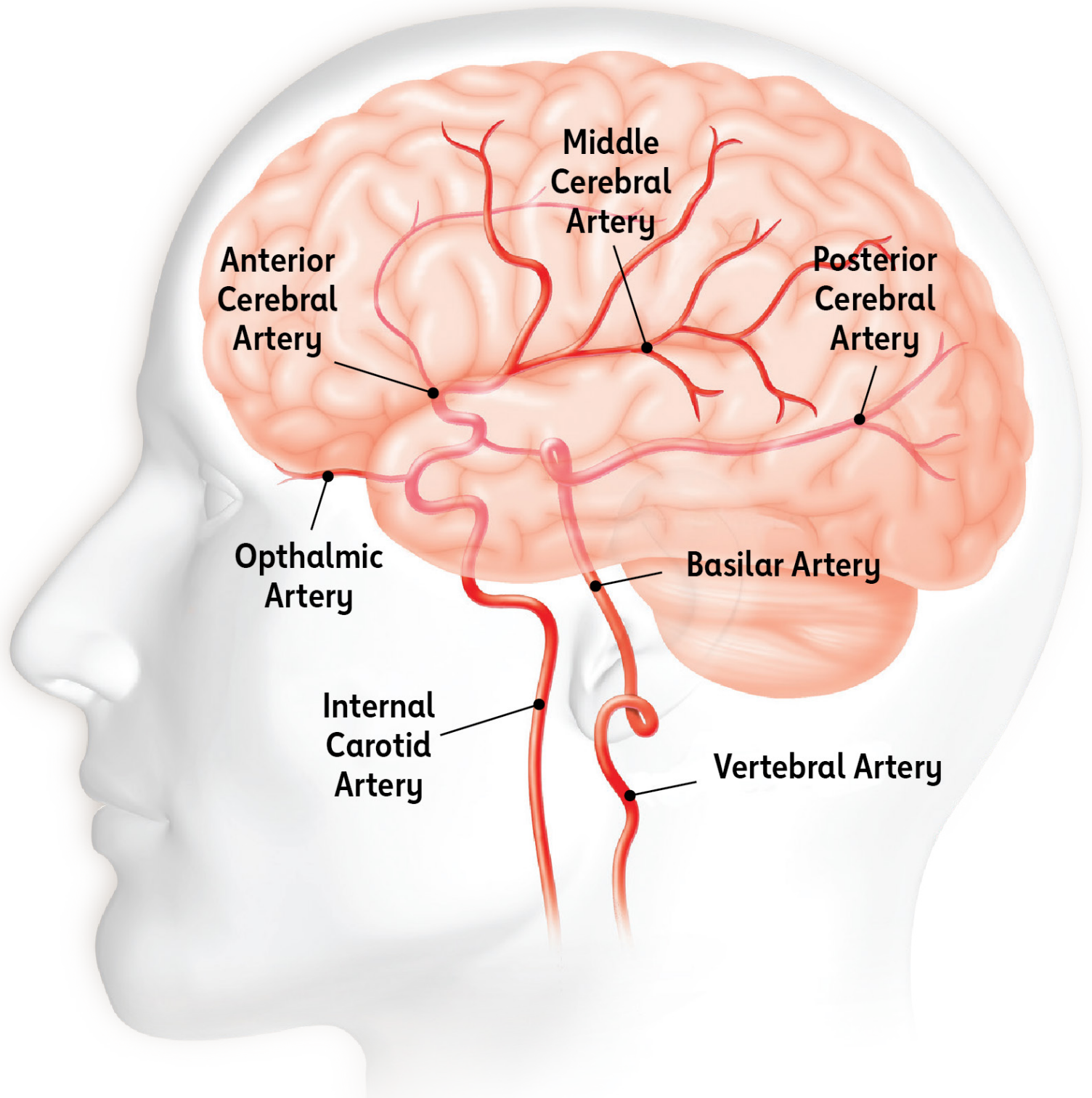




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What is a Stroke?

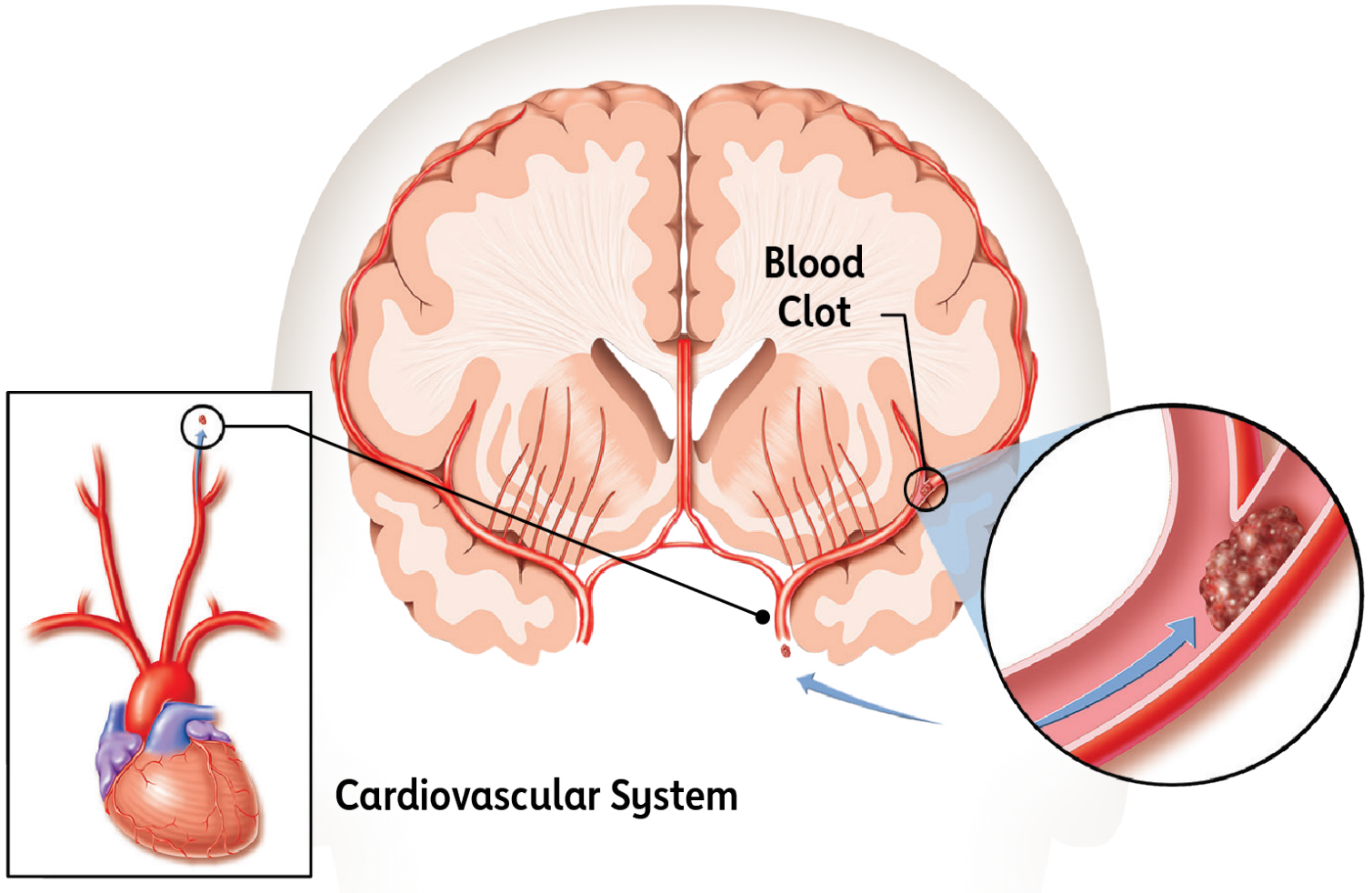


Blood vessels that carry blood to the brain from the heart are called **arteries**. The brain needs a constant supply of blood, which carries the oxygen and nutrients it needs to function. Specific arteries supply blood to specific areas of the brain. A **stroke** occurs when one of these arteries to the brain is either blocked or bursts. As a result, part of the brain does not get the blood it needs, so it starts to die.



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Ischemic Stroke



Ischemic stroke is the most common type of stroke. An ischemic stroke happens when an artery in the brain is blocked. There are two types of ischemic stroke:

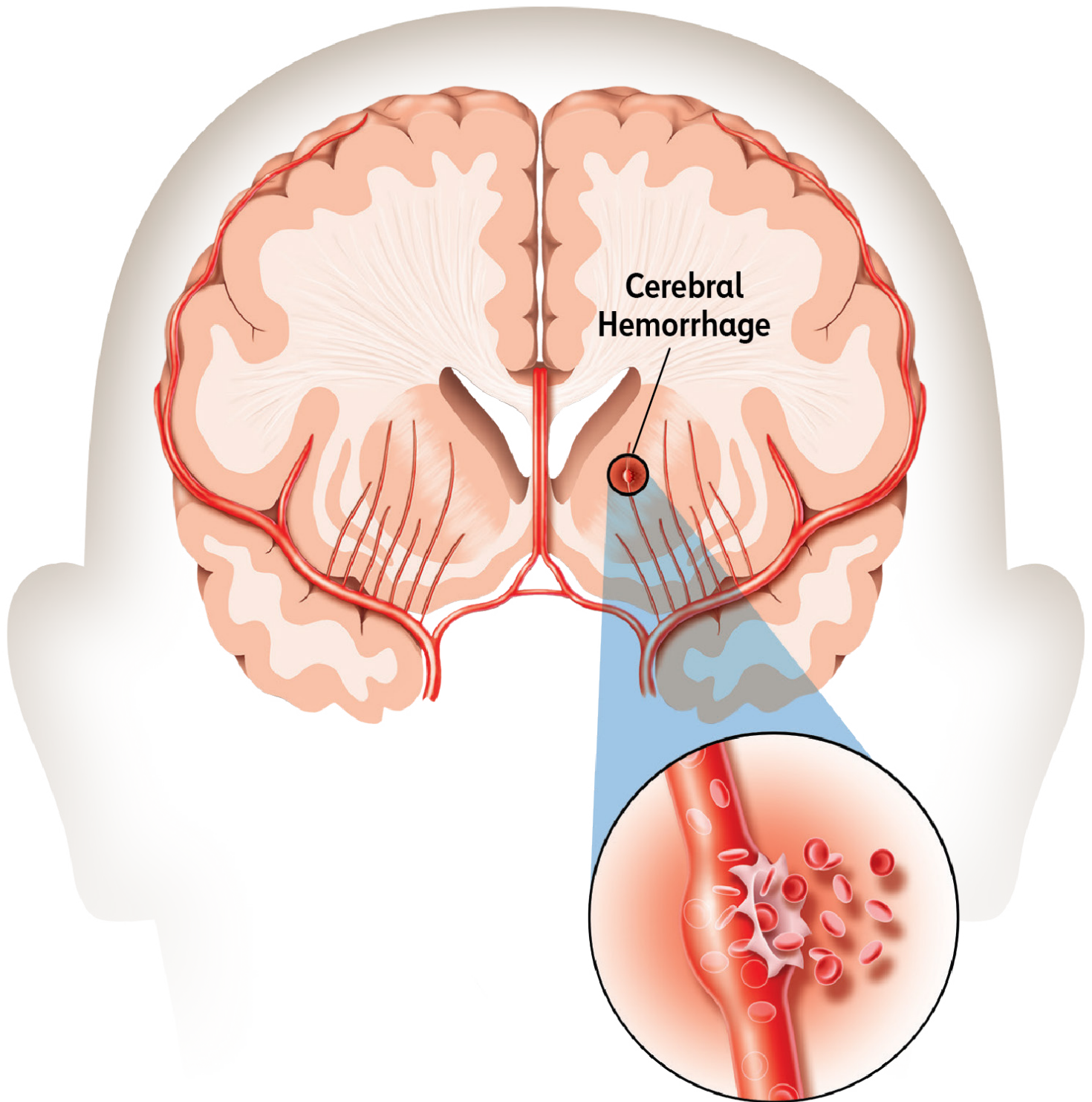
Embolic Stroke: In an embolic stroke, a blood clot or plaque fragment forms, usually in the heart or the large arteries leading to the brain, and then moves through the arteries to the brain. In the brain, the clot blocks a blood vessel and leads to a stroke.

Thrombotic Stroke: A thrombotic stroke is a blood clot that forms inside an artery that supplies blood to the brain. The clot interrupts blood flow and causes a stroke.



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Hemorrhagic Stroke

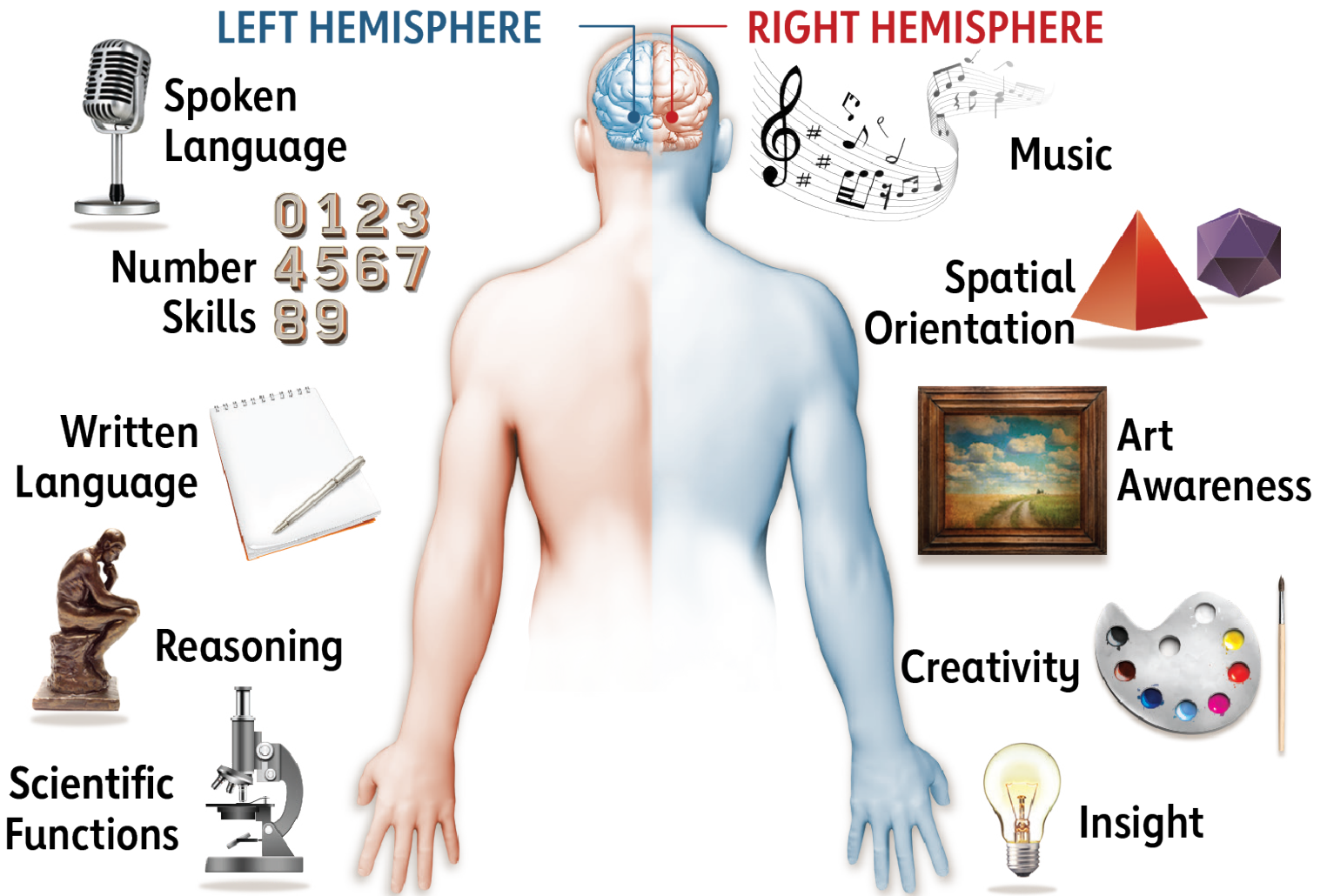


A **hemorrhagic stroke** happens when a blood vessel in the brain bursts and spills blood into or around the brain. High blood pressure and aneurysms (see page 12) can make blood vessels weak enough to burst. There are different types of hemorrhagic stroke, including intracerebral hemorrhage and subarachnoid hemorrhage.



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How a Stroke Affects You



The Sides of the Brain

A stroke on the left side of the brain affects the right side of the body and you may experience some of the following:

- Speech and language problems
- Inability to read, write and learn new information
- Impaired ability to do math or to organize, reason and analyze things

A stroke on the right side of the brain affects the left side of the body and you may experience some of following:

- Problems with depth perception or directions, such as up or down, and front and back
- Inability to be creative, such as painting a picture, or to appreciate art and music
- Failure to recognize the emotion in someone's voice



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Stroke Rehabilitation



What is stroke rehabilitation?

After a stroke, you may have to change or relearn how you live day to day. Quality rehab from a strong team of therapists leads to better recovery. It can also make a positive difference in other areas of your health.

The goal of rehab is to become as independent as possible. To do so means working on physical and communication functions affected by the stroke. Making healthy lifestyle changes to prevent another stroke is also a goal.

Who will be part of my rehabilitation program?

Rehabilitation is a team effort. This team communicates about and coordinates your care to help achieve your goals. Your physician and neurologist are on the team. Others may include:

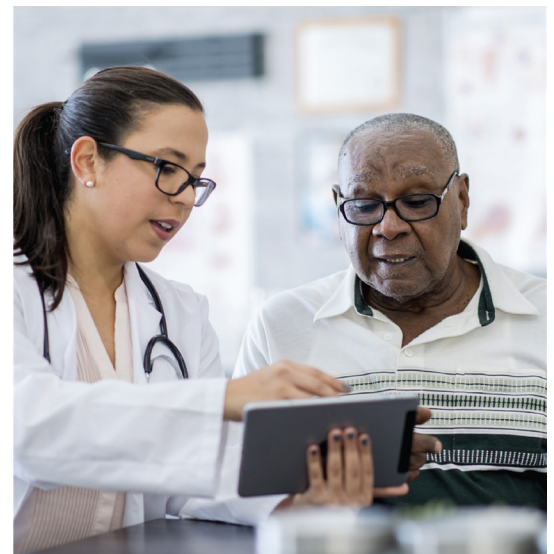
- **Physiatrist** — A medical doctor specializing in physical medicine and rehabilitation, including medical conditions affecting the brain.
- **Physical therapist (PT)** — PTs work to get you as mobile and as independent as possible. They help improve major physical and sensory deficits. They focus on walking, balance and coordination.
- **Occupational therapist (OT)** — OTs help with daily activity skills such as bathing, toileting, eating and driving.
- **Rehabilitation nurse** — This is a nurse who coordinates your medical support needs throughout rehab.
- **Communication specialist** — Such as speech-language pathologists (SLPs) help with speech and language skills, swallowing disorders and cognitive problems.
- **Recreational therapist (RT)** — RTs help with adapting activities you enjoyed before the stroke. They may introduce new ones, too.
- **Psychiatrist or psychologist** — Stroke may bring emotional and life changes. These health care professionals are among those who can help you adjust.
- **Vocational rehabilitation counselor** — These specialists evaluate your work-related abilities. They help you make the most of your skills to return to work.

What will I do in rehabilitation?

Rehab programs focus on assessing and improving:

- Activities of daily living such as eating, bathing and dressing.
- Mobility (getting from bed to chair, walking, climbing stairs or using a wheelchair).
- Communication skills (speech and language).
- Cognitive skills such as memory or problem solving.
- Social skills (interacting with other people).
- Psychological functioning to improve coping skills and providing treatment to overcome depression if needed.

The rehabilitation team meets weekly to discuss each patient's progress. Part of rehab is working on recovery. Another part is learning to adapt for deficits that may not fully recover.





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Ischemic Stroke

To learn more about stroke, scan the QR codes below
with your phone camera or visit

<https://www.stroke.org/en/about-stroke>

Aphasia



Post-Stroke Depression



HOPE Stroke Recovery Guide





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Prevent Another Stroke

If you've had a stroke, you're at risk of having another one. Do these things to prevent another stroke.

If you have high blood pressure, lower it. Measurement of 130/80 mm Hg and above is considered high blood pressure, work with your health care provider to manage it.

Find out if you have atrial fibrillation (AFib). AFib is a quivering or irregular heartbeat that can lead to blood clots and cause a stroke. Your health care provider can tell you if you have AFib and help you manage it.

If you smoke, stop. Smoking doubles the risk for stroke.

If you drink alcohol, do so in moderation. Heavy drinking can increase your risk for stroke.

Lower your cholesterol (the fat-like substance in your blood). Studies suggest ideal total cholesterol levels at about 150 mg/dL, which equals about 100 mg/dL for low-density lipoprotein cholesterol (LDL-C). Lower cholesterol levels are linked with lower rates of heart disease and stroke.

If you have diabetes, follow your health care provider's advice carefully to get your blood sugar level under control. Having diabetes puts you at an increased risk for stroke. Talk to your health care provider about a diet that will help you manage your diabetes, such as limiting foods high in added sugars.

Exercise daily. Even a little exercise—a brisk walk, swim or yard work—can improve your health and may reduce your stroke risk. Check with your health care provider before starting a new exercise regimen.

Cut down on sodium and saturated and trans fat. By reducing these, you can lower your risk for stroke, high blood pressure and heart disease.