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FACT  
SHEET

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# SELF CARE

# FOLLOWING STROKE

After a stroke many people have to work to overcome various problems in order to regain independence, particularly in the area of “self care”. (Also known as “Activities of Daily Living”, e.g. eating, bathing, grooming and dressing).

These self care tasks may be difficult for a variety of reasons:

1. **PHYSICAL IMPAIRMENT** - muscle weakness, loss of movement on one side of the body, difficulty coordinating movement, poor balance, poor mobility, loss of sensation.
2. **VISUAL IMPAIRMENT** - loss of vision on one side, blurred vision, double vision, difficulties understanding visual information.
3. **DIFFICULTIES THINKING CLEARLY** - difficulty in planning and carrying out tasks in the correct order, poor problem solving ability, memory problems, difficulty recognising objects and knowing how to use them appropriately (eg unable to recognise what a tooth brush is and what it is used for).
4. **COMMUNICATION PROBLEMS** - unable to clearly communicate needs, or to understand what others are saying.

## STRATEGIES TO AID WITH SELF CARE TASKS

Occupational therapists may assess and plan a rehabilitation programme which may include using equipment and techniques, which can help make self care tasks easier to perform. It is important for the Occupational Therapist to assess the individual persons situation, but the following are general points which may be helpful.

### ***BATHING***

- If you have difficulty standing up for long periods or have poor standing balance a shower chair may be placed in the shower alcove or a bath board may be placed over the bath and a shower hose used to wash. If such equipment is put in place it is also beneficial to install grab rails in the shower or near the bath to ensure that there is something to hold onto for added security.
- A non slip bath mat will also increase safety.
- Clearly label the hot and cold taps and/or install a temperature gauge (this is particularly important if you have visual problems, poor sensation or difficulty thinking clearly).
- Other equipment that may be useful include a soap mitt or soap on a rope to make soap less difficult to handle if you are bathing yourself one handed. A towelling dressing gown may be used to aid with drying. (1,2,4,5)

### ***DRESSING***

It is important to determine what is the best position to carry out the task (ie lying down, sitting or standing).

- If you have limited mobility it is best to dress lying down. Underpants and trousers can be pulled up by rolling from side to side or by lifting hips off the bed. (7)

- Once sitting and standing balance improves dressing can be carried out sitting down or standing up.
- It is best to put clothing on the weaker arm and leg first. When undressing take the stronger limbs out first.
- Have clothing arranged in the appropriate order and at easy access.
- It is best to use clothing that is easy to put on e.g. use zips instead of buttons, clothes that fasten at the front instead of the back. Velcro fasteners, and elastic waist bands also make dressing easier.
- Appliances to help put on socks, shoes and clothing include - sock aid, dressing stick, long handled shoe horn, and a button fastener. Elastic sided, buckled or velcro fasteners make putting on shoes easier. A one handed shoe lace tying technique can also be taught. (1,5)
- Clothing labels may be used as a prompt to help orientate clothing appropriately, if the person has planning problems.

### ***EATING***

- Make sure that the table is at an appropriate height and that the seat is comfortable and supportive.
- A two handed activity such as cutting with a knife can be adapted so that it can be performed one handed. Equipment available to aid with eating includes - built up cutlery, a rocker knife which helps to cut food one handed, a plate guard to ensure food does not fall off the plate, non slip mats to ensure that the plate does not slip around the table. (1,2,5,7)
- For someone with visual problems it may be best to develop a routine so that you know where items are located on the table and on your plate. Have someone tell you where items are located when you sit down to have a meal.
- Eating can be complicated by facial muscle weakness or paralysis which may result in drooling or pocketing of food in the side of the mouth. To compensate for these problems the person can periodically wipe his or her chin and remove food that has accumulated in the side of the mouth. (7)
- After a stroke, some people experience swallowing problems, and these should be fully assessed and treated by a Speech Pathologist.

### ***TOILETING***

During the early stages of recovery it may be necessary to use a commode (you do not have to travel a long distance to the toilet and it can be used quickly).

- A toilet frame or raised seat can be used to make getting on and off the toilet easier. (1,2,4,5)
- If incontinence is experienced it is important to have it be assessed thoroughly by a doctor or continence nurse.

Various re-training programmes are available and aids including pads, pants, catheters, mattress protection, and special clothing can be used on a short or long term basis. (6)

### ***GROOMING***

Aids that may assist with grooming include:

- The use of an electric shaver. This is much safer than using a wet razor.
- The use of a suction brush to clean dentures or nails.
- The handles of most grooming equipment can be built up, or lengthened to accommodate people with weak grasp or reduced range of movement.
- An electric toothbrush is often easier to use if you have limited movement and strength in your arms. (3,7)

## FURTHER CONTACTS

The information given on this sheet is very general. If equipment is needed, or information as to how to adapt tasks, it is best to contact an occupational therapist at one of the agencies listed below to enable further assessment to be made of your specific individual needs.

- ***Independent Living Centre*** - staff will assess your specific needs and provide information as to where equipment can be purchased.

11 Blacks Rd., Gilles Plains. S.A.

Phone 8266 5260. Free Call 1800 800 523

***Metropolitan Domiciliary Care Services*** - will assess needs within your home and will loan equipment. The phone numbers for Metropolitan Domiciliary Care Services is **Ph: 8193 1234**  
**Fax: 8193 1201**

**Neurological Services formerly *SEETEC*** - a service associated with the Guide Dogs Association, will provide services specifically for people with visual problems following a stroke.

251 Morphett St, ADELAIDE

**Phone: 8203 8333 or 8203 8371**

## REFERENCES

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5. Neurological Resource Centre. *General information on stroke*. South Australia: Author.
6. The Independent Living Centre of South Australia Incorporated. *Incontinence*. South Australia: Author
7. Tropiano, B & Sielaff, G.E. (1984) Regaining self care ability. In G.P. Bray & G.S. Clark (Ed's), *A stroke family guide and resource* (pp 46-69) Illinois: Charles C Thomas.

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