



The New Stroke Paradigm

Empowerment of individuals and
families, with guidance and support

**Reams Freedman, MA, MFT
Director and Stroke Victor**

Reviewer Comments

“I think the document provides a comprehensive, well thought out framework for stroke care through all the stages of the disease.”

Jeffrey L. Saver, MD, FAHA, FAAN, FANA
Professor of Neurology
David Geffen School of Medicine at UCLA
Director, UCLA Comprehensive Stroke Center

“This is a good conception of an overall “holistic” stroke care continuum. Pulse therapy and greater involvement of support groups is a good model.”

S. Thomas Carmichael, MD, PhD
Professor of Neurology
David Geffen School of Medicine at UCLA
Chair, Department of Neurology

Contents

Introduction – Page 3

The Power of Community – Page 7

Prevention through Wellness – Page 11

Call 911 - Every Minute Counts – Page 16

Empowerment after Stroke – Page 18

Psychological and Social Recovery – Page 29

Support Groups and Community Resources – Page 33

Aspirations – Page 41

Author – Page 43

Chapters and pages may be printed separately.

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.

Stroke and Community

The National Institutes of Health, the American and National Stroke Associations conduct essential research, establish national guidelines for advanced stroke care and provide vital education about wellness, prevention, treatment and recovery. It's time to apply this knowledge locally, in the community.

We all live together in community and much of our strength and many of our personal and social accomplishments come from what we do with others. We can apply that synergy to combat stroke.

Every person has a stake in how stroke is confronted, and every individual, family, hospital, health professional, college, community leader and agency, religious organization, and business can be part of the solution.

Stroke is more than a sudden event. The precursors of stroke and the process of treatment and recovery take place on a continuum over years. Stroke is a complex disease and strategies should be multi-dimensional and take place when and where stroke begins and recovery occurs, in the home and community.

There have been major advances in stroke prevention, acute care, rehabilitation and recovery: 1) Stroke can be prevented. 2) Accredited stroke centers restore brain circulation. 3) Neurorepair improves functional recovery 4) Survivors and families learn skills and adaptations that enable them to enjoy their lives, even as they recover.

Significantly, these advancements aren't available to all Southern Californians because they are unevenly distributed over a vast area and population. Stroke prevention, treatment and recovery would be enhanced if services were provided locally, close to where and how people live.

Southern California has significant incidence and prevalence of stroke. While the nature of the disease is universal, the communities in which stroke occurs vary, according to population, culture, ethnicity and language.

Each region and community has unique resources, which may include hospitals, health professionals, colleges, community leaders and organizations, religious centers, business sponsors, concerned persons, and stroke support groups. The Stroke Association helps communities to organize prevention, treatment and recovery services in each locale.

Stroke Services in the Community

The Stroke Association of Southern California is a valuable resource in the continuum of stroke services and complements the care of accredited stroke centers and the educational media and research of the American and National Stroke Associations with direct and personal services in the community. This is what SASC can do with support:

1. Prevention and wellness classes support healthy lifestyle, health risk mitigation and medical care that protect against stroke, heart disease, diabetes and other illness.
2. SASC prepares the public to recognize signs and symptoms, immediately call 911 and go an accredited stroke center to restore brain circulation.
3. When families contact the SASC helpline in a state of distress, they receive expert and compassionate guidance to resources and support.
4. In stroke recovery classes and groups, survivors and families learn and practice the skills and adaptations needed to live well and enjoy life, even as they recover.
5. The psychological and social trauma of stroke is eased with education, support, expressive activities, adaptive exercise and professional services as needed.
6. SASC supports continual physical, psychological and social services throughout the continuum of stroke in the hospital, at home and in the community.
7. SASC is committed to serve uninsured, underserved, impoverished populations.
8. SASC supports advances in stroke care by representing survivors, families, and the public-at-large on various scientific advisory committees.
9. In the research project, “Trajectories of Stroke Recovery,” SASC examines the correlated factors that, in combination, contribute to optimal stroke recovery.
10. SASC helps communities develop collaborative prevention, treatment and recovery services that make use of the resources and strengths in each locality.

The Stroke Association is a non-profit 501 (3)(c) organization (Tax ID 95-2809676) and can expand these services and accomplish these goals in more communities and regions of Southern California with the support of concerned individuals, families, healthcare providers and payers, local government, civic and religious organizations, and businesses.

Please support these efforts to improve health and prevent stroke and related illness in your community.

The Power of Community

The Stroke Association of Southern California functions best with the support of survivors, families, support groups; health professionals, concerned persons; civic, religious, educational and business organizations that are committed to universal wellness, stroke prevention, treatment and recovery.

1. A professional staff and board of directors are dedicated to universal wellness and stroke prevention, treatment and recovery.
2. Health professionals, stroke centers and rehabilitation facilities provide expert medical care to support wellness, prevention, treatment and recovery.
3. Experienced stroke survivors and families serve as advisors and advocates, and provide support, example and inspiration in the hospital, home and community.
4. Weekly education and groups help those new to stroke to learn optimal recovery skills and adaptations with the support of experienced survivors and families.
5. All community partners support universal wellness and prevention practices that protect against stroke, heart disease, diabetes, and other illness.
6. Employers create a healthy work environment. Healthy employees are more able to be productive employees.
7. At churches, synagogues, mosques and temples, members who are health professionals, monitor blood pressure, cholesterol and other health risk factors
8. Individuals and families, with professional abilities, social connections and financial means, use their resources to support projects and programs.
9. Concerned civic, educational, business and religious organizations contribute administrative, financial, marketing expertise, skills and resources.
10. Community colleges educate about health and wellness, provide adaptive exercise for the disabled and offer adult classes that enrich life after stroke.
11. Grocery stores provide information and easy access to healthy choices. Restaurants prominently offer choices from the Mediterranean diet.

**Powerlessness may be an effect of stroke,
however, community can overpower stroke.**



Association

A group of individuals or organizations that have a common interest or purpose

The Stroke Association of Southern California

A community of survivors, families, professionals, concerned individuals; health, educational, religious, civic and business organizations working together to improve stroke prevention, treatment and recovery.

Prevention through Wellness

Stroke prevention education provides instruction about healthy behavior. “This is what you do to prevent stroke.” However, education is only the first step because stroke can only be prevented after certain behaviors have been completed.



Blood Pressure Screening

Patients are often asked how they want to receive health education; in writing, with media or in person. A friend said, “I’d like to have it IV.” He was joking, but it is true that health education can be passive, and to be effective, action is also needed.

Fortunately, the steps we must take to protect ourselves are well-understood and straight-forward. It is also motivating to know that these steps prevent other illnesses such as heart disease and diabetes.

To a large extent, stroke and other illness are caused by unhealthy lifestyle, neglected health risk factors, and medical conditions that can be corrected. These all respond to self-care: Maintain blood pressure, cholesterol and blood sugar at healthy levels; eat a Mediterranean diet which is low in saturated fats, and includes fruits, vegetables, complex carbohydrates and olive oil; exercise moderately daily; maintain a healthy body weight; don’t smoke or use drugs and reduce alcohol intake; get proactive medical care.

Here are steps to better health:

1. Understand the importance of self-care
2. Know what to do to protect our health
3. Understand our personal risk factors
4. Practice self-care and wellness behaviors
5. Accept that healthy behaviors need to be done regularly
6. Fit self-care into our daily routine
7. Value ourselves so we follow-through
8. Seek and receive medical, psychological and social care and support

Optimal prevention services are more than education. They include ongoing action (regular practice over time) with encouragement and support to accomplish lifestyle changes, exercise, good nutrition, attention to risk factors and proactive medical care. Please join others in behaviors that prevent stroke and other illness.

Universal Wellness Practice

The Stroke Association advocates for universal wellness. Over 80% of strokes can be prevented by healthy lifestyle, attention to risk factors, and proactive medical care. These same actions also protect against heart disease, diabetes, and other illness.

The National Stroke Association, the American Stroke Association, the American Heart Association, the American Cancer Society and the American Diabetes Association all recommend the same behaviors for wellness and disease prevention.

To practice means to repeat a behavior to achieve a goal, and also to work in a profession that requires extensive education and experience. SASC encourages regular practice of universally healthy behaviors with the support of health professionals and organizations.

The Stroke Association supports regular practice of healthy behaviors and encourages those who want to protect their health to join with others to achieve personal health goals.

1. Work with others at home, work, church, school, in your community to learn and practice behaviors of self-care
2. Make your home a “good food zone.” Make healthy choices when shopping and dining out.
3. Exercise regularly and safely, selecting activities you enjoy, according to your health needs, and with your doctor’s approval
4. Reduce unhealthy demands and stresses of your personal and work life
5. Access the healthcare you need and work with your doctor for good health
6. Manage health risk factors such as high blood pressure, cholesterol, diabetes, atrial fibrillation and other heart disease.
7. Know how to recognize and respond to medical emergencies

We all need encouragement and support. It’s not easy to regularly eat well, exercise, maintain weight, manage stress and health risks, stop smoking, moderate drinking, go to the doctor and care for our families while under pressure of personal and work responsibilities, especially when fast foods and other short cuts that bypass healthy behaviors are so accessible.

While there are some healthy behaviors no one else can do for us, self-care is easier and more effective when done with others who are also committed to good health. We can join a class, team, club, church, temple, school, workplace to protect our health.

The Stroke Association encourages healthy behavior with presentations in the community on universal wellness, self-care, stroke prevention, recognition of signs and symptoms, 911 and stroke center advocacy.

The New Health Paradigm

In a new paradigm, stroke survivors and families accept more responsibility for their health and healthcare. They practice wellness behaviors, including lifestyle modification, risk factor management and proactive medical care. Healthcare focus changes from treatment done by others to a process in which individuals and families are active participants in their own health and healing.

Eighty percent of strokes can be prevented by healthy lifestyle and management of risk factors, which is to say that stroke is largely prevented by psychologically and socially driven behavior of individuals and families. Prevention measures for stroke also protect against heart disease, diabetes, and other illness.

In our culture, insufficient attention is paid to wellness and prevention of illness, even though it would produce healthier lives, a more productive population and lower cost of healthcare. However, it isn't necessary to wait for society to change. We can improve our own health now. In the new health paradigm, individuals and families are empowered to take better care of themselves.

There are two types of healthcare; active and receptive. There are actions that we do for ourselves and there are actions done by health providers on our behalf. There are proactive behaviors that no one else can do for us, such as eating well, physical exercise, and management of blood pressure, cholesterol, blood sugar, weight, alcohol and tobacco use. Receptive services are done for us by others, such as medical exams, laboratory tests, mammography, colonoscopy, prescriptions and other procedures and treatments.

Paradoxically, self-care is more successful when done with the support of others. It is not easy to stop overeating, smoking or drinking if others are not supportive. Also, practice of self-care is harder when under pressures of the job, or when fast food is the easiest way to get back to work, rather than a way to nurture our bodies properly.

In the new health paradigm, we do our part and we use the support of those around us. Synergy with family, friends, co-workers, employers, health care providers and society can help us complete personal health tasks, goals and responsibilities.

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

Wellness Goals

- Understand the power of universal wellness and self-care practice
- Form a wellness team and work with others
- Set and achieve wellness goals



- Access needed health services
- Receive essential family, social and psychological support
- Overcome challenges of stress and distress, illness and injury

Universal Wellness Practice

The Wellness Practice supports behaviors that are universally healthy and protect against stroke, heart disease, diabetes and other illness.

To practice is to repeat a behavior to achieve a goal. It also means to work in a profession that requires education and experience.

At **the Wellness Practice**, members work with others to achieve personal objectives. Health professionals are there to educate, guide and support.

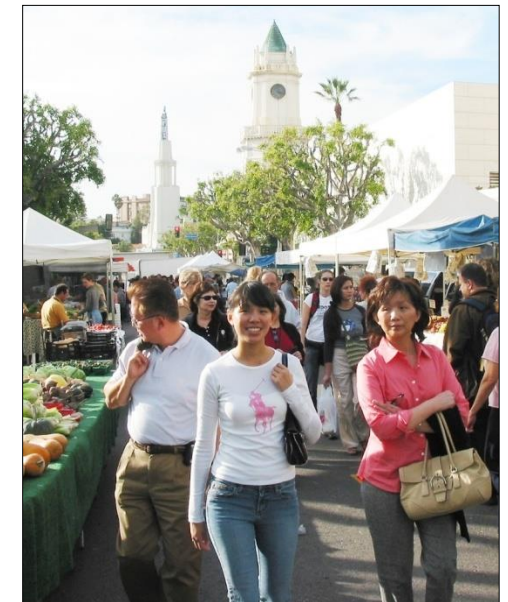
For more information, please contact:



Stroke Association
of Southern California

health@strokesocal.org
(310) 575-1699

The Universal Wellness Practice



**Health Empowerment
on the Westside**

Proposed



Health Empowerment

Even with modern medicine, much capacity for wellness lies within the capabilities and recuperative powers of individuals and families.

In fact, for optimal health, there are many self-care behaviors that no one can do for us, although paradoxically, these practices are more enjoyable and effective when done with others.

The Wellness Practice motivates participants to make commitments to their health. Knowledge, support and encouragement are empowering.

The Wellness Practice

Wellness is a state of integrated physical, psychological and social health achieved through nutrition; activity, exercise; stress management, relaxation and recreation; focus and mindfulness; creative and emotional expression; nurturing relationships; proactive healthcare; balance of body, mind and spirit.



At **the Wellness Practice**, working with others, participants assess wellness needs, make plans for improvement, and work to accomplish health objectives.

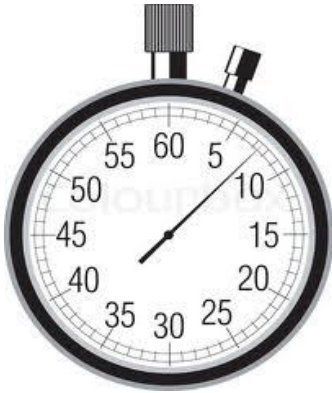


Group activities and wellness teams are encouraged. Working with others can be more productive and satisfying than making personal change alone.

Willpower is a common approach in fitness regimens. The slogan of a local fitness trainer is “We will make you do it.” **The Wellness Practice** encourages willingness because wellness is easier and more effective when participants “want to do it.”

Regular participation is encouraged because wellness is a process and not a destination, and goals are best achieved gradually over time.

Proposed



Call 911 - Every Minute Counts

During a stroke, time is brain and every minute counts. Death of brain cells begin with the first symptoms and will continue until the patient receives hospital and stroke center care.

When a stroke occurs, with each minute of delay, the brain loses 1.9 million neurons, 14 billion synapses, and 7.5 miles of myelinated fibers.

A major factor in stroke care is time to treatment. Recognition of symptoms, the call to 911, hospital transit, assessment, MRI or CAT scan, diagnosis and critical care all take valuable time.

In regard to time, think minutes. The much-publicized treatment window for stroke defines when care is too late and not when it should begin. There may be a window, but the door closes fast.

Frequently, 911 is not called because symptoms don't seem serious or are thought to have another cause. Call for help even if you are not sure it's a stroke. Let the doctors make the diagnosis.

Paramedics and Stroke Centers in Los Angeles are ready 24/7 to provide advanced stroke treatment, but for those services to be of value, we must immediately recognize symptoms and call 911.

The Stroke Association of Southern California provides weekly training in stroke prevention, recognition and emergency response.



Warning
Closing
Door



Call 911 Immediately

The public's role in case of stroke

Stroke is caused by interruption of circulation to the brain. Ischemia or blockage of blood flow is the most common cause (88%) of stroke. Essential treatment is to rapidly restore flow of blood and oxygen. There are now dramatically effective treatments. If you call 911 immediately and the patient is taken to an accredited stroke center, the injuries of stroke may be stopped, reduced or reversed.



Robert Levy received care promptly at a stroke center. Melodee Cole did not.

When given promptly in the hospital, according to guidelines for ischemic stroke, tissue plasminogen activator (tPA) can dissolve blood clots. "Patients treated with tPA were at least 30 percent more likely to have minimal or no disability at three months," NEJM Vol. 333:1581-88, Dec 1995

Also, blood flow restoration devices have "proved effective at removing a clot and restoring blood flow in 61 percent of patients." UCLA Vital Signs, Summer 2012

While there is a well-publicized window within which treatments must be administered, the window defines the time at which treatment will no longer succeed, not when it should begin. Brain cells begin to die at the onset of stroke and time is required for emergency treatment, a CAT scan or MRI, and comprehensive stroke care, so call 911 immediately when there are signs and symptoms of stroke.

Delay in treatment of stroke often occurs because signs and symptoms do not trigger sufficient alarm. When we have severe pain, trouble breathing or bleeding, we call for help. After a stroke, signs and symptoms are often not recognized as serious or are misinterpreted as migraine, fatigue, stress or intoxication:

- Sudden numbness or weakness of the face, arm, leg on one side of the body
- Sudden difficulty speaking or understanding
- Sudden confusion and disorientation
- Sudden change or loss of vision
- Sudden dizziness, unsteadiness or falls
- Sudden severe headache
- In case of a TIA or "mini-stroke," seek help even if signs and symptoms go away
- If you are not sure it's a stroke, call 911. Let experts make the diagnosis

The Joint Commission, the American Stroke Association and the National Stroke Association all recommend that 911 is called immediately and that patients are taken to a stroke center.

Empowerment after Stroke

A guide for survivors and families

To be empowered is to have the ability to do something.

Loss of control is a serious consequence of stroke that can affect every aspect of living, including mobility, dexterity, communication, strength, energy, thinking, emotions, mood, relationships, roles, and social, residential, occupational and financial stability.

Powerlessness is disabling and distressful, and personal empowerment is the best way to regain control. Physical, psychological and social functioning and quality of life can be restored with education, guidance, support and practice of the steps and skills of recovery.

Personal empowerment follows acute and subacute treatment. As stroke professionals transition to a supportive role, survivors and families take charge of their recoveries because there are some actions that no one else can do for them.

Education is essential to optimal recovery. Of course, initial focus is on medical treatment and rehabilitation, and not on education. However, there are many steps and skills of recovery to be learned in classes and groups over time.

As survivors and families are educated, they practice targeted functions that they want to regain. Also, everyday activities become recovery exercises. Return and neuroplasticity are biological processes that require regular practice over time.

Stroke is, by nature, isolating, and further, initial treatment is individualized. Classes and groups are the first opportunity for survivors and families to interact. They learn together, share experience, encourage and inspire one another. Recovery with others is synergistic.

During the empowerment stage, recovery occurs in many ways; in physical functioning; communication; thinking, emotions, moods and attitudes; family and social relationships; energy and motivation; interests and passion; purpose and meaning; in quality of life.

Today, we have choices in how to respond to stroke. While we had limited control during the acute phase, we can now have significant control over our recoveries, daily life and the ultimate outcome. We become empowered to take charge of our own recoveries.

The process of recovery from stroke is continuous, with education, guidance, support and practice of the steps and skills of recovery.

Steps of Empowerment



The empowerment stage follows subacute rehabilitation and includes education classes, support groups, community resources, daily practice of targeted functions and periodic rehabilitation to refine recovery efforts.

These actions enable stroke survivors and families to achieve optimal physical, psychological and social recovery.

1. Attend education classes to learn about stroke and recovery.
2. Learn the steps of physical, psychological and social recovery.
3. Practice self-selected functions daily to stimulate neuroplasticity.
4. Exercise body and mind, thinking and memory, and social skills.
5. Turn everyday activities into recovery exercises.
6. Receive periodic rehabilitation therapy to refine goals and practice.
7. Recovery with others is synergistic. Connect in weekly classes and groups.
8. Ease the psychological and social distress and disruption of stroke.
9. Learn to see the glass as half-full. Enjoy life even as we recover.
10. Seek proactive medical care and follow directions.
11. Practice self-care, a healthy lifestyle and manage stroke risk factors.
12. Use community resources to support and enrich recovery and life.

In this model of recovery, weekly meetings provide education, guidance, practice connection, interaction, support, encouragement, inspiration and example, and powerlessness is transformed to empowerment, hopelessness to hope, disability to capability, dependence to independence, loneliness to connection, loss to love, fear to courage, anger to gratitude, depression to passion.

Dear Doctor

After stroke patients and families are discharged from the hospital and rehabilitation, they may ask what happens next. They need to learn what they can do to continue their recovery. This is empowerment after stroke.

After subacute care, there is transition from professional services to actions patients and families must do for themselves. Physicians have an important role in supporting that change. They are in the best position to explain personal empowerment as the next step in recovery.

Physicians can tell survivors and families that, after subacute care, recovery continues at home and in the community, with the help of experienced facilitators, survivors and families who educate, guide, support and inspire, in classes, groups and the community.

During the empowerment stage, patients and families learn the steps and skills of recovery, practice targeted functions, turn everyday activities into recovery exercises, interact with others and participate in periodic rehabilitation therapy to refine practice and goals.

With your support, the empowerment stage of stroke recovery can become a standard modality of recovery. Please communicate with your colleagues so the concept of personal empowerment may be widely known, accepted and applied.

Neuroplasticity does not stop at six months and stroke recovery can continue with education, guidance, support and practice.

Fundamentals of Stroke Recovery

1. Neurological return and plasticity are fundamental mechanisms of stroke recovery. Some functions “return” as injured but viable cells heal. More functions are restored as brain neuroplasticity gradually organizes new neural pathways. Optimal recovery requires daily practice of targeted functions and periodic rehabilitation.
2. Stroke rehabilitation and recovery typically begin after critical care and medical stabilization. Inpatient and outpatient rehabilitation consists of intensive individual physical, occupational and speech therapy, for up to six months.
3. During the first months after stroke, focus is on medical treatment and rehabilitation, and not on education. After subacute rehabilitation, survivors and families learn how to continue their recoveries. The progressive steps and skills of stroke recovery are taught in monthly classes and reinforced throughout the year.
4. After professionally guided rehabilitation, survivors and families practice self-initiated recovery. They choose functions they want to restore, practice them daily and turn everyday activities into recovery exercises. This is the empowerment stage of stroke recovery.
5. Bruce Dobkin, M.D., Director, UCLA Neurological Rehabilitation and Research, recommends “pulse therapy,” which is daily practice of self-selected functions and periodic rehabilitation to refine goals and practice.
6. Survivors and families connect with others in classes and support groups, where they share experience strength and hope, and encourage and inspire one another. Recovery with others is synergistic.
7. Stroke recovery is easier and more effective when done with others. The first time that survivors and families work with others is during the empowerment stage. We must do it ourselves, but we don’t have to do it alone.
8. There is an old belief that recovery only occurs during the first months after a stroke. In fact, recovery can be a continuous process of biological healing and improved functioning that occurs with recurrent practice and rehabilitation.
9. Stroke recovery is a gradual biological process, like the growth of a child. We are patient with infants and toddlers who walk at one year and talk at age two. Can we be similarly gentle with ourselves as we slowly recover.
10. It’s important to remember that after a stroke, we can still enjoy life, even as we recover. Goals are good, but we don’t need to make our happiness conditional on some future achievement. We can appreciate the portion of the glass that is filled,

Continuity of Care

Continuity of care is coordinated treatment of patients throughout the evolving stages of illness and recovery.

Stages of stroke prevention, treatment, rehabilitation and recovery include wellness and prevention education and practice, recognition of stroke signs and symptoms, a 911 call, critical care at a stroke center, medical stabilization, acute and subacute rehabilitation, transition to recovery at home, weekly classes and groups, periodic rehabilitation to guide practice of targeted functions, and gradual adaptation to a new normal.

Well planned and coordinated services are essential across the continuum of stroke. Here are standards that should be but are not yet sufficiently met:

1. Patients and families receive the stroke services they need in each stage of the recovery process, with thorough preparation and transition to the next phase.
2. Patients and families are educated about stroke, the stages of treatment and recovery and their roles and responsibilities in each phase.
3. There is coordination among professionals, inpatient and outpatient facilities, and patients and families are included in communication as appropriate.
4. After medical stabilization, patients and families receive the acute and subacute rehabilitation they need.
5. Education about stroke and recovery begins during acute and subacute rehabilitation and continues in the empowerment stage.
6. During subacute rehabilitation, survivors and families are prepared for transition to the empowerment stage and self-initiated recovery.
7. In the empowerment stage, “patients” become “survivors” as they are educated, guided and practice self-initiated recovery behaviors.

Optimally, appropriate treatment, education, guidance, support and smooth transition are provided in each stage of the recovery process.

Stroke Recovery and Momentum

“It’s hard to get going.” This is a common sentiment about recovery from stroke. A comparison from the natural world can explain why this is so.

In physics, momentum is the energy of an object in motion. For example, a stationary train has no energy of its own. It’s just a hunk of metal until force is applied. When rolling, it is a large mass in motion and has considerable momentum.

When pushed or pulled, the train starts slowly because inertia resists movement. As the locomotive does its job, the train begins to gain speed, energy and momentum of its own. We all know not to stand in front of a moving train.

Personal momentum is life in motion. The movement and momentum of people’s lives can be seen in the flow of activity, interests, passion, education, career, accomplishments, relationships, social and financial forces.

In a conversation, Steven Castle, M.D., co-director of the West Los Angeles VA Geriatric Clinic, said that loss of personal momentum significantly affects the health and quality of life of his patients.

Loss of momentum is a concern for stroke survivors and families, too. Lives are slowed or stopped altogether by injury, disability, loss of energy, weakness, psychological and social distress, residential and financial instability.

Before the stroke, we were active, in motion, had momentum. Then stroke brought us to a stop. The best way to get moving again and restore our lives, is to have an active program of recovery that includes treatment, education, connection, support and personal effort.

It’s hard to get going after stroke because we are doing something hard and our locomotive is not as strong as it once was. As with inertia, we must overcome the impulse to languish. The forces of recovery must be steadily applied, for if they stop, so will we.

Determination, action and effort are needed to gain personal momentum

Recovery with Others

Survivors and families who recover with others
accomplish more than those who are alone

Stroke is an isolating disease that makes recovery more difficult. Physical, psychological and social disabilities affect relationships and socialization. After a stroke, life is constricted to hospital or home. It's hard to participate or be social when disabled, discouraged or depressed. Survivors don't want to be seen as disabled. Friends withdraw.

Interaction with other stroke survivors and families is healing. Recovery classes and groups are like a nurturing family that provides connection, support, relationships, love, caring, compassion, understanding, safety, belonging, positive identity, courage, resolve.

The focus during the acute and subacute stages of stroke is necessarily on treatment of individuals. The first time survivors and families really work together is during the empowerment stage after subacute rehabilitation. Activities together in classes and groups stimulate interpersonal connection, interaction and mutual support.

Ideally, after acute and subacute care and during the empowerment stage,

1. Survivors and families meet in weekly classes and groups.
2. They learn the steps and skills of recovery together.
3. They inspire one another with synergistic effect.
4. Working together, they select functions they want to regain.
5. They support and encourage one another as they practice daily.
6. They address issues of psychological and social recovery together.
7. Their efforts are shaped and reinforced by interactions in classes, groups, at home and in the community.
8. Community colleges and other resources augment recovery with adaptive exercise, enrichment classes and activities, volunteerism.

We must do it ourselves, but we don't have to do alone

Time and Recovery

Time is a significant factor in stroke. Stroke changes the arc of our lives, as life plans and schedules are thoroughly upended. To begin with, time is crucial at stroke onset. Immediate treatment can lessen the injury of stroke, as “time is brain.”

Experience of time is profound during acute care. Survivors either wake up from a coma after a month or, if conscious, every minute seems like an hour. Also, family members cram vigilance, worry, care giving, personal and work tasks into 24 hours.

Time is also a challenge during the recovery process, especially when coping with uncertainty. “When will I or he or she get better? How much progress can there be? How long will it take?” The answers are often inexact. “We will have to wait and see. Time will tell.” The biological process of recovery is gradual and is an exercise in patience.

A useful way to think about recovery from stroke is to compare it to our achievements. We accept that some worthwhile goals in life require long-term commitment. For example, a college education, building a career or raising children all necessitate incremental steps over time. We have been successful before and we can be again.

Also, according to Einstein’s Theory of Relativity, those traveling at different velocities experience time differently. Reams’ Theory of Relative Recovery postulates that stroke survivors also experience velocity and time differently from those around them. This differential affects survivors’ experience of recovery, self, life and relations.

Survivors and those near them move, talk, think, and relate at different speeds and survivors are often discouraged because they don’t function as fast as they or others want or expect. This disparity often causes frustration. Family or friends may impatiently communicate too fast or walk ahead, leaving the “slow-poke” behind.

In Einstein’s universe, differences in time are difficult to perceive, while after stroke, differences are apparent and frustrating, so it helps to look at variations in nature. We accept the slow growth of plants and enjoy the garden when it comes. We understand that children walk at one year and talk at two. Recovery is easier when we are comfortable and patient with the timeline of stroke and different experiences of time.

Also, perception of time is a factor in recovery. For example, waits for appointments, information, or progress are frustrating. Parenthetically, a study determined that a wait in line at the airport was more onerous than a walk through the terminal of the same duration. In other words, we are happier when we are engaged. A lesson is to not wait for recovery to happen; recovery is more enjoyable when the focus is on “doing.”

It helps to remember that life is enjoyed in the process of living. Recovery may take longer than we want, but we can enjoy life now, even as we recover and feel proud of our efforts and accomplishments, just as we take pride in our other long-term achievements.

Transformation in Stroke Recovery

Stroke can affect every aspect of living, including mobility, dexterity; strength, speech, vision; thinking, emotions, mood; relationships, roles; social, residential, occupational and financial stability; and quality of life. Fortunately, recovery is successful with education, guidance, support, rehabilitation, practice, patience and determination. Also, a survivor may only experience some these effects and at different times.

Recovery from stroke is a process that continues over an extended period of time. Many survivors and families find the pace of recovery to be slow and frustrating, especially in the beginning. They have no frame of reference or experience of stroke to know what to expect. It helps to understand the process of neuroplasticity. Remember long-term experiences of life that we accept, such as the growth of a child or learning in school or college.

Recovery is a gradual process of transformation from one physical, psychological, social or functional state to another. We start at one end of the recovery continuum and work our way to the other. Here are states that stroke survivors may experience. Where are you between these poles? Put “I am” in front of each pair to assess where you are along each continuum.

Afraid - Brave	Immobile - Mobile	Self-Neglect - Self-Care
Alone - Connected	Impatient - Patient	Stressed - Relaxed
Angry - Calm	Inactive - Active	Stuck - Adaptable
Anxious - Unworried	Incapable - Capable	Tired - Energetic
Apathetic - Motivated	Indifferent - Concerned	Trapped - Free
Bitter - Grateful	Inward - Outward Focus	Unable - Able
Blame - Forgive	Insecure - Confident	Unaware - Aware
Can't Speak - Speak Well	Irritable - Tranquil	Unenthused - Enthusiastic
Critical - Understanding	Isolated - Connected	Unexpressive - Expressive
Defective - Limited	Judging - Compassionate	Uninvolved - Involved
Deny - Resigned - Accept	Low Energy - Energetic	Uninterested - Passionate
Dependent - Independent	Meaningless - Meaningful	Unlovable - Lovable
Depressed - Joyful	Negative - Positive	Unloved - Loved
Disabled - Able	No Option - Have Options	Unloving - Loving
Discouraged - Encouraged	No Progress - Progress	Unresponsive - Responsive
Dissatisfied - Content	Passive - Assertive	Unstable - Stable Home,
Don't Care - Caring	Pessimistic - Optimistic	Relationship, Finances
Frustrated - Satisfied	Powerless - Empowered	Victim - Survivor - Victor
Grief - Joy	Purposeless - Purposeful	Withdrawn - Social
Hand Unusable – Usable	React - Respond	Worthless - Valuable
Hopeless - Hopeful	Sad - Happy	

**We can transcend stroke and
enjoy life even as we recover.**

Longitudinal Study of Stroke Recovery

Most stroke research focuses on brain processes, medical treatment and rehabilitation during a fixed period of time. This is a recommendation for longitudinal study because recovery from stroke is a multi-year process and because there are multiple, interrelated physical, behavioral, psychological and social factors that affect long-term recovery.

For example, physical recovery is intertwined with psychological and social factors. Behaviors to recover from stroke are generated and sustained by psychological forces of will to live, hope, courage, empowerment, trust, optimism, determination, effort, patience and the social powers of connection, interaction, encouragement, support and guidance.

These are factors of stroke services that could improve long-term recovery outcomes.

1. Current treatment rarely addresses psychological and social effects of stroke. Do survivors who can manage anxiety, depression and other psychosocial issues participate more fully in recovery activities and have better physical outcomes?
2. Customary rehabilitation services are provided for a few months but do not adequately apply what is known about neuroplasticity to long-term recovery. After subacute rehabilitation, can periodic therapy that encourages daily practice of survivor-selected skills result in better long-term recovery outcomes?
3. Patients are often discharged from acute treatment and rehabilitation without adequate education, guidance and support. Can an integrated process of education, guidance and support begin in the hospital and continue in the stroke community?
4. There are actions of recovery that can only be done by survivors and families themselves. Can extended outpatient services increase long-term participation and targeted practice of recovery-related activities to improve recovery outcomes?
5. Current stroke treatment focuses on rehabilitation with limited attention to healthy behavior. Would ongoing support and practice of wellness, prevention and self-care result in improved health and fewer subsequent strokes and related illness.
6. One determinant of outpatient services is cost. Can outpatient prevention and wellness services reduce the incidence and costs of subsequent strokes? Could some of these savings be used to support expanded outpatient services?
7. Many stroke groups only meet once a month. Weekly meetings allow more time and interaction to address the physical, psychological and social complexity of stroke. Can differences between monthly and weekly meetings be measured?

Extended study of stroke services, physical recovery and functioning, psychological and social effects and adjustment, stroke recurrence and other health factors can improve long-term recovery after stroke.

Psychological and Social Recovery

Recovery from stroke is generally known to consist of biological healing (return), reorganization of neural pathways (neuroplasticity) and gradual restoration of physical functioning. However, it's much more than that. Psychological and social healing is also essential to optimal stroke recovery.

Stroke is emotionally and socially traumatic. For survivors, it is devastating to be unable to move, talk or to suffer other effects. For family and friends, it is painful to see a loved one ill and disabled, and caregivers are faced with constant responsibility.

Significantly, much of the pain after stroke is felt as psychological and social distress. To varying degrees, survivors and caregivers may feel powerless, afraid, anxious, angry, frustrated, depressed, discouraged, disabled, limited, diminished, dependent, cut off from family and friends, self-doubt, self-blame, with challenge to self-identity and self-worth.

While the medical and physical effects of stroke are necessarily treated first, psychological and social injuries need treatment also, with education and guidance, interpersonal connection, support and encouragement, practice of the skills of recovery, targeted psychotherapeutic intervention and medication as appropriate.

Psychological and social health is vital to stroke recovery because it eases the distress and disruption of stroke and stimulates essential drives such as determination to live and thrive, and the desire to connect with others.

In recovery, survivors and families discover their inner strength and resilience as healthy behaviors are generated and sustained by the psychological forces of courage, hope, optimism, determination, persistence, patience and the social powers of connection, interaction, support, trust, encouragement, guidance and example.

Further, survivors and caregivers who work for psychological and social healing, personal empowerment and self-care make more progress in physical recovery, have fewer subsequent strokes and better quality of life than those who do not.

Education and support in a group are effective ways to address psychological and social effects of stroke. Experienced facilitators guide resolution of recurrent issues of stroke and recovery. Survivors and caregivers who aren't ready for a group experience can be helped in individual and family settings.

Weekly recovery groups help mood, thinking, attitudes and beliefs; stimulate interests, passion, expression and activity; enhance spirit, promote adaptability, strengthen social connections, relationships and friendships; bolster residential and financial stability; and connect participants with other services in the community.

Psychological and social support is the invisible hand of stroke recovery

Najma Davis, DSW



Psychological and Social Effects of Stroke

Here are ways that emotion, thinking, beliefs, attitude, relationships impact stroke recovery.

1. After a stroke, survivors and families frequently feel powerless, loss, grief, fear, anger, depressed, isolated or overwhelmed. They have questions. “Will I get better? Will I be independent again? What’s going to happen to my family? How will we manage?”
2. In recovery with others, there’s help and answers for these questions and feelings. In the process of recovery, with education, guidance and support, survivors and families can feel hopeful, calm, connected, empowered, capable, valued and valuable.
3. Why recovery is so “slow?” Recovery from stroke needs to be understood as a gradual biological process. We accept that it takes an infant a year to walk and two years to talk. Also, it takes time to get a college education or learn a skill, yet there is satisfaction in accomplishing an important goal. We can reframe our understanding of stroke.
4. Stroke teaches us about patience and determination at the same time. Gradually, survivors and families learn to enjoy their lives and progress today, even as they “work” to recover. They don’t have to wait for some future achievement or event to enjoy life.
5. In recovery, survivors and families learn to appreciate the portion of the glass that is full, and find satisfaction, purpose, meaning and even gratitude in the mixture of challenges, disabilities, capabilities, limitations, potential, pleasures and opportunities in life.
6. Stroke affects self-worth. Survivors feel diminished when they can’t do normal tasks and caregivers feel ineffective when they are unable to do all they expect of themselves. In recovery, expectations are reframed, and satisfaction is found in what we can do.
7. New survivors and families are often isolated as stroke constricts their lives. It’s hard to recover when feeling confined, alone, isolated and vulnerable. Recovery is easier when experienced survivors and families show the way.
8. After stroke, relationships are frequently stressed because of the effects of stroke, the pressures of recovery and caregiving, and changes in friendships. Discussion, guidance and practice of social interactions in support groups help restore vital social connections.
9. When survivors and families feel powerless, vulnerable and afraid, the example of others helps them to access to inner reserves of strength and courage. Also, interaction in classes and groups engender feelings of connection, friendship, empathy, compassion and hope.
10. After a stroke, survivors and those around them walk, talk, act, and think at different speeds. This disparity can cause survivors to feel left behind or family and friends to feel frustrated. In recovery, everyone learns to patiently interact at the same pace.

11. Lower energy and stamina are common after stroke. Survivors may do less, but they can choose activities that mean the most, that interest, stimulate and enrich their lives. Personal passions add meaning and purpose to life.
12. Caregivers often become overwhelmed while providing hours of support, taking care of the household, meeting personal and work responsibilities. Experienced caregivers in a support group can provide strategies, suggestions and resources for respite and calm.
13. Stroke affects family roles. Caregivers may be stressed over extra responsibilities. Survivors may be upset over loss of status or decisions made without their input. Solutions can be found through education and shared experience in support groups.
14. Both survivors and caregivers yearn for independence. Since capabilities gradually change in recovery without being noticed, periodic reevaluation identifies what survivors can now do on their own and the responsibilities that caregivers can safely release.
15. There are often behaviors that are not recognized as effects of stroke, including changes in mood, emotions, thinking, focus, memory, motivation and energy. Education and support help survivors and families understand and manage the complexities of stroke.
16. Sometimes, survivors don't look like they have had a stroke. Survivors, families and friends need to understand internal effects of stroke that aren't obvious, so they can be realistic and patient in their expectations of self and others.
17. Stroke affects every area of life, including financial and residential stability. Recovery programs help survivors and families to adapt, connect with community resources.
18. Because recovery is gradual, survivors and families learn to accept both limitations and capabilities and play with the cards they've been dealt with patience and determination.
19. When can less be more? For some, the losses of stroke lead to deeper experience of life. In recovery, anger and bitterness can be replaced with gratitude and loss with love.
20. Fortunately, for individual survivors and families, only some of these issues arise, and at different times over the span of recovery, and when they do occur, education classes and recovery groups and experienced survivors and families are there to support them.
21. Here are general guidelines for resolution of psychological and social challenges of stroke in a group: connect with others for mutual support and inspiration; learn about the visible and hidden effects of stroke; identify and discuss the effects of your stroke; develop strategies and coping methods; share personal experience, challenges and progress; seek individual psychotherapy and medication when needed.



The Stroke Recovery Group

Connection, education, guidance,
example, empowerment,
practice, self-care

1. “I’ve lost control of my body and life and I feel powerless, afraid and alone.” These feelings are common after stroke. Humans cope with such distressful circumstance and emotion by banding together to create connection, relationships, love, caring, belonging, identity, support, example, encouragement and safety.
2. The stroke recovery group is similarly protective, like the nurturing family that we had or needed. The group meets weekly because regular interaction with other survivors and families creates connection, trust, healing and empowerment, and because it helps to learn the many skills of recovery sooner, with help, rather than later, by trial and error.
3. In group, individual survivors and caregivers share their personal experiences, feelings and concerns in a safe environment. Others listen with empathy and give feedback on how they felt and acted in similar circumstances.
4. Participants are encouraged to speak from personal experience and point of view to increase self-awareness and to connect with and support others. The most helpful communication and response is in the first person.
5. An atmosphere of trust and respect is created by authentic interaction and commitment to confidentiality. What is shared in the group stays in the group.
6. As universal concerns are uncovered, each participant discusses how he or she has been affected by or relates to the issue at hand. Facilitators focus on and educate about significant topics that arise, and guide discussion to deeper awareness and understanding.
7. Ideally, support groups begin during rehabilitation and continue in the empowerment stage for as long as needed (at least the first year) so participants learn and practice the many steps and skills of recovery and learn to enjoy life, even as they recover.
8. Significantly, those who participate in interpersonal connection, education, guidance, support, example, practice of recovery skills, psychosocial and social healing, personal empowerment and self-care make more progress in physical recovery, have fewer subsequent strokes and better quality of life than those who do not.

No one should face stroke alone

Stroke Recovery Group at UCLA Westwood



There have been major advances in stroke treatment and what survivors and families can do for themselves.

Classes and groups educate, support, inspire and empower participants to achieve optimal physical, functional, psychological and social recovery.

1. Learn about stroke and what we can do for ourselves to get better.
2. Learn about neuroplasticity and the continuous process of recovery.
3. Choose functions we want to regain and practice them daily.
4. Turn everyday activities into recovery exercises.
5. Support recovery with periodic rehabilitation to refine practice.
6. Connect with others and share courage, hope, optimism and progress.
7. Move from powerlessness to empowerment, disability to capability.
8. Regain functioning, independence, self-identity and quality of life.
9. Seek proactive medical care and follow directions to protect health.
10. Practice self-care and a healthy lifestyle; manage stroke risk factors.
11. Join recovery and enrichment activities in the community.

Education Class
The 1st Monday
2:00 – 3:30 PM

Support Groups
2nd-5th Monday
2:00 – 3:30 PM

UCLA Medical Plaza, 300 Building
Leif Conference Room, 3rd Floor
801 Westwood Plaza, Los Angeles, CA 90095

Please call to confirm meeting time and location
(310) 575-1699 • recovery@strokesocal.org

This is a valuable resource in the community.



Acquired Brain Injury Program Overview

Santa Monica College

- **Assessment course** offered twice per year; designed to provide feedback on academic readiness and cognitive skills as well as physical access to classes and associated materials
- **“For Credit”** classes
 - Students enroll in fee-based class to earn academic credit towards a degree/certificate or for continued personal development
 - Ongoing assistance and problem solving through individual and/or group sessions
 - Guidance provided in educational planning to meet academic/personal goals
- **“Non-Credit”** classes (free)
 - ABI Connections – to promote community and lifestyle skills, as well as provide instruction for personal development
 - *Adult Education classes in development*

Emeritus College

- Free education classes designed for adults over age 50
- **Pathfinders Program** for individuals who have had an acquired brain injury and completed a course of rehabilitative therapy (ages 18+)
 - *Exercise class* – to promote wellness and physical fitness
 - *Communication class* – to support speech and language skills with group interaction and computer-based activity
 - *Cognitive class in development*
 - Classes are offered year-round & taught by rehabilitation professionals

How to Enroll

- Complete department application & meet with the ABI specialist
- Provide medical documentation to verify non-progressive, acquired brain injury sustained after age 13
- Demonstrate sufficient self-help skills to manage within the college environment
- Return application and medical verification to:

*Stephanie Lewis, ABI Specialist/Faculty
Disabled Student Program and Services
1900 Pico Blvd., Santa Monica, CA 90405
Phone (310) 434-4442, Fax (310) 434-4272
lewis_stephanie@smc.edu*

The Stroke Recovery Groups at Rancho Empowerment after Stroke



Stroke can affect every aspect of life. The stroke groups at the wellness center empower survivors and families to restore their functioning, speech, thinking, emotions, relationships; energy and motivation; interests; purpose and meaning; and quality of life.

There are two separate stroke groups, so patients who have therapy in the morning can attend the afternoon group, and those who have therapy in the afternoon can attend the morning group.

The stroke recovery groups and the resources of the Rancho Los Amigos Wellness Center enable survivors and family members to attain optimal physical, psychological and social recovery.

Don Knabe Wellness Center, Room #110
Wednesdays, 11 am to Noon, 1 pm to 2 pm

Rancho Los Amigos National Rehabilitation Center
7601 Imperial Highway, Downey, CA 90242
(310) 575-1699 • recovery@strokesocal.org

The Don Knabe Wellness Center Empowerment after Stroke



After inpatient and outpatient rehabilitation, recovery from stroke can be continued with frequent practice and support. Stroke survivors and families participate in wellness activities at the Don Knabe Wellness Center to restore functioning and quality of life.

Adaptive classes at the wellness center include a gym, a pool, trainers; movement, dance, yoga, Tai Chi; art, performance; activities to improve cognition, communication, social connection; meditation, relaxation, recreation; assistance with benefits, finances, housing, caregiving; volunteer opportunities; and stroke recovery groups.

The Don Knabe Wellness Center
Monday – Friday, 7:00 am – 6:00 pm

Rancho Los Amigos National Rehabilitation Center
7601 Imperial Highway, Downey, CA 90242
(562) 385-6600 • RLAWellness@dhs.lacounty.gov



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

Rancho Rising 2020



Stroke Association
of Southern California

RECUPERÉMONOS JUNTOS

Los Grupos Para Sobrevivientes Con Ataques Cerebrovasculares

Miércoles

11-12 AM. Inglés y Español – Sala 110

1-2 PM. Inglés y Español – Sala 110

Lugar

Don Knabe wellness center

Rancho los amigos centro nacional de rehabilitación.

7601 E. Imperial Highway, Downey, CA 90242

Contacto: (562) 385-6600

Conéctate, aprende e inspirarte
con las historias de recuperación

Rancho Línea Central (562) 401-7111 o para
TTY/TDD (562) 401-8450, www.rancho.org,
www.facebook.com/rancholosamigosrehab,
www.twitter.com/ranchorehab

Para solicitar adaptaciones razonables,
comuníquese con el coordinador de ADA a
lawong@dhs.lacounty.gov o al (562) 401-
7428, cinco días de anticipación.

The Stroke Recovery Group at the South Pasadena Senior Center



There have been major advances in stroke treatment and what survivors and families can do to get better.

The weekly stroke group educates, supports, inspires and enables participants to achieve optimal physical, psychological, social and functional recovery, where they:

1. Learn about stroke and what we can do for ourselves to get better.
2. Learn about neuroplasticity and the continuous process of recovery.
3. Choose functions we want to regain and practice them daily.
4. Turn everyday activities into recovery exercises.
5. Support recovery with periodic rehabilitation to refine practice.
6. Connect with others and share courage, hope, optimism and progress.
7. Move from powerlessness to empowerment, disability to capability.
8. Regain functioning, independence, self-identity and quality of life.
9. Seek proactive medical care and follow directions to protect health.
10. Practice self-care; make changes in lifestyle; manage stroke risk factors
11. Join recovery and enrichment activities in the community.

Location:

South Pasadena Senior Center
1102 Oxley Street
South Pasadena, CA 91030

Time:

Tuesdays - 11 AM to 12:30 PM.
On the 2nd Tuesday, we attend the
stroke lecture at Huntington Hospital.

(310) 575-1699 • recovery@strokesocal.org

This is a valuable resource in the community.



LINEAGE PERFORMING ARTS CENTER
RAISING SUPPORT • CREATING AWARENESS • BUILDING COMMUNITY THROUGH THE ARTS

HOME ABOUT EVENTS CLASSES SITE RENTAL NON PROFITS CONTACT

Enjoy Wellness with Lineage

Parkinson's Disease Stroke TBI MS

∞ **Dance for Joy** *Wednesday at 2pm - Saturday at Noon - FREE*

A specialized dance class for adults with neurological challenges designed to focus your mind and body to move with purpose, creativity, musicality & grace. Classes provide a joyous experience that enhances one's balance, while simultaneously developing control and freedom of the participant's movement.

∞ **Out Loud** *Wednesday at 1pm- \$5 Donation suggested*

Breathe, Talk, and then Sing! This class focuses on the fundamentals of each while improving pulmonary function, projection, and articulation.

∞ **Foundations/Tackling Everyday Movement** *Tues & Thurs at 1pm- FREE*

The Foundations Class lays a base for people who face movement challenges. This class will be spent rigorously practicing specific exercises that target foundational motor skills like walking, sidestepping, turning, and reaching.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1pm Foundations - Tackling Everyday Movement	1pm Out Loud 2pm Dance for Joy	1pm Foundations - Tackling Everyday Movement		Noon Dance for Joy

All Classes Are Open to All Abilities – Work Seated or Standing

For more information email amybuilds@gmail.com

Lineage is dedicated to making the arts accessible to all, regardless of age, ability or background. We are a non-profit 501c3 and this programming is supported in part by the Tournament of Roses Foundation.

If you appreciate this programming and would like to support its future, click the "Donate to Lineage" button at the bottom of this page.



Lineage / 89 S. Fair Oaks Ave. / Pasadena, CA 91105 / 626-844-7008

Through funds raised by Moving Day Los Angeles, A Walk for Parkinson's, Dance For Joy classes are free to the public! Lineage is grateful to the Parkinson's Foundation for their support!



626-844-7008
 Fair Oaks Ave. / Pasadena, CA 91105

DONATE TO LINEAGE

follow us:

© 2016 by Lineage Performing Arts Center



Stroke Groups and Services in Southern California

Survivors and families need to know about stroke groups and services in the community. Please use this fillable form to identify groups and services or to update any changes.

County	
Region (For example, "San Gabriel Valley")	
Name of group or provider	
Description of group or services provided	
Street address	
City/State/Zip	
Location (building and room)	
Day and time	
Contact name	
Contact title	
Contact phone	
Contact email	
Additional information	
Updated by and date of update	

Thank you for this information. Please complete and email the form as an attachment to recovery@strokesocal.org or mail to the address below. Also, please update the form as needed.

Stroke Association of Southern California
PO Box 2098 • Santa Monica, CA 90406
(310) 575-1699 • recovery@strokesocal.org

SASC Aspirations

An aspiration is a desire to accomplish a worthwhile goal in the future.

The Stroke Association of Southern California aspires to improve wellness, self-care, prevention of stroke and other illness, emergency response and recovery throughout the Southland with the support and participation of concerned individuals, families, professionals, communities, organizations, funders and payers.

A significant factor of aspiration is time, for example, an emergency system to restore blood flow to the brain after stroke took many years. In 1998, there was one stroke center in Los Angeles County and a system was a concept. Today, there are 35 primary and 18 comprehensive stroke centers. Similarly, the mission of the SASC will take time.

The Stroke Association has created an innovative, effective and inexpensive model of prevention and outpatient recovery that can meet the health, physical, psychological, social and functional needs of survivors and families. With support, the Stroke Association can recommend, advise, assist or provide services for a community.

1. Community presentations educate about wellness, prevention, stroke recognition, calls to 911, stroke centers and the role of bystanders.
2. Weekly meetings connect survivors and families for the first time and provide essential education, guidance, support and practice.
3. Services are provided to the uninsured and underserved.
4. Services are provided in Spanish (and other languages, with support.)
5. Requests for help are answered within six hours, within one day for information.
6. Survivors, families and professionals are informed about local resources.
7. The SASC website lists groups, services, resources and information.
8. “The New Stroke Paradigm” is published and its principles are applied.
9. The “empowerment stage” becomes a recognized step of the recovery process.
10. Weekly meetings and the empowerment stage are widely implemented.
11. Facilitators are trained to lead empowerment classes and groups.
12. Daily practice and periodic therapy improve targeted functions.
13. Daily activities become recovery exercises.
14. Connection with services in the community stimulates recovery and enrichment.
15. Support of self-care, risk factor mitigation, proactive medical care is continuous.
16. Savings from fewer subsequent strokes pay for weekly outpatient services.
17. SASC staff includes capable and professional survivors and caregivers.
18. An advisory committee reviews SASC services and recommends improvements.

SASC aspires to improve stroke prevention, emergency response and recovery outcomes in Southern California with your support.

SASC Raison d'être

The purpose of the Stroke Association of Southern California is to meet today's need for universal wellness, self-care, stroke prevention, emergency response, outpatient stroke services, and integrated physical, functional, psychological and social recovery.

1. Eighty percent of strokes can be prevented by healthy lifestyle, self-care, risk factor mitigation and proactive medical care.
2. The same wellness behaviors also protect against heart disease and other illness.
3. Emergency training of the public is essential because Stroke Centers depend on citizens to recognize the signs and symptoms of stroke and call 911 immediately.
4. After a stroke, intensive rehabilitation services typically end after 3 to 6 months and survivors and families need direction and support thereafter.
5. As professional services decrease, there are actions of recovery that survivors and families must do for themselves, (but they don't have to do it alone.)
6. Weekly meetings provide connection, interaction, encouragement, inspiration, education, guidance, practice, and support. Recovery with others is synergistic.
7. Stroke recovery is a gradual process that occurs over months and years, as practice of functions and brain plasticity reorganize neural pathways.
8. The mistaken belief that stroke recovery stops at six months must be corrected.
9. The period after subacute care should be called the "empowerment stage" as survivors and families learn and practice necessary steps and skills of recovery.
10. Essential recovery behaviors include daily practice of selected functions, periodic rehabilitation to refine efforts and daily activities that become recovery exercises.
11. Subsequent strokes can be prevented with healthy lifestyle, self-care, risk factor mitigation, medication adherence and proactive medical care.
12. It is in the financial interest of Medicare and insurers to pay for ongoing outpatient services because fewer subsequent strokes save money.
13. Outpatient services can be self-sustaining. The savings from prevention of one stroke can pay for a weekly empowerment group for one year.
14. Benefits of the current insurance system renew annually and, when authorized, can pay for periodic rehabilitation over one year.

Optimally, the Stroke Association of Southern California is a collection of concerned individuals, families, professionals and organizations with a common goal to improve stroke services.



About Reams Freedman
Director

In 1998, I had a severe stroke that was difficult because I knew nothing about stroke and I was afraid my life was over. Fortunately, I joined the weekly stroke group at UCLA and received vital education and support. It was very helpful to connect with other stroke survivors and their families.

As I learned and grew, I eventually became facilitator of stroke groups at UCLA and at Rancho Los Amigos National Rehabilitation Center. In 2006, I became director of the Stroke Association of Southern California.

Here is information about my personal and professional experience and credentials. For over thirty years, I worked in various jobs in the healthcare industry, as a paramedic, health educator, family therapist, clinical supervisor and case manager, in public and private, inpatient and outpatient, profit and non-profit, provider and payer settings.

My degrees are a B.A. in Health and Safety Studies and an M.A. in Human Development. My professional credentials are as a Licensed Marriage and Family Therapist and as a California Community Colleges Instructor in Health and Physical Care Services.

I learned about healthcare through my education and profession. I learned something about life from illness and recovery. After life-changing strokes, others and I formed the UCLA Stroke Groups. Together, we discovered we have choices in how to respond to illness. While we may have limited control during the acute phase of illness, we do have significant control over our subsequent progress, daily life and ultimate outcome.

As we passed through stages of uncertainty, challenge, and healing, we each found within us courage, patience, determination, adaptability, love for others and life, and will to live and thrive. We discovered we are stronger than we thought.

In 1998, I was unprepared for stroke. I now know that stroke can be prevented, successfully treated, and that a satisfying and meaningful life is possible for both survivors and their families, and that prevention, rehabilitation and recovery are more enjoyable and productive when done with others.

At the Stroke Association, no one faces stroke alone

Lessons from Stroke

Reduction and Recovery

One way to describe stroke is as a process of reduction. The injury of stroke reduces life to something less than it was. We are unable to function and live as we once did. There are feelings of loss and we may feel that our fate is sealed. In my case, after a severe stroke, I believed my life was over and I was very depressed.

What I've learned since is that, paradoxically, stroke can also reduce our lives to something more. In the culinary arts, the process of reduction brings out full flavor and enjoyment of food. It may seem improbable, but the same thing can happen after stroke. In recovery, life can be distilled or refined to its most precious qualities and experiences.

Fennyman: How? Henslowe: I don't know. It's a mystery.

“Shakespeare in Love”

I knew little about stroke when I had one. I now know that recovery is a process of gradually moving from powerlessness to empowerment, disability to capability, hopelessness to hopefulness, pessimism to optimism, loneliness to connection, loss to love, fear to courage, anger to gratitude, depression to passion, and to satisfying and meaningful life.

And this transformation takes place through continuous education, guidance, interpersonal connection, support, encouragement, example, human spirit, courage, determination and practice,

I am now able to enjoy life daily, even as I recover. I don't have to wait for future events or accomplishments. Each day, I focus on my capabilities and opportunities, with little thought of limitations, and even when I am confronted by disabilities, my life has deeper quality, purpose and meaning than before the stroke.

Illness and recovery led me to richer experience of life.