Module 2: Stroke Education

Life After Stroke Education Series





Disclaimer

- SWOSN has created the following PowerPoint to support the delivery of stroke education for providers working in the Life After Stroke Programs. SWOSN would like to acknowledge the Community Stroke Rehab Teams for providing the initial iteration of this resource.
- Every effort has been made to ensure that the following information provided is accurate, up-to-date, and complete, but no guarantee is made to that effect. This is a reference resource designed as a supplement to, and not a substitute for, the expertise, skill, knowledge, and judgment of healthcare practitioners. For the most current recommendations always refer to the Canadian Best Practice Recommendations for Stroke Care at: www.strokebestpractices.ca
- Images used in this presentation are for educational purposes only and are not to be duplicated

Outline

- Introduction to Stroke Care
- Overview of Brain Anatomy and Physiology
- Stroke Pathophysiology
- Stroke Prevention
- Transitions and Community Integration

Ontario Stroke System (OSS)

- The OSS is a comprehensive approach to organizing stroke care
- In 2016, the Cardiac Care Network of Ontario and the Ontario Stroke Network merged. In June 2017, after a year of transition, the new entity became **CorHealth Ontario.** CorHealth Ontario, is now part of Ontario Health, an agency created by the Government of Ontario with a mandate to connect and coordinate our provinces health care system to ensure that Ontarians receive best possible care.
- There are 11 regional stroke systems across the province. The Southwestern
 Ontario Stroke Network being one of them.



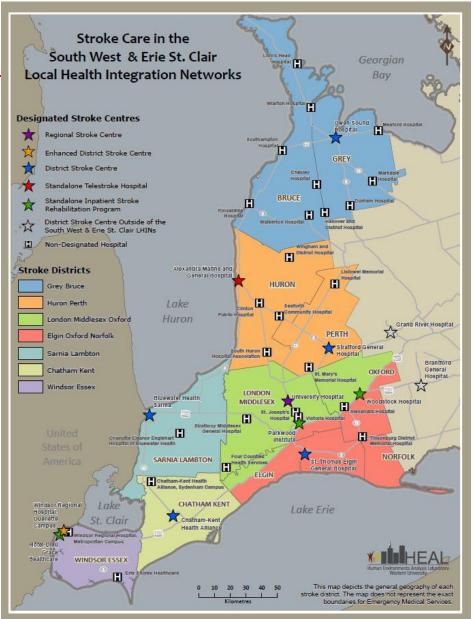




Southwestern Ontario Stroke Network

(SWOSN)

- Spans a diverse geography with a population of 1.8 million people.
- Provides support & leadership to regional providers working along the continuum of stroke care.
- There are 7 stroke districts in our region that are differentiated by the colours on the map ->



Canadian Stroke Best Practice Recommendations

The **CSBPR** are under the leadership of the Heart and Stroke Foundation, Canada.

They are intended to provide up to date evidence-based guidelines for the prevention and management of stroke.

The CSBPR **should always** be integrated into your clinical practices.



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Acute Stroke Management

7th Edition, Update 2022

Acute Stroke Management Scientific Writing Group:

Leadership: Manraj Heran (Co-Chair), Michel Shamy (Co-Chair), Patrice Lindsay (Senior Editor), Rebecca Lund (Project Lead), Chelsy Martin (Project Lead), Gord Gubitz (Senior Advisor), Anita Mountain (Advisory Co-Chair). Eric E. Smith (Advisory Co-Chair).

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on behalf of the Canadian Stroke Best Practice Recommendations Advisory Committee, in collaboration with the Canadian Stroke Consortium.

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CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Rehabilitation, Recovery and Community Participation following Stroke

Part One:

Rehabilitation and Recovery following Stroke
Update 2019

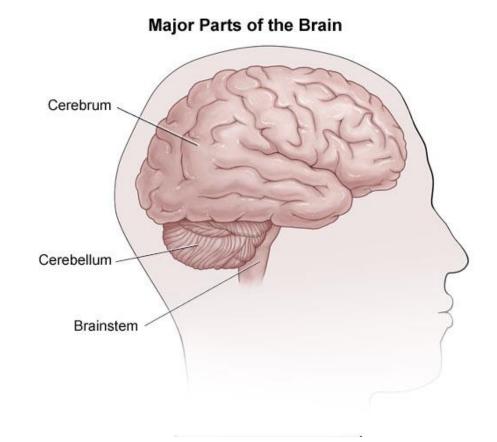
Robert Teasell, Nancy M Salbach (Writing Group Chairs) and the Members of the Canadian Stroke Best Practice Recommendations Rehabilitation and Recovery following Stroke Writing Group: Nicole Acerra, Diana Bastasi, Sherri L Carter, Joyce Fung, Mary-Lou Halabi, Jocelyn Harris, Esther Kim, Andrea Noland, Sepideh Pooyania, Annie Rochette, Bridget D Stack, Erin Symcox, Debbie Timpson, Suja Varghese, and Sue Verrillii. In collaboration with the Canadian Stroke Consortium and the Canadian Partnership for Stroke Recovery

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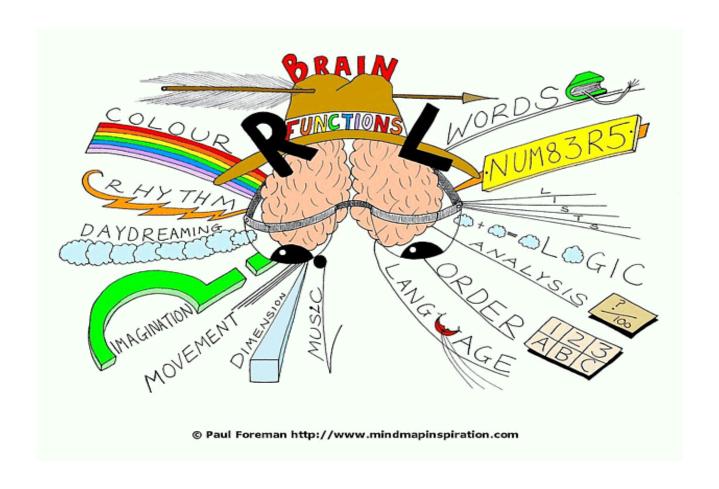
Heart&Stroke Foundation
Fondation des maladies du cœur et de l'AVC.

The brain is divided into **3 main** areas:

- Cerebrum (right and left sides or hemispheres)
- Cerebellum (back of the brain)
- Brainstem (base of the brain)



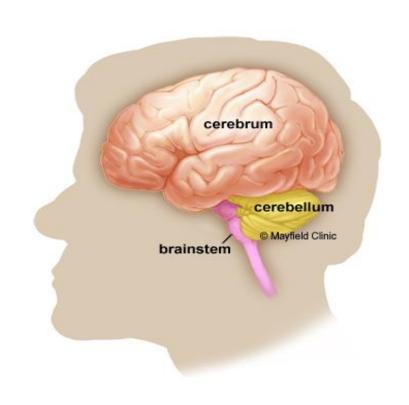
Cerebrum: Largest portion of the brain and contains two hemispheres. Each hemisphere controls the function of the opposite side of the body. The two hemispheres are joined by the corpus callosum.



Cerebellum: Located at the back of the brain. Its major functions are control of fine motor movement, coordination of muscle groups and maintaining balance and equilibrium.

Brain Stem: Connects the cerebrum with the spinal cord and is divided into 3 major sections:

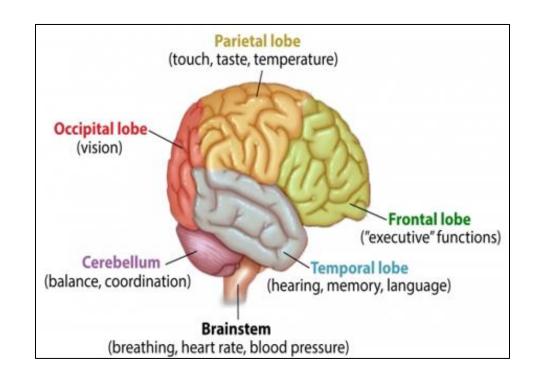
- Midbrain
- Pons
- Medulla



Cerebral Cortex: The outer portion. It is divided into six main regions with 4 specialized lobes:

- Frontal
- Parietal
- Temporal
- Occipital

The brain is comprised of specialized cells, called **neurons**



Neuroplasticity

Neuroplasticity is the brain's ability to restructure itself when it recognizes the need for adaptation. This process allows healthy parts of the brain to take over functions damaged by stroke.

- Rewiring: The brain makes use of existing pathways for a new purpose.
- Remapping: The brain creates new pathways to communicate with the body.



1. Signals go from one cell to another forming a connection in the brain.



2. When a stroke kills brain cells, it damages the connection.



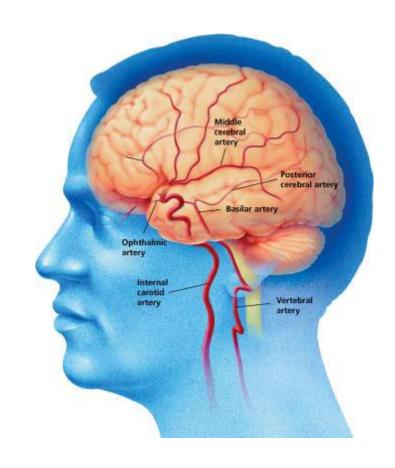
3. Brain cells can sometimes form new connections, and start sending signals again.

What is a Stroke?

A stroke happens when blood stops flowing to any part of your brain, damaging brain cells.

Blood stops flowing for two reasons:

- The artery is blocked (ISCHEMIC STROKE)
- The artery bursts (HEMORRHAGIC STROKE)



Types of Strokes

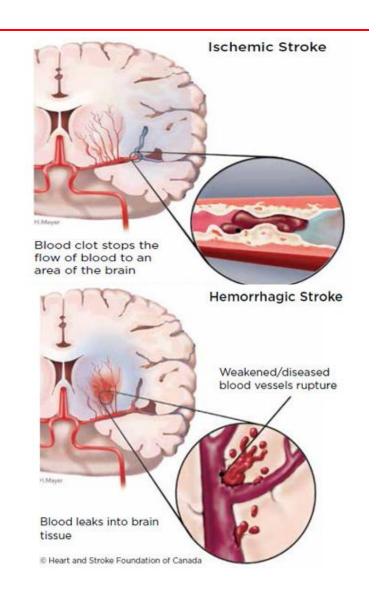
Ischemic Stroke: A blockage in a blood vessel in your brain.

Embolic is caused by a blood clot or plaque debris that develops elsewhere in the body and then travels to an artery in the brain.

Thrombotic is caused by a blood clot that develops in the walls of an artery in the brain.

Hemorrhagic Stroke: A blood vessel in the brain breaks open.

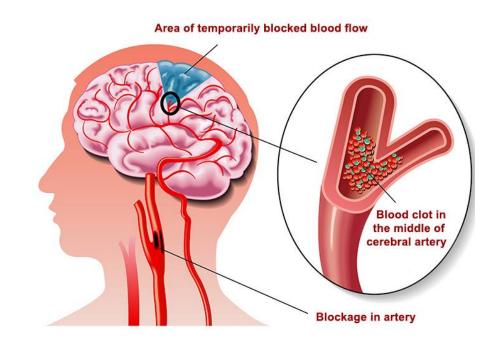
Transient Ischemic Attack (TIA): A small clot briefly blocks an artery. TIA symptoms fully resolve within 24 hours (usually within one hour).



Transient Ischemic Attack

The signs of TIA are the same as those for stroke except that they resolve within a short time frame.

Rapid specialized assessment and development of a prevention plan is an important part of TIA management.



Early Stroke Recognition

FAST signs are the most common signs of stroke.

Face, Arms, Speech and Time

Additional signs of stroke may include:

- Vision changes
- Unilateral numbness
- Balance disturbances

Common symptoms of hemorrhagic stroke include:

- Altered Level of Consciousness
- Nausea/Vomiting
- Sudden Severe Headache
- Seizures



React Immediately

Call 9-1-1



Stroke Prevention

Primary Prevention: Targets individuals with modifiable risk factors to prevent the **initial occurrence** of a disease.

Secondary Prevention:

Individually based clinical approach aimed at reducing the risk of a recurrent vascular event in individuals who have already experienced a stroke or TIA.



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Stroke Prevention

Almost 80% of premature stroke can be prevented through healthy behaviors.

Non-Modifiable: Individual has no control (i.e. Age, race/ethnicity, family history, gender etc.)

Modifiable: Individual has some control, can modify in order to reduce the risk of stroke

(i.e. Blood pressure, lifestyle, nutrition, alcohol intake etc.)







Unhealthy diet

Physical inactivity

Unhealthy weight







Stress



Excessive alcohol & drug abuse

Non- Modifiable Risk Factors

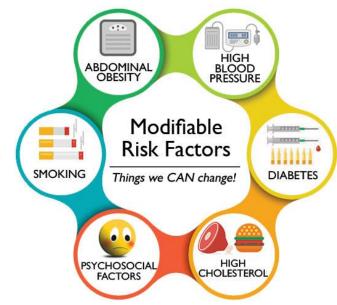
These are some of the risk factors that we **do not** have control over "we cannot change":

- Age
- Sex
- Ethnicity
- Family History
- Prior TIA or stroke

Modifiable Risk Factors

These are some of the risk factors that we **do** have control over "we can change":

- High blood cholesterol
- High blood pressure (hypertension)
- Atrial fibrillation/irregular heart beat
- Blocked carotid arteries
- Diabetes
- Being overweight
- Low physical activity levels
- Drinking too much alcohol
- Recreational drug use
- Smoking
- Sleep apnea
- Stress
- Poor diet
- Heart Disease



Healthy Lifestyle Behaviors

- Know and control your blood pressure
- Manage diabetes
- Be smoke-free
- Maintain a healthy body weight
- Be physically active
- Eat a healthy diet
- Monitor sodium intake
- Avoid excessive alcohol consumption
- Lipid management
- Take medications as prescribed
- Reduce Stress

Community Resources

People with stroke should be provided with information and/or referrals to community-based resources for engagement and self-management. Popular resources may include:

- Adult Day Programs
 - New Beginnings, Dale Brain Injury
- Community Health Centers Programs
- Peer Support Groups
- Self- Management Checklist
 - csbpr-enabling-self-management-following-stroke-checklist-jan2021-final.ashx (heartandstroke.ca)
- Home Exercise Programs
 - March of Dimes <u>Online Exercise Programs I March of Dimes Canada</u>
- Caregiver Support
 - Ontario Caregiver Ontario Caregiver Organization
 - The power of community | Heart and Stroke Foundation

Resources to Support Transitions

For **specialized services that provide support, treatment and/or rehabilitation** patients should be directed to the Healthline Website:

- Stroke Strategy Southwestern Ontario A Partner in the Ontario Stroke System southwesthealthline.ca
- Stroke Resources Landing Page eriestclairhealthline.ca

The Healthline categorizes services by geography and topics and is updated frequently. It is a great **one stop shop!**





Resources

Communication Resource ParticiPics: A searchable database of pictographic images designed to facilitated conversations

ParticiPics – Aphasia Institute

Return to Driving Resource

- SA Fillable PDF.pdf (swostroke.ca)
- Driving Assessment Programs at Parkwood institute Patient Resources | St. Joseph's Health Care
 London

Southwestern Ontario Stroke Network

Popular Resources - SW Stroke Network - www.swostroke.ca

Exercise Resource:

- FAME@Home FAME Fitness and Mobility Exercise Program (fameexercise.com)
- Online Exercise Programs I March of Dimes Canada

Resources

Peer Support:

• Online Support Programs I March of Dimes Canada

Heart & Stroke

• What is stroke? | Heart and Stroke Foundation

Nutrition

- <u>fact-fiche-eng.pdf (canada.ca)</u>
- Canada's Food Guide

Blood Pressure Management

HTC BloodPressureLog ENG PREVIEW-1.pdf (hypertension.ca)

Thank You

You have now completed Module 2: Stroke
Education. For any questions, please
contact SWOSN@lhsc.on.ca and/or contact your
designated Community Stroke Rehabilitation
Team Representative.



