



Supporting Clients With Long-term Neurological Conditions

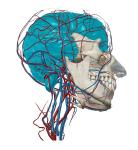
[Unit 1- Stroke] by Dr Grant Ralston

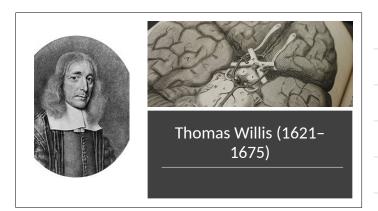


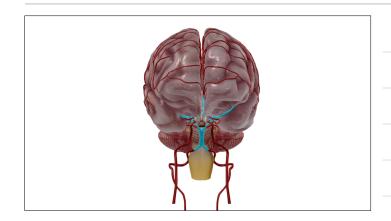
Objectives

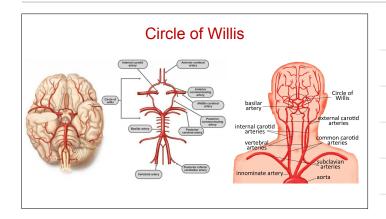
- Origins of the Circle of Willis
- Types of Acquired Brain Injuries (ABI)
- Pathology of Various StrokesTreatment of Various Strokes
- Deconditioning as a by-product of disuse

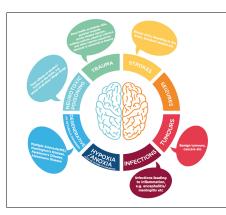












Acquired brain injury (ABI)







Prevalence of Strokes in the United Kingdom

- There are more than 100,000 strokes in the UK each year; that is around one stroke every five minutes.
- Every two seconds, someone in the world will have a stroke.
- Stroke is the fourth single leading cause of death in the UK.
- Stroke is a leading cause of disability in the UK almost two thirds of stroke survivors leave hospital with a disability.

Stroke Definition

"a syndrome of rapidly developing clinical signs of focal (or global) disturbance of cerebral function, with symptoms lasting 24 hours or longer or leading to death, with no apparent cause other than of vascular origin"

Stroke - Aetiology

 80% cerebral infarction resulting from an occlusion of a cerebral artery





Pathophysiology of a Haemorrhagic Stroke



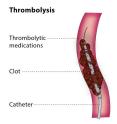


Ischemic Stroke

Pathophysiology of an Ischaemic Stroke

- An ischaemic stroke occurs as a result of a blocked or narrowed blood vessel within the Circle of Willis.
- There are three distinct mechanisms by which this occurs: embolism, thrombosis and stenosis.
- For ischaemic strokes, the two main sources of clots come from thrombosis formation and

Treatment of Ischaemic Stroke





• Thrombolysis: < 4.5 hours after stroke, ischaemic not haemorrhagic (via CT scan), and specialist administration.

Act FAST and call 999.







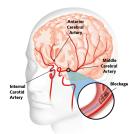


Facial weakness

Arm weakness Speech problems

Time to call 999

Transient Ischemic Attack (TIA)





An Amazing, Emotional Recovery From Stroke

• https://youtu.be/7KK4HKM-BDc



A Stroke Survivor Story - Michael Johnson

• https://youtu.be/ive2pcGleVY



Stroke - Risk Factors

Causal

hypertension

raised blood cholesterol

- · carotid stenosis
- atrial fibrillation

May be involved

- obesity
- psychosocial stress
 low intake of fruit & vegetables
 reduced physical activity

Probable causal

- smoking
- Diabetes
- ischemic & valvular heart disease

Hankey 2006

Stroke - Impact

Occurrence

Death

- 174 216 per 100,000 in UK every year
- Stroke causes 5.54 million deaths every year
- Average age ~70 years (Syme et al. 2005)
- 20% dead at 30 days
- · 30% dead at 1 year
- Reoccurs in 20-40% of cases
- Third commonest cause of death

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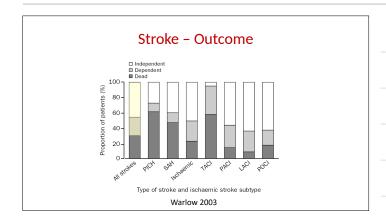


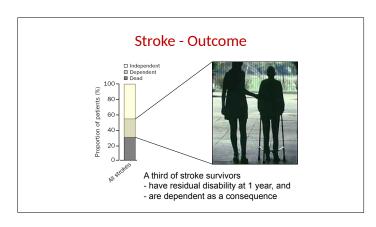
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Stroke Survivors Ambulation

- Diving Bell & the Butterfly [lock in syndrome]
- Hemiplegic Gait
- https://youtu.be/ihz74Zv6D84
- Physical Therapy Restores Walking After Stroke
- https://youtu.be/g_BYaS9viw





Stroke problems Common impairments

Physical fitness impairments	Cardiorespiratory fitness Muscle strength (weakness)
Balance problems	Balance
Sensory impairments	Proprioception Vision
Musculoskeletal impairments	Oedema upper & lower limbs Shortening/contracture of soft tissue Shoulder subluxation Range of motion, active or passive
Neuromuscular impairments	General motor impairment Hemiparesis Atawa Coordination Reaction times Altered muscle tone & associated reactions

SIGN 64; www.effectivestrokecare.org

Stroke problems Common functional limitations

Physical functions & movement	Walking & gait Wheelchair mobility Stair climbing Chair sitting & rising Rolling Transfers Dextertly & manipulation Quality and speed of movement
Activities of Daily Living	Dressing Feeding Fersonal hygiene Reaching Bathing Tolleting Recreational/leisure activities

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Stroke problems Common complications

Physical Activity Level
Cardiovascular problems
Accidents and injuries

Nutrition & Digestion

Metabolic & endocrine problems
Infection

Involuntary abnormal movements

Psychological problems Respiratory problems

Pain

Sensory function
Sleep and tiredness

Speech and language problems

Urinary problems

Recurrent stroke

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Stroke - Recovery

- Some spontaneous motor recovery occurs
- Neuro-functional recovery shows a logarithmic trend, reaching a plateau after several months
- Stroke survivors may still benefit from improvements in day-to-day functioning through compensation for residual deficits and problems

(Kriesel et al 2006)

Stroke - Interventions

current directions

Reduce extent of initial brain





Stroke unit car Drug therapy



Physiotherapy Occupational therapy

Young & Forster (2007)

Stroke – Interventions Rehabilitation

- Multidisciplinary
- 'Black box'
- Physiotherapy



Young & Forster (2007)

Stroke

Summary

- Many stroke survivors experience functional impairments linked to the reduced ability to perform physical activities
- Most stroke survivors require rehabilitation
- Many stroke survivors have residual disability after rehabilitation
- Guidance on the best types of physical therapies particularly within occupational therapy and physiotherapy, is incomplete

Physical Fitness

- Fitness Parameters
- Cardiorespiratory
- Muscle Strength & Power
- Relationship of fitness impairment to disability

Physical Fitness

'Physical fitness' is a set of attributes, which people have or achieve, that relates to the ability to perform physical activity.

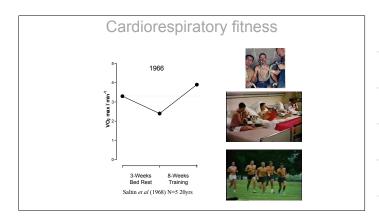
- 1.) Cardiorespiratory Fitness
- 2.) Muscle Strength
- 3.) Muscle Explosive Power
- 4.) Body Composition

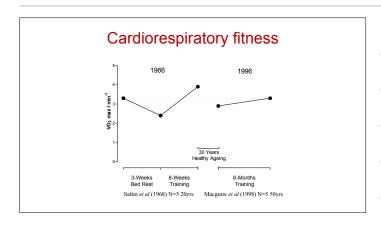
USDHSS 1996

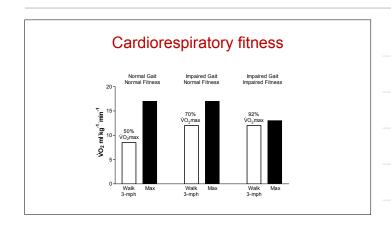
Cardiorespiratory fitness

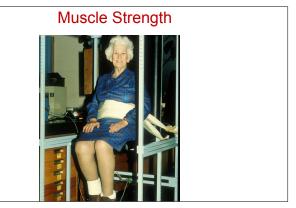


Cardiorespiratory fitness VO, max to walk in comfort at 3-mile/hr Shvartz & Reibold (1992); Malbut et al. (2002)

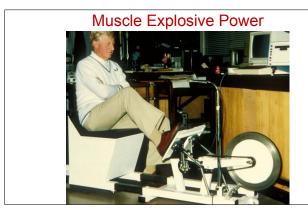


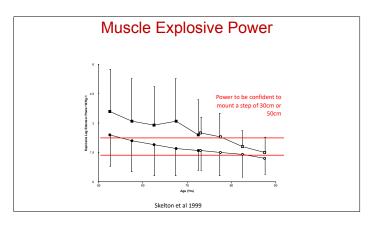










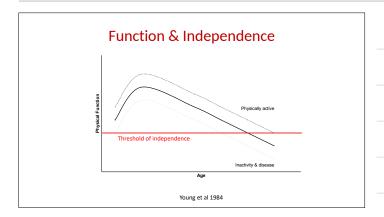


Strength vs. Power?

- Both have undesirable functional consequences
- Explosive power more closely associated with stair climbing, chair rising and walking and disability than muscle strength



Bean et al. (2002); Suzuki et al. (2001); Foldvari et al. (2000)



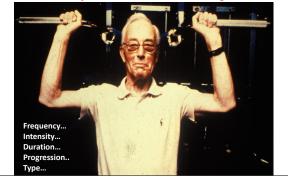
Physical fitness training

Training is defined as a planned, structured regimen of regular physical exercise deliberately performed to improve one or more components of physical fitness



USDHSS 1996

Physical fitness training



Physical fitness training



Physical fitness

Summary

- Cardiorespiratory fitness, muscle strength and muscle power define the capacity to perform and comfortably tolerate physical activity
- Physical fitness is lower in women than men
- Physical fitness reduces with increasing age
- Physical fitness is *substantially* impaired by physical inactivity
- Low physical fitness has undesirable functional consequences and contributes to disability
- Physical fitness can be improved with exercise

