

CVA/STROKE PREVENTION

WHAT IS A CVA/STROKE?

- A stroke occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. When either of these things happen, brain cells begin to die and brain damage occurs.
- When brain cells die during a stroke, abilities controlled by that area of the brain are lost. How a patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.
- Common disabilities that occur are paralysis or problems controlling movement; sensory disturbances including pain; problems using or understanding language; problems with thinking and memory; and emotional disturbances.

TYPES

- **Ischemic stroke** occurs when arteries are blocked by blood clots or by the gradual build-up of plaque and other fatty deposits. About 87 percent of all strokes are ischemic.
- **Hemorrhagic stroke** occurs when a blood vessel in the brain breaks leaking blood into the brain. Hemorrhagic strokes account for thirteen percent of all strokes, yet are responsible for more than thirty percent of all stroke deaths.

STROKE FACTS:

- In the United States, stroke is the third leading cause of death, killing about 137,000 people each year
- Annually, about 540,000 of people survive beyond their first year after a stroke.
- Over 2.5 million stroke survivors are living in the US outside of institutionalized care
- Between 50 and 70% of stroke survivors regain functional independence but 15 to 30% are permanently disabled.
- Three months after stroke, 20% of survivors require institutional care.
- Stroke can happen to anyone at any time, regardless of race, sex or age.
- Approximately 55,000 more women than men have a stroke each year.
- Men's stroke incidence rates are greater than women's at younger ages, but not older ages.

RISK FACTORS

- Family history, age, gender, race or previous stroke or heart attack.
- Medical stroke risk factors include: Previous stroke, previous episode of TIA or mini stroke, high cholesterol, high blood pressure, heart disease, atrial fibrillation and carotid artery disease
- Lifestyle stroke risk factors include: Smoking, being overweight and drinking too much alcohol.

SYMPTOMS

- Sudden numbness or weakness of the face, arm or leg – especially on one side of the body,
- Sudden confusion, trouble speaking or understanding,
- Sudden trouble seeing in one or both eyes,
- Sudden trouble walking, dizziness, loss of balance or coordination,
- Sudden severe headache with no known cause.

F.A.S.T. test for recognizing and responding to stroke symptoms:

- **F = FACE** Ask the person to smile. Does one side of the face droop?
- **A = ARMS** Ask the person to raise both arms. Does one arm drift downward?
- **S = SPEECH** Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?
- **T = TIME** If you observe any of these signs, it's time to call 9-1-1 or get to the nearest stroke center or hospital.

REHABILITATION

- Rehabilitation begins within 24-48 hours after the stroke as long as the patient's medical condition has been stabilized.
- The goal of rehabilitation is to help stroke survivors relearn skills that are lost when part of the brain is damaged.
- Rehabilitation will be an ongoing process to maintain and refine skills and could involve working with specialists for months or years after the stroke

PREVENTION

1. Know your blood pressure. High blood pressure is a leading cause of stroke. Have your blood pressure checked at least once a year, more often if you already have a history of high blood pressure.
2. Find out if you have Atrial Fibrillation (AF). Atrial fibrillation can cause blood to collect in the chambers of your heart. This blood can form clots and cause a stroke.
3. If you smoke, stop. Smoking doubles the risk for stroke.
4. If you drink alcohol, do so in moderation. Remember that alcohol is a drug - it can interact with other drugs you are taking, and alcohol is harmful if taken in large doses.
5. Know your cholesterol number. If it is high, work with your doctor to control it. Lowering your cholesterol may reduce your stroke risk. Often, high cholesterol can be controlled with diet and exercise; some individuals may require medication.
6. Control your diabetes. Your doctor can prescribe a nutrition program, lifestyle changes and medicine that can help control your diabetes.
7. Include exercise in the activities you enjoy in your daily routine. A brisk walk, swim or other exercise activity for as little as 30 minutes a day can improve your health in many ways, and may reduce your risk for stroke.
8. Enjoy a lower sodium (salt), lower fat diet. By cutting down on sodium and fat in your diet, you may be able to lower your blood pressure and, most importantly, lower your risk for stroke.
9. Ask your doctor if you have circulation problems. Fatty deposits can block arteries that carry blood from your heart to your brain. Sickle cell disease, severe anemia, or other diseases can cause stroke if left untreated.
10. If you have any stroke symptoms, seek immediate medical attention.

REFERENCES:

1. www.stroke.org
2. www.apta.org
3. Physical Rehabilitation: Assessment and Treatment, Edition 4 by Susan B. O'Sullivan, Thomas J. Schmitz, Thomas J. Schmitz

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