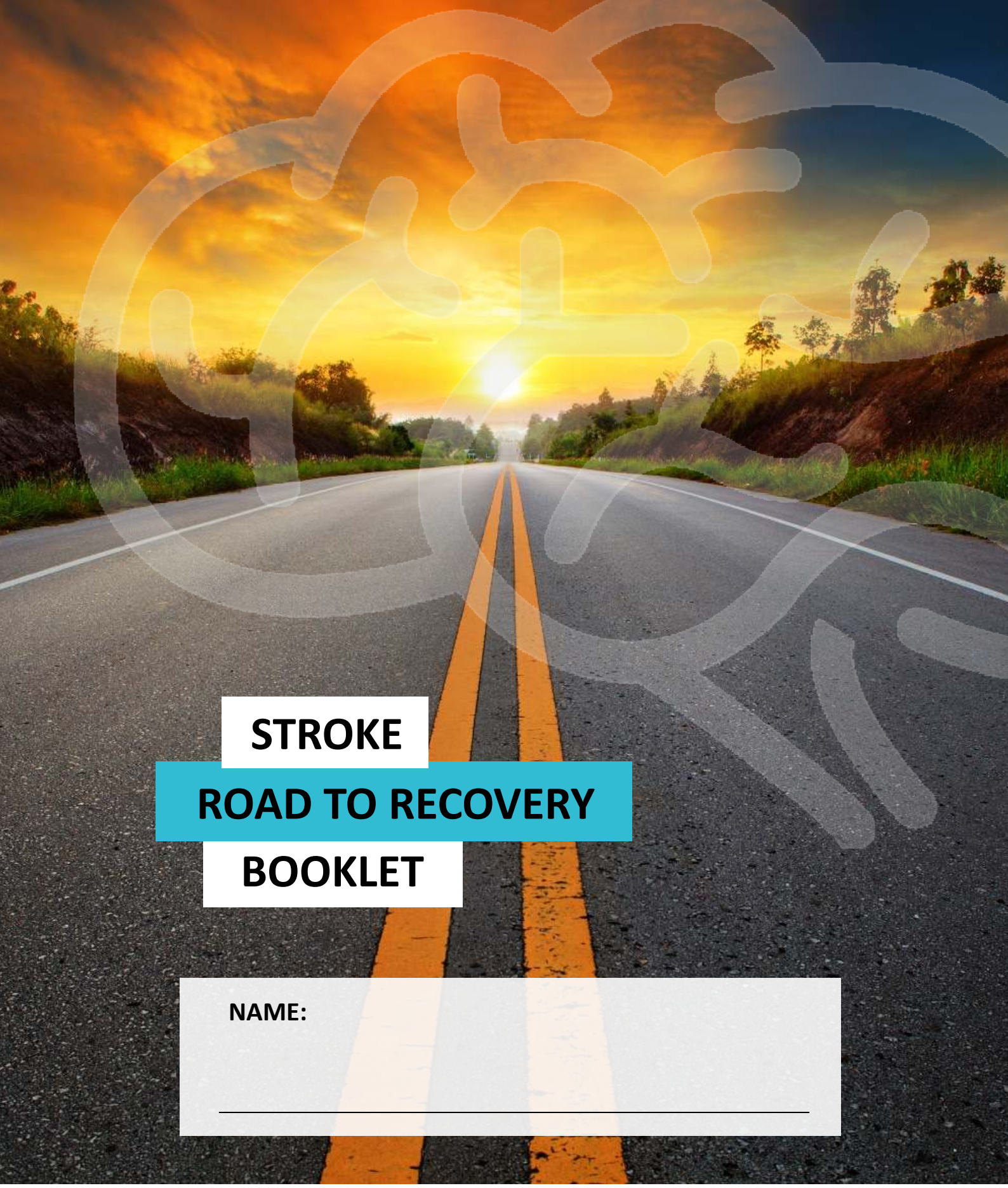


STROKE
ROAD TO RECOVERY
BOOKLET

NAME:

_____

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

the stroke survivors foundation

WITS PHYSIOTHERAPY

Occupational Therapy

GGT2030
GROWING GAUTENG TOGETHER

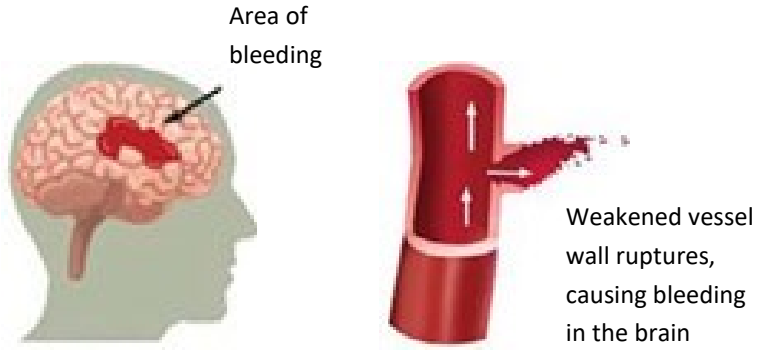
WHAT IS A STROKE?

A stroke is a brain attack!

It happens when the blood supply to part of your brain is restricted. Blood carries essential nutrients and oxygen to your brain, and without blood, your brain cells can be damaged or die. This damage can have different effects, depending on which part of the brain is affected, so no two strokes are the same.

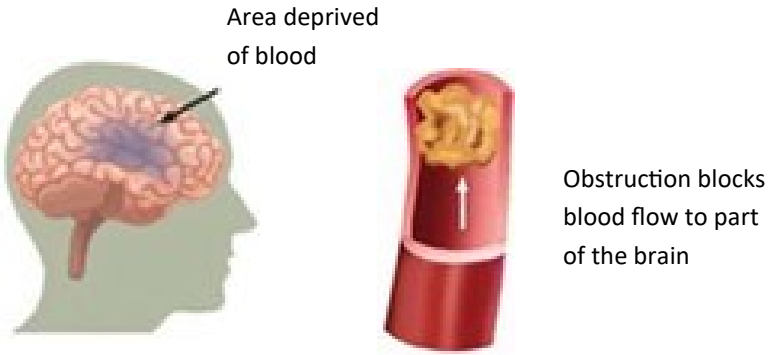
Hemorrhagic Stroke (Bleeding)

Occurs when a blood vessel within the brain, ruptures and cause bleeding in and around the affect area. The blood builds up and creates pressure on the surrounding brain tissue. These bleeds can be caused by an aneurysm or an arteriovenous malformation (AVM).



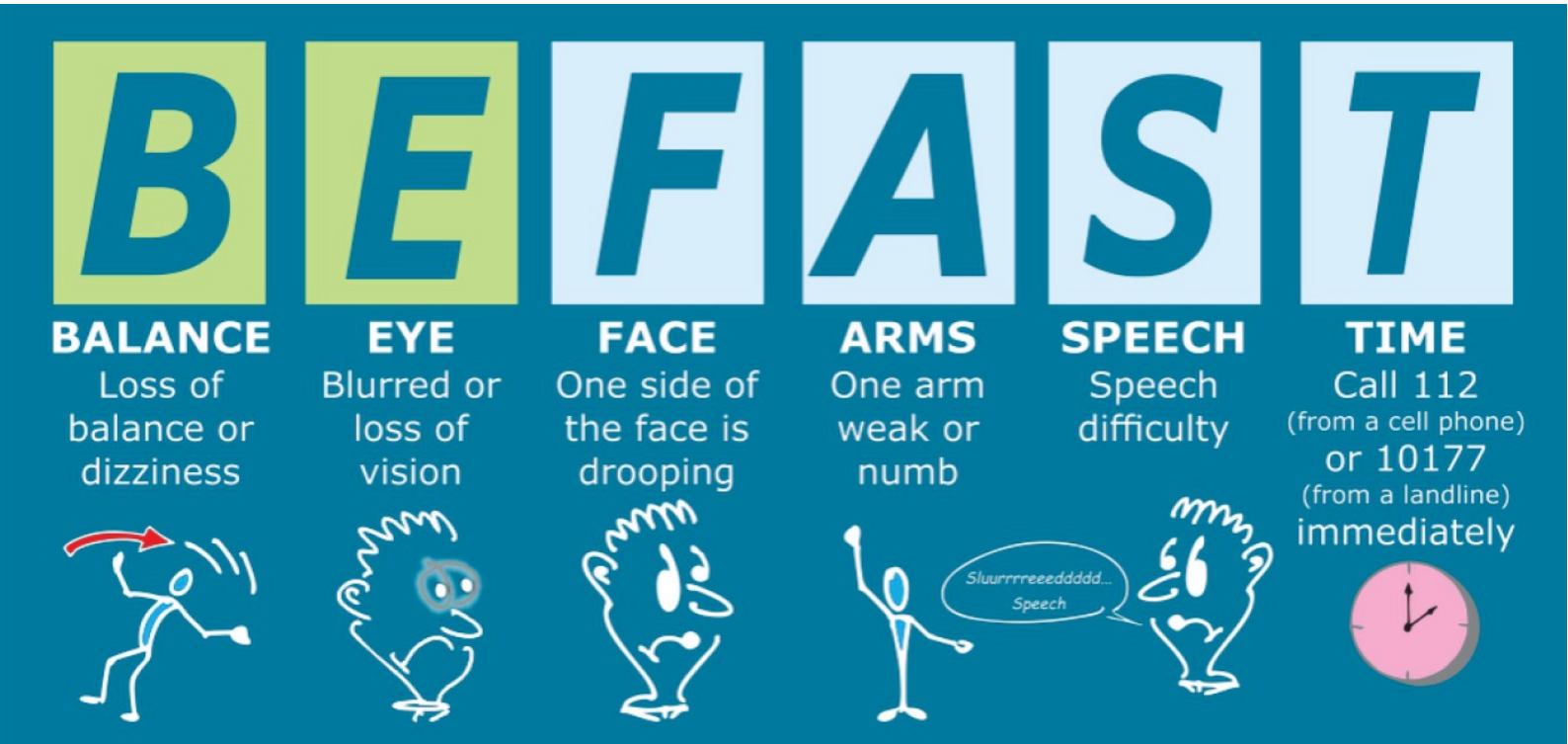
Ischaemic Stroke *(Clot)*

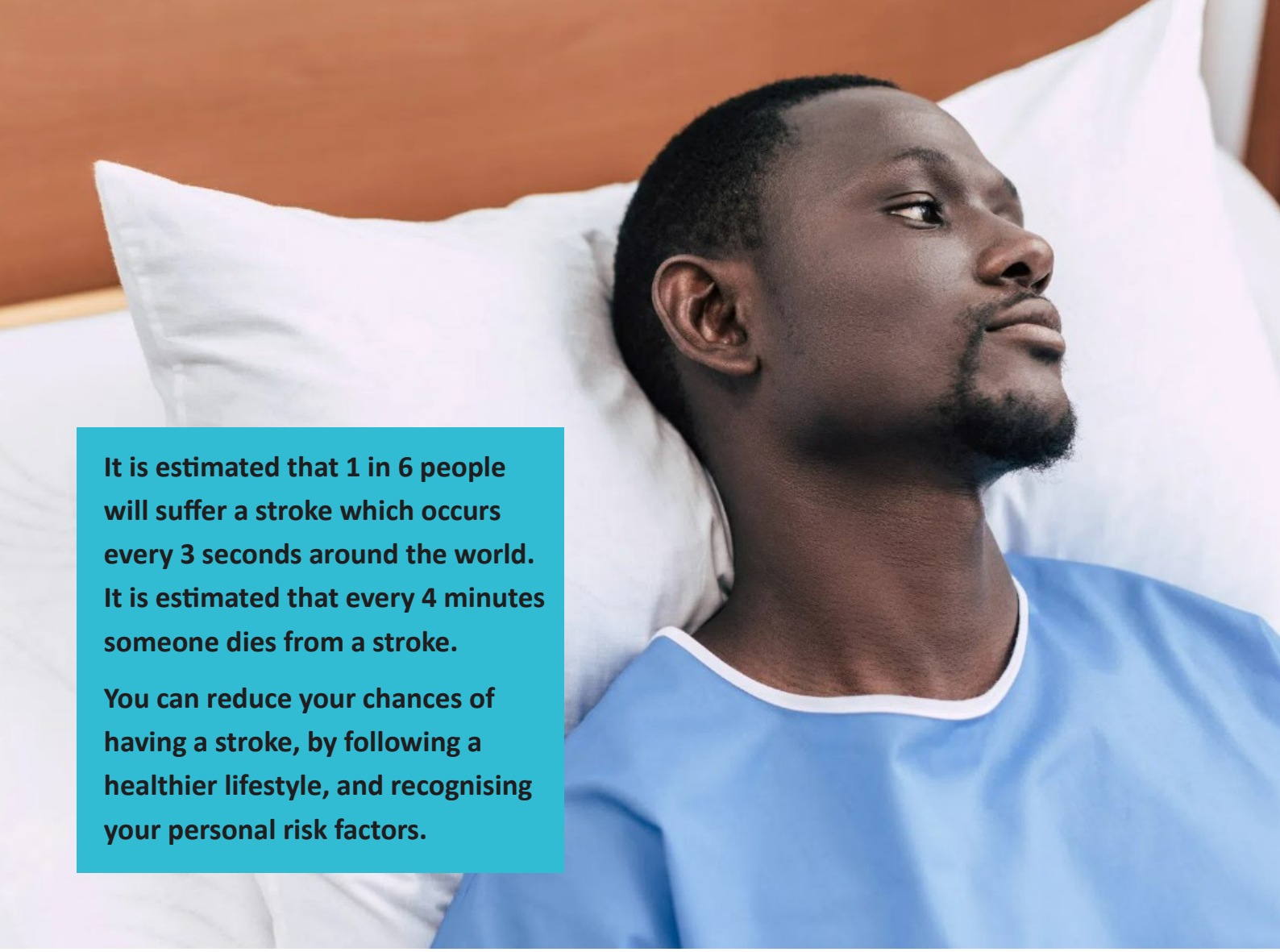
This is caused by a blood clot which blocks the flow of blood to the brain, which is also known as a cerebral thrombosis.



Transient ischaemic attack *(TIA)*

A TIA or a mini-stroke copies the symptoms of a stroke, except that the symptoms last for a short period of time and is temporary. A TIA, although temporary, is still very serious as it is a sign of a problem that needs attention, and warning signs of a bigger stroke occurring if the problem is not treated.





It is estimated that 1 in 6 people will suffer a stroke which occurs every 3 seconds around the world. It is estimated that every 4 minutes someone dies from a stroke.

You can reduce your chances of having a stroke, by following a healthier lifestyle, and recognising your personal risk factors.

PREVENTATIVE MEASURES

Diet and Nutrition: Following a healthy eating plan, and maintaining a healthy weight greatly reduces your chances of chronic diseases and stroke.

Exercise: Physical exercise and regular medical checkups helps to ensure your body is functioning at its peak.

High Blood Pressure: It is estimated that more people suffer from High Blood Pressure without even realising it. Regular medical checkups, monitoring and controlling blood pressure helps reduce your chances of a stroke.

Cholesterol: It is important to have your cholesterol checked regularly and where necessary to control the cholesterol levels in your body. Cholesterol is a leading cause of blockages and problems in the arteries that carry blood through your body.

Alcohol: Alcohol can increase blood pressure and thus increases the risk of a stroke.

Smoking: Smoking increases your chances of a stroke. Kicking the habit is good for you and your family, as secondary smoke is just as bad as smoking, and increases the chances of family members suffering a stroke.

ABOUT SSF

The Stroke Survivors Foundation (SSF) was established in 2010 and is registered as a Non-Profit Organisation (NPO) and Public Benefit Organisation (PBO) in terms of section 18A and section 30(3) of the Income Tax Act No 58 of 1962.

A stroke patient, whilst still being treated in hospital, receives lifesaving medical care and treatment. However, upon discharge, the hospitalisation care and treatment vanish, as most stroke survivors would attest that living with the devastating impact of stroke **only begins** once discharged from hospital.



Surviving a stroke is the easy part, however, when you return home, for the survivor and their family, the reality of living with the devastating impact of a stroke, herein lies the challenge!

Surviving a stroke changes your dynamic and circumstances in life.

Sadly, there is a major worldwide disconnect between in hospital care and post-discharge care and support. The Stroke Survivors Foundation intend to put an end to this status quo.

Staying informed, motivated and keeping a positive mindset...this is the difference between conquering the disease or giving up to the disease and giving up by throwing in the towel!

SSF's Post Discharge Stroke Support (PDSS) community bridges the gap that exists between hospital discharge and life changing support and care, which is desperately required post-stroke. We provide non-medical peer to peer support to people of all ages and life stages affected by stroke. We offer much-needed family support and provide access to a comprehensive ecosystem of stakeholders enabling you to confidently embrace life post-stroke. Thus, allowing you to regain your dignity and pride, which will give you the much-needed belief in yourself and easing your re-entry back into society.

The SSF has created multiple innovative and specific platforms, namely the PDSS community and the Strokefocus mobile app. These platforms provide support solutions to address the issues of individual, societal and structural drivers of post hospital discharge support and care.

Stroke changes the dynamics and circumstances in life, with the opportunity to deal with this newfound dynamic with a positive attitude and work towards achieving success, despite the trauma.

To connect with survivors, carers and healthcare professionals worldwide! Please use the App store on your phone and search for **Strokefocus** mobile app.

SCAN ME

strokefocus™

Post Discharge Stroke Support (PDSS)

Adapt • Improvise • Overcome



NB: Please ensure the patient receives this document on discharge. This letter contains important information regarding your stroke and the treatment you have received. Please remember to take it with you to your next Physiotherapy, Occupational Therapy, or Speech Therapy appointment.

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

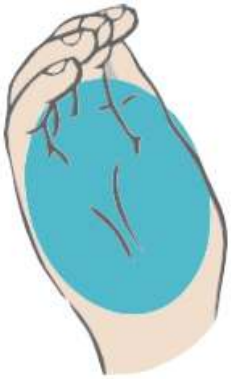
Referral from _____to: _____

☐ **ST** ☐ **OT** ☐ **PT** ☐ **Other: _____**

Name of Institution								
Date								
Therapist name and designation	**Total score**							
FCM (ASHA 2020)	Cognition (4)							
	Fluency (6)							
	Functional Reading (6)							
	Writing (6)							
	Multi-modal functional communication (7)							
	Pragmatics (7)							
	Speech Intelligibility (6)							
	Spoken Language Comprehension (6)							
	Spoken Language Expression (7)							
	Swallowing (5)							
	Voice (4)							
Completed by:								
Modified Barthel (Shah Version)	100							
Completed by:								

Modified Rivermead Mobility Index	40							
Completed by:								
Fugl-Meyer (Upper limb)	a. Upper extremity (36)							
	b. wrist (10)							
	c. hand (14)							
	d. Coordination / Speed (6)							
	h. sensation (12)							
	j. passive joint motion (24)							
	j. joint pain (24)							
Completed by:								
SLUMS/ MMSE	30							
Completed by:								
CASP	36							
Completed by:								
CIQ	29							
Completed by:								
NIHSS	42							
Completed by:								

Outcome measures to be completed at entry and exit from each level of service.

	PORTIONS	FOODS TO AVOID	FOODS ALLOWED
STARCHES	 4 - 6 per day.	 Avoid refined carbohydrates & sugary breakfast cereals, avoid eating more than the recommended portion size..	 Choose complex carbohydrates like brown rice, whole-wheat pasta, brown bread, weetbix, oats, mabella. Eat pap in the correct portion size & avoid making with salt.
PROTEIN	 4 - 5 per day.	 Avoid red meats, processed meats & sausages, avoid eating fatty cuts of meat.	 Remove all visible fat from meat before cooking, including the skin of chicken. Include beans & lentils to your diet. Eat fish twice a week & limit eggs to 3 a week.
FRUIT & VEGETABLES	 3 Veggies & 2 fruits per day.	 Avoid adding sugar, butter & cream to your vegetables, avoid all tinned fruits & vegetables as well as fruit juice.	 All fruits & vegetables are allowed as well as frozen vegetables. Eat your fruit with the skin where possible as snacks.

	PORTIONS	FOODS TO AVOID	FOODS ALLOWED
FATS		 Avoid all deep-fried foods even at home. Avoid spathlo, vetkoek, fried chicken & fried fish.	 Rather roast, bake, boil or simmer foods. Cook your own foods at home & take leftovers to work.
DAIRY		 Avoid all full-cream dairy options such as full-cream milk, milk powder, yoghurt & custard. Avoid all coffee creamers, yellow cheeses, like mature cheddar & gouda as well as processed cheeses & cheese spreads.	 *All low-fat, fat-free dairy options is acceptable, choose white cheeses like cheddar, mozzarella & feta. Use lite custard options.*
SALT		 Avoid spreads that you put on your bread, stock cubes, soup powders & adding salt to your food while cooking, as well as fizzy drinks, juice blends & alcohol.	 Cook your foods using herbs & spices. Drink 2L of water a day. Drinking 2-3 cups of tea/coffee per day is allowed, limit the sugar you add, try 1tsp.

NB: Please ensure the patient receives this document on discharge. This letter contains important information regarding your stroke and the treatment you have received. Please remember to take it with you to your next Physiotherapy, Occupational Therapy, or Speech Therapy appointment.

DEMOGRAPHIC INFORMATION

Gender: _____

ID/Passport: _____

Address: _____

_____

Contact details: _____

Classification: _____

Home language: _____

CASE HISTORY

1. Medical diagnosis:

   _____

2. Brief medical history:
   a. Date of Admission:

      _____

   b. Medical History and Medication:

      _____

      _____

      _____

   c. Surgical History:

      _____

3. Burden of disease:

   ☐ RVD ☐ SMOKING & SUBSTANCE USE

   ☐ TB ☐ OTHER: _____

   ☐ DIABETES _____

   ☐ HYPERTENSION (specify)

4. Radiological investigations (SOL and type)

   _____

   _____

   _____

5. Social history and support system:
   - Current/last employment: _____
   - Date expected to return to work: _____
   - Unemployed: Yes ☐ No ☐
   - Social grant: Yes ☐ No ☐

6. Describe support system:

   _____

   _____

REHABILITATION ASSESSMENT RESULTS

1. Diagnosis: _____

2. **Outcome measures:** please see cover page

PROGRESS

<u>Therapeutic goals and strategies utilised:</u>

Speech and language therapist:

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Occupation therapist:

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Physiotherapist:

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Patient involvement

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_____

DISCHARGE CRITERIA

The patient must meet the following minimum criteria in order to be discharged:

☐ The patient has safe mode of nutritional intake

- Specify: _____ (type/mode)

☐ The patient has been issued required assistive device

- Specify: _____ (name of devices)
- Specify: _____ (name of devices)

☐ Caregiver education and training has been completed:

_____

☐ The patient has been referred to a support group or participation organisation for stroke survivors.

- Specify: _____ (name of support group/organisation)
- Contact details of support group/organisation: _____

☐ Discharge plan has been completed:

- Discharge to:

  ☐ Tertiary Hospital ☐ Rehab Hospital ☐ District Hospital ☐ Clinic

  ☐ Other: _____

- Specify institution: _____

  ☐ ST ☐ OT ☐ PT ☐ Other: _____

1. Expected date of discharge: _____
2. Actual date of discharge:_____

ADDITIONAL INFORMATION

_____

_____

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FOLLOW UP REPORT

REHABILITATION REASSESSMENT FINDINGS

1. Diagnosis: _____

2. Outcome measure: please see cover page

PROGRESS

<u>Therapeutic goals and strategies utilised:</u>

Speech and language therapist:

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Occupation therapist:

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Physiotherapist:

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Patient involvement

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☐ Discharge plan has been completed:

- Discharge to:

  ☐ Tertiary Hospital ☐ Rehab Hospital ☐ District Hospital ☐ Clinic

  ☐ Other: _____

- Specify institution: _____

  ☐ ST ☐ OT ☐ PT ☐ Other: _____

3. Date of discharge: _____

ADDITIONAL INFORMATION

_____
_____
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_____

COMORBIDITIES TABLE

PREVIOUSLY DIAGNOSED	YES	NO	MEDICATION
Hypertension			
Diabetes			
Stroke Survivor			
HIV			
Epilepsy			
Cardiac			
Cholesterol			

STROKE RISK SCORE CARD

INSTRUCTIONS:
Tick the answer that describes you best, each tick equals 1 point.
Total your score at the bottom of each column.
Compare your score with the stoke risk levels.

RISK FACTOR	LOW RISK		MEDIUM RISK		HIGH RISK		PATIENTS READING
Blood Pressure		<120/80		120-139/80-89		>140/90	
Cholesterol		<5.2mmol/L		5.2-7.4 mmol/L		>7.5 mmol/L	
BMI		18.5 - 24.9 kg/m^2		25 - 29.9 kg/m^2		>30 kg/m^2	
Diabetes		<10 mmol/L		<10-11 mmol/L		>11.1 mmol/L	
Stroke in Family		No		Not sure		Yes	
Smoking		No		Trying to quit		Smoker	
Exercise		Regularly		Sometimes		Never	
Alcohol		Never		Sometimes		Excessively	
Total							

RESULTS	
	6 - 8 = Low Risk - You are doing well at controlling your stroke risk
	4 - 6 = Medium Risk - Good start, need to work on controlling your stroke risk
	3 - 0 = High Risk - Ask about stroke prevention right away!





The Stroke Survivors Foundation

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www.strokesurvivors.org.za

DISCLAIMER The Stroke Survivors Foundation (Registration no. 2010/002369/08) ("SSF") does NOT provide medical advice. The documents, brochures, leaflets, cards and forms are intended for informational purposes ONLY and are not a substitute for professional medical advice, diagnosis or treatment. Never ignore professional medical advice in seeking treatment because of something you may have read on SSF documents, brochures, leaflets, cards and forms.

If you think you may have a medical emergency, immediately call your doctor or dial 10117 or 112 in South Africa.