

The New Stroke Paradigm

Empowerment of individuals and families, with guidance and support

For millennia, stroke was a mystery, was called “apoplexy” (a sudden blow from 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 after onset.

Today, the reality is much different. Primary and comprehensive stroke centers restore circulation to the brain with the medication t-PA, blood flow restoration devices and other comprehensive care.

Also, progress in rehabilitation has been made with new understanding and targeted application of neurological return and plasticity. Acute and subacute rehabilitation services are provided widely.

These services are provided by stroke professionals. A next advance should focus on what individuals, patients, survivors and families can do for themselves to prevent, respond to and recover from stroke.

For example, over 80% of strokes can be prevented by healthy lifestyle, risk factor mitigation and proactive medical care. Citizens who practice self-care have fewer strokes and other illness.

Further, to treat patients, stroke centers depend on prompt action by citizens. Bystanders must immediately recognize stroke signs and symptoms, call 911 and make sure that patients are taken to a stroke center. Time is brain

In contrast, contrary to old beliefs, there is not a time limit on stroke recovery. Those who learn and practice the steps and skills of recovery can make continuous progress in physical, psychological and social functioning.

In the new stroke paradigm, individuals and families are empowered, with guidance and support, to take actions in prevention, emergency response and recovery that no one else can do for them.

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

Premise and Promise

This is what the new stroke paradigm and personal empowerment can do.

1. Individuals and families protect themselves against stroke and other illness with wellness and prevention training and practice of healthy behaviors.
2. An informed public immediately recognizes the signs and symptoms of stroke, calls 911 and makes sure that patients are taken to a stroke center.
3. Emergency and critical care is provided at accredited stroke centers to restore blood flow to the brain.
4. A period of acute inpatient and subacute outpatient rehabilitation is provided after medical stabilization, based on individual needs of each patient.
5. After acute and subacute treatment, recovery continues with periodic rehabilitation and daily practice of targeted functions.
6. Survivors and families take charge of their own recoveries, as stroke professionals transition to a supportive role.
7. Survivors and families are empowered by connection, interaction, education, guidance, practice and support in weekly classes and groups.
8. Caregivers and family members also receive education and support at each stage of the stroke continuum.
9. Survivors and families prevent subsequent strokes and other illness with practice of healthy behavior reinforced in recurrent classes and teams.
10. With continuity of care, each stage of treatment gets the support it needs.
11. Patients and families are prepared and supported at each stage of recovery.
12. After subacute treatment, low-cost outpatient services can improve recovery outcomes and reduce subsequent illness and medical expense.

Survivors and families who participate in coordinated physical, psychological and social therapies that provide 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.

Are these services available in your community?

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, treatment 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 proactive 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 as soon as possible. Those who participate in prevention and wellness programs learn the signs and symptoms of stroke and to call 911 immediately. Treatment at accredited stroke centers can stop, reduce or reverse the injury of stroke.

Family Crisis

After a stroke, patients and families need education about stroke and 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 and daily practice of recovery skills.

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 services and support of a community of experienced survivors and families, who understand, encourage and inspire. No one should be or feel alone after stroke.

Return and Plasticity

The path to neurological recovery is "return," which is 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 occur best with recurrent therapy and daily practice by survivors and families.

Simple. Not Easy

Rehabilitation research shows that survivors, who work with simple tools at home, can 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 this needs 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.