselves.

There are two types of healthcare; active and receptive. There are actions that we do for ourselves and actions taken by health providers on our behalf. Active steps are behaviors no one else can do for us, such as eating well, physical exercise, and management of blood pressure, cholesterol, blood sugar, weight, and alcohol and tobacco use. Receptive methods are services done for us, such as medical exams, blood tests, mammography, colonoscopy, prescriptions and other procedures and treatments.

Paradoxically, self-care that we do for ourselves is more successful when done with support. It is not easy to stop overeating, smoking or drinking if others are not supportive. Also, practice of self-care is harder when under pressures of the job, or when fast food is the easiest way to get back to work, rather than a way to nurture our bodies properly.

In the new health paradigm, we do our part and we use the support of those around us. Synergy with family, friends, co-workers, employers, health care providers and society helps us complete personal health tasks, goals and responsibilities.

We have to do it ourselves but we don't have to do it alone.
Wellness Goals

- Understand the power of universal wellness and self-care practice
- Form a wellness team and work with others
- Set and achieve wellness goals
- Access needed health services
- Receive essential family, social and psychological support
- Overcome challenges of stress and distress, illness and injury

Universal Wellness Practice

The Wellness Practice supports behaviors that are universally healthy. The same health practices protect against stroke, heart disease, diabetes and other illness.

To practice is to repeat a behavior to achieve a goal. Participants work with others to achieve personal objectives.

To practice also means to work in a profession that requires education and experience. Participants work with multi-disciplinary health professionals to achieve their goals.

For more information, please contact:

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Health Empowerment on the Westside
Health Empowerment

Even with modern medicine, much capacity for wellness lies within the capabilities and recuperative powers of individuals and families.

In fact, for optimal health and healing, there is some self-care that no one can do for us, though wellness practices are more enjoyable and effective when done with others.

The Wellness Practice stimulates optimism and motivates participants to make vital commitments to their health. Knowledge, encouragement, and support are empowering.

The Wellness Practice

Wellness is a state of integrated physical, psychological, and social health, and is achieved through movement and exercise; nutrition; stress management, relaxation and recreation; focus and mindfulness; creative and emotional expression; nurturing relationships; preventive healthcare; with balance of body, mind, and spirit.

At The Wellness Practice, participants assess wellness needs, plan for improvement, and work to accomplish health objectives.

Group activities and wellness teams are encouraged. Working with others can be more productive and satisfying than making personal change alone.

Willpower is a common approach in fitness regimens. The slogan of a local fitness trainer is “We will make you do it.” The Wellness Practice encourages willingness because wellness is easier and more effective when participants “want to do it.”

Regular participation is encouraged because wellness is a process and not a destination, and goals are best achieved gradually over time.
Call 911 - Every Minute Counts
Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
Call 911 - Every Minute Counts

During a stroke, time is brain and every minute counts. Death of brain cells begin with the first symptoms and will continue until the patient receives hospital and stroke center care.

When a stroke occurs, with each minute of delay, the brain loses 1.9 million neurons, 14 billion synapses, and 7.5 miles of myelinated fibers.

A major factor in stroke care is time to treatment. Recognition of symptoms, the call to 911, hospital transit, assessment, MRI or CAT scan, diagnosis, treatment decisions and other critical care all take valuable time.

In regard to time, think minutes. The much publicized treatment window for stroke defines when care is too late and can’t succeed and not when it should begin. There may be a window, but the door to recovery closes fast.

Frequently, 911 is not called because symptoms don’t seem serious or are thought to have another cause. Call for help even if you are not sure it’s a stroke. Let the doctors make the diagnosis.

Paramedics and Stroke Centers in Los Angeles are ready 24/7 to provide advanced stroke treatment, but for those specialized skills, medications and equipment to be of value, we all must recognize the symptoms of stroke and call 911 immediately.
Call 911 Immediately
The public’s role in case of stroke

Stroke is caused by interruption of circulation to the brain. Ischemia or blockage of blood flow is the most common cause (88%) of stroke. Essential treatment is to rapidly restore flow of blood and oxygen. There are now dramatically effective treatments. If you call 911 immediately and the patient is taken to an accredited stroke center, the injuries of stroke may be stopped, reduced or reversed.

When given promptly in the hospital, according to guidelines for ischemic stroke, tissue plasminogen activator (tPA) can dissolve blood clots. “Patients treated with tPA were at least 30 percent more likely to have minimal or no disability at three months,” NEJM Vol. 333:1581-88, Dec 1995

Also, blood flow restoration devices have “proved effective at removing a clot and restoring blood flow in 61 percent of patients.” UCLA Vital Signs, Summer 2012

While there is a well-publicized window within which treatments must be administered, the window defines the time at which treatment will no longer succeed, not when it should begin. Brain cells begin to die at the onset of stroke and time is required for emergency treatment, a CAT scan or MRI, and comprehensive stroke care, so call 911 immediately when there are signs and symptoms of stroke.

Delay in treatment often occurs because stroke symptoms do not trigger sufficient alarm. When we have severe pain, trouble breathing or bleeding, we call for help. In stroke, initial signs and symptoms are often not recognized as serious and can be misinterpreted as migraine, fatigue, stress or intoxication, so learn the signs and symptoms of stroke:

- Sudden numbness or weakness of the face, arm, leg, or one side of the body
- Sudden difficulty speaking or understanding
- Sudden confusion and disorientation
- Sudden change or loss of vision
- Sudden dizziness, unsteadiness or falls
- Severe headache with unknown cause
- In case of a TIA or “mini-stroke,” seek help even if signs and symptoms go away
- If you are not sure it’s a stroke, call 911. Let experts make the diagnosis

The Joint Commission, the American Stroke Association and the National Stroke Association all recommend that that 911 is called and patients are taken to a certified stroke center immediately.
Recovery from Stroke
Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
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 behavior 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.**
Empowerment after Stroke

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

Loss of control is a major 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. Stroke patients and their families frequently feel powerless and are afraid that their disabilities and circumstances are fixed and won’t get better.

These feelings are understandable, because until recently, little could be done about stroke. Today, the situation is much different because there have been many advances in treatment and stroke survivors and families can enjoy their lives, even as they recover.

A word to describe how stroke survivors and families regain control is “empowerment." As survivors and families learn and practice the skills of recovery, they gradually restore physical, psychological and social abilities, and are inspired to work for more progress.

Progression in empowerment is reflected in how survivors see themselves. “Victims” feel overwhelmed and trapped by injury and consequences. “Survivors” have been injured but focus on recovery, and are determined to improve the quality of their lives. “Victors” lead satisfying and meaningful lives, with minimal distraction by the limitations of stroke.

Today, we have choices in how to respond to stroke. While we may have limited control during the acute phase of stroke, we have significant control over our recovery, daily life and the ultimate outcome. As we pass through the stages of 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 empower recovery after stroke:

- Discover what we can do for ourselves to further our own recovery
- Learn about the process of physical, psychological and social recovery
- Practice the skills and behaviors of stroke recovery daily
- Proactively seek medical care and follow directions to protect our health
- Practice self-care, make necessary changes in lifestyle, manage health risk factors
- Believe that recovery can be continuous, with courage, determination and effort
- Connect with other survivors and families and learn how they have recovered
- With guidance, make a realistic plan to improve functions of our own choice
- Appreciate the gradual progress and the unanticipated benefits of recovery
- When we face limits, we learn to enjoy whatever portion of the glass is full
- This combination of behaviors strengthens recovery and prevents another stroke

Empowerment is an antidote to loss of control and powerlessness
Pulse Therapy and Long-term Recovery

1. Physical recovery from stroke is a gradual process of biological healing and improved functioning that occurs over time as a result of recurrent rehabilitation and daily practice of the skills and activities of recovery.

2. Optimal stroke rehabilitation begins with two or three weeks of inpatient therapy, a few months of concentrated outpatient therapy and continues with intermittent, targeted services to help survivors achieve long-term goals.

3. Function can often be restored over time by applying the biological processes of return and plasticity. "Return" is restoration of lost function, as injured but viable cells heal. "Plasticity" is the brain’s ability to reorganize itself and regain function by forming new neural connections.

4. After the initial course of rehabilitation, return and plasticity can continue to be applied effectively. Bruce Dobkin, M.D., director of UCLA neurological rehabilitation and research, recommends recurrent “pulse therapy.”

5. Intermittent pulse therapy and regular practice activate targeted functions until these behaviors become part of daily life. Success in recovery depends on effort between therapy sessions. Someone who only goes to piano lessons but does not practice will never play well.

6. In addition to individual therapy, pulse therapy can be augmented by participation in weekly groups that conduct recovery exercises, educate about return and plasticity, support self-selected goals, and encourage daily home practice.

7. Stroke isolates and individual therapy can be a solitary experience. Survivors and families need to know that they are not alone. Working in a group generates hope, courage, and determination through personal connection, example and inspiration.

8. Because stroke recovery is gradual, it can be difficult for survivors to see their own progress. Long-term recovery can be recognized with periodic assessment and comparison of survivor and family self-evaluations over time.

9. Support of recurrent therapy by insurance payers is important for long-term recovery. For example, under the Medicare maintenance standard, beneficiaries with chronic conditions and disabilities may receive additional targeted services year to year, including pulse therapy, to support their ongoing recovery needs.

Neuroplasticity does not stop at six months and neither should stroke services

The New Stroke Paradigm ● Page 29
(310) 575-1699 ● strokesocal.org
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 co-pay, 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
Psychological and Social Recovery
Contents

The New Stroke Paradigm – Page 3

The Power of Community – Page 7

Prevention and Wellness – Page 13

Call 911 - Every Minute Counts – Page 21

Recovery from Stroke – Page 25

Psychological and Social Recovery – Page 31

Stroke Recovery Groups – Page 37

Support for Community Services – Page 45

Author – Page 49
Psychological and Social Recovery

Recovery from stroke is generally known to consist of biological healing (return), reorganization of neural pathways (neuroplasticity) and gradual restoration of physical functioning. However, it’s much more than that. Psychological and social healing is also essential to optimal stroke recovery.

Stroke is emotionally traumatic. For survivors, it is devastating to be unable to move, talk or to suffer other effects. For family and friends, it is painful to see a loved one ill and disabled, and caregivers are faced with constant responsibility.

To varying degrees, everyone feels loss of control, powerless, afraid, anxious, angry, frustrated, depressed, disconnected, discouraged, disabled, limited, diminished, dependent, alone, self-doubt, self-blame, with challenge to self-identity.

While the medical and physical effects of stroke are necessarily treated first, psychological and social injuries need treatment, too, with education and guidance, interpersonal connection, support and encouragement, practice of the skills of recovery, and targeted psychotherapeutic intervention and medication as appropriate.

Psychological and social services are important because they empower survivors and families to manage the distress and disruption of stroke and stimulate essential drives for recovery, such as determination to live and thrive, and desire to connect with others.

Further, recovery behaviors are generated and sustained by the psychological forces of courage, hope, optimism, determination, persistence, patience and the social powers of trust, interaction, encouragement, support, guidance and example. In the process of recovery, survivors and families discover their inner strength and resilience.

Significantly, survivors and caregivers who participate in psychosocial therapies that emphasize personal empowerment and self-care make more progress in physical recovery, have fewer subsequent strokes and better quality of life than those who do not.

Education and support in a group is an effective way to address the psychological and social effects of stroke. Health professionals and experienced facilitators guide resolution of the recurrent issues of stroke and recovery. Survivors and caregivers who aren’t ready for a group experience can be helped in individual and family settings.

Weekly recovery groups help mood, thinking, attitudes and beliefs; stimulate interests, passion, expression and activity; enhance spirit, promote adaptability, strengthen social connections, relationships and friendships; bolster residential and financial stability; and connect participants with other services in the community.

Psychological and social support is the invisible hand of stroke recovery

Najma Davis, DSW
Psychological and Social Effects of Stroke

Here are ways that emotion, thinking, beliefs, attitude, relationships impact stroke recovery.

1. After a stroke, survivors and families often feel some degree of loss, fear, anxiety, anger, powerlessness and depression. In the process of recovery, education and support can help them feel hopeful, calm, empowered, capable, valued, valuable and grateful.

2. Stroke affects self-worth. Survivors feel diminished when they can’t do normal tasks and caregivers feel ineffective when they are unable to do all they expect of themselves. In recovery, expectations are re-examined and satisfaction is found in gradual progress.

3. It helps to understand recovery as a gradual biological process. We accept that it takes an infant a year to walk and two years to talk. Also, while it takes time to get an education or learn a skill, there is great satisfaction in accomplishing an important goal.

4. When survivors and caregivers feel overwhelmed by the chronicity of stroke, they can learn to enjoy their lives and progress today, even as they continue to recover. They don’t have to wait for some future achievement or event.

5. In recovery, survivors and families learn to appreciate the portion of the glass that is full, and satisfaction and meaning is found in the mixture of challenges, limitations, capabilities, pleasures and opportunities in life now.

6. Survivors and families are often isolated because stroke constricts their lives to a small space. It’s hard to ask for help when feeling alone, vulnerable and fragile. Recovery is easier when caring persons reach out with empathy, encouragement and support.

7. After stroke, relationships are more difficult because of the limiting effects of stroke, the pressures of caregiving and changes in friendships. Discussion, guidance and practice of social interaction in stroke support groups help restore vital social connection.

8. When survivors and families feel powerless, vulnerable and afraid, the example of others helps access inner reserves of strength and courage. Also, interaction in support groups engender feelings of connection, friendship, empathy, compassion and hope.

9. After a stroke, survivors and caregivers walk, talk, act, and think at different speed. This disparity can cause survivors to feel left out or behind and frustration for family and friends. In recovery, everyone learns to patiently interact at the same pace.

10. Lower energy and stamina are common after stroke. Survivors may do less, but they can choose activities that mean the most, that interest and stimulate, that expand capabilities and enrich their lives. Personal passions add meaning and purpose to life.
11. Caregivers often become overwhelmed while providing hours of support, taking care of the household, meeting personal and work responsibilities. Experienced caregivers in a support group can provide strategies, suggestions and resources for respite and calm.

12. Stroke affects family roles. Caregivers may be stressed over extra responsibilities. Survivors may be upset over loss of status or decisions that are made without their input. Solutions can be found through education and shared experience in support groups.

13. Both survivors and caregivers yearn for independence. Since capabilities can gradually change in recovery without being noticed, periodic reevaluation identifies what survivors can now do on their own and the responsibilities that caregivers can safely release.

14. There are often behaviors that are not recognized as effects of stroke, including changes in mood, emotions, thinking, memory, motivation and energy. Education and support help survivors and families understand and manage the complexities of stroke.

15. Sometimes, survivors don’t look like they have had a stroke. Survivors, families and friends need to understand internal effects of stroke that aren’t obvious so they can be realistic and patient in their expectations of self and others.

16. Stroke affects every area of life, including financial and residential stability. Recovery programs help survivors and families connect with community resources.

17. Because recovery is gradual, survivors and families learn to accept their limitations and capabilities, and play with the cards they have been dealt with patience and determination.

18. When can less be more? For some, the losses in stroke lead to deeper experience of life. In recovery, anger and bitterness can be replaced with gratitude and loss with love.

19. Fortunately, for individual survivors and families, only some of these issues arise, and at different times over the span of recovery, and when they do occur, stroke recovery groups and experienced survivors and families are there to support them.

20. Here are general guidelines for resolution of psychological and social challenges of stroke: Identify and learn about effects and impact; share with trusted others about experience and coping; gain personal insight through reflection; formulate strategies to address the matter; discuss progress with others; seek psychotherapy and medication when needed.
The Stroke Recovery Group
Interpersonal interaction, support, 
education, empowerment, practice, 
integrated into the present moment

1. Here is a common experience of stroke. “I lost control of my body and my life and I felt alone and powerless.” Humans cope with such distressful circumstance and emotion by banding together to create connection, relationships, love, caring, belonging, identity, support, example, encouragement and safety.

2. The stroke group is similarly protective, like the nurturing family that we had or needed. The group meets weekly because regular interaction creates connection, trust, healing and empowerment, and because it helps to learn the many skills of recovery sooner, with help, rather than later, by trial and error.

3. In group, individual survivors and caregivers share their personal experiences, feelings and concerns in a safe environment. Others listen with empathy and give feedback on how they felt and acted in similar circumstances.

4. Participants are encouraged to speak from personal experience and point of view to increase self-awareness and to connect with and support others. The most helpful communication is in the first person.

5. An atmosphere of trust is created by authentic interaction and commitment to confidentiality. What is shared in the group stays in the group.

6. As universal concerns are uncovered, each participant discusses how he or she has been affected by or relates to the issue at hand. Facilitators focus on and educate about significant topics that arise, and guide discussion to deeper awareness and understanding.

7. The group is an integrated process of interpersonal connection, mutual support, education, guidance, empowerment and practice of recovery skills and self-care, coalesced into a learning experience in the present moment that can improve functioning, relationships, meaning, purpose, satisfaction, peace of mind and quality of life.

8. Stroke survivors and families who participate in education and support that emphasize connection, empowerment, practice of recovery skills and self-care make more progress in recovery and functionality than those who do not and have fewer subsequent strokes.

9. Ideally, support groups begin during acute rehabilitation and continue during outpatient care for as long as needed, so survivors and families learn and practice the many skills of recovery and discover they can enjoy life, even as they recover.

No one has to face stroke alone
Stroke Recovery Groups
Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
The Stroke Recovery Group at UCLA

There have been important advances in stroke treatment and what survivors and families can do to get better. The UCLA Stroke Recovery Group provides education and support to heal the injuries of stroke.

After hospital discharge, the weekly group empowers survivors and families to achieve optimal physical, psychological, social and functional recovery.

Stroke recovery is a process of integrated education, guidance, interpersonal connection, support, empowerment and practice of recovery skills and self-care that results in better functioning and quality of life, and fewer subsequent strokes and illnesses. It helps to learn the skills of recovery sooner, with help, rather than later, by trial and error.

As survivors and caregivers learn about stroke and recovery together, they share their experiences, feelings and concerns in a safe environment, while others listen with empathy and give feedback on how they felt and acted in similar circumstances. The group is like a nurturing family in which members support each other.

In the group, survivors and families:

- Learn the skills of recovery and what they can do to recover
- Practice recommended exercises daily to gradually restore functioning
- Connect with others and overcome the isolation of stroke
- Share courage, hope, optimism to counter the distress of stroke
- Are encouraged by example, learning how others have recovered.
- Change focus from powerlessness to empowerment and disability to capability
- Strengthen functioning, capabilities, independence, self-identity and esteem
- Proactively seek medical care and follow directions to protect health
- Practice self-care; make needed changes in lifestyle; manage health risk factors
- Believe that recovery can be continuous with knowledge and effort
- Celebrate gradual progress and the unanticipated benefits of recovery
- Are able to enjoy life and the portion of the glass that is full

Mondays, 200 PM – 3:30 PM
UCLA Medical Plaza, 300 Bldg.
Third floor, Leif Conference Room

Please call to confirm meeting time and location
(310) 575-1699 • recovery@strokesocal.org
F.A.S.T.E.R
Functional Activity Stroke Training & Exercise

UCLA Outpatient Rehabilitation and the Stroke Association of Southern California invite stroke survivors to take part in a weekly exercise class led by an occupational therapist.

Mondays, 1-2 pm
Join us on for functional exercises to work on range of motion, strengthening, and gross and fine motor coordination.
Stroke survivors and their caregivers are encouraged to join this class to meet other stroke survivors, and work together to get better, faster!

300 UCLA Medical Plaza, 3rd Floor
$5 per class or $20 per month.
For information or to set up payment for the class, please call (310) 206-6658.

UCLA Health  it begins with U
The Rancho Stroke Support Group

After a stroke, everyone wants to know: Will I get better? Will I be able to take care of myself? Will my family be O.K.? Will I enjoy life? How long will it take?

The stroke group will answer these questions with vital education and support. Meet experienced survivors to be encouraged, optimistic and empowered in recovery.

**Time and Location**

Mondays, 10:45 AM to 12:00 PM  
Rancho Los Amigos National Rehabilitation Center  
Building 900, Room #10  
7601 Imperial Highway  
Downey, CA 90242

**Contact**

(310) 575-1699  
recovery@strokesocal.org
El Grupo de apoyo para el ataque cerebrovascular de Rancho

Todas las personas tienen preguntas después de un ataque cerebrovascular. ¿Me mejoraré? ¿Podré cuidar de mí mismo? ¿Estará bien mi familia? ¿Podré disfrutar de la vida? ¿Cuánto tiempo tomará?

En el grupo, se pueden encontrar respuestas útiles con educación y apoyo. Reúnes con otros para recibir ayuda para recuperarse y mantenerse ánimo y optimista.

Horario y lugar:
Lunes de 10:45 a.m. a 12:00 p.m.
Rancho Los Amigos National Rehabilitation Center
Edificio 900, Sala #10
7601 Imperial Highway
Downey, CA 90242

Contacto
(310) 575-1699
recovery@strokesocal.org


Para solicitar adaptaciones razonables, comuníquese con el Coordinador de ADA a lawong@dhs.lacounty.gov o al (562) 401-7428, 5 días de anticipación.
Dear Doctor,

After stroke patients and families are discharged from the hospital, they may come to you with questions and concerns about what happens next.

After concentrated treatment in the hospital, they may fear that nothing more can be done for them. It will help them to understand how stroke recovery changes from inpatient care to outpatient education, therapy, practice and support in the community.

They now need to learn how to live with stroke, adapt to their limitations, expand their capabilities and independence, and develop supportive relationships. They can best do that in a community of experienced survivors, families, recovery services and specialists.

“Continuity of care” is an important concept in the continuum of stroke. As appropriate, you can tell your patients that transition to services in the community is the next step in the process of recovery.

For example, the Stroke Association, UCLA Rehabilitation Services and Santa Monica (Emeritus) College provide education, support, adaptive exercise, and enrichment classes to improve recovery and quality of life.

Would you please contact us or refer your patients when they can benefit from stroke recovery services in the community? Recovery is easier and more effective when done with others.

Sincerely yours,

Reams Freedman
Managing Director

(Today, stroke can be prevented, successfully treated and survivors and families can enjoy life even as they recover)
Support for Community Stroke Services
## Contents

The New Stroke Paradigm – Page 3

The Power of Community – Page 7

Prevention and Wellness – Page 13

Call 911 - Every Minute Counts – Page 21

Recovery from Stroke – Page 25

Psychological and Social Recovery – Page 31

Stroke Recovery Groups – Page 37

Support for Community Services – Page 45

Author – Page 49
An Invitation and an Appeal
Support for Community Services

The National Institutes of Health, the American and National Stroke Associations, accredited stroke centers and rehabilitation hospitals are all crucial to stroke prevention, treatment and recovery, yet research, medicine, therapy and media can only do so much. Full participation of survivors, families and communities is also essential.

Seventy percent of strokes can be prevented, however wellness and prevention of stroke and other illness depend on the actions of individuals and families and communities. After acute medical care and sub-acute rehabilitation, continued stroke recovery depends on what survivors and families do for themselves and how communities support them.

Please read “The New Stroke Paradigm.” The Stroke Association of Southern California has created an innovative model to address the roles and responsibilities of individuals, families and communities in the process of wellness, prevention, treatment and recovery. Every person and organization in the community has a part to play, including:

1. A professional staff and a board of directors with expertise, experience, and compassion who are dedicated to wellness, prevention, treatment and recovery.

2. Experienced survivors and families who serve as advisors and advocates, and provide support, example and inspiration in the hospital, home and community.

3. Health professionals and facilities that contribute their expertise to universal wellness and prevention, and stroke treatment and recovery in the community.

4. Concerned civic, educational, business and religious organizations that contribute administrative, financial and marketing expertise, skills and resources.

5. Individuals and families who are professionally, socially and financially willing and able to do so use their connections and resources to sustain specific projects.

The Stroke Association of Southern California needs your support to help individuals, families, neighbors and community. Please join this campaign.

Sincerely yours,

Reams Freedman
Managing Director
Stroke Services in Your Community

The services of the Stroke Association could be expanded to more communities with your support. We ask concerned individuals and families; healthcare professionals, providers and payers; local government, civic minded organizations and businesses to help create and sustain these services in your community.

1. Universal wellness classes and teams support self-care and healthy lifestyle, prevent stroke, and protect against heart disease, diabetes and other illness. Participants also learn to recognize stroke signs and symptoms, to immediately call 911 and go to an accredited stroke center to restore brain circulation. ($10,000/year)

2. Patients and families receive personalized support, education, guidance and encouragement from the time of stroke onset through emergency and critical care, medical stabilization, rehabilitation and the ongoing process of recovery. ($10,000/year)

3. Weekly stroke support groups provide education, guidance, interpersonal connection, continuity and cohesion throughout the process of recovery. ($10,000/year)

4. Upon completion of individual therapy, ongoing neurorepair continues with weekly functional recovery classes and daily practice of targeted skills at home. ($10,000/year)

5. In a process of periodic review, progress and outcomes are studied and survivors, families and health professionals are guided to optimal recovery and health. ($10,000/year)

6. Online education, guidance, interaction and support for survivors, families and communities augment wellness, prevention, treatment and recovery. ($10,000/year)

To distribute cost, sponsorship of these interventions might be divided among different entities within the community, such as individuals, families, businesses or civic agencies.

Further, it is in the interest of insurance payers to contribute to community services, for as services improve health, they also reduce subsequent illness and expense. The savings for one participant could pay annual program costs in one community, several times over.

Thank you for your consideration of this appeal. People you know will be the beneficiaries of your support. The Stroke Association is a non-profit 501 (3)(c) organization (Tax ID 95-2809676) and your contribution is tax exempt.

Please support wellness and stroke services in your community.
Author
Contents

The New Stroke Paradigm – Page 3
The Power of Community – Page 7
Prevention and Wellness – Page 13
Call 911 - Every Minute Counts – Page 21
Recovery from Stroke – Page 25
Psychological and Social Recovery – Page 31
Stroke Recovery Groups – Page 37
Support for Community Services – Page 45
Author – Page 49
About Reams Freedman
Managing Director

Since 1998, I have been a leader of stroke recovery at UCLA, working with fellow survivors and families to restore our lives. Now, as director of the Stroke Association of Southern California, I also serve survivors, families and communities at Huntington Hospital, Rancho Los Amigos and other settings.

Here is information about my personal and professional experience and credentials. For thirty years, I worked in various jobs in the healthcare industry, as a paramedic, health educator, family therapist, clinical supervisor, and hospital manager, in public and private, inpatient and outpatient, profit and non-profit, provider and payer settings.

My degrees are a B.A. in Health and Safety Studies and an M.A. in Human Development. My professional credentials are as a Licensed Marriage and Family Therapist and as a California Community Colleges Instructor in Health and Physical Care Services.

I learned about healthcare through my education and profession. I learned something about life from personal illness and injury. After life-changing strokes, other survivors and I formed the Stroke Recovery Groups at UCLA. Together, we discovered we have choices in how to respond to illness. While we may have limited control during the acute phase of illness, we do have significant control over our recovery, daily life and the ultimate outcome.

As we passed through the stages of uncertainty, challenge, and healing, we each found within us courage, patience, determination, adaptability, love for others and life, and will to live and thrive. We discovered we are stronger than we thought.

In 1998, I was unprepared for stroke. I now know that stroke can be prevented, successfully treated and that a satisfying and meaningful life is possible for both survivors and families, and that wellness, prevention, rehabilitation and recovery are more enjoyable and productive when done with others.

At the Stroke Association, no one faces stroke alone
Lessons from Stroke
Reduction and Recovery

One way to describe stroke is as a process of reduction. The injury of stroke reduces life to something less than it was. We are unable to function and live as we once did. There are feelings of loss and we may feel that our fate is sealed. In my case, after a severe stroke, I believed my life was over and I was very depressed.

What I’ve learned since is that, paradoxically, stroke can also reduce our lives to something more. In the culinary arts, the process of reduction brings out full flavor and enjoyment of food. It may seem improbable but the same thing can happen after stroke. In recovery, life can be distilled or refined to its most precious qualities and experiences.

“Shakespeare in Love”

I knew little about stroke when I had one, I now know that recovery is a process of gradually moving from powerlessness to empowerment, disability to capability, hopelessness to hopefulness, loneliness to connection, loss to love, fear to courage, anger to gratitude, depression to passion, and to satisfying and meaningful life.

And this transformation takes place through continuous education, guidance, interpersonal connection, support, encouragement, example, human spirit, courage, determination and practice,

I am now able to enjoy life daily, even as I recover. I don’t have to wait for future events or accomplishments. Each day, I focus on my capabilities and opportunities, with little thought of limitations, and even when I am confronted by disabilities, my life has improved quality and deeper meaning than before the stroke.

“Lessons from Stroke” is a book based on personal recovery experience. (mine, fellow survivors and families)