Tip Sheet #19

Helping the Stroke Survivor to Exercise

It is common for stroke survivors to become less active once they come home. Many survivors are more willing to exercise or do things for nurses and therapists in the hospital than they are for a family member at home.

Here's a quote from one caregiver: *"He won't try to exercise. He just sits in the chair and he sleeps all the time. That's one of my main concerns with him."*

So, what's a caregiver to do?
Exercises can be prescribed by physical, occupational, or speech therapists to improve recovery. Exercises can also be activities that the survivor does on their own to keep from getting weak or stiff. Either way, exercises are important. ***You, as a family caregiver, can encourage the survivor to exercise and support them when they do.*** Easier said than done, right? Well… here are some background information and tips you can try.

Background information: Exercise really involves 3 things that are called the "SEM Factor."

- **Strength** – Muscles need to become stronger after stroke. Muscles that are not used become weak very quickly.
- **Endurance** –This is the ability to keep active without frequent rest periods. The more they sit or lie down, the less endurance they will have. They won't be able to stay up as long. Endurance can get much better with exercise.
- **Mobility** – After stroke, a survivor must learn how to move around again. Can they get to where they need to be by wheelchair, walker, cane, or by walking?

Types of exercises often prescribed by therapists:

- **Stretching routines** to keep the joints moving and to keep muscles from getting stiff.
- **Gradual exercises** are used without weights. Light weights, like wrist or ankle cuffs, are then added. Splints or braces may also be used.
- **Range of motion exercises –** moving joints in every possible direction they can. Think of all the ways you can move your toes. Then think of all the directions you can move your ankles. Then your knees, hips, back, shoulders, elbows, wrists, fingers, neck, and so on… As a caregiver, you can try this yourself.
    - **Passive –** The therapist moves all the joints for the survivor. *Do not force joints beyond the point of pain.*
    - **Active assistive** – The survivor does some, but the therapist helps them finish
    - **Active** – The survivor does them all on their own.
    - **Active assistive –** The survivor uses weights**.**

Problems to look for:

- **Spasticity** – This is where muscles tense up too much and the survivor can't move them. It can be painful and frustrating. Medications and range of motion exercises can help.
- **Edema or swelling** – This can be from lack of movement. Medications may help. Elastic stockings may be used. Putting the leg or arm up on a pillow may help too. Let the doctor or therapist know if you see edema or swelling. ***Shoulder subluxation (shoulder pain) is also common, but should be looked at by a doctor.***
- **Shortness of breath** – This could be from low endurance, or needing to take rest periods. Don't let the survivor exercise to the point that they are totally out of breath. The survivor should be able to talk (if they are not aphasic) while they are exercising.
- **Chest pain or tightness** – This could be a heart attack. ***Call 911 if your survivor is having chest pain or tightness,*** especially if they are also short of breath, dizzy or lightheaded, have nausea, or sweating. Pain that spreads to the shoulder, neck, or arms could be a heart attack too.

- ***The best way to help the survivor is to attend therapy sessions with the survivor to see what they are able to do.*** You might be surprised as a caregiver when you see how much the survivor really can do. Ask the therapist about exercises that you can do with the survivor at home. Ask them how often and how long the exercises should be done. Practice these exercises with the survivor with the help of the therapist. **If the survivor is no longer receiving therapy sessions, it may be time for another visit if they need help with increasing their exercise.** Check with the doctor and therapists if you think the survivor needs more therapy.

- ***Check with the doctor and therapists before starting any new types of exercises.*** After a stroke, there may be limits to what the survivor can do. Don't be afraid to call the doctor or therapist for advice. If you have trouble talking with the doctor or therapist, take a look at **Skill-Building Tip Sheet #SB5. Communicating with health professionals. Tip Sheet #7 Who to call for Advice** may be helpful too.

- ***Try exercise programs in the community.*** Some retirement communities have exercise areas with therapists, and may let you join for a small fee. The YMCA often has programs like water aerobics or arthritis swim. Look for a YMCA near you. Senior Citizen's Centers in your area may also have suggestions on exercise programs. Check out **Tip Sheet #8 Where to Find Resources.** ***The American Stroke Association has exercise videos for stroke survivors. See https://www.stroke.org/en/life-after-stroke/stroke-rehab/post-stroke-exercise-videos or call(1-888-4-STROKE or 1-888-478-7653)***

- ***Try to motivate the survivor to exercise by doing exercises with the survivor.*** Exercises can be done as a partner to the survivor benefiting both the caregiver and the survivor. Do them as a team.

- ***How do you motivate someone to exercise if they don't want to?*** This is probably the hardest thing for caregivers to do. Try looking at the Five Stages of Change.

The Five Stages of Change – People often move through stages of change while trying to decide on healthy behaviors. Your stroke survivor may also be moving through stages of change.

1. Not ready to change: means that the survivor is not ready for change. They don't want to exercise. This stage is a good time to explain the benefits of exercise. ***Make a list of benefits with the survivor.*** Don't forget the importance of strength, endurance, and mobility.

☐ Muscles will become stronger
☐ Will have more energy to do more
☐ Will learn to get around better
☐ Will recover from stroke quicker
☐ Will become more independent
☐ Will sleep better at night
☐ Will help with the stress
☐ Will improve appetite
☐ Other _____
☐ Other _____

One caregiver asked their survivor, *"Which of the abilities that you have gotten back after stroke do you want to lose by not exercising?"*

2. Thinking about change: means the survivor is thinking about exercising. Your survivor has looked at the benefits of exercise, but also has reasons for not doing it. Discuss barriers or reasons why the survivor does not want to exercise. ***Help them weigh the pros and cons of exercising.***

Pros for exercising	Cons for exercising

3. Preparing for action: means your survivor would like to start exercising on a regular basis. This is a good time to set up a plan

for action. ***Help them figure out when to exercise and how to stay on schedule.***

- Try to work toward 30 minutes per day 3-4 times per week or whatever is recommended by the doctor or therapist.

- Develop a support network: Talk to other survivors that are active. Talking with others can lead to tips for success. Turn to friends and family for motivation, ideas, and support.

4. Taking action: means your survivor is exercising as prescribed. ***Help them remember to exercise.*** Make it easy for them to continue. Monitor their progress. ***Reward them for exercising on their own.***

- **Plan for setbacks:** Lapses will happen. Accept the setback and continue to strive for the future.

5. Maintaining a good thing: means the prescribed exercises have become part of the survivor's daily routine. ***Help the survivor keep the balance between exercising and everyday life activities.*** Reward your survivor for their achievement.

If the stroke survivor is depressed or has feelings of hopelessness, trying to explore the benefits of exercise or weighing the pros and cons might not work. **See Tip Sheet #9 Dealing with the stroke survivor's emotions while providing care.** Depression needs treatment before you can motivate the survivor to exercise. Sometimes anti-depressant medications are prescribed even when depressive symptoms are mild because they help with stroke recovery. Don't be afraid to call the doctor. Tip Sheet #9 will help you:

- Identify emotions the survivor is having
- Screen them for symptoms of depression
- Find out how to get help for the survivor's emotions

- Find strategies to help them think positive.

Where do I find more information about prescribed exercises?

- Call your doctor, nurse, or physical therapist.
- The American Stroke Association has exercise videos for stroke survivors. See https://www.stroke.org/en/life-after-stroke/stroke-rehab/post-stroke-exercise-videos.
- Call the American Stroke Association (1-888-4-STROKE or 1-888-478-7653, www.strokeassociation.org)
- Call the Family Caregiver Alliance 1-800-445-8106 or log onto their website: www.caregiver.org