

Guide for Stroke Recovery

Information and resources for persons
and families recovering from stroke



Use this Guide to:

- find information about stroke and your recovery
- set goals to recover, live well and prevent another stroke
- keep track of your progress
- communicate with your health care team
- find resources and support services in your community

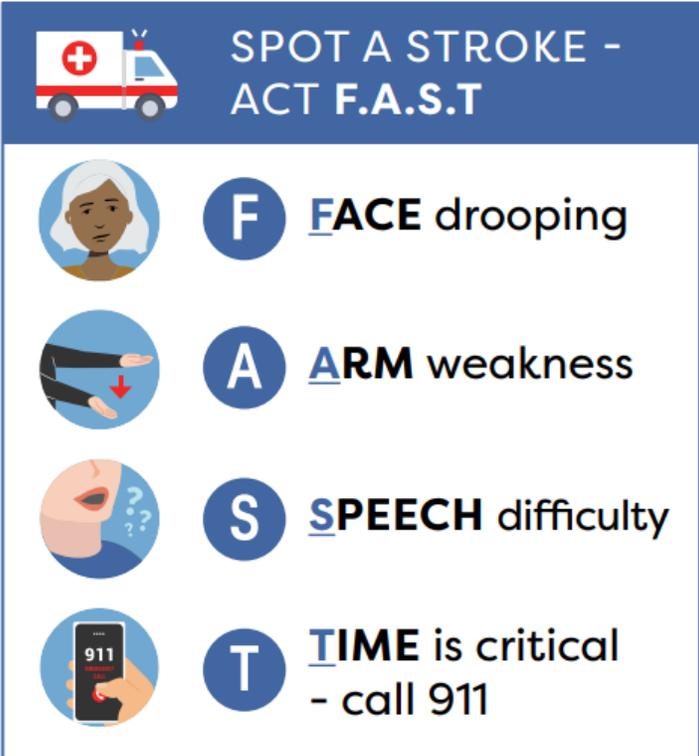
Acknowledgements

The *Guide for Stroke Recovery* was created by health care professionals from the Toronto Stroke Networks, people who have experienced a stroke and caregivers. We are grateful to all who generously gave their insights, advice, commitment and contributions. By working together, we hope this Guide will support you through each step in your journey.

Disclaimer: This Guide is for your personal use. It is not intended to provide medical advice or replace the advice from health care professionals. The Toronto Stroke Networks are not responsible for the accuracy of the information contained within the links provided. The mention of products and services should not be assumed to be endorsements of any kind. Please contact the service providers for details about their products, programs and fees.

Stroke is a medical emergency.

Spot a stroke – act F.A.S.T



The infographic is a vertical rectangular box with a dark blue header and a white body. The header contains a white ambulance icon with a red cross and the text "SPOT A STROKE - ACT F.A.S.T" in white. The body contains four rows, each with a circular icon on the left and text on the right. The first row shows a woman's face with a drooping right side and the text "F FACE drooping". The second row shows a hand with a red arrow pointing down to the wrist and the text "A ARM weakness". The third row shows a mouth with question marks and the text "S SPEECH difficulty". The fourth row shows a hand holding a smartphone with "911" on the screen and the text "T TIME is critical - call 911".

 SPOT A STROKE -
ACT F.A.S.T

 **F** FACE drooping

 **A** ARM weakness

 **S** SPEECH difficulty

 **T** TIME is critical
- call 911

Bob's message of hope

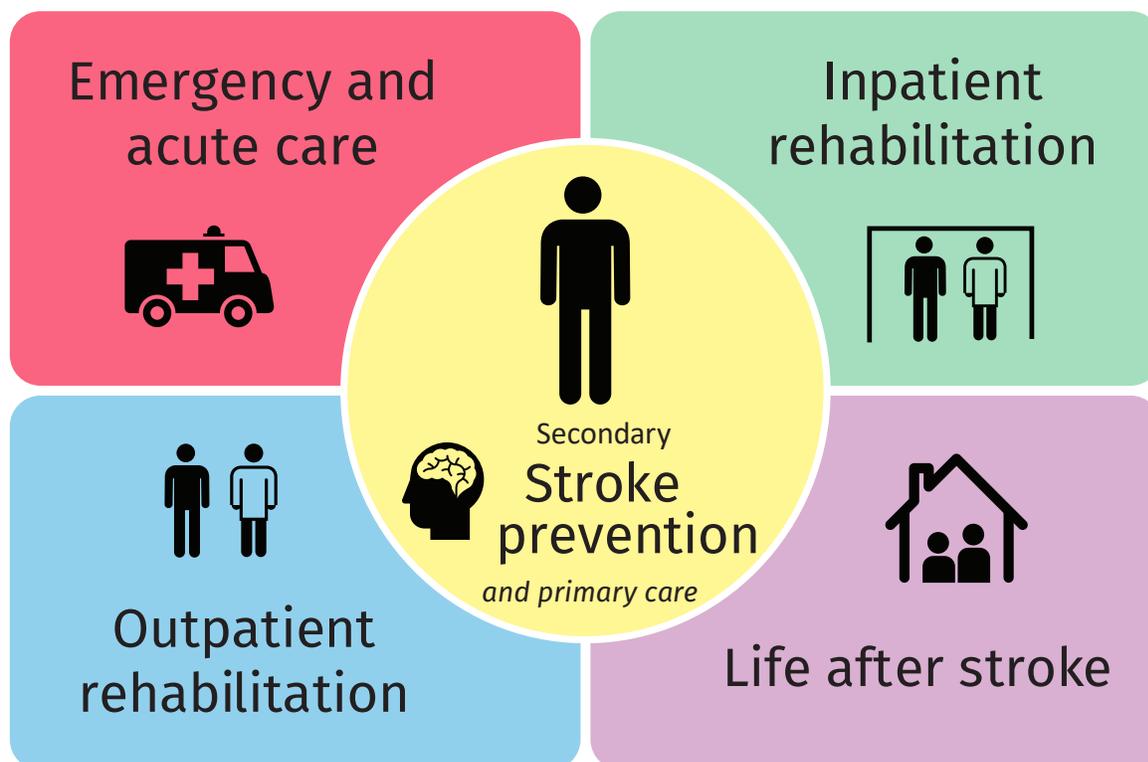
Stroke is a very sudden damage to the brain done in an instant. Not a disease or sickness. It is not progressive. You have been stabilized. Your stroke is a passed life event. A successful recovery is your option. Develop an attitude of unstoppable determination, optimism, self-encouragement, hope, confidence and gratitude.

Emotional and physical recovery must start immediately in your mind. You must develop a positive mindset. Change the thoughts you think and change yourself to get back what has been lost. It is hard work. It can only get better from here but only you can make that happen and you will. Hope transforms pessimism into optimism. Hope is invincible. It is your own choice to make the rest of your life the best of your life. You can either get better or get bitter. The decision does not belong to fate, it belongs to you.

Please give hope a chance and enjoy this Guide.

Bob – person recovering from stroke

Journey to stroke recovery



This visual allows you to identify the 5 main areas in the journey to stroke recovery. Each person's journey is different. You may or may not experience all 5 areas. Read further to learn more about:

- What to expect; and
- The health care team members you will meet

Questions?

Speak to a member of your health care team

Emergency and Acute Care



I have been taken to the hospital because I have had a stroke.

What will happen?

- I will be cared for by a 'stroke team'. They will assess my medical needs and decide if I will be admitted to the hospital.
- I will be assessed for the type of stroke I had and if I need treatment.
- I will learn about the type of stroke I had, why I had it and what will happen next.

What to expect if I am admitted?

- I may have different tests (for example: images of the brain, blood work, etc).
- I may have a change in foods or liquids I am allowed to have.
- I may get intravenous (IV) therapy and/or a nasogastric (NG) tube.
- I may be started on new medications to reduce my risk of another stroke.

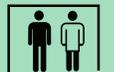
How long will I stay?

- I may expect to stay here about 5–7 days but my stay could be shorter or longer depending on my overall care needs.

Who will I see?

- Nurses, doctors, physiotherapist, occupational therapist, speech-language pathologist, registered dietitian, social worker, pharmacist, etc.

Inpatient Rehabilitation



Recovery from a stroke begins right away. The goal of inpatient rehabilitation is to help me to regain as much of my independence as possible so I can return to live in the community. I may also learn ways to do things differently than before.

What will happen?

- I will stay in a rehabilitation hospital.
- I will participate in therapy to learn new skills and to help me work towards my goals.
- I may spend several hours a day in individual and/or group activities.
- It is helpful to have a family member or friend (if available) to support me.

Who will I see?

- Nurses, physiatrist, physiotherapist, occupational therapist, speech-language pathologist, therapy assistant, registered dietitian, recreation therapist, social worker, pharmacist, etc.

How long will I stay?

- Soon after I have been admitted, the health care team will plan with me how long I will stay.
- I may be here for 1 to 7 weeks. The length of my stay will depend on my rehabilitation needs/goals.

Outpatient Rehabilitation



Recovery from a stroke is ongoing. The goal of outpatient rehabilitation is to help me to be independent and participate in meaningful activities when I am back living in the community.

What will happen?

- I will attend therapy at an outpatient stroke rehabilitation clinic.
- I will learn how to continue to manage my health and well-being.
- I will continue to learn new skills to support my ability to participate in day-to-day activities.
- I will learn how to find resources in the community to support my interests.
- It is helpful to have a family member or friend (if available) to support me.

Who will I see?

- Physiatrist, physiotherapist, occupational therapist, speech-language pathologist, registered dietitian, social worker, etc.

How long will I stay?

- Soon after I start therapy, the health care team will plan with me how long I will attend outpatient rehabilitation.
- The length of time will depend on my rehabilitation needs/goals.

Secondary Stroke Prevention Clinic



It is important to monitor my health and risk factors to prevent another stroke from happening. If the doctors think that I have had a stroke, I may be referred to an outpatient secondary stroke prevention clinic.

What will happen?

- The health care team will review the type of stroke I had, my test results, risk factors, medications.
- I will undergo a neurological exam. I will discuss whether more tests are needed with the health care team.
- The health care team will help me develop a plan for how I can prevent another stroke.
- I will discuss the plan to follow up with my family doctor, another specialist or health care professionals.

Who will I see

- Neurologist, nurse practitioner or clinical nurse specialist, other health care professionals depending on my needs.

Life After Stroke



Ongoing recovery is possible. There is life after stroke in the community where I live.

What will happen?

- I may continue to work on my home exercise program and improving my skills to participate in everyday life.
- I may get involved with community programs.
- I should consider the needs of my caregiver (if available). We should seek assistance if needed.
- I should continue to make informed lifestyle choices to stay healthy and reduce my risk of another stroke.
- Community care providers will assess my ability to return to meaningful leisure or social activities, to driving and/or working if appropriate.
- I will have ongoing visits with my care providers to reduce the risk of another stroke and ensure I am managing my concerns well.

Who will I see?

- Providers working the community such as primary care provider, home and community care coordinators, etc.

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Introduction

People who have had a stroke often call their recovery a journey. Each person's journey is different. Using this **Guide for Stroke Recovery** will help you gain the knowledge, skills and confidence to take charge of your health. We call this 'self-management'. You may find it helpful to read different parts of the Guide at different times along your journey.



Managing your own health and keeping a positive outlook, with help from others is the best way to recover and live well after a stroke.

“I think this is a lifeline for stroke patients. It will give you all kinds of information on what you're going through and what you can expect in the future. It also relieves anxiety because you can see that there are all kinds of information and tips on how to proceed with your recovery, that there is hope.

And for caregivers, it helps them with helping out the patient. Also giving tips so that they don't get burnt out from helping out.”

Cyndi – person with lived experience

How to use this Guide

You can bring this Guide to appointments or meetings. You can decide what information to share with others. Members of your health care team may add some information you share to your medical record. You may find it helpful to keep track of:

- the names and phone numbers of health care providers working with you
- dates and times of upcoming tests or medical appointments
- therapy and doctors' notes, test results, and other important information

Topics in the Guide have been organized in three parts:



Information to help you know what to expect.

The **'Information'** section summarizes the topic in plain language. This can help to answer questions you may have.



Questions to ask yourself and your health care providers.

The **'Questions'** section helps you confirm what you know, and identify what information you may still need. It helps you know what questions to ask. Answering the questions encourages you to think about topics you want to learn more about and set goals for yourself, which are important steps in self-management.



Where to get more information, help and support.

The **'Help'** section lists programs and/or services that can give you information, practical help and support specific to that topic. Although some resources are included, the lists may not be complete. Resources on each topic are compiled in alphabetical order in the Directory at the end of the book. The first page of the Directory offers a list of community and government programs, services and databases that cover many topics.



For further tips and strategies, access this Guide online by visiting

www.strokerecovery.guide

Self-Reflection

After a stroke, it is helpful to spend time thinking about what is most important to you, and how to reduce the chances of having another stroke.



This section can help you:

- Consider your risk factors. These are the things that put you at risk of another stroke.
- Learn what lifestyle changes could benefit your health and help to prevent another stroke.
- Decide what changes you wish to focus on.

The ***Self-Reflection Worksheet*** (page 6) can help you decide what lifestyle changes to aim for that will benefit you the most. Your risk factors may change along your stroke journey so you can return to this tool and revise it as often as you need to.

How to use the Self-Reflection Worksheet:

1. Read about the risk factors in the ***Good Health*** section.
2. For each risk factor, answer the questions on the next page. Choose the number on the scale that best represents how you feel. Enter the numbers in the columns of your ***Self-Reflection Worksheet*** (page 6).
3. Review your answers. To decide which areas you would like to focus on, consider:
 - What areas would benefit most from improvement?
 - What are you most motivated to do?
 - What actions are you most confident that you can do?

Is there room to improve in this area?									

1	2	3	4	5	6	7	8	9	10
Not at all		Somewhat						A lot	
How motivated am I to improve this area?									

1	2	3	4	5	6	7	8	9	10
Not at all		Somewhat motivated						Very motivated	
How confident do I feel in being able to do this?									

1	2	3	4	5	6	7	8	9	10
Not at all		Somewhat confident						Very confident	

4. When you feel ready to make a change, choose 1 or 2 areas that you can focus on. Use the ***Self-Reflection Worksheet*** to help set your goals in the next section: ***Setting Goals***.

If you are not sure which risk factors to change for better health, speak with a health care provider. They can work with you to:

- reduce your risk factors
- motivate you
- help you choose changes that can be easy to adopt

You may want to share your worksheet with your health care providers. Remember, changes can take time. Your health care team is here to support you. Share any questions or concerns you have about your risk factors and changes you want to make.

Self-Reflection Worksheet

Risk Factor	Room to improve	Motivation	Confidence
<i>Example: Blood Pressure</i>	9	10	4
Alcohol			
Atrial Fibrillation			
Being Smoke-Free			
Blood Pressure			
Cholesterol			
Diabetes			
Healthy Weight			
Nutrition			
Physical Activity			
Sleep Apnea			



Setting Goals

Setting goals is an important part of your recovery after stroke. Setting goals can help you to regain control over your health and well-being by making changes that are meaningful to you.

Setting goals and meeting them takes some planning and problem solving. Following the **Goal Plan-Do-Check Worksheet**¹ (page 9) can help you reach your goals and make lasting health changes. **Goal-Plan-Do-Check** helps you:

- decide on the goal
- make a plan
- put the plan in action and see if the plan worked
- decide if and how you need to change the plan

You are more likely to be successful if you aim for something important to you and plan for how to achieve your goal.

How to set goals:

1. Review your completed **Self-Reflection Worksheet** (page 6).
2. Pick 1 or 2 areas from the worksheet that are important for you.
3. Use the **Goal-Plan-Do-Check Worksheet** (page 9) to create a plan.
 - After you make your plan, follow through on your plan and then check if it worked. Often the plan needs to be adjusted several times before you fully reach your goal.
 - Be flexible with your plans. Remember there are many ways to achieve your goal.
4. Track your progress. You can use a journal, calendar, or phone application.
5. Include other people in your goal setting, especially those with similar interests and goals. This is a good way to keep you on track and motivated.

¹ Polatajko, H. J., & Mandich, A. (2004). Enabling occupation in children: The Cognitive Orientation to daily Occupational Performance (CO-OP) approach. Ottawa, ON: CAOT Publications ACE.

Your goals will change over time. As you continue on your stroke journey, you can adjust goals and set new ones.

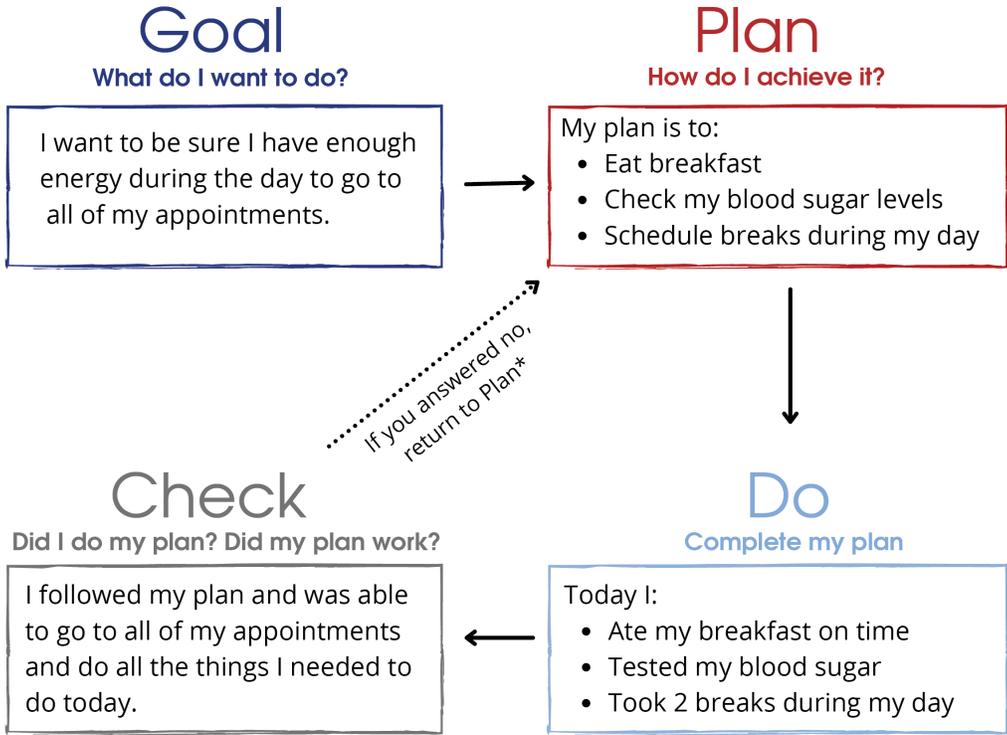
If you need help setting goals, ask your health care providers for help. They may use different tools to help you set goals and track your progress.

Your abilities may change after a stroke.

Goal-Plan-Do-Check (GPDC) is a problem-solving tool you can use to meet your goals.

When you use a problem-solving tool and come up with your own strategies to meet your goal, you are more likely to stick to the plan.

Using Goal - Plan - Do - Check An example



*If you did not complete your plan, do your Plan.
If your plan did not work, create a new Plan.

When you achieve your goal, create a new one!



Polataiko, H. I., & Mandich, A. (2004). Enabling occupation in children: The Cognitive Orientation to daily Occupational Performance (CO-OP) approach. Ottawa, ON: CAOT Publications ACE.

Use this Self-Reflection Worksheet to help you achieve your goal!

Goal

What do I want to do?



Plan

How do I achieve it?



Do

Complete my plan

Check

Did I do my plan? Did my plan work?

*.....
If you answered no,
return to Plan**



**If you did not complete your plan, do your Plan.
If your plan did not work, create a new Plan.*

When you achieve your goal, create a new one!

What happens when you have a stroke?

A stroke is a life-changing event. You may have a lot of questions after a stroke. You may feel scared or nervous about what is happening with your health. You may wonder what happens next. This is normal. The journey is challenging and will require hard work toward a successful recovery.

Learning as much as you can about stroke and recovery will help you:

- understand what has happened (the stroke and what caused it)
- know what to expect, including the tests you will need
- feel confident when talking with your health care team
- take your medications safely
- manage changes in your life
- improve your overall health and recovery
- reduce your risk of having another stroke

This section covers topics about:

- types of stroke
- the areas of the brain affected by stroke
- tests you may need
- medications you may need
- health care team members
- advance care planning



For further tips and strategies, access this guide online by visiting

www.strokerecovery.guide



How does a stroke happen?

SPOT A STROKE - ACT F.A.S.T

- F** **FACE** drooping
- A** **ARM** weakness
- S** **SPEECH** difficulty
- T** **TIME** is critical - call 911

A stroke is an injury to a part of the brain. It happens when something goes wrong with the flow of oxygenated blood to the brain. Blood that does not start flowing back to the brain within minutes can cause damage to the brain and the parts of the body it controls. The effects of a stroke depend on which part of the brain was damaged and by how much. The treatment for stroke will depend on the type of stroke you had.

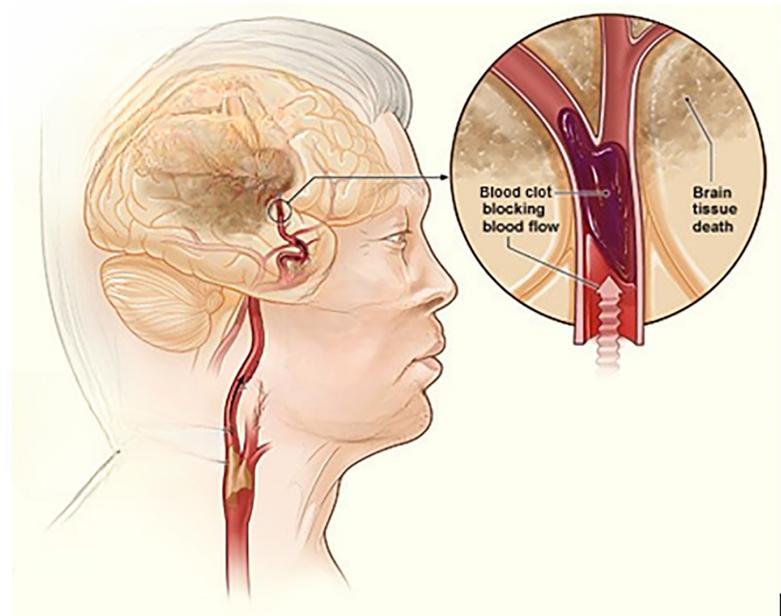
**Stroke is a medical emergency.
Spot a stroke – act F.A.S.T**

There are two main types of stroke:

1. Ischemic stroke

Ischemic strokes are the most common type of stroke. They happen when an artery to the brain becomes blocked.

Some treatments for acute ischemic stroke can include clot-busting drugs that dissolve the clot or using a stent retriever to remove the clot from the blocked blood vessel in the brain.

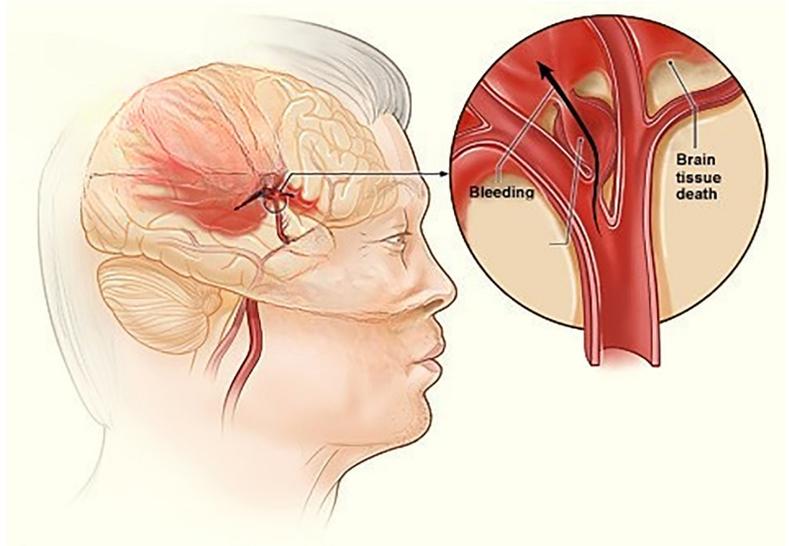


Source: National Heart, Lung, and Blood Institute, National Institutes of Health

2. Hemorrhagic stroke

This type of stroke is less common. It is when an artery to the brain bursts or bleeds.

Some treatments for this type of stroke can include surgery or taking certain medications to reduce the pressure on the brain. In both types, the part of the brain damaged by the stroke can affect how you think, see, move, feel and/or speak.



Source: National Heart, Lung, and Blood Institute, National Institutes of Health

Transient Ischemic Attack

A Transient Ischemic Attack or TIA are sometimes called 'mini-strokes'. They are caused when blood flow to the brain is **briefly** interrupted. The symptoms usually last for a few minutes or up to 24 hours. Symptoms of a TIA may include temporary:

- weakness or numbness
- slurred speech, or
- trouble seeing clearly

A TIA is an important warning sign of a possible stroke. It is a medical emergency that needs to be assessed by a doctor and treated right away.

Some strokes happen while people are asleep. If you wake up with any of the following symptoms or think you are having a stroke, get medical help right away:

- numbness or weakness on one side of the body
- drooping of the face
- slurred or jumbled speech
- changes in vision, such as blurred or double vision
- sudden severe headache, usually with some of the other signs
- problems with balance

Functions of the brain

The brain is divided into two large halves called hemispheres. The right hemisphere controls the left side of your body, and the left hemisphere controls the right side of your body.

Left Hemisphere

Analytical - The left side helps us with tasks that have to do with logic, such as science and math. For most people (97%) it helps with communication including understanding, speaking and writing.

Right Hemisphere

Creative - The right side helps us with tasks that are artistic and creative. It also controls things, such as paying attention, memory, insight, problem solving, reasoning, and even understanding a joke.

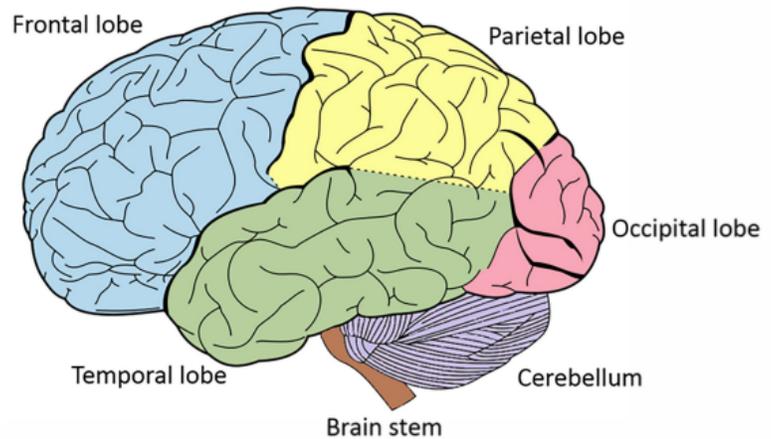
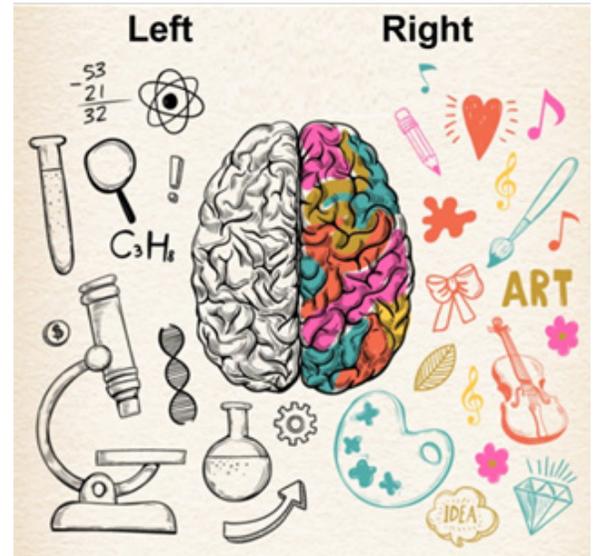
Areas of the brain

The brain is divided into four big areas called lobes:

1. Frontal lobe (blue coloured area)
2. Parietal lobe (yellow coloured area)
3. Temporal lobe (green coloured area)
4. Occipital lobe (pink coloured area)

Other parts of the brain include the cerebellum (purple) and the brain stem (brown) which are located at the base of the brain.

A stroke can happen in any part of the brain. The effects of a stroke will depend on where and how much of the brain was damaged. Each area of the brain has a different function. A stroke in any of these areas may cause problems with some of the functions listed on the next page. There may be other functions affected that are not listed.



Frontal lobe	Parietal lobe	Right and left temporal lobes	Occipital lobe	Cerebellum	Brain stem
Reasoning (judgement)	Intelligence	Understanding language	Vision	Balance	Swallowing
Behaviour	Reasoning	Behaviour	Colour	Coordination and control of voluntary movements	Heart beat
Emotional lability	Sensation	Hearing	Perception	Fine muscle control	Blood pressure
Memory	Reading	Memory			Breathing
Movement	Knowing right from left				Body temperature
Intelligence	Body awareness				Alertness/sleep
Personality	Calculation				
Language					

What is neuroplasticity?

Neuroplasticity, or brain plasticity, means that the brain can change. It can make new connections between brain cells after an injury like a stroke. The part of your brain that is healthy can take over the jobs of the injured part. This means that if you lost the ability to do something after the stroke, you can learn how to do it again.

Remember, change takes time. Keep practicing skills every day to get better and help your brain make new connections.

10 things to know about neuroplasticity:

- 1. Use it or lose it:** The skills we don't practice often get worse.
- 2. Use it and improve it:** The skills we practice get better.
- 3. Specificity:** We must practice the exact tasks we want to improve.
- 4. Repetition matters:** We must do a task over and over again once we've got it right to actually change the brain.
- 5. Intensity matters:** Doing the same thing over and over in a shorter time is important for creating new connections in the brain.

6. **Time matters:** Neuroplasticity is a process, not a single event. In rehabilitation, starting earlier is usually better than starting later.
7. **Practice what’s important:** To change the brain, the skill we’re practicing should have some meaning or importance to us.
8. **Age matters:** Younger brains tend to change faster than older brains, but improving a skill is possible at any age.
9. **Transfer of skill:** Practicing one skill can improve a related skill. For example: practicing going up and down the stairs can help manage curbs when crossing the street.
10. **Avoid bad habits:** Learning an “easier way” of doing something that develops a bad habit can make it harder to re-learn the proper way. Try to learn skills and tasks the right way the first time.²

Here are some books that talk about neuroplasticity:

Title	Authors
The Brain that Changes Itself (e-book and audiobook)	Norman Doidge
My Stroke of Insight (e-book and TED Talk)	Jill Bolte Taylor
Healing the Broken Brain (book and audiobook)	Mike Dow, David Dow, Megan Sutton

What are the risk factors of a stroke?

Once you have a stroke or TIA, you are at higher risk of having another stroke. It is important that you work with your health care team to manage any medical condition that puts you at risk for stroke. You may need to make lifestyle changes to lower your risk of stroke.

Risk factors that can increase your risk for stroke are divided into two categories: **non-modifiable risk factors** and **modifiable risk factors**. Modifiable risk factors can be changed. They can be controlled by medications, medical treatment, or lifestyle changes. Non-modifiable risk factors cannot be changed. For more information on risk factors you can change, go to the section on **Good Health**.

² Adapted with permission from Tactus Therapy <http://tactustherapy.com/neuroplasticity-stroke-survivors>

Modifiable risk factors	Non-modifiable risk factors
High blood pressure	Age
High cholesterol	Gender
Diabetes	Family and medical history
Atrial fibrillation	Ethnicity
Cigarette smoking	Previous stroke or TIA
Carotid or other artery disease	
Heart disease	
Physical inactivity	
Obesity	
Excessive alcohol consumption	
Drug use	



Questions about stroke

Having read the information in this section, consider the following questions.

- Do I know what kind of stroke I had?
- Do I know what caused my stroke?
- Do I know what the symptoms of a stroke are?
- Will I know what to do if I have symptoms of a stroke?
- Do I know what are my risk factors for a stroke?
- Do I have a plan in place if I have an emergency?



Resources about stroke

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Tests you may have

There are many tests that can help your health care team find out what type of stroke you had, and why you had a stroke. Knowing this information allows you to better manage your health and lifestyle, and reduce your risk of having another stroke. Some tests can be done in the hospital or after you are home. Keep a calendar or journal of important dates, times and location of any tests you may be having. Below is an example.

Appointment with whom	When	Where	Contact information

Tests you may have

The chart below can help you keep track of your test results. Your doctors may want to see this chart so they will know which tests have been done. If you have questions about test results, what they mean for you, and what needs to happen next, speak with your doctor or nurse.

Magnetic Resonance Imaging (MRI)	MRI uses a non-harmful magnetic field and radio waves to make a three-dimensional image of a part of the body, such as the brain. These images are more detailed than CT scans.
Date of test:	Comments:
Magnetic Resonance Angiogram (MRA)	MRA uses a strong magnetic field and radio waves to make an image of the blood vessels. Contrast dye is injected into the arm vein to see blood flow in arteries to detect any blockage or hardening of the arteries in the neck or brain.
Date of test:	Comments:
Angiogram	A test using X-rays in which dye is injected into an artery in your upper thigh near your groin or sometimes in your arm. The test gives the best information about the condition of the blood vessels and detects if there are blood clots or any other issues.
Date of test:	Comments:
Carotid ultrasound (Neck Doppler)	A non-invasive test that uses high frequency sound waves to determine the amount of blood flow through the blood vessels in the neck (carotid arteries) or the extent to which the vessels may be narrowed. The ultrasound probe is moved over your neck arteries.
Date of test:	Comments:

Blood Tests	There are many blood tests to check for cholesterol and blood sugar levels, liver and kidney function or problems with blood clotting.
Date of test:	Comments:
Computerized Tomography scan (CT scan)	A test that uses X-rays to take a series of pictures of the brain or other body organs. It is one of the first tests done for someone suspected of having a stroke. A CT scan can usually identify whether a stroke was due to bleeding (hemorrhagic stroke) or a blockage (ischemic stroke).
Date of test:	Comments:
Computerized Tomography Angiogram (CTA)	A test that uses X-rays and contrast dye that is injected into the arm vein to see blood flow in arteries inside the brain, or the arteries that bring blood from the heart to the brain.
Date of test:	Comments:
Transcranial Doppler (TCD)	A non-invasive test that measures the speed of blood flow through the brain's blood vessels.
Date of test:	Comments:
Holter monitor	A portable device worn around the neck and shoulders that records the electrical activity of the heart. It is used to find abnormal heart rhythms. A Holter monitor is similar to an electrocardiogram but allows the information to be recorded over longer periods of time either in hospital or at home.
Date of test:	Comments:

Electrocardiogram (ECG or EKG)	<p>A test that records the electrical activity of the heart. It is used to find abnormal heart rhythms, which can affect how well blood flows through the body. When blood does not flow well there is a greater risk of developing a blood clot that can lead to a stroke.</p>
Date of test:	Comments:
Trans-Esophageal Echocardiogram (TEE)	<p>During this test an ultrasound probe is placed through your mouth and throat into your esophagus. Ultrasound waves take a picture of your heart and the circulating blood. During this test you may be given medication to help you relax and a numbing spray may be applied to your throat.</p>
Date of test:	Comments:
Trans-Thoracic Echocardiogram (TTE)	<p>A non-invasive test that uses ultrasound waves to take a picture of your heart and the circulating blood. The ultrasound probe is placed over your chest.</p>
Date of test:	Comments:
Videofluoroscopic Swallow Study (VFSS)	<p>A test done by a speech-language pathologist for a person who has trouble swallowing. An X-ray is taken of the person as they swallow food and drink with different textures. This test helps determine if the person can safely eat and drink.</p>
Date of test:	Comments:



Questions about tests you may need

Having read the information in this section, consider the following questions.

- Do I know the types of tests the doctor has ordered?
- Do I understand the results of the tests I have had?
- Do I know what I need to do next and why?



Resources about tests you may need

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Medications you may need

A doctor will prescribe medications depending on the cause of your stroke.

Different medications help to:

- prevent blood clots (for example: platelet inhibitors, anticoagulants)
- regulate your heart rhythm (for example: beta blockers, calcium channel blockers)
- lower your blood pressure (for example: ace inhibitors, angiotensin II receptor blockers, beta blockers, diuretics)
- lower the bad cholesterol levels in your blood (for example: lipid lowering agents)
- manage your blood sugar levels (for example: insulin, diabetes pills)



Medications help lower your risk of having another stroke.

Take each medication as directed by the doctor. Even if you feel well, continue to take your medication. Do not stop taking any medications without talking to your doctor first.

It is a good idea to get all your prescriptions filled at the same pharmacy.

My Pharmacy

Name: _____

Address: _____

Phone number: _____

Check with your pharmacist or doctor before taking any new medications, since some medications may affect one another. This includes:

- prescription medications
- over-the-counter medications (non-prescription), such as aspirin, laxatives, cough and cold medicines, pain medications, vitamins and herbal remedies

The pharmacist can suggest ways to manage your medications, such as:



Using a pill box (dosette) can be used to organize your medications by day and time



Packaging the medication in single doses (blister pack)

Here are some tools that can help you properly take the medications prescribed by your doctor:

Tool 1: Medication instructions (page 23)

Tool 2: Medication tracker (page 24)

Tool 1: Medication instructions

This chart can help you keep track of what medications have been prescribed to you, what they're used for, how to take them, and when to take them. If you need help filling this out, talk to your pharmacist, doctor or nurse.

Medication	What it is for	How to take it	When to take it			
		Take __ pill(s) __ time(s) a day. Other special instructions.	Morning	Noon	Evening	Bedtime
<i>Example: Aspirin</i>	<i>Reduces clotting of my blood</i>	<i>1 pill (81mg) once a day. Crushed with food.</i>	X			

Medications you may need

Tool 2: Medication tracker

This chart can help you make sure that you've taken all of your medications.

1. Write in your medications in the "MEDICATION NAME" column.
2. For each medication, fill in the dose under when you have to take it.
3. Make sure to check off each dose after you've taken it.
4. Repeat for every day of the week.

FOR THE WEEK OF:							
DAY	MEDICATION NAME	BREAKFAST	MORNING SNACK	LUNCH	AFTERNOON SNACK	DINNER	BEDTIME
Sample Day	Aspirin	2 pills				2 pills	
	Plavix			1 pill			
	Insulin		1 injection				1 injection
	Gravol			1 pill			
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

Medications you may need



Questions about medications

Having read the information in this section, consider the following questions.

- Do I have the list of medications I need to take?
- Do I know how each medication helps me?
- Do I know how to take each medication (for example: with meals, injection, or crushed)?
- Do I know what time to take each medication?
- Do I need reminders about when to take each medication?
- Do I know if the medications interact with other medications I take and the food I eat?
- Do I need a way to organize the medications I take, such as a blister pack or pill organizers?
- Does the pharmacy I use deliver medications to the home?



Resources about medications

Health Canada

Prescription Drug Insurance Coverage and Drug and Health Product Register

<https://www.canada.ca/en/services/health/drug-health-products.html>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Health Care Team

A team of health care professionals caring for you may include:

Doctors

Doctors supervise the overall medical care of people who have had a stroke. Some types of doctors that may be part of the care team are:

- a family doctor
- a neurologist (doctor who specializes in the nervous system)
- a physiatrist (doctor who specializes in rehabilitation)
- a cardiologist (doctor who specializes in the heart)
- a neuropsychiatrist (doctor who specializes in depression and anxiety)
- a neuropsychologist (doctor who specializes in mental health care within the context of neurological conditions like stroke)
- a neuro-ophthalmologist (doctor who specializes in visual problems related to the nervous system)
- an interventional specialist physician, such as a neurosurgeon or neuroradiologist (doctor who specializes on procedures that affect the blood vessels)

Nurses

Nurses work closely with persons with stroke and their caregivers to help manage and provide education about health and personal care needs. There are different kinds of nurses, each with a different role. You may have:

- an advanced practical nurse (APN)
- a registered nurse (RN)
- a registered practical nurse (RPN)
- a nurse practitioner (NP)

Occupational Therapists (OT)

Occupational therapists assess, treat, provide education and teach skills that enable safe and independent living in the home and community (for example: personal care, cooking, and grocery shopping). They help people regain or learn new skills to get back

to the activities that are meaningful to them. They may suggest equipment to safely do everyday activities.

Occupational Therapy Assistant (OTA)

An occupational therapy assistant works with an occupational therapist to help persons with stroke do activities that support their recovery and help them reach their goals for day-to-day life.

Personal Care Assistants (PCA)

Personal Care Assistants help persons with stroke to manage their daily personal care, such as bathing, dressing and toileting. They may provide care in hospitals or at home. They may also be called personal support workers (PSW).

Pharmacists

Pharmacists prepare and dispense medications. They provide education and counselling about the purpose, side effects, cost, and safety of medications.

Physiotherapists (PT)

Physiotherapists assess mobility and what affects a person's ability to move. They develop a treatment plan to improve strength, balance, coordination and mobility, and help plan for next steps in stroke recovery. The physiotherapist may suggest specific mobility aids to promote safety and independence.

Physiotherapy Assistant (PTA)

A physiotherapy assistant works under the direction of a physiotherapist to assist with exercises and treatments that can help improve strength, flexibility, and overall movement.

Social Workers (SW)

Social workers offer counselling to help people cope with feelings of anger, sadness, depression, confusion, and anxiety. Social workers can help with applications for financial assistance, housing options, planning for the future and coordinating community support services.

Speech-Language Pathologists (SLP)

Speech-language pathologists assess and provide ways to help people who have trouble swallowing and can recommend modified diets if needed. They also assess and treat people who have trouble speaking, understanding, reading and/or writing. They can help by providing activities to improve speech and teach other ways to communicate.

Communicative Disorders Assistant (CDA)

Communicative disorders assistants carry out individualized treatment plans for communication and swallowing, and screen hearing. They maintain hearing aids through goals provided by the speech-language pathologist or audiologist. They work together with the speech-language pathologist or audiologist to make sure every person's communication needs are met.

Recreation Therapists

Recreation therapists assess and develop a treatment plan based on a person's leisure interests. They help people learn the skills and resources needed to take part in hobbies and other interests to help achieve independence.

Registered Dietitians (RD)

Registered dietitians assess and develop a nutrition plan. They help people learn how to prepare food for those who have difficulties swallowing. They also help people learn about healthy eating, managing diabetes, cholesterol, blood pressure and malnutrition.

Other Professionals

Other professionals may also be part of the care team:

- a rehabilitation assistant works under the direction of an occupational therapist and/or a physiotherapist to help you with your rehabilitation
- an orthotist makes special braces to support weak joints and muscles
- a urologist helps with bladder problems
- vocational counselors help people to go back to work or school

You, your family and/or caregivers, and community service providers are also important members of this team and of your circle of care.

Stroke Prevention Clinics

Stroke prevention clinics provide early assessment, treatment and education to people who have had a transient ischemic attack (TIA) or stroke. The goal is to help lower your risk of having another stroke. Their team of stroke experts can help you make changes in your lifestyle to reduce the chance of having another stroke.

The Stroke Prevention Clinic Patient Summary (scan the QR code) is a tool you can bring to a stroke prevention clinic appointment to track information about your diagnosis, risk factors and plan of care.



For clinics in the Toronto area visit www.tostroke.com. There are Stroke Prevention Clinics listed for each region or network.

Advance Care Planning

Making your own choices is important to your sense of identity and well-being. This is true of decisions that include:

- food
- living arrangements and housing
- clothing
- hygiene
- safety
- health care
- finances

It is important for your family, friends and health care team to know what your wishes are in the event that you can no longer make informed decisions.

What is Advance Care Planning?

Making choices while you are capable about how you wish to be cared for in the future if you become incapable of making decisions. The wishes you express while capable are legally binding. This means they will be enforced by law.

A substitute decision-maker (SDM) in Ontario is a person who is legally appointed to make decisions for a person who is mentally incapable of making the decision for themselves. An SDM only has the authority to act on your wishes when you are not capable of making them yourself.

- A Power of Attorney (POA) for Personal Care is a legal document that appoints someone as your SDM for personal and health care needs.
- A Continuing Power of Attorney (POA) for Property is a legal document that appoints someone as your SDM for property and financial matters.

Choose someone who you feel would best honour and carry out your wishes. This person does not have to be a family member. You can appoint more than one person as your POA and state if either or both can make decisions for you.

What happens if I do not have a POA for Personal Care?

If you do not have an appointed SDM through a Power of Attorney for Personal Care and you are not capable of making your health care decisions, the health care team will turn to the following people (in this order with the highest ranked person at the top) to make personal care decisions:

1. your spouse or common-law partner
2. your child (over 16) or parent
3. custodial parent (parent with right of access only)
4. brother or sister
5. any other relative by blood, marriage or adoption

Your SDM(s) must meet the following conditions:

- willing to accept the role as your SDM
- available when decisions need to be made
- capable of providing consent
- 16 years or older
- not prevented by court order or separation agreement from acting as your SDM

What happens if I do not have a POA for Property?

If you are no longer able to manage your property or finances and you do not have a Power of Attorney for Property, someone must apply to a court to be your representative. A guardian or representative may be appointed by either the Ontario government's Office of the Public Guardian and Trustee, or by the court.



Questions about advance care planning

Having read the information in this section, consider the following questions.

- Are my care wishes written down and/or known by my family/loved ones?
- Have I legally named someone as my appointed Power of Attorney for Personal Care and/or Property?
 - If yes, have I made my wishes known to that person?
 - Do they know where my Power of Attorney is located or do they have a copy?



Resources about advance care planning

For legal problems and advice, contact a lawyer or community legal clinic by dialing 211.

Advance Care Planning Canada

Canadian Hospice Palliative Care Association

Toll-free: 1-800-668-2785

www.advancecareplanning.ca

Steps to Justice

Community Legal Education Ontario/ Éducation juridique communautaire Ontario

www.stepstojustice.ca

Office of the Public and Guardian Trustee

Toll free: 1-800-366-0335

Email: PGT-Legal-Documents@ontario.ca

www.ontario.ca/page/office-public-guardian-and-trustee

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Good Health

Once you have had a stroke, your chance of having another one is greater. **The good news is there are many things you can do to prevent another stroke.**

This section helps you:

- learn how you can lower your risk of stroke
- think about ways you can be healthier

This section covers topics about:

- *Alcohol*
- *Diabetes*
- *Atrial Fibrillation*
- *Healthy Weight*
- *Being Smoke-Free*
- *Nutrition*
- *Blood Pressure*
- *Physical Activity*
- *Cholesterol*
- *Sleep Apnea*

It is important that your family doctor be involved in your care. A family doctor checks your health as you recover. If you don't have a family doctor, register at [Ontario Healthcare Connect](http://www.ontario.ca/healthcareconnect) (<http://www.ontario.ca/healthcareconnect>) to help you find a doctor accepting new patients.



Resources for good health

Find a primary care provider, nurse practitioner, health clinic or other health care service.

Ontario Healthcare Connect

www.ontario.ca/healthcareconnect

Register by phone at 811

Empower Health

Email: support@empower.ca

www.iamsick.ca

Family Health Teams

www.health.gov.on.ca/en/pro/programs/fht

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Alcohol

Drinking alcohol may increase your blood pressure and triglycerides. If you drink alcohol often you can gain weight as alcohol is high in calories. These factors may increase your risk of stroke.

Avoiding alcohol is recommended if you:

- are on medications
- have liver disease
- have atrial fibrillation
- have high triglycerides

If you drink alcohol, talk with your health care provider to find out if it is safe for you.

This chart shows the recommended guidelines for drinking alcohol:

Standard drinks per week	Health Implications
0 drinks	No risk
1 – 2 drinks	Low risk
3 – 6 drinks	Moderate risk
7 or more	Increasingly high risk (Your risk of heart disease and stroke significantly increases at this level)

Sources: Heart and Stroke and Canadian Centre on Substance Use and Addiction

One standard drink is equal to:



One bottle (12 oz or 341 ml) of 5% beer, cooler, or cider



One glass (5 oz or 142 ml) of 12% wine



One shot (1½ oz or 43 ml) of 40% spirits

Drinking alcohol may be harmful to your health.

- Keep track of how many drinks you have on an average week. This can help you stay within the recommended limits.
- It is suggested that you aim to drink less alcohol. If you decide to limit alcohol, set a goal and make a plan.
- If you feel unable to limit your drinking, speak with your health care provider for support.



Questions about alcohol

Having read the information in this section, consider the following questions.

- Do I know how much alcohol is in one standard drink?
- Do I know how alcohol can affect my health and my risk of having another stroke?
- Is it safe to drink alcohol if I am taking medication?
- Do I have too many alcoholic drinks in a week?
- Do I need help in managing how much alcohol I drink?



Resources about alcohol

Alcoholics Anonymous Meetings

www.aa.org – enter Toronto to find local offices and A.A. groups

Canadian Centre on Substance Use and Addiction

[Knowing Your Limits with Alcohol](#)

1-833-235-4048

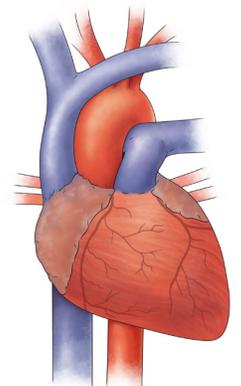
www.ccsa.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Atrial Fibrillation

Having a regular heartbeat helps to pump the right amount of blood to the rest of the body. Atrial fibrillation is an irregular heartbeat. During atrial fibrillation, the heartbeats are uneven or too fast and cause poor blood flow to the body. Blood can get stuck in the heart, where blood clots can form. These clots can then get pumped to the body, and possibly to the brain which can result in a stroke.



Symptoms of atrial fibrillation

People with atrial fibrillation may feel fine and not know they have it. Others may feel the following symptoms:

- irregular and fast heartbeat
- heart palpitations or a rapid thumping in their chest
- chest discomfort, chest pain or pressure
- shortness of breath, particularly with exertion or anxiety
- fatigue
- dizziness, sweating or nausea
- light-headedness or fainting

An **electrocardiogram** is a simple test to find out if you have atrial fibrillation.

A **Holter monitor** takes a longer recording of your heart rhythm and is another way to see if you have atrial fibrillation.

If you think you have atrial fibrillation because of a reading that has displayed on your smart phone or watch, speak with your family doctor.

What can cause atrial fibrillation?

The cause of atrial fibrillation is not always known. It is often related to the heart, other health problems, or lifestyle. Here are some conditions that may lead to atrial fibrillation:

- high blood pressure (the most common cause)
- abnormal structure of the heart
- infection or inflammation of the heart (myocarditis or pericarditis)
- diseases that damage the valves of the heart
- congenital heart disease
- overactive thyroid (hyperthyroidism)
- a blood clot in the lung (pulmonary embolism)
- excessive use of alcohol
- smoking

What can you do?

It is important to speak to your doctor to help you decide on the best treatment for you. Your treatment will be based on:

- your age
- your needs
- your medical history
- how much the symptoms are interfering with your quality of life

Some people will take blood thinners (for example: daily Aspirin® or an anticoagulant) to prevent clots from forming and travelling to the brain.

Visit your doctor regularly to have your atrial fibrillation monitored.

It is a good idea to make healthy lifestyle choices. Any lifestyle changes that lower blood pressure can also reduce your chance of developing atrial fibrillation or help you to control it.

Review the sections on ***Nutrition*** to learn about:

- eating foods lower in saturated and trans fats
- eating more vegetables, fruit, fibre and lean protein

Other helpful sections include:

- ***Alcohol***
- ***Being Smoke-Free***
- ***Healthy Weight***
- ***Physical Activity***



Questions about atrial fibrillation

Having read the information in this section, consider the following questions.

- Do I have any symptoms of atrial fibrillation?
- Do I need to be tested for atrial fibrillation?
- Do I know what my medications are to manage my atrial fibrillation?
- Do I know how exercise affects my atrial fibrillation?
- Do I know how I can continue to lower my blood pressure?
- Do I know how to eat healthy to control my blood pressure?



Resources about atrial fibrillation

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Being Smoke-Free

Being smoke-free decreases your risk of stroke. If you smoke, talk with your health care team about how to quit.

Smoking:

- increases your risk for developing blood clots and causing damage to your blood vessels
- increases your risk of heart disease, chronic lung disease and cancer
- is the most preventable cause of disease and death in Canada

Immediate benefits of quitting

As soon as you stop smoking, you can start to feel better.

- **20 minutes:** Your blood pressure and pulse return to normal.
- **24 hours:** Your risk of heart attack starts to drop.
- **14 days:** Your blood flow increases. The airways in your lungs relax.

Long-term benefits of quitting

- **1 to 9 months:** You cough less and your lungs work better.
- **1 Year:** Your added risk of smoking-related heart disease or stroke is cut in half.
- **5 Years:** Your risk of stroke is the same as someone who never smoked.
- **10 Years:** Your risk of dying from lung cancer is much lower.
- **15 Years:** Your risk of heart disease is similar to a non-smoker.

Being smoke-free will benefit your health and the health of everyone around you.

Source: Government of Canada

Tips to quit smoking

- List your reasons for quitting.
- Set a 'quit date' and mark it on your calendar.
- Tell your family and friends about your plan to quit. Ask for their help and support.
- Ask your doctor about counselling, nicotine replacement and medications that can help you quit.
- If you slip up, don't give up. Keep trying until you can quit for good.

Use a chart like the one found here to keep track of your smoking.

Quit Date is: _____

Date DD/MM/YY	Number of cigarettes per day	Am I on target? ✓ ✗



Questions about being smoke-free

Having read the information in this section, consider the following questions.

- Do I know why smoking increases my risk of stroke?
- Am I ready to quit smoking?
- Do I know where to find help to stop smoking?
- Do I know where to find support to continue to be smoke-free?



Resources about being smoke-free

Canadian Cancer Society – Smokers’ Helpline

1-877-513-5333

www.smokershelpline.ca

Centre for Addictions and Mental Health – Nicotine Dependence Clinic

416-535-8501 press 2

www.camh.ca

Health Canada – Quit4Life

Email: hcinfo.infosc@canada.ca

1-866-225-0709

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

For more information about these steps, refer to these sections:

- **Alcohol**
- **Being Smoke-Free**
- **Healthy Weight**
- **Nutrition**
- **Medications**
- **Physical Activity**

How to take your blood pressure at home

- Take your blood pressure when you are sitting down and relaxed.
- Choose a blood pressure monitor from those recommended through Hypertension Canada at <https://hypertension.ca/public/recommended-devices>
- Keep track of your blood pressure.
 - Use a chart to record your blood pressure, see your progress, and manage your blood pressure. You can print more charts from the Keeping a Healthy Blood Pressure section on this website: www.strokerecovery.guide.

Sample chart to keep track of your blood pressure:

Your Blood Pressure is: _____				
Blood Pressure Chart				
Date DD/MM/YY	Time AM/PM	Blood pressure Systolic/Diastolic	Am I on target? ✓ ✗	
			Systolic	Diastolic

Use the **Self-Reflection** (page 6) and the **Goal-Plan-Do-Check** (page 9) worksheets to create a plan. This will help you to keep your blood pressure in the target area that is right for you.



Questions about blood pressure

Having read the information in this section, consider the following questions.

- Do I know what my target blood pressure should be?
- Do I know how often my blood pressure should be checked?
- Should I use blood pressure machines at pharmacies?
- Do I know what I can do to control high blood pressure?
- Do I know how exercise affects my blood pressure?
- Do I know what foods will affect my blood pressure?
- Do I know what my daily sodium (salt) limit should be?
- Do I know if I should be on blood pressure medication?



Resources for managing blood pressure

Hennick Bridgepoint Hospital – Mindfulness Based Stress Reduction Program

416-461-8252

<https://www.hennickbridgepointhospital.ca>

Hypertension Canada

www.hypertension.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Cholesterol

Cholesterol refers to fats in the blood. There are three main types of fats:

- Low-density lipoprotein (LDL) which we call ‘bad cholesterol’
- High-density lipoprotein (HDL) which we call ‘good cholesterol’
- Triglycerides

Bad cholesterol (LDL) causes plaque to build up on the walls of your arteries. This narrows your arteries, making it hard for blood to flow through them.

Good cholesterol (HDL) helps carry the bad cholesterol away from artery walls.

Triglycerides are used for energy. You need some triglycerides for good health. But high triglycerides can increase your risk of heart disease. High triglycerides can be caused by being overweight, drinking too much alcohol and poorly controlled diabetes. Your triglyceride level is usually measured at the same time as your blood cholesterol.

Have your blood fats checked **every 3 to 6 months** by your family doctor to help you manage your cholesterol.

Here is an easy way to help you understand your results:

“**LDL**” is the amount of “**bad cholesterol**” (think L for lousy)



“**HDL**” is the amount of “**good cholesterol**” (think H for healthy)



Recommended Targets for Cholesterol Levels

LDL cholesterol (bad)	Less than 1.8 mmol/L
HDL cholesterol (good)	Greater than 1.0 mmol/L
Triglycerides	Less than 2.0 mmol/L

Sample chart to keep track of your cholesterol levels:

Date DD/MM/YY	LDL mmol/L My target is _____	HDL mmol/L My target is _____	Triglycerides mmol/L My target is _____	Total Cholesterol mmol/L My target is _____

Working with your health care team will help you develop the best plan to get to or stay in the target range. Taking these steps will help you manage your cholesterol and triglycerides:

- eating healthy
- being active
- managing your weight
- taking medications as prescribed

For more information refer to these sections:

- ***Healthy Weight***
- ***Medications***
- ***Nutrition***
- ***Physical Activity***

If your results are not within the target, set a goal and work with your health care team to improve your cholesterol levels.



Questions about cholesterol

Having read the information in this section, consider the following questions.

- Do I know who I should speak with about my cholesterol levels?
- Do I know what my cholesterol levels should be?
- Do I know what makes my cholesterol levels go up?
- Do I know what I can do to lower my cholesterol levels?
- Should I be taking medication to lower my cholesterol?



Resources about cholesterol

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Diabetes

People with diabetes have a greater risk of having a stroke or heart attack. When diabetes is treated and well-managed, those risks decrease.

It is important to manage your diabetes with the support of your diabetes team.

This includes your family doctor, diabetes nurse educator and registered dietitian.

Some people may also see other health care providers, such as a diabetes specialist called an endocrinologist.

Types of Diabetes	Description
Type 1	<ul style="list-style-type: none"> • 10% of people with diabetes have type 1 diabetes. • The pancreas does not make insulin. • Insulin injections are required.
Type 2	<ul style="list-style-type: none"> • 90% of people with diabetes have type 2 diabetes. • The pancreas cannot make enough insulin or the body does not properly use the insulin it makes, or both. • Managed with diet alone or diabetes medications (pills, insulin or both).
Gestational	<ul style="list-style-type: none"> • Can occur during pregnancy. • Can increase risk of developing type 2 diabetes.

Blood Sugars

- People with diabetes may have blood sugars that go too low or too high. This can cause serious health problems. Checking your blood sugar levels regularly can help.
- A member of your diabetes team will help you learn the best times to test your levels. Some people need to check often and others less often or not at all.
- Keeping track of your blood sugar levels on your glucose meter (glucometer) or by recording them in a log book can help you and your health care team manage your blood sugars.

General blood sugar targets:

Times to check	Targets (mmol/L)
Fasting blood sugar (when you wake up, before any food or drink)	4 to 7
2 hours after a meal	5 to 10

Hemoglobin A1C:

- A blood test called hemoglobin A1C (A1C for short) helps you and your health care team know how your blood sugars have been over the past 3 months.

Most people with diabetes should aim for an A1C of 7.0% or below.
Have your A1C tested every 3 months and see your diabetes team regularly.

Tips for Managing Your Diabetes

What you can do to help manage your diabetes	
Taking part in physical activity	<ul style="list-style-type: none">• Stay active with regular exercise. Review the Physical Activity section for helpful tips.
Eating healthy	<ul style="list-style-type: none">• Eat well to help control your blood sugars.• Talk to a registered dietitian. Review the Nutrition section and Eating Well with Diabetes later in this section for helpful tips.
Monitoring blood sugars	<ul style="list-style-type: none">• Monitor as discussed with your health care team.
Knowing the signs of low blood sugars	<ul style="list-style-type: none">• Signs of low blood sugar may include: rapid heart rate, sweating, shaking, hunger and headache.• Know how to treat low blood sugar. Speak with your health care team to find out what works best for you.
Knowing the signs of high blood sugars	<ul style="list-style-type: none">• Signs of high blood sugar may include: increased thirst, passing more urine, weight loss, fatigue, increased appetite, blurred vision, feeling light-headed, feeling sick (nausea) or vomiting.• Know how to treat high blood sugar. Speak with your health care team to find out what works best for you.

What you can do to help manage your diabetes, continued

Reaching your targets for A1C, blood pressure and LDL (bad) cholesterol	<ul style="list-style-type: none">• Work with your health care team to reach the targets recommended for you.• These are generally:<ul style="list-style-type: none">• A1C less than or equal to 7.0%• blood pressure of less than or equal to 130/80• LDL cholesterol of less than or equal to 2.0 <p>Review the Blood Pressure and Cholesterol sections for helpful tips.</p>
Taking medications	<ul style="list-style-type: none">• Take your medications as prescribed.• Continue taking them even if you feel well.
Managing body weight	<ul style="list-style-type: none">• If needed, work towards a weight that is healthy for you. <p>Review the Healthy Weight section for helpful tips.</p>
Reducing stress	<ul style="list-style-type: none">• Find ways to manage stress that work for you, such as exercise, relaxation techniques, mindfulness, and social support.• Speak to your health care team for more support if you are having trouble coping.
Quitting smoking	<ul style="list-style-type: none">• If you smoke and you cannot stop on your own, speak to your health care team. <p>Review the Being Smoke-Free section for helpful tips.</p>
Caring for your feet	<ul style="list-style-type: none">• Check your feet often on your own and consult your health care provider about any changes or concerns.
Monitoring your vision	<ul style="list-style-type: none">• Visit your eye care specialist regularly.

Eating Well with Diabetes

Review the **Nutrition** section for information on general healthy eating. This section provides more information on eating well with diabetes.

- Aim for 3 balanced meals per day. Include snacks as needed.
- Space your meals no more than 4 to 6 hours apart.
- Include more high fibre foods like vegetables, fruit, whole grains, pulses (for example: beans, peas, lentils, nuts, and seeds).
- Choose foods lower in salt, sugar and fat more often.
- Drink water if you are thirsty.
- Include moderate amounts of carbohydrate in your meal planning.

What are Carbohydrates?

Carbohydrates are nutrients found in many foods and drinks. Carbohydrates include sugar, starch and fibre. Sugar and starch are used for energy. Fibre helps with blood sugar control.

For people with diabetes, eating or drinking too much carbohydrate can raise blood sugar levels. Eating too little can lead to a low blood sugar.

Here are examples of foods and drinks that contain carbohydrates:

- bread, pita, roti, chapati, pasta, cereal, rice, crackers, dry beans and lentils
- corn, plantain, winter squash, parsnip, turnip, and potato
- fruit and fruit juice
- cow's milk, soy milk, almond milk, oat milk, rice milk, kefir and yogurt
- sugar, honey, maple syrup, regular pop or soft drinks, cookies, pies, pastries, pudding, chips, pretzels, popcorn, candy and chocolate bars



For an example of a well-balanced meal, refer to the **Nutrition** section.

Your registered dietitian can help you with your food choices to create a meal plan that will provide the right amount of carbohydrates for you.



Questions about diabetes

Having read the information in this section, consider the following questions.

- Do I know what my blood sugar targets are?
- Do I know what the signs are if my blood sugar is too low?
- Do I know what can cause low blood sugars?
- Do I know what to do if my blood sugar level gets too low?
- Do I know what the signs are if my blood sugar is too high?
- Do I know what can cause high blood sugars?
- Do I know what to do if my blood sugar level gets too high?
- Do I know how often I should be checking my blood sugars?
- Do I know what medications I should be taking and when to take them?
- Do I know how to plan my meals to help manage my diabetes?
- If I need a glucometer kit, do I know how to use it? Do I know what my glucometer readings mean?



Resources about diabetes

Dietitians of Canada

www.dietitians.ca

Diabetes Canada

www.diabetes.ca/about-diabetes

UnlockFood.ca

www.unlockfood.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Healthy Weight

Reaching and maintaining a weight that is healthy for you can decrease your risk of stroke, heart disease and diabetes. Your weight, shape and waist size can affect blood pressure, cholesterol, triglycerides and blood sugar levels.



How much do you weigh?

Your care provider can help you decide what a healthy weight is for you.

- The goal for some people is to maintain their weight.
- The goal for some people is to gain weight.
- The goal for some people is to lose weight. Losing weight gradually is best for your health.
 - Just a small amount of weight loss (5 to 10%) over 6 months can benefit your health.
 - Aim for 1 to 2 pounds (0.5 to 1 kilogram) a week. Some people will lose weight more slowly.

A registered dietitian or physiotherapist can support you to help you reach and maintain your healthy weight.

Review **Nutrition** and **Physical Activity** section for more information.

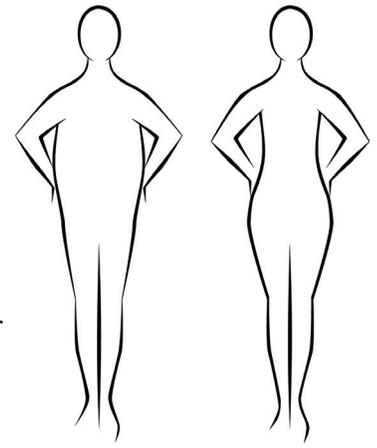
Use the **Goal-Plan-Do-Check Worksheet** (page 9) to set a weight goal. Review your progress in 6 months and set another goal to build on your success.

A realistic weight goal is:

Date DD/MM/YY	Weight (pounds or kilograms)	Am I on target? ✓ ✗

What is your shape?

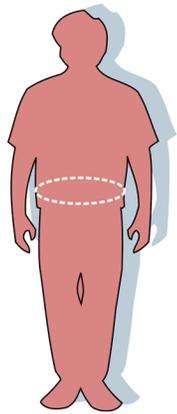
How your weight is distributed matters. Some people are shaped like an apple. They carry a lot of weight around their waist. Others are shaped like a pear, with more weight around their hips.



Apple

Pear

Being shaped more like an apple than a pear can put you at a higher risk of stroke, heart disease and diabetes.



What is your waist size?

The size of your waist matters. Waist size is the measure of distance around the abdomen. To measure your waist:

1. Locate the top of the hip bone.
2. Place the tape measure evenly around the abdomen at the level of this bone.

Recommended targets for waist size

Men	Women
Aim for less than or equal to 40 inches (102 centimetres)	Aim for less than or equal to 35 inches (88 centimetres)

If your waist measurement is above the target, you can benefit from gradually reducing the size of your waist. Even small decreases can benefit your health.

A realistic waist size goal is: _____

Date DD/MM/YY	Waist size (inches or centimetres)	Am I on target?
		✓ ✗



Questions about reaching a healthy weight

Having read the information in this section, consider the following questions.

- Do I know what a healthy weight is for me?
- Do I know how to lose weight if I need to?
- Do I know how to gain weight if I need to?
- Do I have a plan for how best to do this?



Resources about reaching a healthy weight

Dietitians of Canada

www.dietitians.ca

UnlockFood.ca

www.unlockfood.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Nutrition

Healthy eating and lifestyle habits can decrease your risk of stroke, heart disease, diabetes and obesity.

Healthy eating can:

- improve your blood pressure, blood sugar, cholesterol and triglyceride levels
- help you manage your weight and overall health
- give you more energy for exercise and recreational activities

Using the **Action Plan for Healthy Eating** (page 57) can help you reduce your risk of stroke. Following the healthy food choices can help you:

- reach your targets for blood pressure, cholesterol, triglycerides and weight
- improve blood sugar control if you have diabetes

Making 1 or 2 changes per week is a great start!

Working with a registered dietitian can also help you meet your nutrition goals.



Action Plan for Healthy Eating

Healthy food choices for stroke prevention	Use this list to make 1 or 2 changes per week. Check off ✓ what you will commit to changing.
<p>I can improve my blood pressure by making these choices.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eat more fruits and vegetables. <input type="checkbox"/> Include lower fat dairy products such as 1% milk or skim milk, cheeses with less than 15% M.F. (milk fat content), yogurt with 0% to 1% M.F. <input type="checkbox"/> Include whole grains. <input type="checkbox"/> Choose fresh, unprocessed foods often. <input type="checkbox"/> Flavour foods with spices, herbs, lemon and garlic instead of salt. <input type="checkbox"/> Read food labels and choose foods lower in sodium (120 mg or less, or 5% Daily Value or less, per serving).
<p>I can improve my cholesterol levels by making these choices.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare foods with little or no oil by baking, steaming, sautéing, grilling or broiling. <input type="checkbox"/> Use heart healthy fats and oils such as olive and canola oil, non-hydrogenated margarine, avocado, unsalted nuts and seeds in small amounts. <input type="checkbox"/> Choose lean meats. Trim visible fat before cooking. Remove skin from poultry like chicken or duck. <input type="checkbox"/> Choose low fat dairy products such as 1% milk or skim milk, cheeses with less than 15% M.F. (milk fat content), yogurt with 0% to 1% M.F. <input type="checkbox"/> Choose at least 2 meatless dishes per week such as tofu, beans and lentils. <input type="checkbox"/> Eat more foods rich in soluble fibre such as oatmeal, oatbran, barley and psyllium (found in All Bran Buds™ cereal).

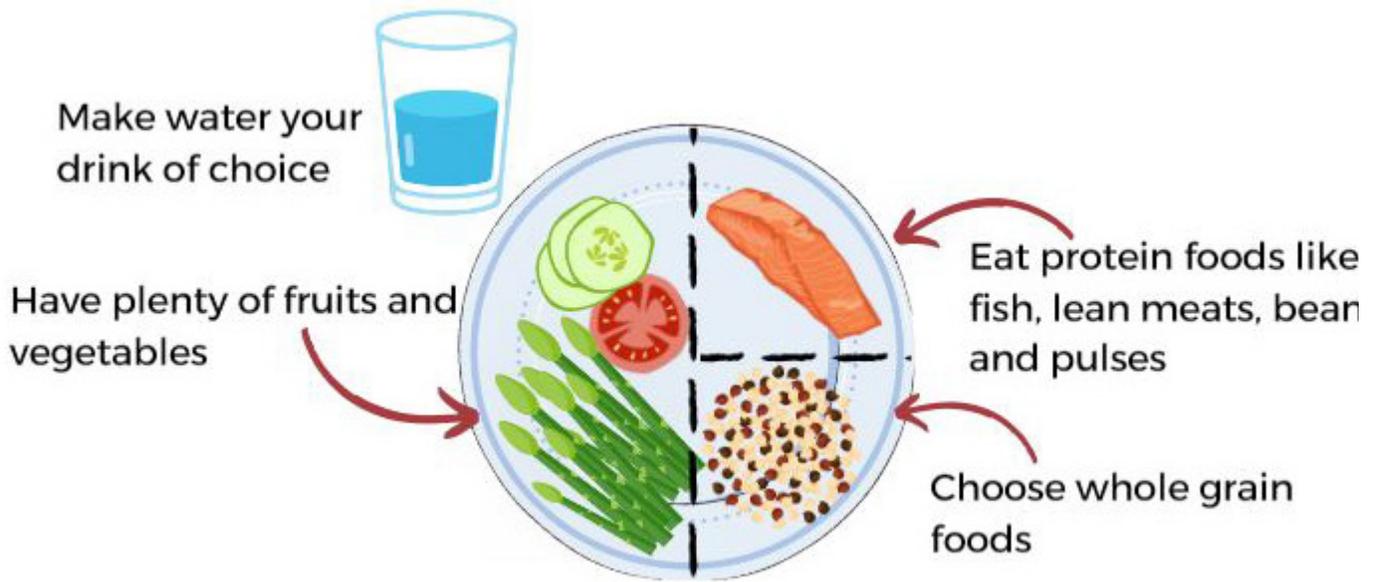
Healthy food choices for stroke prevention	Use this list to make 1 or 2 changes per week. Check off ✓ what you will commit to changing.
I can improve my triglyceride levels by making these choices.	<input type="checkbox"/> Add 2 – 3 servings per week of fish rich in Omega-3 fats, such as salmon, herring, trout, mackerel and sardines. <input type="checkbox"/> Eat less sweets (for example: sugar, honey, jam, desserts). <input type="checkbox"/> Drink water and sugar-free beverages in place of fruit juice and regular pop. <input type="checkbox"/> Drink less or avoid drinking alcohol.
Choosing to follow a healthy eating plan will improve my health.	<input type="checkbox"/> Eat balanced meals by choosing a variety of healthy foods from Canada’s Food Guide. <input type="checkbox"/> Include foods rich in fibre such as fruit and vegetables and whole grains. <input type="checkbox"/> Eat 3 meals a day at regular intervals. <input type="checkbox"/> Include healthy snacks if needed. <input type="checkbox"/> Drink water and sugar-free beverages instead of fruit juice and regular pop.

Foods to Limit

Consider limiting foods	Examples of foods you can try to limit
High in sodium (salt)	<input type="checkbox"/> Processed meats, such as ham, deli meats, hotdogs, bacon, sausages <input type="checkbox"/> Canned soups <input type="checkbox"/> Salty snacks such as chips <input type="checkbox"/> Fast foods <input type="checkbox"/> Frozen dinners <input type="checkbox"/> Pickled foods <input type="checkbox"/> Salty dressings and sauces

Consider limiting foods	Examples of foods you can try to limit
With the words “trans fats” or “hydrogenated” in the ingredients	<ul style="list-style-type: none"> <input type="checkbox"/> Shortening <input type="checkbox"/> Certain margarines (read labels to choose non-hydrogenated ones) <input type="checkbox"/> Fast foods <input type="checkbox"/> Store bought baked goods
High in saturated fats	<ul style="list-style-type: none"> <input type="checkbox"/> High fat dairy products such as homogenized milk, high fat cheeses, butter and cream <input type="checkbox"/> Fatty meats and poultry skin <input type="checkbox"/> Palm and coconut oil
High in dietary cholesterol	<ul style="list-style-type: none"> <input type="checkbox"/> High fat dairy products <input type="checkbox"/> Organ meats such as liver <input type="checkbox"/> Eggs yolks <input type="checkbox"/> Shellfish (such as shrimp, squid, lobster)

Here is an example of a well-balanced meal:



Here is an example of building a healthy snack:

Fibre

Choose 1 serving of 1-2 fibre foods

Fruits

Non-starchy vegetables

Bell pepper, cucumber, broccoli etc.

Grains

Wholegrain crackers, plain popcorn, oats,



Protein/Healthy Fat

Choose 1 serving of 1-2 sources of protein or healthy fat

Low fat dairy

Cottage cheese, greek yogurt, milk, etc.

Avocado

Nuts and seeds

Raw and unsalted almonds, walnuts, pumpkin seeds, etc.

Beans and legumes

Hummus, shelled edamame beans, etc.

Understanding Food Labels Can Help You Make Healthy Choices

Learn how percentage (%) Daily Value can help you make healthy choices.

Nutrition Facts	
Per 125 mL (87 g)	
Calories 80	% Daily Value*
Fat 0.5 g	1 %
Saturated 0 g + Trans 0 g	0 %
Carbohydrate 18 g	
Fibre 2 g	8 %
Sugars 2 g	2 %
Protein 3 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Potassium 200 mg	4 %
Calcium 150 mg	11 %
Iron 0.1 mg	1 %
*5% or less is a little, 15% or more is a lot	

Serving Size

This serving size is for 125 mL or ½ cup. The information on the food label is for this amount.

Compare the serving size to how much you eat.

% Daily Value (%DV)

This tells you if there is a little or a lot of a nutrient in one serving.



5% DV or less is a little
15% DV or more is a lot

- ✓ Look for products which are less than or equal to 5% DV per serving size more often if you want less of a nutrient.
- ✓ Look for products which are greater than or equal to 15% DV per serving size more often if you want more of a nutrient.

What to look for on food labels can help improve your blood pressure and cholesterol:

Total Fat

- ✓ Aim for less than 3 g per serving.

Saturated and Trans Fats

- ✓ Aim for 2 g or less or 10% Daily Value (DV) or less of saturated and trans fats together per serving.

*Best to choose 0% trans fats

Nutrition Facts

Per 125 mL (87 g)

Calories 80

% Daily Value*

Fat 0.5 g 1 %

Saturated 0 g 0 %
+ Trans 0 g

Carbohydrate 18 g

Fibre 2 g 8 %

Sugars 2 g 2 %

Protein 3 g

Cholesterol 0 mg

Sodium 0 mg 0 %

Potassium 200 mg 4 %

Calcium 150 mg 11 %

Iron 0.1 mg 1 %

*5% or less is a little, 15% or more is a lot

Sodium

- ✓ Aim for 120 mg or less or 5% Daily Value (DV) or less per serving.

Sodium per serving

Go ahead	0-120 mg	0-5% daily value
Watch out	121-360 mg	6%-14% daily value
Too much	> 360 mg	≥ 15%



Questions about nutrition

Having read the information in this section, consider the following questions.

- Do I know what a well-balanced meal is?
- Do I eat well-balanced meals?
- Do I need to change the way I eat to help prevent another stroke?
- Do I need information on how to prepare healthy meals?
- Do I need help preparing my meals?



Resources about nutrition

Canada's Food Guide to Healthy Eating

<https://food-guide.canada.ca/en/>

Dietitians of Canada

www.dietitians.ca

UnlockFood.ca

www.unlockfood.ca

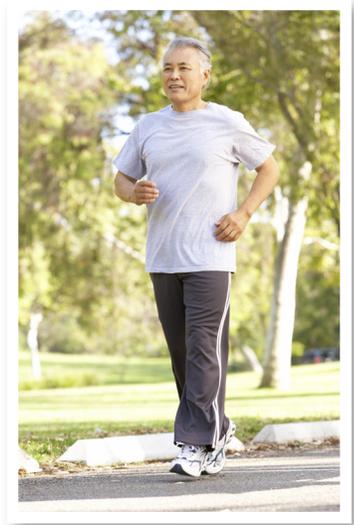
Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Physical Activity

Being active reduces your risk of stroke. Regular physical activity:

- improves your blood pressure and 'good cholesterol' levels
- helps control your blood sugars
- gives you more energy
- helps you to sleep better
- helps reduce stress
- prevents constipation
- gives you a feeling of well-being
- reduces social isolation
- helps you stay at a healthy weight and overall fitness



Being active is good for your body and mind. Ask your doctor or health care provider about the type and amount of activity that is right for you.

If you have any concerns, talk to your doctor or health care provider before increasing your level of activity. If you have heart disease or other health problems, you need to be monitored by a doctor.



To increase your activity, start by choosing activities that you enjoy. Some examples are walking, swimming and taking part in group exercise classes.

Your exercise plan should be individualized to your specific needs and abilities.

If you have difficulty with certain movements or with balance, speak to your physiotherapist or your health care provider. A physiotherapist can develop a plan tailored to you.

General advice about activity:

1. Aim for 30 to 60 minutes of moderate activity (for example: walking, swimming or dancing) at least 5 days a week.



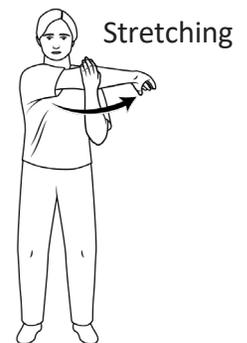
- Moderate means the effort is not too easy or too hard. You should be able to talk comfortably while doing the activity, and not be out of breath. For example: on a scale of 1 –10, (1 meaning not difficult at all and 10 meaning extremely difficult), keep your activity effort at a 5 or 6.
- Go at your own pace. Start slowly and gradually increase over time. For example: if you are comfortable being active for 20 minutes, add a few extra minutes of activity every week.
- Allow time for rest and recovery between exercise sessions to prevent injury and fatigue.

2. Warm-up, cool-down and stretching

- Warming up before and cooling down after exercising is important to prevent injury. You can do this by slowly walking, moving your arms and legs, or marching on the spot for a few minutes before and after you exercise. Your warm-up and cool-down should feel easy. On a scale from 1 – 10, keep the intensity at a 2.
- Stretching after exercise also prevents injury. Hold the stretch for at least 30 seconds. Move slowly and do not bounce, just hold steady. Take deep breaths. You should feel a gentle “pull” at your muscle, but never pain.



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3. Do strengthening exercises 2 to 3 days a week to stay strong.

Choose a strengthening exercise that works for you.

- You can do strengthening exercises using weights, resistance bands, or with your body weight (for example: squats, lunges, pushups).
- Make sure to choose the right level of resistance for you. It should not feel overly hard or too easy.

4. Consider adding balance exercises into your exercise program.

- Balance exercises combined with strengthening exercises are a great way to help prevent falls.

I should be exercising _____ (number of minutes) a day, at least 5 days a week.

Use this table or keep a journal to track your progress.

Week of _____ (month and day) <i>For example: Week of July 13</i>			
Weekday	Activity	Duration (how long)	Effort from 1 – 10
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total duration of activities this week: Am I on target? ✓ ✗			
What helped you reach your physical activity goal for the week:			

Keeping track of your progress and celebrating your achievements can help you stay motivated and make even more progress!

Stop exercising immediately if you feel:

- chest pain, tightness or pain that spreads to the jaw or arm
- cold or clammy skin
- sudden shortness of breath
- dizziness or lightheadedness
- complaints of pain
- signs of a stroke (FAST)



Questions about physical activity

Having read the information in this section, consider the following questions.

- Do I know how exercise helps to reduce my risk of stroke?
- Do I know what types of exercise to do?
- Do I know where to go to exercise?
- Would I like to talk to my doctor about starting an exercise program?
- Do I know how to get started with an exercise program?
- Do I know how to stay physically active?
- Do I know what signs and symptoms to look out for while exercising?



Resources about physical activity

Active Living Alliance for Canadians with a Disability

<https://ala.ca>

FAME – Fitness and Mobility Exercise Program

<https://fameexercise.com>

Together in Movement and Exercise (TIME)

<https://www.uhn.ca/TorontoRehab/Clinics/TIME>

Ontario Stroke Network – A Guide to Choosing a Community Exercise Program for People with Stroke

<https://www.tostroke.com/wp-content/uploads/2012/12/OSN-community-exercise-brochure.pdf>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Sleep Apnea

Sleep apnea is a condition where your breathing briefly stops or becomes very shallow during sleep. The changes in breathing can last up to 10 seconds or more, many times a night. This will cause less air to reach your lungs which results in less oxygen to your brain. Over time, you may begin to have poor sleep and feel tired during the day.



Sleep apnea can lead to health problems over time, and is linked to high blood pressure, stroke, heart disease and weight gain. With treatment you can control the symptoms, get your sleep back on track, and begin to feel rested and refreshed every day.

What are signs of sleep apnea?

See your doctor if you or your partner notices these signs:

- snoring loudly enough to disturb your sleep or others
- pauses in breathing, gasping or choking sounds during sleep
- waking up feeling short of breath
- feeling overly tired during the day, which may be causing difficulty concentrating or remembering things



Other problems to watch for can include:

- waking up often to go to the bathroom
- waking up with a dry mouth or sore throat
- waking up with headaches
- feeling irritable, depressed, or having mood swings
- personality changes

What causes sleep apnea?

The muscles in your airway usually relax while you sleep. Gravity causes the tongue to fall back when sleeping on your back. This will make your airway smaller and reduce the amount of air that can reach your lungs. A smaller airway can cause your throat to vibrate which is heard as snoring.

When the airway becomes too small and little to no air is getting in, your body responds by getting you to start breathing again, usually with a gasp or choking sound.

Who is more likely to be at risk for sleep apnea?

You are more likely to be at risk for sleep apnea if you:

- are an older adult
- have a family member that snores or has sleep apnea
- are overweight
- are a heavy smoker (smoking can increase the swelling and amount of fluid in the throat)
- are a heavy drinker (drinking alcohol can relax the muscles in the throat which interferes with breathing)



What can you do?

You can reduce your risk for developing sleep apnea by making healthy lifestyle changes such as:

- doing regular exercise
- quitting smoking
- drinking little or no alcohol

For more information, review the sections on

- ***Alcohol***
- ***Being Smoke-Free***
- ***Physical Activity***

Speak to your doctor if you think or know you have sleep apnea. You can see a sleep specialist or have a sleep assessment in an overnight sleep clinic.

The good news is that there is treatment for sleep apnea. One option is to use a breathing device during sleep that keeps your airway open, called a CPAP machine. Your doctor will help you decide the best treatment for you.



Questions about sleep apnea

Having read the information in this section, consider the following questions.

- Has anyone ever told me that I stop breathing or gasp when I am asleep?
- Do I feel tired when I wake up?
- Do I often doze off or fall asleep during the day when I am not busy or active?
- Do I know who to talk to about getting tested for sleep apnea?
- Do I know what treatment is best for me to manage sleep apnea?



Resources for managing sleep apnea

Also refer to the resources in the section on Fatigue and Sleep.

Sleep clinics offer diagnostics and treatment services for people with sleep disorders, sleep apnea and snoring.

Centre for Sleep Health and Research

Part of the University Health Network in Toronto.

416-603-5800 ext. 5075

https://www.uhn.ca/Surgery/Clinics/Sleep_Health_Research

MedSleep

416-488-6980

www.medsleep.com

Ontario Sleep Clinics

416-603-5075

www.sleepontario.com

Sunnybrook Sleep Disorder Clinic

416-480-4475

<http://sunnybrook.ca/content/?page=bsp-sleep-home>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Managing the Effects of Stroke

This part of the **Guide for Stroke Recovery** can help you and your caregiver as your recovery journey continues in the community.

People who have had a stroke and their caregivers identified these topics as most important when resuming life after stroke:

- Assistive Devices
- Cognition and Perception
- Communication
- Emotions and Behaviour
- Fatigue and Sleep
- Getting Around
- Pain
- Self-Care
- Swallowing Difficulties



Managing the effects of stroke will help you become comfortable in your daily life and be as healthy and active as possible.



For further tips and strategies, access this guide online by visiting www.strokerecovery.guide

Assistive Devices

Assistive devices are pieces of equipment that make it easier and safer for you to manage your daily activities. In this section we list the most commonly used assistive devices. Other assistive devices are available to help with eating, dressing, grooming, kitchen work and household chores. One handed devices are also available. **Your health care provider can advise you on what assistive devices may be helpful for you.**

You can buy or rent assistive devices at your local health care or medical supply store. As prices will change, please ask your local store for their current cost.

Bath seat with back rest



Bath transfer bench with back rest



Non-slip bath mat



Commode chair with wheels



Raised toilet seat with arm rests



Versa Frame



Rollator walker



Two-wheeled walker



Single point cane



Quad cane



Standard wheelchair



Transport chair



Long handled shoe horn



Long handled reacher



Urinal



Hospital bed



Grab bars



Bedpan



Bed wedge





Resources about assistive devices

Health care or medical equipment and supply stores

Check your phone book or www.Canada411.ca for listings or search the Toronto Central Healthline at www.torontocentralhealthline.ca, call 211 for a list of stores or equipment vendors near you.

Financial help for assistive devices

Ministry of Health and Long Term Care - Assistive Devices Program (ADP)

<https://www.ontario.ca/page/assistive-devices-program>

Ministry of Children, Community and Social Services – Ontario Disability Support Program (ODSP)

<https://www.ontario.ca/page/ontario-disability-support-program>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Cognition and Perception

A stroke can affect your ability to think clearly, do activities, learn new things, and remember information. You may not notice changes until you go home and do some of your regular activities. In this section, you can learn some helpful tips if you have changes in cognition (thinking) and perception.

Cognition means how we know things and how we think.

Perception is how we use our senses like sight, hearing, touch, taste, and smell to know what's happening in the world. A stroke can affect the pathways in your brain that control how you use the information from these senses.

What are some cognitive and perceptual issues I may have after a stroke and how can I manage them?

Cognitive or perception issue	How this change can affect me	Tips to manage changes
Attention	You may: <ul style="list-style-type: none"> • be easily distracted • have trouble focusing on one or more tasks at a time 	<ul style="list-style-type: none"> • Reduce distractions, for example: turn off the radio or TV when you are trying to do important things. • Take your time and do things one step at a time.
Memory	You may have difficulty remembering: <ul style="list-style-type: none"> • what day it is • appointments or events • new information • familiar people • your personal details • your daily routine 	<ul style="list-style-type: none"> • Use a calendar or journal for important appointments or tasks. • Create a checklist. • Use alarms, signs or labels. • Rehearse important information.
Insight and judgement	You may try to do tasks that are unsafe or too difficult.	<ul style="list-style-type: none"> • Identify someone you trust to help you with decisions about safety, money and other important things. • Participate in occupational therapy.
Planning	You may find it hard to plan activities or events.	<ul style="list-style-type: none"> • Start with simple tasks. • Make a checklist or use a calendar. • Take breaks as needed.
Problem solving	You may have trouble recognizing errors and knowing how to correct them.	<ul style="list-style-type: none"> • Break a problem down into smaller chunks. • Think about different ways to approach a problem.
Perseveration	You may have difficulty shifting from one topic or task to another.	<ul style="list-style-type: none"> • Participate in cognitive behavioural therapy or speech therapy.

Cognitive or perception issue	How this change can affect me	Tips to manage changes
Neglect (being unaware of the side affected by your stroke)	You may: <ul style="list-style-type: none"> • bump into things on the affected side • not notice food on the affected side • have trouble reading • forget to dress the affected arm or wash the affected side of your face or body • be at risk of injury to your affected side 	<ul style="list-style-type: none"> • Practice scanning from right to left. • Look at both right and left parts of your body when getting dressed. • Use a visual cue, such as a mark on the page, or a colourful bracelet on your hand to remind you to look to the affected side.
Search "Left Neglect" under Health Topic Search at uhnpatienteducation.ca to learn more.		
Apraxia (inability to do tasks or movements)	<ul style="list-style-type: none"> • You may have difficulty using objects correctly. • You may have difficulty doing things in the correct order. 	<ul style="list-style-type: none"> • Practice daily tasks important to you with your therapy team. • Practice simple tasks correctly with supervision.
Search "Apraxia" under Health Topic Search at uhnpatienteducation.ca to learn more.		
Difficulty being able to see everything in my space	You may: <ul style="list-style-type: none"> • misjudge the height of steps • knock items over when trying to reach for them • bump into things • have difficulty crossing roads • mix up familiar object • have trouble reading or writing 	<ul style="list-style-type: none"> • Organize your environment: make sure you have enough lightning, contrast and clear paths. • Reduce clutter. • Scan from left to right as you move around. • Label objects in large font or by colour coding. • Bring someone with you if you are going to be in busy or unfamiliar places.
Search "Visual field loss" under Health Topics Search at uhnpatienteducation.ca to learn more.		

If you are having changes with your cognition or perception, your health care team, including an occupational therapist, can help you set goals to be more independent.



Questions about cognition and perception

Having read the information in this section, consider the following questions.

- Do I have difficulties seeing both right and left side of space around me?
- Do I have difficulty seeing the next step when going up or down the stairs?
- Do I have difficulty reading and/or writing?
- Do I have difficulty with listening and understanding what others say?
- Do I have difficulty recognizing objects?
- Do I tend to pick up wrong items without recognizing my error?
- Do I have difficulty dressing myself even though I don't have any weakness?
- Is my vision affecting my day-to-day activities?
- Am I bumping into things on one side of my body?



Resources about cognition and perception

CNIB

1-877-850-7159

www.cnib.ca

Vision Loss Rehab (VLR)

1-844-887-8572

www.visionlossrehab.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Communication

If your stroke affected the area in your brain that controls speech and language, you may have difficulty with communication. Your communication problems can affect your language (aphasia), speech (dysarthria or apraxia of speech), or the way you think about language (cognitive communication).

Communication impairments affect people in different ways. You may find it harder to:

- express your thoughts
- speak clearly
- understand what others say
- read or write

Aphasia means that you have difficulty with language, NOT with thinking, planning or making decisions.

There are many things you can do and tools you can use to communicate.

What you can do as a caregiver:

- keep information simple
- ask simple yes/no questions
- break down instructions into single steps
- give time for them to express themselves and to process information
- double-check to make sure you have understood them

Augmentative and Alternative Communication (AAC) is a term used to describe different ways to communicate besides talking. AAC includes gestures, strategies, materials or technology to help people communicate more easily. With help from the speech-language pathologist, you can learn what works best for you. Your family and caregivers can also learn how to better communicate with you.

You may find it helpful to join an aphasia or stroke support group. Groups provide a supportive setting for people living with communication impairments to practice skills so they can more fully participate in daily activities.

To find an aphasia centre or stroke support group in your community, check the resources at the end of this section, ask your health care team or speech-language pathologist.

Questions about communication

Having read the information in this section, consider the following questions.

- Can I communicate my needs and wishes so that I am understood?
- Can my family and close friends communicate well with me?
- Do I know how to tell people that I have difficulty communicating?
- Can I join in on social situations?
- Do I need any special supports (for example: a computer or communication board) to help me communicate?

Resources about communication

Aphasia centres

Social, recreational and therapeutic programs and services for people with aphasia to build communication skills, and to provide support and education for families.

The Aphasia Institute

416-226-3636

www.aphasia.ca

Alternative Communication Services

1-800-567-0315 ext. 6216

<https://www.marchofdimes.ca/en-ca/programs/acs>

Halton-Peel Community Aphasia Programs

905-875-8474

<https://www.h-pcap.com>

Augmentative and alternative communication (AAC) Clinics

Provide assessment, prescription and training for devices to help with communication.

Hennick Bridgepoint Active Hospital: Augmentative & Alternative Communication (AAC) Clinic

416-461-8252 ext. 2278

https://www.hennickbridgepointhospital.ca/en/what-we-do/AAC_clinic.asp

Assistive Technology Clinic

416-784-3600

<https://www.assistivetechologyclinic.ca>

Toronto Rehab, Bickle Centre: Augmentative and Alternative Communication Clinic

416-597-3028

https://www.uhn.ca/TorontoRehab/Clinics/AAAC_Clinic

West Park Healthcare Centre: Augmentative and Alternative Communication Clinic

416-243-3600 ext. 4679

www.westpark.org/Services/OutpatientClinicsServices

Other services to support communication

Canadian Hearing Society

1-866-518-0000

TTY: 1-877-215-9530

www.chs.ca

International Society for Augmentative and Alternative Communication

905-850-6848

www.isaac-online.org

College of Audiologists and Speech-Language Pathologists of Ontario

To find a Speech-Language Pathologist or Audiologist, visit: <https://www.caslpo.com>

Speech-Language & Audiology Canada

www.sac-oac.ca/for-the-public

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Fatigue and Sleep

Recovering from a stroke takes a lot of energy. It is very common to feel tired (fatigue) after a stroke, even if your stroke symptoms are very mild. Some people may have fatigue years after their stroke. Fatigue is not predictable and not always easily to explain.

Fatigue after stroke may look like:

- overwhelming tiredness and lack of energy to do your daily activities
- wanting to take more naps, rest or extended sleep
- feeling more easily tired compared to before your stroke



There are different ways to help you manage your fatigue and help you get back to your daily activities.

Tips to help you conserve and manage your energy: the Four P's

- **Prioritize:** choose tasks that are essential to get done and complete those tasks first. Save less important tasks for when you have fewer activities planned, or ask family or friends to help you.
- **Plan:** Schedule and spread out your activities that take a lot of energy (for example: grocery shopping, cleaning and exercise). Make sure that you rest in between these activities.
- **Pace:** Listen to your body when getting back to your daily activities. Start with small, low energy tasks. If you feel good after completing a small task, slowly build up the number of tasks and how much energy they take. Make sure to rest when you need to. You can also break larger tasks into smaller tasks.
- **Position:** Complete tasks in a sitting position if you want to save energy. You can also use aids, such as long-handled shoe horns and long-handled reachers to spend less effort on bending and reaching.

Other tips to help you manage fatigue

- Eat a healthy, balanced diet and drink plenty of fluids. Refer to the section on ***Nutrition*** for more details.
- Try to move around and do activities that feel okay for you. If you rest too much without moving, it can make your body weaker after a stroke.
- Track and schedule what you do during the day, or ask a friend or family member to help you.
- Take short rest breaks or naps if needed, but save your longest sleep for the night.
- Try to go to sleep and wake up at the same times each day.
- Mood can also affect your energy levels. If you think your mood is low, read the section on ***Mood and Behaviour – Depression*** for more details.
- Keep your stress levels low.

If you are having trouble with sleep:

It is helpful to know what is “good sleep” and “poor sleep”, and how sleep affects your daily life.

Good sleep	Poor sleep
<ul style="list-style-type: none"> • being able to fall asleep and sleep through the night • vital to your recovery • helps your brain heal • gives your mind and body energy 	<ul style="list-style-type: none"> • trouble falling asleep or not being able to sleep through the night makes you feel tired during the day • can make it harder to concentrate or do things you enjoy

Here are tips that can help you get better sleep:

- Establish a bedtime routine. Start to wind down 30 minutes before your bedtime and avoid using electronic devices during this time. You may want to include listening to relaxing music, prayer, or deep breathing exercises.

- Make your room a relaxing space – minimize noise, light and distractions.
- Use comfortable bedding and positioning devices if needed (for example: use bolsters or pillows to support any affected limbs).
- Make sure to use the bathroom before you go to bed, and try not to drink too much water in the lead up to your bedtime if you sometimes have trouble controlling your bladder at night.
- If you are worried about your poor sleep, talk with a health care provider, such as your family doctor, occupational therapist, or a sleep specialist. They may suggest:
 - counselling and education on sleep strategies
 - therapy (for example: mindfulness meditation, cognitive-behavioural therapy, etc.)
 - medication



Questions about fatigue and sleep

Having read the information in this section, consider the following questions.

- Do I have trouble sleeping?
- Am I worried, anxious or is my mind racing when I am trying to rest?
- Am I too tired to do the things I need to do or enjoy?



Resources to help with fatigue and sleep

Hennick Bridgepoint Active Hospital – Mindfulness Based Stress Reduction Program

416-461-8252

<https://www.hennickbridgepointhospital.ca/en/what-we-do/Outpatient-Care.asp>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

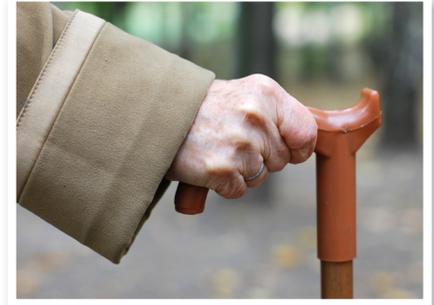


Getting Around

A stroke may affect your mobility and may put you at a higher risk of falling. You may need to learn to move around in a different way.

To get around safely, you may need a mobility aid such as:

- a walker or cane
- an ankle brace
- a wheelchair or scooter



Your physiotherapist or occupational therapist can recommend the right mobility aid for you.

You might consider borrowing, renting or buying a mobility aid. Talk with your health care team about what is the best option for you. You may also be able to get funding from community or government agencies to help cover the cost of buying a mobility aid. See the section on **Assistive Devices** for details about the types of mobility aids.

How do I make sure I am safe when I move around?

The risk of falling is higher after someone has a stroke. There are many things you can do to make sure you are safe and will have less risk of falling when you move around. Here are some tips to prevent a fall:

- Always use your prescribed mobility aid(s).
- Make sure you have enough light to see where you are going.
- Keep common pathways clear of clutter. Remove area rugs if you can.
- Wear well-fitting footwear that covers your whole foot including your heel. Avoid flip-flops or slippers without grip or heels.
- Wear eyeglasses if you need them.
- If you are feeling unwell, ask for help.
- Plan your day so you do not have to move around more than your body can tolerate at one time.

- Take your time. Move slowly and take rests as needed.
- Stay healthy and fit. Balance and strength exercises can help reduce falls.

Tips for being prepared for a fall

- Have phones at a height you can comfortably reach (for example: table level) to call for help.
- Set up a personal alarm call system (for example: alert bracelet or pendant from companies, such as Lifeline).
- If able, practice safely getting up from the ground to find a comfortable way that works for you.

What do I do if I fall?



It is important to be cautious after a fall to prevent an injury. Check your surroundings, your body, and how you are feeling. Try to gently move your limbs around. If you think you may be injured, try to get help (for example: call 911 or use your personal alarm call system if you have one).



If you can get up, slowly rise to sitting onto furniture. You may want to use a chair or bed. You may want to use a stable surface (for example: sofa, chair) to help pull yourself up.

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What can I do to stay safe outside?

To make the outing safer, here are some things to plan ahead for:

- weather (be aware of weather and air quality conditions)
- uneven surfaces including curbs
- crowded places
- time needed to cross the street
- how far you need to go
- footwear (wear non-slip low heeled shoes)
- bring a mobile phone or a medical alert device in case you need help and let someone know where you are going



Tips to build up your confidence for walking outside:

- Walk with someone at first to get used to being outside.
- Work towards a goal.
- Pace yourself. Start with small, easy steps and shorter distances. Challenge yourself little by little to do more.
- Plan for places to sit and rest.
- Avoid busy areas if you do not feel ready.
- Avoid going outdoors during bad weather. Walk indoors instead (for example: in a mall).

I don't drive. How can I get to my destination?

If you do not drive or are unable to drive, you can arrange to use a transportation service. Transportation services, such as Wheel-Trans or volunteer driving services, can help you get to where you need to go.



Questions about getting around

Having read the information in this section, consider the following questions.

- Am I safe when moving around in my house (for example: in the bathroom or climbing stairs)?
- Do I know how to prevent a fall?
- Will I know what to do if I fall?
- Do I have all of the equipment I need to be safe moving around (for example: a wheelchair, walker, or cane)?
- Can I get out and go to places where I need to go (for example: can I cross the street safely or get to the grocery store)?
- If I need a ride to get somewhere, do I know how to find one?
- Do I need help to get around during the winter or in bad weather?



Resources for getting around

Fall Prevention

Toronto Rehab: Falls Prevention Clinic

www.uhn.ca/TorontoRehab/Clinics/Falls_Prevention_Program

Transportation

Ministry of Transportation - Accessible Parking Permits

www.ontario.ca/page/get-accessible-parking-permit

Toronto Ride

www.torontoride.ca

Toronto Transit Commission - Wheel-Trans

www.ttc.ca/WheelTrans

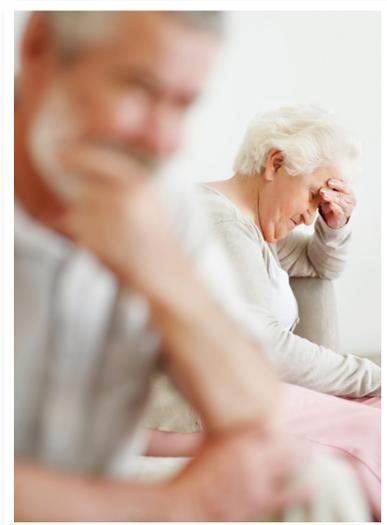
Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Mood and Behaviour

The changes to your mind and body after a stroke can affect how you feel. It is normal to feel the following emotions after a stroke:

- depression
- apathy
- anxiety
- lability (trouble controlling emotions)/sadness
- grief
- anger
- frustration
- fear



These feelings can affect how you view life and how you cope with recovering after stroke.

Depression

Some people develop depression—sadness that doesn't go away and starts to affect daily activities. Depression may be due to a chemical imbalance in the brain.

Depression is common after stroke. It is a medical illness that can be treated.

Only a doctor can diagnose you with depression, but others may be able to tell if you are showing signs of depression. Talk to your doctor if you are worried that you might have signs of depression. Some signs of depressions are:

- feeling hopeless, ashamed or guilty about being a burden
- changes in your sleep pattern
- changes in appetite
- changes in weight
- feeling restless, irritable or impatient
- constant or frequent headaches, stomach upset or pain
- difficulty concentrating
- feeling tired, sluggish or lacking energy



It is important to get help for depression as soon as possible. You are not alone—help is available.

**Having thoughts of suicide?
Call your doctor, a helpline 988, or 911 right away!**

Apathy

Apathy is not caring very much about doing your usual activities. You may not feel motivated to do things that you normally would.

Usually, people with depression notice signs of apathy, too. Some signs of apathy are:

- feeling less motivated
- losing interest in things you used to enjoy
- having less energy than usual
- having difficulty expressing emotions

Anxiety

Some people feel anxious after having a stroke. Some signs of feeling anxious are:

- increased heart rate
- shortness of breath
- dizziness
- nervousness, restlessness, or feeling tense
- having a sense of danger, panic, or doom coming (for example: fear of another stroke)

Emotional Lability

Emotional lability means not being able to control your emotions. Lability is caused by damage to the frontal lobe of the brain which controls emotions.

The symptoms of emotional lability include fast and extreme shifts in emotions including bursts of laughter, crying, or anger. These reactions are usually not expected and might not match the situation you are in. Because people with emotional lability may cry a lot, their symptoms are often confused with depression.

Self-Esteem

The effects of a stroke can affect how you view yourself. Having lower self-esteem may cause you to feel like you have lost something about yourself.

Grief

Grief is a natural reaction to loss. Each person experiences grief differently and can feel grief at different times through their journey. Grief may include despair, shame, guilt, or withdrawal.

Tips to manage changes in your mood:

- Talk about your feelings with a trusted friend or family member.
- Find creative ways to express your feelings, such as writing, drawing, painting, or art.
- Reach out to a professional for counselling.
- Reframe your negative thoughts to be more positive. For example: “today is hard but I’ve gotten better since last week”.
- Practice visualization – picture yourself how you want to be.
- Take time every day to focus on doing something positive.

Personality or Behaviour Changes

Besides changes in mood, you may experience personality and behaviour changes. For example: you may become easily irritated or frustrated. You may not notice or be aware of these changes yourself, but the people who know you (family, friends, colleagues) may notice.



Personality changes after a stroke may be distressing, but they are not always permanent. Speak to your health care team for ways to help manage these changes.

Many people find it hard to talk about their feelings with others. However, getting treatment from a skilled health care provider(s) will help with your recovery. The treatment you receive will depend on your needs. Treatment can include counselling, taking medications, or both.



Questions about mood and behaviour

Having read the information in this section, consider the following questions.

- Have I lost interest in things I used to enjoy?
- Has there been a big change or extreme shifts in my mood?
- Has there been a change in my behaviour or personality?
- Do I have changes in my sleep (sleep more than usual or trouble sleeping)?
- Am I easily irritable or frustrated?
- Do I feel less motivated or interested in doing my daily activities?
- Has my appetite changed?
- Do I have difficulty concentrating?
- Do I feel hopeless?
- Have I had thoughts about ending my life?
- Do I know where to get help if I answered 'yes' to any of the questions above?

**Having thoughts of suicide?
Call your doctor, a helpline 988 or 911 right away!**



Resources to help with mood and behaviour

ConnexOntario

1 866 531-2600

www.connexontario.ca

Family Service Toronto

Church Street Office

www.familyserVICEToronto.org

Ontario Association of Social Workers

416-923-4848

Email: info@oasw.org

www.oasw.org

Ontario Brain Injury Association

Helpline 1-800-263-5404

www.obia.ca

The Scarborough Health Network Community Crisis Program

Telephone crisis response is available 24/7 by calling 416-495-2891

www.shn.ca/mental-health/crisis-support

Centre for Addiction and Mental Health

416 535-8501, press 1

Email: info@camh.ca

www.camh.ca

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Pain

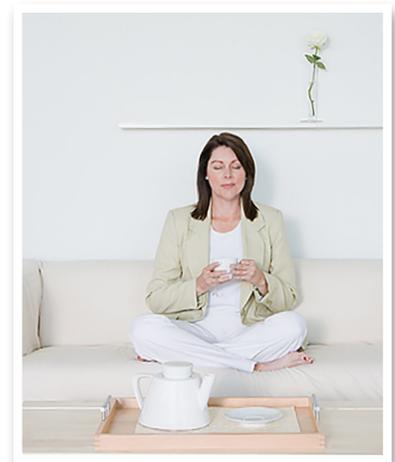
Pain is common after stroke. Pain after stroke can be caused by:

- changes to parts of your body
- damage to the pain parts of your brain

Pain can sometimes be a sign of depression. Refer to the section on ***Mood and Behaviour*** for more information.

Your health care team can help you find ways to manage your pain. Some options include:

- medication
- relaxation techniques
- exercise
- cognitive-behavioural therapy (therapy that helps you understand your thoughts and behaviour and make helpful changes)
- acupuncture
- massage therapy
- aquafit (exercising in water)
- Botox® treatments by a certified neurologist. Speak to your doctor or nurse practitioner for more information.



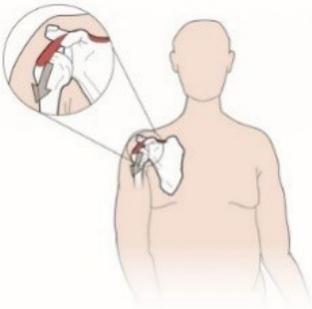
Some common types of pain after a stroke include: shoulder pain, shoulder-hand syndrome and central post stroke pain (burning, tingling or stabbing pain). The table below has more detailed information about these types of pain.

Shoulder pain

Shoulder pain after a stroke is caused by either weak or tight shoulder muscles.

Why does it happen?

Shoulder pain caused by **weak** muscles:
When your shoulder muscles are weak or limp, the weight of your arm causes your shoulder joint to pull apart. This is called shoulder subluxation. The pulling on the joint causes pain.



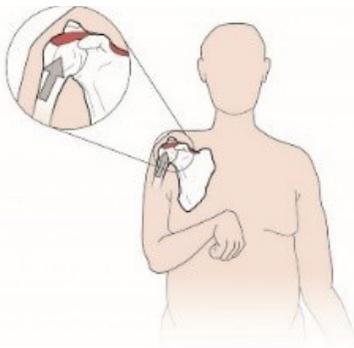
How can I manage it?

If you have weak shoulder muscles, you may need to support your arm. Speak to your physiotherapist or occupational therapist to find the best strategy for you.

You may need to use a:

- special sling to support your arm (not a triangle sling)
- shoulder bag
- your jacket or pants pocket
- an arm support for a wheelchair

Shoulder pain caused by **tight** muscles:
When your shoulder muscles are tight, they pull your shoulder joint in too close. This can make your shoulder stiff and hard to move.



If you have tight shoulder muscles, you can talk to a physiotherapist to learn how to stretch and position your arm correctly. You may also need a doctor to refer you to a spasticity clinic.

The specialists at a spasticity clinic can help:

- prescribe muscle relaxing medicines
- teach you exercises to help you move more easily

Shoulder-hand syndrome

Why does it happen?

This is when the shoulder, arm, wrist or hand is painful, swollen and stiff.

How can I manage it?

If you have any of these symptoms, talk to your doctor or health care provider to get help. Exercise and medications can help to manage this condition.

Central Post Stroke Pain (feels like a burning, tingling or stabbing pain)	
Why does it happen?	How can I manage it?
<p>Central post stroke pain is caused by damage to the brain from a stroke. It is a less common type of pain.</p> <p>Some people feel this type of pain all the time. Some have pain that comes and goes. Others have pain that lasts a very long time after stroke.</p> <p>What makes this type of pain worse:</p> <ul style="list-style-type: none"> • moving around • something touching the skin • cold temperatures • changes in the weather • stress 	<p>Talk to your stroke care team if you notice this type of pain. They can help:</p> <ul style="list-style-type: none"> • prescribe medicines to help manage this type of pain • refer you to special pain management programs that can teach you exercises for your body and mind

Questions about pain

Having read the information in this section, consider the following questions.

- Do I have tightness or weakness in my muscles that is causing pain or limiting my movement?
- Does pain limit or stop me from doing the things I want to do?
- Do I know what to do if my pain gets worse, is more frequent, or lasts longer?
- Do I know what to do if my pain is causing other problems (for example: anxiety, memory problems, sleep issues)?



Resources to help with pain

Silver Pain Centre

416-512-6407

<https://www.silverpaincentre.ca>

Hennick Bridgepoint Active Healthcare: Pain Management Program

416-461-8252

www.hennickbridgepointhospital.ca

Toronto Academic Pain Medicine Institute

416-323-6269

<https://tapmipain.ca>

Mount Sinai Hospital: Wasser Pain Management Centre

416-586-5997

www.mountsinai.on.ca/care/pain_management

Toronto Western Hospital Comprehensive Pain Program

416-603-5380

https://www.uhn.ca/TorontoRehab/Clinics/Comprehensive_Pain

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Self-Care

A stroke can affect your ability to manage day-to-day activities related to your personal care, such as:

- eating
- washing
- shaving
- showering
- getting dressed
- going to the bathroom



A stroke may also affect your ability to manage other common activities, such as:

- organizing daily routines
- cooking
- grocery shopping
- housework (laundry, vacuuming, sweeping, etc.)
- returning to work or doing hobbies
- banking
- managing appointments

This table has different self-care activities and examples of tips or assistive devices that you can try.

Daily activity	What to do	Possible assistive devices
Eating	<ul style="list-style-type: none"> • Use your non-affected hand to feed yourself. 	<ul style="list-style-type: none"> • built up or adaptive utensils • non-skid placemats • suction bowls
Grooming	<ul style="list-style-type: none"> • Squeeze toothpaste on your tongue first, then take it with a toothbrush. • Have someone else do part of your grooming, such as hair stylist or nail salon technicians. • Do these tasks while sitting instead of standing. • Use affected hand to help stabilize tools. 	<ul style="list-style-type: none"> • electric toothbrush • water flosser • flip cap toothpaste instead of screw top • brush on suction cup for dentures • suction toothbrush • long-handled comb • suction base nail clippers • electric shaver
Toileting	<ul style="list-style-type: none"> • Keep a schedule or routine when emptying your bowels and bladder. • Wipe or clean yourself sitting down. • Talk to your health care team about exercises that improve continence. 	<ul style="list-style-type: none"> • bedpan • urinal • commode chair • raised toilet seat with arms • bidet

Daily activity	What to do	Possible assistive devices
Bathing	<ul style="list-style-type: none"> • Sponge bathe in bed or at the side of the sink. • Use a towel or wash cloth to wash behind your back. • Use liquid soap instead of bar soap. • Use a cloth robe instead of a towel. 	<ul style="list-style-type: none"> • tub chair or tub transfer bench • grab bars • hand held shower head • long-handled sponge • sponge mitt • non-skid floor mat
Dressing	<ul style="list-style-type: none"> • Put clothes on your unaffected limb first. • Wear clothing that is easier to put on. 	<ul style="list-style-type: none"> • long-handled reacher • long-handled shoehorn • button hook

Your health care team, including your occupational therapist, can help you learn new ways of doing these everyday activities and become more independent.

To continue to live well and safely in your own home, you may need to use help from agencies in your community. Your therapists can help you find agencies. Many cities clear ice and snow on the city portion of the sidewalk for seniors and people with disabilities. Some cities provide a list of companies that can help with yard work and home maintenance.

If you are unable to return to your home, your health care team and Home and Community Care Support Services will help you consider other options.



Questions about self-care

Having read the information in this section, consider the following questions.

- Can I tell when I have to go to the washroom?
- Do I need help with activities like bathing, dressing, brushing my hair or my teeth?
- Do I need help with getting groceries, preparing meals, cleaning and laundry, managing my money and medications?
- Do I need assistive devices to help me with activities around my home and/or in the community (for example: use of a walker, shower chair, hand-held showerhead or one-handed devices)?



Resources for self-care

Self-Care

Scroll through this website page to see videos for how to do your self care after a stroke

<https://www.strokerecovery.guide/topics/self-care>

Assistive devices for grooming, dressing, and preparing and eating meals

<https://strokengine.ca/en/interventions/assistive-devices/#Patient/FamilyInformation>

Bowel and bladder problems after stroke

<https://www.heartandstroke.ca/stroke/recovery-and-support/physical-changes/bowels-and-bladder>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Swallowing Difficulties

A stroke can affect the muscles you use to chew and swallow. Muscles in your lips, tongue and throat may be affected and cause difficulties swallowing (called dysphagia). Some swallowing problems are easy to see like drooling, coughing or choking. Others may be harder to see such as food getting stuck in your throat. A speech-language pathologist helps people who have difficulty with swallowing.

Watch for these common problems when eating and drinking after a stroke:

- coughing, throat clearing, choking or a wet gurgly voice while eating and drinking
- swallowing several times for each mouthful
- complaining of food sticking in the throat when eating or drinking
- holding food in the cheek or back of the mouth after swallowing (usually on the person's weaker side)
- eating too quickly or too slowly
- taking a long time to finish a meal
- repeated lung or chest infections, such as pneumonia
- difficulty feeding themselves
- difficulty swallowing medicines

If you have difficulty swallowing, discuss this with your health care team.

Ask a speech-language pathologist how you can improve feeding and swallowing.

There are many ways that families can help people with swallowing difficulties.

Some ways to help are:

Changing the texture of food and the thickness of drinks

A registered dietitian can help you learn how to change food textures and drink thickness.



Changing the feeding position

- Sit the person straight with their head slightly forward and chin slightly down.
- If needed, use pillows to support them and to ensure they do not slide down in their chair or lean to their weak side when they eat.
- Sit at eye level and face the person you are feeding.



Changing the environment and set-up of meals

- Keep the person from becoming distracted when eating or drinking by:
 - turning off the radio and television
 - limiting the number of people talking during meal times
- Place food, cups and utensils close enough to help the person feed themselves.

Other caregiver tips for safer eating and swallowing

- Have the person eat and drink only when they are fully awake.
- Make sure that they wear their dentures, hearing aids and glasses at all meals.
- Make sure their mouth is clean before and after meals.
- Encourage them to take small bites and sips.
- Make sure the previous bite or sip is swallowed before the next is given.
- Watch for movement of the throat area to show the person has swallowed.
- Make sure they remain sitting up straight for 20 to 30 minutes after eating or drinking.
- Try to make eating or drinking a slow and relaxed experience.
- Talk to a health care provider if there is trouble with eating or drinking.



Questions about swallowing difficulties

Having read the information in this section, consider the following questions.

- Do I have trouble chewing or swallowing?
- Do I need food softened, minced or pureed so I can swallow safely?
- Do I need drinks thickened so I can swallow safely?

For the caregiver:

- Do I know how to safely assist with feeding?
- Do I know how to manage my loved ones feeding tube?



Resources about swallowing difficulties

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Pharmacies

You can buy thickening powder at your local pharmacy.

Swallowing clinics

Ask your family doctor or neurologist for a referral to a swallowing clinic for assessment of your swallowing by a speech-language pathologist.

Getting Back Into Life



Stroke affects each person in different ways. Stroke may change your roles, family balance and dynamics. Adjusting to these changes will take time. Recovery is about getting back to meaningful activities and living as independently as possible within your abilities. Working with your family and health care providers to manage the changes in roles, relationships and activities can help you to enjoy life to its fullest.

Each person plays many roles in life. Your roles may include being a:

- spouse, parent, sibling, grandparent or friend
- student, volunteer, employee or employer

After a stroke, it is normal to question whether you will be able to fulfill these roles again. You may wonder if you will be able to take part in your usual activities and support your family as you did before.

The stroke will also have an impact on your family. As your role changes, the roles of family members may need to change too. With time, your daily routines and life roles will adjust to suit your strengths and abilities.

If you are having difficulty adjusting, it can help to talk to:

- your health care providers
- other people living with stroke and their families
- a therapist

“I have the drive and the motivation to go back to the way my life use to be. It may frustrate me because of the fact that it may not happen right away but I have the drive, let’s say a year from now to be driving, to be moving around like normal, be back to do my own lawn care, be back to do my own stuff at home.”

Mr. J – age 65

This section covers topics about:

- *Caregiver Support*
- *Driving*
- *Finances and Money*
- *Sex and Intimacy*
- *Social Support*
- *Travelling*
- *Work, School and Volunteering*



For further tips and strategies, access this guide online by visiting

www.strokerecovery.guide

Being a Caregiver

For the person with stroke:

A caregiver is someone who provides help to another person who has an injury or illness. Your caregiver could be a family member, a friend or someone who is paid to help you. Your caregiver is an important source of both short-term or long-term support as you recover from stroke.

Your caregiver:

- helps you to be as independent as possible
- keeps you safe
- respects your dignity
- supports your quality of life



You may rely on your caregiver for certain things. For example: you may need your caregiver to help with:

- your personal care (for example: dressing or bathing)
- daily activities (for example: laundry or cleaning)
- completing tasks that you were responsible for before your stroke

It is important to recognize that your caregiver has had to make changes in their life. Although being a caregiver can be a very positive experience, it is normal for your caregiver to need some time to focus on their needs so they can stay healthy.

For the caregiver:

As a caregiver you provide significant support to your loved one. This can be both demanding and rewarding. You may have had to make major changes in your life. Adjusting to these changes and settling into a routine that works well for both of you will take time.

It is normal to feel:

- grief
- anxiety
- anger
- frustration
- sadness
- fear



Many caregivers need information, support, and training to learn how to adapt to a new way of life. Your loved one's health care team could be a source of support. You may also find it helpful to talk with others who know what you are going through.

Being involved in a peer support group for caregivers gives you a chance to:

- share your stories
- learn from others
- get support from others who have had a similar experience

Peer support helps you see that you and your family are not alone.
Books from the point of view of a caregiver can be helpful.

Although you may spend time and energy looking after your loved one, it is just as important to look after your own health. This includes your physical, emotional, mental, and social well-being.

Many people experience different feelings at once when taking on the role of a caregiver because they accept new responsibilities and tasks. If you are feeling depressed, it is important that you speak to a health care provider, such as your family doctor, social worker, or therapist. It is also important to recognize when you might be feeling burnt out and need a break. Don't be afraid to ask for help from family, friends or local community services. Asking for help is not a sign of weakness or your inability to cope. It is normal to need a break so that you can focus on your needs.

Signs of Caregiver Burnout

As a caregiver it can be easy to make your loved one the focus of your life. It is common for caregivers to let their own health suffer. If you begin to experience these signs, you may want to speak with your family doctor, therapist or social worker.

- muscle tension or body pain
- being tired most of the time and/or not being able to sleep well
- stomach or bowel upset
- difficulty getting over illnesses (for example: a common cold) or worsening of existing health issues
- difficulty concentrating or making decisions
- feeling helpless, overwhelmed or lonely
- appetite changes – either eating too much or too little
- excessive use of sleeping pills, medications or alcohol
- being more easily upset or irritated with others
- losing control physically or emotionally, unintended neglect or rough treatment of the person whom you are caring for

Accessing respite services can provide you with the break that you need.

Respite Care is short-term, temporary relief for caregivers. It can range from a few hours by having someone 'relieve' the caregiver in their home, to a few weeks allowing the caregiver to have some time away while their loved one receives care in a facility.

There may be a cost for respite care. Speak to a member of your health care team if you have questions or need help with decisions.



Questions about being a caregiver

Having read the information in this section, consider the following questions.

For the person with stroke:

- Do I need and/or have a caregiver to help me in my day-to-day life?
- Is my caregiver able and willing to help me in my day-to-day life?
- Do I know the signs of caregiver burnout and caregiver abuse?
- Do my caregiver and I know where to go for help if we need it (for example: family, friends, community services, respite programs or support groups)?

For the caregiver:

- Do I feel that I am managing well with looking after my loved one?
- Do I know how I can help my loved one to be more independent?
- Is my loved one showing changes in behaviour that put me at risk?
- Do I know the signs of caregiver stress or burnout?
- If I need help, do I know where to find resources and services to support me?
- Are there activities I enjoy that I want to continue but am unable to?
- Would I like to talk to someone about how I am feeling?



Resources for caregiver support

Caregiver Action Network

www.caregiveraction.org

Victorian Order of Nurses Toronto/York Branch

1-866-817-8589

www.von.ca

Email: gtaoffice@von.ca

Caregiver Compass

<http://www.powerfultoolsforcaregivers.org>

The Ontario Caregiver Organization

<https://ontariocaregiver.ca>

Peer Support

After Stroke Program March of Dimes

Stroke Support Line: 1-888-540-6666

Counselling

ConnexOntario

www.connexontario.ca

Family Service Toronto

416-595-9230 ext. 0

www.familyserVICEToronto.org

Ontario Association of Social Workers

www.oasw.org

Ontario Brain Injury Association

www.obia.ca

Books on Caregiving

Visit your local library or bookstore.

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Driving

Being able to drive again is important for many people after a stroke. A stroke can make it unsafe to drive because of possible changes to your vision, your ability to think clearly, or your ability to move and control your body.

If you drove before your stroke, here is what you can expect along your stroke journey:

During your hospital stay:

- Your health care team assesses whether your stroke has affected your ability to drive. If there are no concerns, you need to wait 30 days before driving again.
- If your stroke has made driving unsafe for you, your doctor must report your stroke to the Ministry of Transportation of Ontario (MTO). The MTO may suspend your licence until you recover enough to drive safely again.

In inpatient or outpatient rehab:

- An occupational therapist and members of the rehab team can work with you on skills to make driving more safe and to prepare you for your driving assessment.

In the community:

- If your license was reported, the MTO will send you a letter in the mail. It may say that your license was suspended and have information about what you need to do to get your license back. You can bring this letter to your doctor. Your doctor may refer you to other professionals (for example: occupational therapist, optometrist, etc.) and also send you for an on-road driving test also known as a “Functional Driving Assessment”. They may send you for a vision test to check if you are eligible for a “vision waiver”.

Functional Assessment Centers (FACs)

If you must do an on-road driving test, the MTO will send you a list of approved FACs. You will need to have a full medical assessment and do an on-road test with an occupational therapist and a qualified driving instructor. This test has a cost. Lessons may be recommended before returning to driving.

Sometimes it's possible to adapt your vehicle so you can drive safely. Any restrictions or changes to your vehicle are noted on your driver's licence.

Sometimes there are lasting effects of the stroke that make driving unsafe. When this happens, returning to driving may not be possible. Making arrangements with family or friends, or considering alternatives such as Wheel-Trans or community services may be options. Refer to the resources in the **Getting Around** section in this guide for more information.



Questions about driving

Having read the information in this section, consider the following questions.

- Has the doctor (family doctor, neurologist, physiatrist) advised me not to drive, or reported me to the MTO to have my license reviewed?
- Has the doctor (neurologist, physiatrist) said it is okay for me to drive again?
- Do I know what steps to take to get my licence back?
- Do I need to have a driving test?
- Do I know where to go for this test?
- Do I know how much the test costs?
- Have I spoken with my occupational therapist or rehabilitation team about ways to improve my driving skills?
- Have I spoken with an occupational therapist about how to change my vehicle?
- Do I know which companies can help me to make changes to my vehicle?
- Can I apply for funding to help cover the cost of these changes?
- Have I told my car insurance company about any changes (for example: changes to my licence or vehicle modification)?
- Do I know what transportation options are available if I am no longer allowed to drive (for example: Wheel-Trans or community services)?

Resources about driving

Home and Vehicle Accessibility

www.marchofdimes.ca

Returning to Driving information pamphlet

https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Returning_Driving.pdf

Accessible Parking Permits

Call toll free 1-800-268-4686 or 416-235-4686 (Toronto)

www.mto.gov.on.ca

Driver Improvement Office, Medical Review Section

Call toll free 1-800-268-1481 or 416-235-1773 (Toronto)

<https://www.ontario.ca/page/medical-review-ontario-drivers>

Ministry of Transportation, Driver Medical Review Office

Call toll free: 1-800-268-1481 or 416-235-1773 (Toronto)

Email: drivermedicalreview@ontario.ca

For a full list of Ministry approved Assessment Centres visit the website:

<http://www.mto.gov.on.ca/english/safety/functional-assessmentcentres.shtml>

Approved Functional Assessment Centres for drivers

<https://www.ontario.ca/page/medical-review-ontario-drivers#section-6>

Vehicle modification

Car dealers that adapt and modify vehicles for people with disabilities

General Motors of Canada – Mobility Program

<http://programs.gm.ca/programs/mobility.html>

Savaria Vehicle Group

www.wheelchairvans.ca

Silver Cross Automotive

www.silvercrossauto.com

Universal Motion

www.universalmotion.com

Public Transportation

If your disability prevents you from using transit some or all of the time, you may wish to apply for Wheel-Trans service.

Wheel Trans

www.ttc.ca/wheel-trans

Email: wteligibility@ttc.ca

Eligibility application: <https://www.ttc.ca/wheel-trans/wheel-trans-10-year-strategy/public-presentations-questions-and-answers/application-and-eligibility>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Finances and Income Support

When there is a change in your health such as having a stroke, it is normal to be worried about finances. You may be concerned:

- if and when you can go back to work
- that your savings will run out
- about paying for bills, medications or special equipment you need

Finding help with your finances lets you focus on your recovery.

If you need income support, your health care providers can give you information and guide you to community, provincial and federal government services that can help based on your needs such as:

Income support and public pensions

- Old Age Security (OAS) and Guaranteed Income Supplement (GIS), and Ontario Guaranteed Annual Income System (GAINS).

Employment assistance and health benefits

- Employment Insurance – sickness benefits, disability benefits, short and long term disability or critical illness insurance, and caregiver benefits for adults.

Medical items and drug coverage

- Assistive devices programs provides funds to people who need customized equipment or supplies.
- The government of Ontario offers drug co-payment programs and coverage for the cost of some prescription drugs based on household income and/or age.

Nutrition

- Food banks and special diet allowances for certain medical conditions are available who are receiving Ontario Works or Ontario Disability Support Program.

Financial planning

- Speak to a financial advisor, accountant or other credit counseling options to help with money management, tax deductions, guardianship, power of attorneys and estate administration to protect your financial interests.

Housing

- Programs for those who are precariously housed to help pay for basic needs like food, rent and other essentials.

Property tax, credits and rebate programs

- Tax credits and deductions for persons with disabilities with a physical or mental impairment, or their supporting family member, reduce the amount of income tax they may have to pay and may claim the credit at tax time.
- The City of Toronto offers tax assistance for homeowners who cannot pay property taxes because of sickness or extreme poverty.
- There are utilities and emergency energy assistance programs available through utility providers.

Financial abuse

- Legal clinics, advocacy centers, crisis and support service for those at risk of harm, abuse or neglect.



Questions about finances and income support

Having read the information in this section, consider the following questions.

- Do I need financial support (for example: to look after myself and/or family, pay for medications, equipment or changes to my home or car)?
- Am I eligible for assistance?
- Do I have private health/ disability insurance that can help pay for some of my costs (for example: Sun Life or Blue Cross)?
- Do I have short-term and/or long-term disability benefits through work?
- Do I know who to talk to about my work benefits (for example: my boss, human resources, union, or occupational health)?
- Do I know about government funding programs and tax benefits available to persons with disabilities (for example: Canada Pension Plan Disability Benefits (CPP-D), Ontario Disability Support Program (ODSP) or The Disability Tax Credit Certificate (T2201 tax form))?
- Am I able to manage my money independently or do I need assistance (for example: pay bills or balance a budget)?
- Can my caregiver manage the finances?
- Do I need a Power of Attorney for Property to manage my money?
- Do I feel that I am being taken advantage of when it comes to my money?



Resources about finances and income support

Government Search Engines

Government of Canada Benefits Finder

<https://www.canada.ca/en/services/benefits/finder.html>

Disability Benefits

<https://www.canada.ca/en/services/benefits/disability.html>

Tax credits and benefits

<https://www.canada.ca/en/services/taxes/child-and-family-benefits.html>

Ontario Benefits Finder Tool

https://www.services.gov.on.ca/S2I/BF_Web/s2i/form?uri=s2i:BFINDER01Info&lang=en

Service and Benefit Finder Tool

<https://www.toronto.ca/community-people/employment-social-support/benefit-finder-tool/#0>

Veterans Affairs Canada

1-866-522-2122

www.veterans.gc.ca

Hardship Support

City of Toronto – Toronto Hardship Fund

416-338-8888 (select option 3)

www.toronto.ca

Ceridian Cares

<https://www.ceridiancares.ca/evaluation>

Search for services such as: Food banks and community food programs

Housing Support

Toronto Rent Bank

416-397-RENT (7368)

Housing Focused Client Supports: Voluntary Trustee Program/ Voluntary Trusteeship
<https://www.toronto.ca/services-payments/grants-incentives-rebates/housing-homelessness-grants/client-case-management-housing-focused-client-supports>

Housing Connections

Tel: 416-397-7400

www.housingconnections.ca

For Those Experiencing Abuse

Ministry of the Attorney General - Office of the Public Guardian & Trustee

1-800-891-0504

<https://www.ontario.ca/page/office-public-guardian-and-trustee>

Advocacy Center for the Elderly (ACE)

Call toll free at 1-855-598-2656 or 416-598-2656

<https://www.ancelaw.ca>

The Seniors Safety Line

1-866-299-1011

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Sex and Intimacy

Stroke can change your body and how you feel about yourself. This may affect your sexuality. It will take time to adjust to these changes. Intimacy may look different for everyone.

Many factors may affect your sexuality after a stroke, including:

- weakness or changes in feeling on one side of the body
- fatigue
- mood changes
- medications
- pain
- bladder or bowel issues
- speech impairment (aphasia)
- feeling insecure about your body image



Some people have physical changes after a stroke that cause difficulties with erections or ejaculation, vaginal dryness, difficulty having orgasms, and a lower sex drive (less desire for sex).

Tips to manage changes to sexuality after stroke:

- Communicate with your partner and be patient.
- If you have trouble speaking, explore new ways of communicating such as using gestures or facial expressions.
- Explore different forms of intimacy such as holding hands, hugging, cuddling, kissing.
- Plan ahead to avoid fatigue and stress.
- Try self-stimulation of your genitals or other sensitive areas of your body.
- If you are struggling with incontinence, avoid having large amounts of water 2 hours before sex.
- Consider different types of lubrication (for example: K-Y® Lubricant).
- Consider using pillows for positioning the side of the body with weakness.

Most people can resume sex after stroke, but it can take time. It may help to talk openly and share your feelings with partners and health care providers about how the stroke has affected you sexually. Remember your health care team can help – ask any questions you may have about managing intimacy and sex after stroke.

Open communication can help you and your partner overcome challenges and enjoy a loving, fulfilling relationship

Your sexuality may be different than it was before your stroke. Give yourself time to discover what works best for you.



Questions about sex and intimacy

Having read the information in this section, consider the following questions.

- Do I know if it is safe to have sex again?
- Do I know who to talk to about intimacy after my stroke (for example: equipment, different positions or medications)?
- If I am unable to have intercourse, do I know how to be intimate?
- If I am unable to speak after my stroke, do I know other ways to express my feelings?

Questions for partners:

- My partner's sexual behaviours are different than before the stroke. What is causing this?
- Is it possible to be both a caregiver and sexual partner?



Resources about sex and intimacy

Association of Sex Therapy in Ontario

<http://www.bestco.info/>

Special equipment: IntimateRider

<http://www.intimaterider.com>

Intimacy and Sex After Stroke: https://www.uhn.ca/TorontoRehab/Clinics/Outpatient_Stroke_Services/Documents/Intimacy_Sex_After_Stroke_FAQ.pdf

Stroke Medications Pamphlet: https://www.uhn.ca/TorontoRehab/Clinics/Outpatient_Stroke_Services/Documents/Stroke_Medications.pdf

Comfortable Sex Positions For Patients Who Have Had a Stroke: https://www.uhn.ca/TorontoRehab/Clinics/Outpatient_Stroke_Services/Documents/Comfortable_Sex_Positions_Patients_Who_Have_Had_Stroke.pdf

Supportive Positioning for Sexual Activity: https://www.uhn.ca/TorontoRehab/Clinics/Outpatient_Stroke_Services/Documents/Supportive_Positioning_Sexual_Activity.pdf

Comfortable Sex Positions After Stroke – Aphasia-friendly: https://www.uhn.ca/TorontoRehab/Clinics/Outpatient_Stroke_Services/Documents/Comfortable_Sex_Positions_After_Stroke_Aphasia.pdf

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Social Support and Activities

The effects of stroke may require you to make changes in your daily life. It can be helpful to talk with others who have had a stroke for support. Peer support groups give you a chance to:

- talk about your experiences
- learn from others

Join a peer support group. It can be helpful to see that you and your family are not alone.

You don't have to give up the hobbies or leisure activities you enjoyed before your stroke. Your occupational therapist can help you to adapt some activities and learn to use assistive devices. You may also wish to explore new interests. Many community centres and day programs offer social, recreational and exercise activities for people living with stroke.



Physical activity is a great way for you to:

- stay active
- reduce the risk of another stroke
- meet people

Some programs or activities you may want to consider might include:

- adult day programs
- pool programs
- bowling leagues
- golf
- chair fitness classes
- yoga, pilates or tai chi classes
- gardening programs
- fishing

Your recreation therapist can help you identify other activities that may be of interest to you.



Questions about social support and activities

Having read the information in this section, consider the following questions.

- Are there activities I enjoy and want to continue but am not sure how to?
- Am I able to visit the same places as before (for example: social events or place of worship)?
- Do I want to join any social, recreational or fitness programs?
- Do I need any assistive devices so I can take part in leisure activities?
- Are my family and I coping well?
- Am I interested in joining a support group for people who have had a stroke?



Resources about social support and activities

Peer Support

Abilities Canada

<http://www.abilities.ca>

Heart and Stroke Foundation

<http://www.heartandstroke.ca/>

Community of Survivors Facebook group

March of Dimes Canada - After Stroke Program

Stroke Support Line

1-888-540-6666

Exercise Programs

Together in Movement and Exercise (TIME)

<http://www.uhn.ca/TorontoRehab/Clinics/TIME>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Books about recovery

Many people have written books about their experiences after having a stroke. You may find it helpful to read about other people's journeys with stroke recovery. You can search online or your local library for these types of books but here are a few:

Title	Author
Not Your Dad's Stroke	Ron Lacombe
The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science	Norman Doidge
How to Conquer to World With One Hand and an Attitude	Paul Berger

Travelling

You may be thinking about your ability to travel after your stroke. You may already have travel plans booked and want to travel for rest and relaxation, to see new places, or visit family and friends.

After a stroke, it is important to check with your doctor before you travel.

Consider your needs, and plan ahead to help you have a safe and enjoyable holiday. It may be helpful to speak with your health care team, a travel agent or insurance provider for suggestions to make travel easier. For example: you may want to consider:

- checking that your destination is accessible
- renting a wheelchair or scooter for long distances
- checking that there is safety equipment in the bathroom if needed
- any accommodations that can be made with the airline
- eligibility for travel insurance and health coverage





Questions about travelling

Having read the information in this section, consider the following questions.

- Do I know if it is safe for me to travel after my stroke?
- Is it safe for me to travel by car, train, boat or plane?
- Is there anything specific I need to be aware of when travelling after a stroke (for example: precautions, medications, vaccinations)?
- Can I make sure that my needs will be met at my destination (for example: equipment and accessibility needs)?
- Do I need to call ahead before I leave to ensure things are in place at my destination?
- Do I have travel and health insurance?
- Do I know what to do if something happens while away from home?



Resources about travelling

Flying After Stroke: How Long to Wait and Tips for Safe Travel

<https://www.flintrehab.com/flying-after-stroke>

Easter Seals Disability Travel Card Ontario

<https://cltoronto.ca/easter-seals-the-disability-travel-card>

Government of Canada

<https://travel.gc.ca/travelling/health-safety/disabilities>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.



Work, School and Volunteering

If you were working, going to school or volunteering when you had your stroke, you may wonder about going back.

Your ability to go back to work or school will depend on:

- how you feel
- how your stroke has affected you
- the type of work that you do

Many people notice changes in their mind and body after a stroke. As well as physical changes, you may:

- feel tired
- have memory loss
- have trouble concentrating
- find it hard to plan and organize tasks
- have changes with your vision
- find it hard to speak or understand someone else
- feel like your mood is low



It is important that you take time for your recovery. Try to be patient and kind with yourself. You may not be able to perform at the same level you did before your stroke.

The following health care providers can help support you when you are ready to think about going back to work, school or volunteering:

- **Social Worker** – can help you find community resources and supports related to finances, employment and education.
- **Occupational Therapist (OT)** – can give you a way to help manage changes in your thinking, moving, speaking or vision. An OT can help you figure out the kind of modifications that can be made to support your return to work, school or volunteering.
- **Vocational Rehabilitation Therapist** – will provide training in a trade or skill to help you return to paid work. They can also provide career counselling.
- **Doctor** – will advise you on any precautions to take when returning to work or school. They may also provide help in filling out forms on return to work or school accommodations.

Depending on your abilities, you may need to change the way you work, study or volunteer. For example: you may need to:

- learn to do things with one hand
- complete certain tasks sitting down instead of standing
- work or study for shorter or fewer days in a week

Your health care providers can work with you to:

- decide when you are healthy enough to go back to work, school or volunteering
- discuss with your employer or teachers a plan to gradually return to work, school or volunteering

Your employer and school is responsible for making reasonable accommodations to enable you to return to work or school (for example: accommodating exams, placements, etc.). Speak to a community legal clinic if you have any questions about your rights.

Benefits of volunteering

Many people choose to volunteer after having a stroke to:

- maintain a sense of meaning and productivity when they are not yet able to return to work
- try a different role and learn new skills
- consider becoming a peer mentor to others who have had a stroke



Questions about work, school and volunteering

Having read the information in this section, consider the following questions.

- Is returning to work, school, or volunteering a goal for me?
- Am I able to return to work, school, or volunteering with or without modifications (for example: flexible hours, work from home, etc.).
- Do I know what things might get in the way of returning to work, school or volunteering (for example: problems concentrating, fatigue, mobility or communication)?
- Do I know what department to talk to at school or work about accommodations?
- Is my workplace or school accessible?
- Have I talked with my employer about what will be expected of me if/when I return to work?
- If it has been determined that I won't be returning to my current job, do I know what other options I have (for example: train for another job, volunteer, return to school, or retire)?
- If I am no longer employed, do I have access to financial support programs? (Refer to the section on ***Income and Financial Support***)
- How do I find volunteer opportunities that are right for me?



Resources about work, school and volunteering

Southwest Ontario Stroke Network – Return to Work Toolkit

<http://www.swostroke.ca/Uploads/ContentDocuments/SA Fillable PDF.pdf>

Workplace Strategies for Mental Health

<https://www.workplacestrategiesformentalhealth.com>

Finding work and job training

Organizations that connect people with opportunities in employment, education or training.

Government of Canada – Disability Vocational Rehabilitation Program

<http://www.canada.ca>

Search for 'Disability Vocational Rehabilitation Program'

March of Dimes Canada – Employment Services

<https://www.marchofdimes.ca/en-ca/programs>

Abilities to work

<https://www.abilitystowork.ca>

Refer to the Directory for a list of community and government programs, services and databases that cover many topics.

Final Thoughts

Although a stroke can be a life-changing event, it is a passed life event. The future lies before you and a successful recovery is your option. Refer to the Guide often.

"I go through the Guide monthly and once a year I go through the entire thing again because I find there's always new information that is pertinent even seven years on that will help in the progression of recovery."

– Caregiver with lived experience

Glossary of Terms

Activities of daily living (ADLs): Things we do each day, including personal care.

Activity: A task or action done by a person.

Alternate level of care: When a person in an acute care bed does not need acute care treatment and is waiting for a bed in a different care setting.

Angiography or Angiogram: A test where dye is injected into blood vessels before an X-ray is done. It gives information about the condition of the blood vessels and detects if there are blood clots.

Anticoagulant: Medication used to prevent blood from clotting and prevent ischemic stroke.

Antiplatelet agents: Medications that prevent platelets from binding together to form a blood clot and can help prevent ischemic stroke.

Anxiety: Feeling very worried, panicked, nervous and/or tense. Anxiety can become a problem if it happens a lot or for a long time.

Apathy: Apathy is the absence of a feeling or emotion and can result in a lack of motivation or interest in participating in daily activities.

Aphasia: Loss of the ability to use or understand language.

Apraxia: Trouble planning a task or movement, and/or using familiar objects.

Aspiration: When food, fluid or saliva goes into the airway leading to the lungs.

Assistive technology: Technology designed to help a person to function and perform daily activities.

Atrial fibrillation: Very fast, irregular pumping of the heart muscle in the upper chambers of the heart (the atria) which affects how blood moves in the body.

Carotid artery disease: When the main arteries that supply blood to the brain become narrowed or blocked.

Carotid doppler (also called carotid ultrasound): A test that uses sound waves to determine the amount of blood flowing through the blood vessels in the neck (carotid arteries) or the extent to which the vessels may be narrowed.

Carotid endarterectomy: An operation to unblock narrowed carotid arteries in your neck.

Cerebral hemisphere: One side of the brain.

Cerebral infarct: An area of damaged cells in the brain caused by a loss of blood flow to that area (an ischemic stroke).

Cognition: A word used to explain the ability to think. It includes mental activities, such as remembering, paying attention, solving problems and making decisions.

Community reintegration: The ability to take part in meaningful activities of daily living, community interests and life roles after a stroke.

Computed tomography (CT or CAT) scan: A test that uses X-rays to take a series of pictures of the brain or other body organs. A CT scan can usually identify whether a stroke was due to bleeding (hemorrhagic stroke) or a blockage (ischemic stroke).

Computed tomography angiogram (CTA): A type of CT scan where dye is injected into the blood and X-rays are done to see how blood flows.

Computed tomography perfusion (CTP) scan: A type of CT scan where a dye is injected into the blood vessels to show which areas of the brain are getting enough blood.

Delirium: An abnormal mental state which can be caused by many things. Delirium may appear as confusion, fear, irritability, agitation and/or sleepiness.

Depression: A mood disorder that causes a lasting feeling of sadness and loss of interest. It's more than just feeling 'blue'. It affects how you feel, think and behave, and can lead to a variety of emotional and physical problems.

Diabetes: A disease in which the body does not make insulin or use it properly.

Disability: A physical or mental condition that limits a person's ability to function.

Dysarthria: Inability to speak clearly due to weakness of the muscles needed to form words and sounds.

Dysphagia: Difficulty swallowing due to weakness of the muscles of the mouth or throat.

Echocardiogram (Echo, 2D Echo, or Cardiac Echo): A test that uses ultrasound waves to take a picture of the heart and the circulating blood. The ultrasound probe may be placed on the chest (Trans-Thoracic Echocardiogram or TTE) or deep in the throat (Trans-Esophageal Echocardiogram or TEE).

Electrocardiogram (ECG or EKG): A test that records the electrical activity of the heart and can identify abnormal heart rhythms.

Electroencephalogram (EEG): A test that records the electrical activity of the brain from electrodes attached to the scalp.

Embolism: A blood clot somewhere in the body.

Emotional lability: Bursts of extreme emotions (such as laughing or crying) that a person cannot control. There is often no real cause for the emotional response.

Enteral tube feeding: Delivery of nutrients directly into the digestive system via a tube.

Endovascular therapy (EVT): A possible treatment for people with ischemic strokes where a clot in the brain is surgically removed. A neurologist will decide if someone is eligible for EVT.

Gait: A manner of walking, stepping or running.

Hemiparesis: Weakness on one side of the body due to a stroke.

Hemiplegia: Complete loss of movement on one side of body due to a stroke. Sometimes referred to as a complete paralysis.

Hemorrhagic stroke: A stroke caused by the rupture of an artery within the brain.

- **Intracerebral hemorrhage** occurs when a diseased blood vessel within the brain bursts, allowing blood to leak inside the brain.
- **Subarachnoid hemorrhage** occurs when a blood vessel ruptures and blood fills the subarachnoid space surrounding the brain.

High-density lipoprotein: Good type of cholesterol that is found in our bodies.

Holter monitor: A portable device worn around the neck and shoulders that records the electrical activity of the heart.

Hyperlipidemia: Also known as high cholesterol. A condition where there is high levels of lipids (or fats) in the blood.

Hypertension: Also known as high blood pressure. Blood pressure is high when it is 140 / 90 or above on repeated readings.

Impairment: A problem with a body structure (such as loss of a limb) or the way a body part functions (such as hemiplegia).

Infarction: Death of cells in an organ (such as the brain or heart) due to lack of blood and oxygen to the area.

International normalized ratio (INR): A blood test that measures the ability of blood to clot properly and can help assess both bleeding and clotting abilities.

Ischemia: Lack of adequate blood flow to part of the body (such as the brain) because of blockage or constriction of the arteries that supply it.

Lipid: Another word for “fat”.

Lobe: A main part of the brain. There are four lobes: frontal, parietal, temporal and occipital.

Low-density lipoprotein: Bad type of cholesterol that is found in our bodies. Cholesterol is a waxy, fat-like substance that our bodies need to function properly.

Magnetic resonance angiogram (MRA): A imaging technique used to detect any blockage or hardening of the arteries in the neck or brain.

Magnetic resonance imaging (MRI): A test used to examine the brain and other parts of the body.

Mobility: The ability to move. This can refer to walking, standing up, or transferring from one surface to another.

Naso-gastric tube (NG tube): A tube that is passed through the nose down the throat into the stomach to allow for feeding when a person has swallowing problems.

Neglect: Failure to attend to or respond to one side of the body or environment.

Obstructive sleep apnea: A problem with breathing that includes heavy snoring and interrupted breathing during sleep.

Paralysis: Loss of movement in a part of the body.

Perception: The way the brain interprets what one sees.

Percutaneous endoscopic gastrostomy (PEG): A form of feeding in which nutrition is delivered through a tube that is surgically inserted into the stomach or intestine through the skin. Also known as a gastric tube.

Plaque: A fatty buildup of cholesterol and calcium inside an artery.

Post-stroke fatigue: Overwhelming tiredness and lack of energy after a stroke.

Recovery: The process a person experiences to restore health, wellness and function after illness.

Rehabilitation: The process of restoring health, wellness, function and independence after illness through therapy provided by a team of health care providers.

- **Inpatient rehabilitation:** Therapy offered in a hospital setting.
- **Outpatient rehabilitation:** Therapy offered in a community setting such as a day hospital, rehabilitation centre or clinic.

Respite care/services: Short term and temporary care for persons with stroke to allow caregivers time away from their caregiving responsibilities.

Risk factor: A characteristic of a person (or group of people) that is linked with a particular disease or condition.

Self-management: The ability of individuals to manage their own health, including knowledge, skills, attitudes and behaviours for lifestyle changes.

Spasticity: Increase in muscle tone when muscles are constantly tight or stiff.

Statins: Group of medications used to lower cholesterol.

Stenosis: Narrowing of an artery due to build-up of plaque on the inside wall of an artery.

Stroke prevention clinic: An outpatient clinic that provides stroke prevention services, including early assessment, risk factor management, education and follow up to help prevent another stroke or TIA.

Stroke unit: A specialized hospital unit with designated beds for stroke care and a team of health care providers with expertise in stroke care.

Thrombolytic: A medication that dissolves or splits up a blood clot.

Tissue plasminogen activator (tPA): A clot-busting drug used to treat heart attack and ischemic stroke.

Tenecteplase (TNK): A drug that is used to dissolve clots.

Tone: The level of tension or resistance to movement that is in muscles. Too little muscle tone describes muscles that are floppy (flaccid). Too much muscle tone describes muscles that are tight and have spasms (spasticity).

Transient ischemic attack (TIA): A temporary interruption of blood supply to the brain. Often called a “mini-stroke”.

Videofluoroscopic swallow study: A test that uses x-rays to assess how someone swallows.

Source: Adapted from the Canadian Stroke Best Practices: Overview Methods and Knowledge Translation, 7th edition

Directory

General programs and services

Below is a list of community and government programs, services and databases that cover many topics.

2-1-1

Find social services, financial assistance programs, or community supports, 24 hours a day, 7 days a week.

Dial 211

www.211toronto.ca

8-1-1

Connect with a registered nurse for free, secure and confidential health advice, 24 hours a day, 7 days a week.

Dial 811

Aphasia Institute

Offers aphasia friendly materials on a number of topic areas as well as support groups

Tel: (416) 226-3636

<https://www.aphasia.ca>

Canadian Partnership for Stroke Recovery

Offers links to research, information videos and other tools.

600 Peter Morand Crescent, Suite 206

Ottawa, Ontario K1G 5Z3

Tel: 613-852-2303

<https://canadianstroke.ca/tools-videos>

Eastern York Region North Durham Ontario Health Team's Service Directory

A directory to find health, social and community services in Toronto, including the former municipalities of Eastern York Region and North Durham.

<https://communitysupports.eyrnd.ca>

Heart and Stroke Foundation

Offers information and written publications on stroke and stroke prevention. People can access webinars and patient and caregiver support groups

www.heartandstroke.ca

Home and Community Care Support Services

Assess patient care needs, and delivers in-home and community-based services to support your health and well-being. They provide access and referrals to other community services and manage Ontario's long-term care home placement process.

Dial 310-2222 (no area code required)

7 days a week, 365 days a year

www.healthcareathome.ca

Government Websites

Government of Canada (key words: health, financial benefits, immigration and citizenship, jobs, taxes and other services)

<http://www.canada.ca>

Ontario Government (key words: driving, financial supports, education and training, health and wellness, power of attorney, and other service)

www.ontario.ca

Ministry of Children, Community and Social Services (key words: social assistance, services for adults with developmental disabilities, Programs and support for Indigenous peoples, Services for people who are Deaf or deafblind, etc)

www.ontario.ca/page/ministry-children-community-and-social-services

Ministry of Health and Long Term Care (key words: OHIP and drug benefits, finding health care options, assistive devices program, and other programs and services)

www.health.gov.on.ca/en/

March of Dimes Canada – After Stroke Program

Offer a number of programs to support life after stroke

Stroke Support Line: 1-888-540-6666

www.afterstroke.ca

Ontario Healthcare Connect

A program to help Ontarians without a family health care provider find one.

www.ontario.ca/healthcareconnect

Stroke Engine

Reviews assessment tools useful in stroke rehabilitation. It includes information about the impact of stroke and resources for patients and families.

www.strokeengine.ca/en/resources/for-patients-and-families/

The Healthline

A searchable directory of health and social services in Ontario. There are 47,000 detailed records for home, community, primary, acute and long-term care services.

www.thehealthline.ca

Toronto Health and Social Services Directory

A directory to find health, social and community services in Toronto, including the former municipalities of East York, Etobicoke, North York, Scarborough and York.

<https://torontoservicedirectory.ca/>

Toronto Seniors Helpline

Links to community programs and services, supportive counseling over the phone, case management, caregiver support and much more.

WoodGreen Community Services
815 Danforth Avenue, Suite 100 Toronto,
Ontario M4J 1L2
Tel: 416-217-2077

<https://torontoseniorshelpline.ca>

Topic specific programs and services

The list below contains the contact information for those programs and services listed under the topic areas.

211 Toronto Community Connection

1 St Clair Avenue West, Suite 1000
Toronto, Ontario M4V 1K6
Tel: 2-1-1

www.211toronto.ca

Abilities Canada

255 Duncan Mill Road, Suite 803
Toronto, Ontario M3B 3H9
Tel: 416-421-7944

www.abilities.ca

Active Living Alliance for Canadian with a Disability

c/o Canadian Paralympic Committee
85 Plymouth Street, Suite 100
Ottawa, Ontario K1S 3E2

www.ala.ca

Advance Care Planning Canada

M332 – 1554 Carling Avenue
Ottawa, Ontario K1Z 7M4
Toll-free: 1-800-668-2785

www.advancecareplanning.ca

Advocacy Centre for the Elderly

55 University Avenue, Suite 1500
Toronto, Ontario M5J 2H7
Tel: 416-598-2656

www.advocacycentreelderly.org

Alcoholics Anonymous (Greater Toronto Area)

234 Eglinton Avenue East, Suite 202
Toronto, Ontario M4P 1K5
Tel: 416-487-5591

www.aatoronto.org

Aphasia Institute

73 Scarsdale Road
North York, Ontario M3B 2R2
Tel: 416-226-3636

www.aphasia.ca

Assistive Technology Clinic

650 Church Street
Toronto, Ontario M4Y 2G5
Tel: 416-784-3600

www.assistivetechologyclinic.ca

Association of Sex Therapy in Ontario

<http://www.bestco.info/>

CNIB

1525 Yonge St
Toronto ON M4T 1Z2
Toll-free: 1-877-850-7159

<https://www.cnib.ca>

Canada Revenue Agency

1 Front Street West
Toronto, Ontario M5J 2X6
Tel: 800-959-8281

www.canada.ca

Canadian Cancer Society

Smokers' Helpline
Tel: 877-513-5333

www.smokershelpline.ca

Canadian Centre on Substance Use and Addiction

75 Albert Street, Suite 500
Ottawa, Ontario K1P 5E7
Tel: 613-235-4048 or 1-833-235-4048

www.ccdus.ca

Canadian Hearing Services

271 Spadina Road
Toronto, Ontario M5R 2V3
Voice: 1-866-518-0000
TTY: 1-877-215-9530 - TTY

www.chs.ca

Canadian Partnership for Stroke Recovery

600 Peter Morand Crescent, Suite 206
Ottawa, Ontario K1G 5Z3
Tel: 613-852-2303

www.canadianstroke.ca

Canadian Stroke Network

Tel: 613-691-4030

www.canadianstrokenetwork.ca

Caregiver Action Network

1150 Connecticut Avenue NW, Suite 501
Washington, DC 20036-3904 USA
Tel: 855-227-3640

www.caregiveraction.org

Caregiver Compass

www.powerfultoolsforcaregivers.org

Ceridian Cares

Tel: 1-866-313-2827

www.ceridiancares.ca/evaluation

Centre for Addiction and Mental Health

175 College Street
 Toronto, Ontario M5T 1P7
 Tel: 416-535-8501
www.camh.ca

Centre for Sleep Health and Research

Part of the University Health Network in
 Toronto.
[https://www.uhn.ca/Surgery/Clinics/
 Sleep_Health_Research](https://www.uhn.ca/Surgery/Clinics/Sleep_Health_Research)

City of Toronto

Metro Hall
 214 Wellington Street West
 Toronto, Ontario M5V 0L9
 Tel: 416-338-8888
www.toronto.ca

City of Toronto Revenue Services

5100 Yonge Street
 Toronto, Ontario M2N 5V7
 Tel: 416-392-CITY (2489) or 311
www.toronto.ca

**College of Audiologists and Speech-
 Language Pathologists of Ontario**

175 Bloor Street East, North Tower,
 Suite 601
 Toronto, Ontario M4W 3R8
 Tel: 416-975-5347
<https://www.caslpo.com/>

Diabetes Canada

522 University Avenue, Suite 1300
 Toronto, Ontario M5G 2R5
 Tel: 416-363-3373
www.diabetes.ca

Dietitians of Canada

99 Yorkville Avenue, Second Floor
 Toronto, Ontario M5R 1C1
 Tel: 877-721-0876
www.dietitians.ca

**Disability Vocational Rehabilitation
 Program**

Canada Pension Plan (CPP)
 Go to the Service Canada Centre location
 closest to your home.
 Toll-free: 1-800-277-9914
www.canada.ca

Employment Insurance Benefits

Go to the Service Canada Centre location
 closest to your home.
www.canada.ca

**Employment and Social Development
 Canada**

Opportunities Fund for Persons with
 Disabilities
 Go to the Service Canada Centre location
 closest to your home.
www.canada.ca

Family Health Teams

www.health.gov.on.ca/en/pro/programs/fht/fht_progress.aspx

Family Service Toronto

355 Church Street

Toronto, Ontario M5B 0B2

Tel: 416-595-9230

www.familyserVICEToronto.org

General Motors Canada Mobility Program

Toll-free: 1-800-GM-DRIVE - 1-800-463-7483

<https://programs.gm.ca>

Government of Canada

Canada Old Age Security Pension (OAS)

Canada Pension Plan (CPP)

Go to the Service Canada Centre location closest to your home.

www.canada.ca

Government of Ontario

Ontario Drug Benefit Program (ODB)

www.ontario.ca

Halton-Peel Community Aphasia Centre

1405 North Service Rd E

Oakville, Ontario L6H 1A7

Tel: 905-875-8474

<https://www.h-pcap.com>

Health Canada

Address Locator 0900C2

Ottawa, Ontario K1A 0K9

Toll free: 1-866-225-0709

www.canada.ca

Health Canada

Quite4Life Tobacco Control Program

Postal Locator: 0301A

Ottawa, Ontario K1A 0K9

Tel: 416-954-9825 or 866-318-1116

www.canada.ca

Heart and Stroke Foundation

2300 Yonge Street, Suite 1200, Box 2414

Toronto, Ontario M4P 1E4

Tel: 1-888-473-4636

www.heartandstroke.ca

Hennick Bridgepoint Active Hospital

1 Bridgepoint Drive

Toronto, Ontario M4M 2B5

Tel: 416-461-8252

www.hennickbridgepointhospital.ca/

Home and Community Care Support Services

Tel: 310- 2222 (no area code is needed)

Locate your local office at:

www.healthcareathome.ca

Housing Connections

176 Elm Street
 Toronto, Ontario M5T 3M4
 Tel: 416-397-7400

www.housingconnections.ca

www.iamsick.ca

Empower Health
 204A St. George Street - 2nd Floor
 Toronto, Ontario, M5R 2N5

support@empower.ca

**International Society for
 Augmentative and Alternative
 Communication**

312 Dolomite Drive
 North York, Ontario M3J 2X4
 Tel: 905-850-6848

www.isaac-online.org

Intimate Rider

16801 Industrial Circle
 Prior Lake, MN 55372
 Tel: 952-873-6136

www.intimaterider.com

LifeLine

95 Barber Greene Road
 North York, Ontario M3C 3E9
 Toll-free: 1-866-958-4665

www.lifeline.ca

March of Dimes Canada

After Stroke Program
 Tel: 416-425-3463

www.marchofdimes.ca

March of Dimes Canada

Alternative Communication Services
 13311 Yonge Street, Suite 202
 Richmond Hill, Ontario L4E 3L6
 Tel: 905-773-7758 Ext 6217 or
 Toll-free: 1-800-567-0315

www.marchofdimes.ca

March of Dimes Canada

Assistive Devices Program (ADP)
 291 King Street, 3rd Floor
 London, Ontario N6B 1R8
 Tel: 866-765-7237

Fax: 1-519-432-4923

www.marchofdimes.ca

March of Dimes Canada

Home and Vehicle Accessibility
 291 King Street, 3rd Floor
 London, Ontario N6B 1R8
 Toll-free: 877-369-4867

www.marchofdimes.ca

MedSleep

586 Eglinton Ave E suite 507
 Tel: Toronto, ON M4P 1P2
 416-488-6980

www.medsleep.com

Ministry of Children, Community and Social Services

Contact your local Service Ontario Centre
www.mcscs.gov.on.ca

Ministry of Health and Long-Term Care

ConnexOntario
Toll-free: 866-531-2600
www.connexontario.ca

Ministry of Health and Long-Term Care

Ontario Public Drug Programs
Contact your local Service Ontario Centre
<https://www.health.gov.on.ca>

Ministry of Health and Long-Term Care

Trillium Drug Program
PO Box 337, Station D
Etobicoke, Ontario M9A 4X3
Tel: 416-642-3038 or 1-800-575-5386
<https://www.health.gov.on.ca>

Ministry of the Attorney General Victim Support Line

Tel: 416-314-2447 or 888-579-2888
www.attorneygeneral.jus.gov.on.ca

Ministry of Transportation

777 Bay St, 5th Floor
Toronto, Ontario M7A 1Z8
Tel: 1-800-268-4686
www.mto.gov.on.ca

Mount Sinai Hospital

Wasser Pain Management Centre
600 University Avenue
Toronto, Ontario M5G 1X5
Tel: 416-586-4800
www.mountsinai.on.ca

Office of the Public and Guardian Trustee

Toll free 1-800-366-0335
www.ontario.ca/page/office-public-guardian-and-trustee
Email: PGT-Legal-Documents@ontario.ca

Ontario Association of Social Workers

180 Dundas Street West, Suite 2404
Toronto, Ontario M5G 1Z8
Tel: 416-923-4360
www.oasw.org

Ontario Brain Injury Association

3550 Schmon Parkway, 2nd Floor
Thorold, Ontario L2V 4Y6
Tel: 905-641-8877 or 800-263-5404
www.obia.ca

Ontario Healthcare Connect

Toll-free: 1-800-445-1822
www.ontario.ca/healthcareconnect

Ontario Sleep Clinics

790 Bay Street, Suite 800
Toronto, Ontario M5G 1N8
Tel: 416-837-8181 or 647-479-2156
www.sleepontario.com

Savaria Vehicle Group

14 Goodmark Place
 Toronto, Ontario M9W 6R1
 Tel: 1-855-728-2742

www.wheelchairvans.ca

Silver Cross Automotive

Silver Cross Automotive Head Office
 14 Goodmark Place
 Toronto ON M9W 6R1
 Tel: 1-844-799-5464

www.silvercrossauto.com

Silver Pain Centre

4646 Dufferin Street Unit #9
 Toronto, ON M3M 5S4
 Tel: 1-800-807-0078

**Southwest Ontario Stroke Network –
Return to Work Toolkit**

1-519-685-85000

www.swostroke.ca

**Speech-Language & Audiology
Canada**

www.sac-oac.ca/for-the-public/

Steps to Justice

180 Dundas St. West, Suite 506
 Toronto, Ontario M5G 1Z8

www.stepstojustice.ca

Sunnybrook Health Sciences Centre

2075 Bayview Ave
 Toronto, Ontario M4N 3M5
 Tel: 416-480-6100

www.sunnybrook.ca

**Taking Charge of Your Stroke Recovery –
Canadian Stroke Best Practices**

Patient and Family Tools
 Toll-free: 1-888-473-4636

www.strokebestpractices.ca

The Ontario Caregiver Organization

<https://ontariocaregiver.ca/>

**The Scarborough Health Network
Regional Crisis Programs**

3030 Birchmount Road
 Scarborough, Ontario M1W 3W3
 Tel: 416-495-2891

www.tsh.to

The Seniors Safety Line

Toll-free: 1-866-299-1011

www.ontario.ca

Together in Movement and Exercise

Find your nearest community centre at:

[http://www.uhn.ca/TorontoRehab/Clinics/
TIME](http://www.uhn.ca/TorontoRehab/Clinics/TIME)

Toronto Academic Pain Medicine Institute

76 Grenville Street
Toronto, Ontario M5S 1B2

Tel: 416-323-6269

www.tapmipain.ca

Toronto Rehab

550 University Avenue
Toronto, Ontario M5G 2A2

Tel: 416-597-3422

www.uhn.ca

Toronto Rehab

Bickle Centre Augmentative and Alternative Communication Clinic

130 Dunn Ave
Toronto, Ontario M6K 2R8

Tel: 416-597-3028

www.uhn.ca

Toronto Ride

140 Merton Street, Second Floor
Toronto, Ontario M4S 1A1

Tel: 416-481-5250

www.torontoride.ca

Toronto Rent Bank

Tel: 416-397-RENT (7368)

Toronto Seniors Helpline

WoodGreen Community Services
815 Danforth Avenue, Suite 100 Toronto,
Ontario M4J 1L2

Tel: 416-217-2077

<https://torontoseniorshelpline.ca>

Toronto Transit Commission

Wheel-Trans (TTC)

580 Commissioners Street
Toronto, ON M4M 1A7

Tel: Customer Service 416-393-4111

Reservations 416-393-4222

www.ttc.ca/WheelTrans

Toronto Western Hospital

399 Bathurst Street
Toronto, Ontario M5T 2S8

416-603-5800

www.uhn.ca

Universal Motion

WoodGreen Community Services
31 City View Drive

Etobicoke, Ontario M9W 5A5

Tel: 416-398-4255 or 877-899-0699

www.universalmotion.com

Unlock Food

99 Yorkville Avenue, Second Floor
Toronto, Ontario M5R1C1

www.unlockfood.ca

Veterans Affairs Canada

55 Town Centre Court, Suite 205
Scarborough, Ontario M1P 4X4
Toll-free: 1-866-522-2122

www.veterans.gc.ca

Victorian Order of Nurses (VON)

2315 St. Laurent Boulevard, Suite 100
Ottawa, Ontario K1G 4J8
Tel: 613-233-5694

www.von.ca

Vision Loss Rehab

Contact for a location near you
Toll-free: 1-844-887-8572

<https://visionlossrehab.ca/>

Volunteer Toronto

2425 Eglinton Avenue East, Suite 214
Scarborough, Ontario M1K 5G8
Tel: 416-961-6888

www.volunteertoronto.ca

West Park Healthcare Centre

82 Buttonwood Avenue
Toronto, Ontario M6M 2J5
Tel: 416-243-3600

<https://www.westpark.org>

