

## **Life after stroke**

By Ellen Ashton-Haiste

Sitting companionably at the table in Ross and Donna's comfortable Strathroy, Ont. home on a recent snowy morning, watching the flames flickering in the gas stove and listening to Ross talk about shoveling the driveway three times in one day during a January storm, there's little evidence that his life was turned upside down just five months earlier.

The slow and careful way he talks is the only indication of the stroke that affected his speech and neck muscles, initially making talking and eating difficult.

"I'm coming along really good," Ross says. "At first I didn't make a lot of sense (talking), but now I can go to the store and talk to people.... I'm driving again.... I'm a golfer and we went to the driving range and I found out I can still hit the ball."

It's a litany of successes that Ross and Donna attribute to the help they're receiving from the Community Stroke Rehabilitation Team, a program based at St. Joseph's Health Care London's Parkwood Hospital and funded by the Southwestern Ontario LHIN (Local Health Integration Network).

Just one year old, the program is unique in a couple of respects, says coordinator Monique Crites. It's client-centred, tailoring the services of a multidisciplinary team to the specific needs of the individual and delivering those services in the home.

Clients are assessed by team members – including an RN, physio, occupational and therapeutic recreation therapists, social worker, speech-language pathologist, and rehabilitation therapists – and their needs are prioritized to develop a therapy strategy that is meaningful to them.

"It's all about what living means to them – be it gardening or walking the dog or meeting friends for morning coffee," says Crites. "Our vision is making those possibilities come to life. We work towards that ultimate goal."

“We take a holistic look at each situation and we have an array of professionals to fill the needs of the clients,” says RN Karen Sutherland, who regularly works with the Ross.

“I just wanted my independence back,” Ross says. He’s well on the way to that, working with Sutherland as well as regularly with a speech language pathologist and rehabilitation therapist. A social worker is the newest team member to come onboard with the Manns and is bringing in a therapeutic recreation therapist. “She’s going to help me figure out what I can do with my time,” says Ross, particularly at loose ends during the winter when it’s more difficult to get out and about.

The biggest advantage with the program is the fact that the team comes to them, say the Manns.

“It’s so much better for (Ross) to be in his own surroundings,” Donna says, adding that it was a huge relief for her not to have to drive him into London for therapy through the winter.

In-home therapy is different, Crites says. “You don’t have the equipment available at the gym so it’s necessary to be creative to work in the home environment.”

Many people, she adds, feel that if the work isn’t being done in a gym, it’s not rehabilitation. But the secret and part of the reason for the program’s successes, she says, is that “everyday activities are rehabilitation.”

Another plus, says Donna, is the education that Sutherland has provided, even bringing in a model of the brain to show them where the stroke hit and why it impacted Ross the way it did.

“She helped us understand the new medications and the lifestyle changes – like diet and stress management – that will reduce the risk (of another stroke).”

Says Sutherland: “People sometimes feel that the control is being taken away from them. Education helps them take back the control.”

For Ross, that has gone a long way to ease his fears of a recurrence, something Sutherland says plagues many stroke patients. He says he would

stay up till 3, 4 or 5 a.m. just to ensure that nothing was going to happen during the night.

“Now I hardly ever think about it. The difference is the knowledge from the stroke team that if I keep doing the things I should (it won’t happen).”

Sutherland believes a big part of the team’s purpose is to “build capacity so the client can carry on when we’re not here. The goal is to provide what is needed for them to carry one, to promote independence and self-management, to empower them to use their own abilities.”

In this, Ross is enthusiastic in his praise for his team workers. “I’ve never heard one of the team (say anything negative). They always boost my morale. (They say) ‘well you had a bad day but tomorrow will be better’.

“I always feel better when they leave. I feel like I’ve accomplished something. Like today, I’ve said stuff that hopefully will get other people to realize they can do things too.”

The Southwestern Ontario program has three teams, working in London-Middlesex, Huron- Perth and Grey-Bruce counties. The partnerships formed, Crites says, is another unique part of this endeavour.

“It’s a beautiful partnership,” she says, between St. Joseph’s Health Care, the Huron-Perth Healthcare Alliance, Grey Bruce Health Services plus the Southwest Ontario Stroke Alliance, the CCACs and the LHIN’s Aging At Home Initiative. “The trend goes to whatever we can do to meet the client’s needs and facilitate the outcomes.”

The program has been funded for three years to the tune of \$2 million, the first time the LHIN has funded such a large project, and it’s drawing interest from other areas. Crites also believes it’s a model that can be applied to other chronic diseases and ultimately reduce healthcare expenditures.

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