

TOPIC:

The Hemiplegic Arm and Hand After Stroke



The Hemiplegic Arm and Hand After Stroke



Smart Tips
for Stroke Care

A stroke can cause weakness (hemiplegia) on the affected side.

This can impact the ability to:

- move the arm and hand
- carry out functional tasks
- protect the arm from injury

Careful handling and care of the arm and hand can reduce pain and prevent complications.

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What you should know:

- ✓ The shoulder is made up of small muscles and ligaments which support the joint
- ✓ >50% persons with hemiplegia will experience pain in their affected arm and/or hand
- ✓ Swelling in the hand is likely to develop if not well supported

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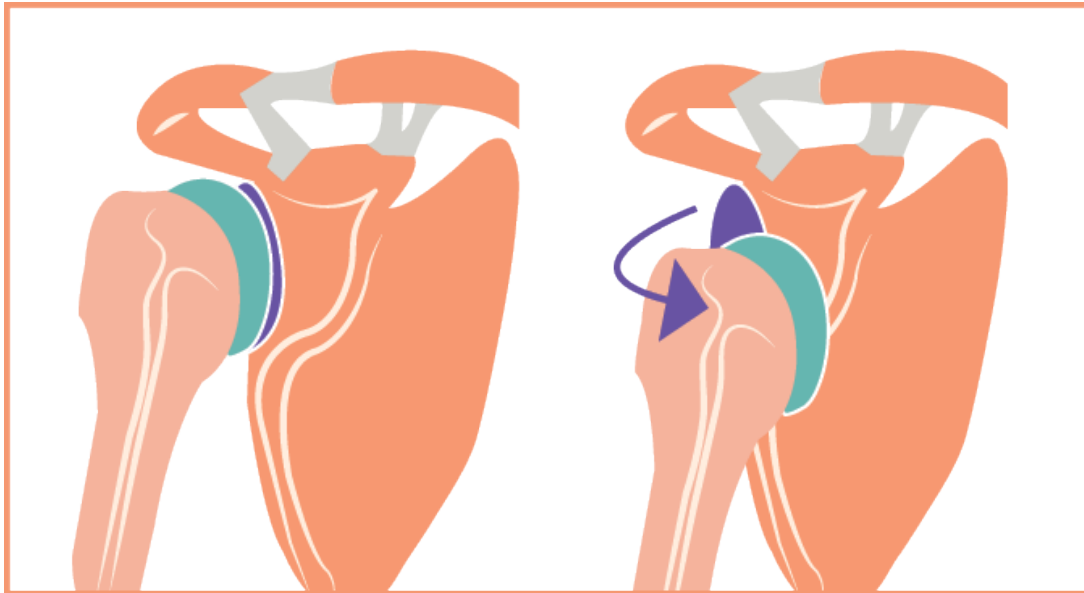
What you should know:

- ✓ Pain can interfere with mood, sleep, day to day activities, and overall quality of life
- ✓ Altered sensation can make a person with stroke unaware of the position of their arm and can increase risk of injury
- ✓ The affected arm and hand can have altered muscle tone (low or high)

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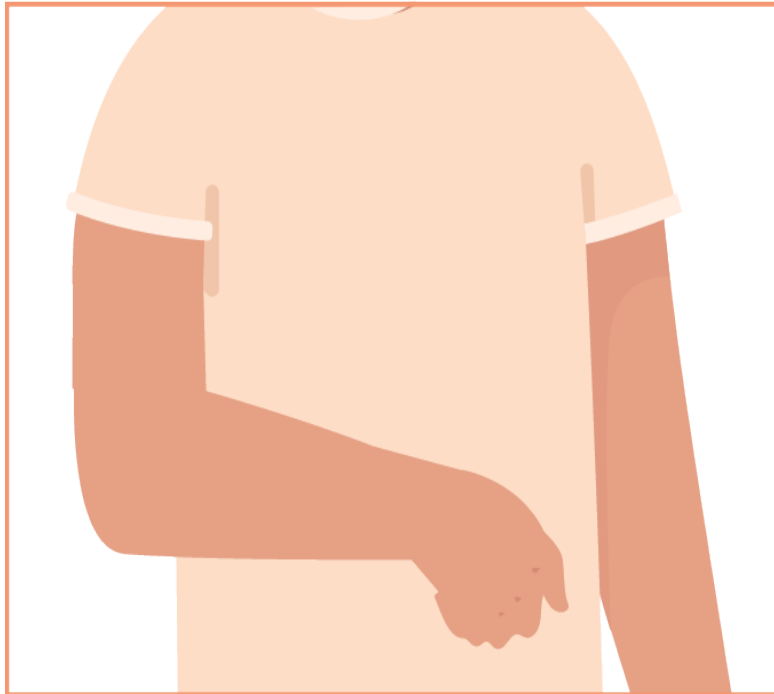


- A **low tone** limb will feel **limp and heavy**.
- A low tone hemiplegic arm is at risk of overstretching or tearing weakened muscles.
 - This may cause a partial dislocation (subluxation) which is not correctable.

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A **high tone** limb will feel **stiff and tight**. It can be very difficult to move the arm or hand, and to provide care.

This can contribute to:

- Skin breakdown (underarm, hand)
- Difficulty in assisting with hygiene and dressing
- Limited range of motion (contractures)
- Shoulder pain

Move the limb carefully and slowly - do not force movement!

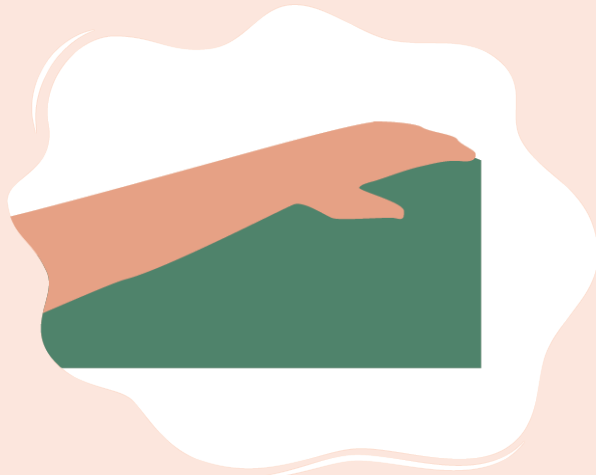
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Smart Tips:

Positioning



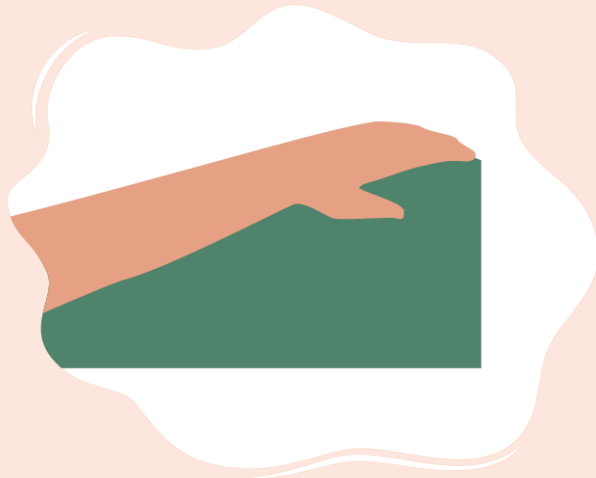
- Be gentle when moving the arm or hand. Avoid pulling on the limb
- Ensure the affected arm and hand are always supported. Try to:
 - ensure the elbow and forearm are placed away from the body
 - keep the wrist straight or slightly extended
 - place the hand palm down with fingers open as much as possible

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Positioning



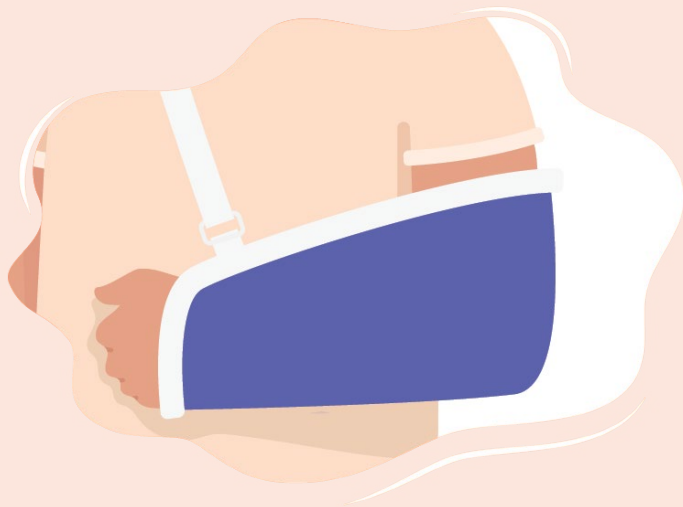
- Goal: 30 degrees of wrist extension, 30 degrees of flexion through digits
- Consider use of splints/ rolls
- Careful positioning can help with reducing the high tone (spasticity), and maintain joint ROM

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Functional Mobility



- **Never pull** on the person's affected arm or lift from the underarm
- Encourage participation
- When using a lifting device, ensure the affected arm is positioned inside the lift sling and in front of the body
- Support the arm when the person is standing, transferring or ambulating
- Use a sling **if recommended by a therapist**

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Activities of Daily Living (ADL's)



- Always support the hemiplegic arm
- Move the arm and hand slowly and gently
- Monitor clenched hand for hygiene and skin health
- Do not raise the arm above shoulder level unless the person can do so themselves
- Dressing rule for stroke: hemiplegic arm should be “first on; last off”

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Seek extra support

- ✓ All team members have a role to play in caring for the affected arm and hand
- ✓ Occupational Therapists and Physiotherapists are skilled in hemiplegia

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