

# BEATING STROKE 2020 Messaging Toolkit

### **REHABILITATION + RECOVERY**

## STROKE CAN HAPPEN TO ANYONE.

### Did you know stroke is the No. 5 cause of death and a leading cause of disability in the United States?

And it can change anyone's life in an instant. But beginning the right rehabilitation program soon after can help with recovery. Making good rehabilitation decisions and taking steps to prevent a second stroke may improve quality of life.



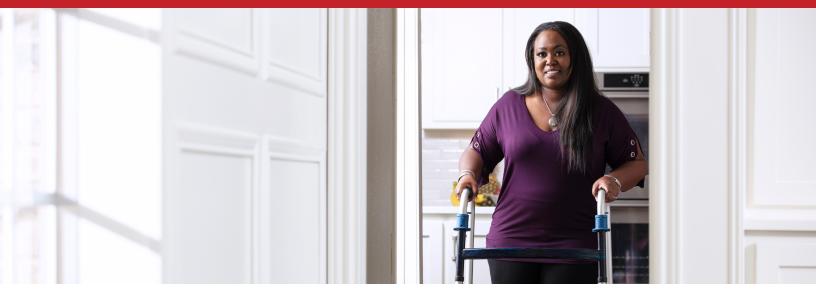
**THANK YOU** for helping spread the word about stroke rehabilitation and recovery. Use this toolkit to educate and empower others about the importance of rehabilitation and recovery post-stroke. Let's work Together to End Stroke<sup>®</sup>.

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### **STROKE REHABILITATION AWARENESS MONTH: SEPTEMBER**



### **Social Media Messages**

Social media is a powerful tool. Please share the following messages and images from the American Stroke Association page at Facebook.com/AmericanStroke or retweet us on Twitter @American\_Stroke. Download the graphics here.

### I Will Celebrate Every Victory.

Rehabilitation is the key to recovery post-stroke, and the right program can help you regain your strength, courage and independence. Read our Making Rehabilitation Decisions guide for tools to write your own success story.

### Get the Most Out of Stroke Rehabilitation.

A stroke changes life in an instant, but quickly beginning the right rehabilitation program in the right setting can help you to recover. Learn how to get the most out of rehabilitation and the best for your future.

### A Guide To Life After Stroke.

Early and intensive rehabilitation is critical to stroke recovery. It can help you relearn specific skills and improve quality of life. Learn how to maximize your recovery with our Life After Stroke guide. Download it today.

### **Post Stroke Exercises**

Rehabilitation is an important step during a stroke survivor's road to recovery and these exercises can serve as a general guide. Please speak with your health care provider and/or physical therapist before performing any of these exercises.

#### **Support Your Stroke Patients.**

The @AmericanStroke adult stroke rehabilitation guidelines are designed to help you guide your stroke patients to the best possible recovery. Get the facts on key sections of the guidelines in our short video series.

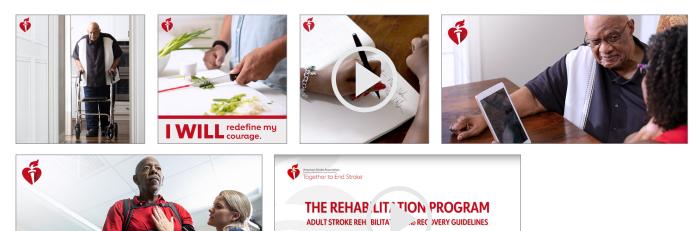
### I Will Help My Patients Redefine Courage.

Our Stroke Rehabilitation Toolkit has easy-todownload guides and more for every step of the stroke rehabilitation journey. Find what you need to provide the best care for your patients in one convenient place.

Check out the downloadable resources featured in these messages and more—in the **SPREAD THE WORD** section, coming up!

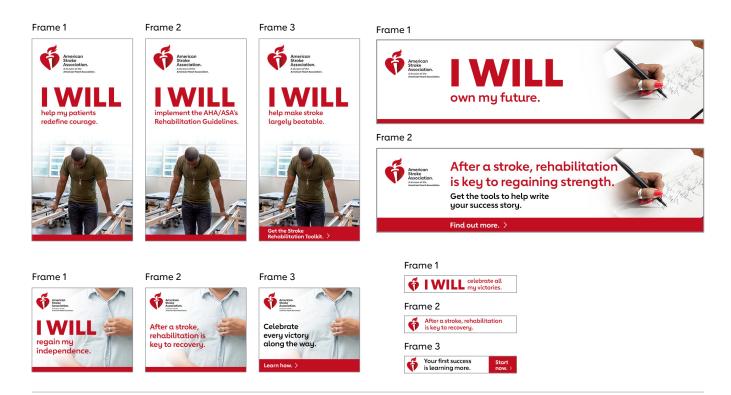
#### stroke.org/Recovery

### Campaign Graphics Download Here





SOCIAL MEDIA POSTS AND VIDEOS



ANIMATED WEB BANNERS

### **SPREAD THE WORD**

### **Resources for the Community**

There are more than 7 million stroke survivors living in the United States, but statistics show that nearly one-third of them do not seek rehabilitation. Whether you're a health care professional, stroke survivor, family caregiver or member of the community, you can help spread the word about the importance of stroke rehabilitation.



There is life—and hope after stroke. With time, new routines will become second nature. Rehabilitation can build your strength, capability and confidence. Watch our Making **Rehabilitation Decisions** video to help guide you to the right program.



Together to End Strok STROKE REHABILITATION PLANNING LIST

Each stroke survivor has different areas impacted by their stroke. It may be balance, strength, mobility, communication or a variety of other things. Use our Life After Stroke guide to better understand the effects of stroke and how to maximize your rehabilitation and recovery. Guide also available in Spanish.



Stroke rehabilitation is a very personal journey, and the path forward may look different for each survivor. Download our infographic to learn the basics of stroke rehabilitation and how it can be tailored to help each individual stroke survivor.



Rehabilitation can happen in a variety of settings, from in-patient facilities to your own home. Discover questions you should ask at the hospital, at your rehabilitation facility and even questions your family members should be asking using our Stroke Rehabilitation Planning List. List also available in Spanish.



There is strong evidence that physical activity and exercise after stroke can improve quality of life after stroke. Use these 29 poststroke exercise videos to serve as a general guide on how to get started from the comfort of your own home.



Studies show that the brain is most receptive to learning the first three months after a stroke, so it's important to begin rehabilitation as soon as your medical team clears you for it. Learn what to expect in rehabilitation, how to choose the right rehabilitation facility and the questions you should ask your health care provider by reading our Patient Guide to Making Rehab Decisions. Guide also available in Spanish.

### **SPREAD THE WORD**

### **Resources for Health Care Professionals**

One out of every three stroke survivors won't pursue rehabilitation. Urge your patients to make a promise that can help them recover. Health care professionals like you can make a difference by encouraging your patients to find the rehabilitation option best suited to their specific needs.



Guideline-based stroke rehabilitation protocols emphasize the importance of rehab for the best recovery outcomes. Watch and share our three short videos that cover key sections of the 2016 ASA Stroke Rehabilitation Guidelines.

	American Meant Association Iffe is why:
Stro	Top Ten Things to Know ke Rehabilitation and Recovery Guidelina – A Major Nilestone for Comprehensive Stroke Care
1	Between 2009-2010, the rate of stroke cealths dropped by more than 35% in the United States (US), yot each year approximately 800,000 strokes occur in the US, incurring disability caused by stroke.
2	While certified stroke centers provide evidence-based care (e.g. quicker use of IV thrombolysis), still many stroke patients are in need of effective stroke rehabilitation as neurological deficits persist.
3.	Stroke patients who are candidates for post-acute rehabilitation should receive organized, coordinated care from a full interdisciplinary care team.
4	This guideline outlines the ideal situation of what the post-stroke rehabilitation program should address, including what facilities can offer in terms of care of the post-stroke patient.
5.	Stroke survivors who qualify for and have access to inpatient rehabilitation facilities should receive this care in preference to a skilled nursing facility.
6.	A functional assessment by a clinician with expertise in rehabilitation is recommended for patients with an acute stroke with residual functional deficits.
7.	An important key to safety in persons with stroke who have poor balance iow balance confidence, fear of fails, and/or are at risk for fails should be provided with a balance training program
8.	Included in this guideline is a comprehensive andence-based review for best practices and care strategies in all areas of pass-tocke rebabilitative care, including prevention and medical management as well as specific monological dottices and how to approximate invahilation addressing serveral specific deficies (ensource) regarments and activities, upper extremity activity, and transitions of care to home or community (wabilitation).
9.	After successful somening, patients should receive an individually tailored exercise program so they can safely improve their cardiovascular threas through the proper exercise and physical activity after formal rehabilitation is complete.
10	Stoke whishilitation includes a sustained and coordinated effort from a large teem, including the partient and his/her goals, family and freeds, other corregivers, physician, neurologist, runnes, physical and occupational threads, special-braugae pathologists, recreated threagets, spechologist, nutrisonists, social workers and others. Communication and coordination among these professionals is paramount in the success in post-share metabilitation and encourtisation among these professionals is out-motion.
	paramount in the success in post-arrow renabilitation and recovery.
	n CJ, Dain J, Arens R, Bates R, Dhenner LR, Dhenner SD, et al. on bankel of the Anexiaer Heart Association Borpus Council, and Council and Anexia Anexiaer Council and Anexiaer Anexiaer Anexiaer Anexiaer Anexiaer Anexiaer Anexiaer Anexiaer and Council and Anexiaer Anexiaer Another Anexiaer Anexiaer Another Anexiaer Anexiaer Anexiaer Anexiaer Anexia

For a quick snapshot of the stroke rehabilitation guidelines, review our *Top Ten Things to Know*. Pulled directly from the guidelines and designed to help health care professionals expand their knowledge base, this tool can help you properly address the rehabilitation needs of your stroke patients.



Help your stroke patients get the most out of recovery by putting the stroke rehabilitation guidelines to work. Our stroke rehabilitation resources for professionals shows you how.

Together to End Strol	ker	Secondary Stroke Prevention Checklist	
Taking Ste	eps t	Prevent Another Stroke	
QUESTIONS	YES	RISK / RECOMMENDATION	
1. Has the patient had a stroke?		The sick of a securrent stacke is WK at 1 year, NK at 5 year, and 25% at 10 years part stacke.	
2. Has the patient experienced a TA?		Approximately 12% of all strakes are preceded by a TM.	
<ol> <li>Has the underlying cause of the stroke been identified?</li> </ol>		If the stiology of the chuke has not been determined, consider callaborating with colleagues to further evaluate the cause.	
<ol> <li>Is this an ischemic strake patient who should be on an aspirin regimen?</li> </ol>		Guidelines excommend that Appin (32-325 mg (d) monotherapy or the combination of caption 35 mg and extended velocate diguidances 200 mg twice daily at indicated as initial therapy of the Tit ar latternic choice for prevention of future stroke.	
<ol> <li>Does the patient have uncontrolled high blood pressure?</li> </ol>		Teatment of hypertension is possibly the most important intervention for secondary prevention of inthemic strate. Target blood pressure for exandory strate prevention should be <10(180 mm Hg.	
<ol> <li>Does the patient have diabetes mellitus (DM)?</li> </ol>		DM is an independent sisk factor for stroke recurrence. After a TA ar ischemic stroke, all patients should be screened for DM.	
<ol> <li>Does the patient's cholecteral level need to be lowered?</li> </ol>		Statis through with interview lipid-lowering effects is recommended to reduce the risk of another RECVD server. The first goal is to achieve a ISB's induction in LEC-Clerek, but FLOC Clevels sensitis: NProged data maximally talevand-statis through, adding continuits may be reasonable.	
8. Is the patient physically inactive?		Physical activity improves stoke risk factors, may reduce stoke risk bolf, and aid recover, for patients who are capable of engaging in regular physical activity, at least 1 to 4 services per week of 40 minutes of readmate-to vigonou-interestly centres physical reservice are recorded to 10 minutes within risk factors.	
<ol> <li>Does the patient smake, or are they exposed to second-hand smake?</li> </ol>		Current smokers have a 2 to 4 times increased sisk of stoke compared with nonanakers. Talk to your patient about programs, nicotine regiscements and other medications that can help them quit.	
<ol> <li>Does the patient need to make dietary changes?</li> </ol>		It is ecconsible to do a numbrand assessment of your patient. Patients chould be assessed to follow a diet emphasizes vegetables; fruits, whole grains; low-fat dairy products; fish legumes and nut; and limits sodium; sevens and red meats:	
<ol> <li>Does the patient drink large amounts of alcohol?</li> </ol>		Potent who are heavy divises should be counseled to eliminate or educe their consumption of elashol. Ugit to moderate amounts of doublo consumption (up to 2 divising educ for men and up to 1 divisit per day for nonpregnant warner) may be massnable.	
12. Does the patient have sleep apnea?		A deep-study might be considered for potents with an ischenic strake or TA. Textment with CHAP might be considered for potents with ischenic strake or TA and deep oprea.	
<ol> <li>Has the patient been diagnosed with atrial fibrillation (AFib)?</li> </ol>		AFB is opposeduli via factor for indexis, increasing the sid of mole by the times. It is reasonable to consider a combination of and anticoagulation through and antiplatelet through in patients that have CHD, ACS or stret placement.	
	American S	6 Copylept 200 American Faust American (e.e., a $101(12)$ net for parts. 20 optic reserved take foundation and Tapeline for full finder are registrative alreadown with the American Contension (e.g. $100$	

About 1 in 4 stroke survivors has another. But even small changes can help your patients prevent another stroke. The best way to reduce your patients' risk is to work with them to develop a secondary prevention plan and help them follow through with it. Use this checklist to help guide the conversation.

### **TURN IDEAS INTO ACTION**



Looking for quick, easy ways to spread the word about stroke rehabilitation and recovery? Look no further.

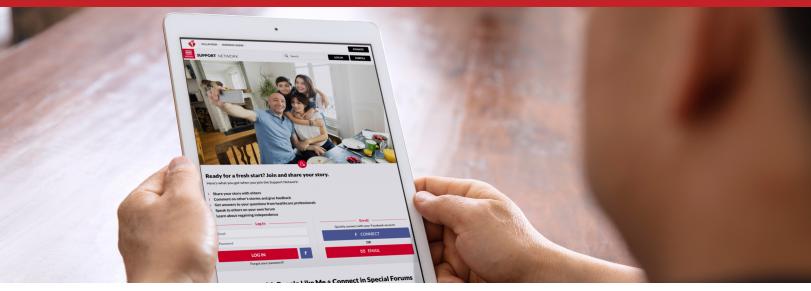
### In Your Community

- Provide educational materials to churches, community centers, schools and your local library. Invite them to distribute to their members and constituents.
- Encourage your employer to drive stroke awareness at work. Post educational materials.
- Be an advocate. Get involved with federal and state initiatives to protect stroke survivors and educate Americans on building healthier lives, free of stroke and cardiovascular disease.
- Encourage your local clinics and physician offices to print copies of the stroke rehabilitation patient resources and distribute them to stroke survivors and their families.

### **In Health Care**

- **1.** Focus health education programs within your health care system on stroke rehabilitation recommendations and resources.
- **2.** Share professional materials from our Stroke Rehabiliation Toolkit with colleagues.
- **3.** Print copies of the patient resources and distribute them to stroke survivors and their families.

### **HELPFUL LINKS**



### Stroke.org

Your go-to online destination for all the info you'll need on preventing, treating and beating stroke.

#### 2020 Stroke Rehabilitation Page

Find the resources you need to help spread the message that rehabilitation is key to recovery after stroke.

### Stroke Rehabilitation and Recovery (Patients)

Have you or a loved one recently had a stroke? We can help you find your path forward. Watch, read and download resources to help you find your way post-stroke.

### **Stroke Rehabilitation and Recovery**

#### (Health Care Professionals)

Has one of your patients recently suffered a stroke? Find the tools you need to stay up-to-date on the most recent stroke guidelines.

#### **Stroke Warning Signs**

Learn and share F.A.S.T- the simple acronym used to teach the most common stroke warning signs.

#### **Preventing Another Stroke**

Learn how reduce the risk of second strokes by developing a prevention plan.

#### **ASA Stroke Resource Center**

Use our digital library for stroke resources on prevention, treatment and recovery.

### **Together to End Stroke®**

Learn more about the ASA's national initiative for preventing, treating and beating stroke, and find ways to get involved.

### **High Blood Pressure**

High blood pressure is the leading cause of stroke. Learn ways you can manage high blood pressure and decrease your risk of stroke.

#### Advocacy

Discover how you can support federal and state stroke advocacy efforts.

#### Donate

Your support will go a long way toward promoting healthy living, funding new research and advocating for legislation.

#### **Support Network**

Life after stroke can feel like an emotional rollercoaster ride, and finding your way to a new normal can be overwhelming. Connect with others who understand what you're going through by joining our Support Network.

#### **Go Red for Women®**

Women face a higher risk of stroke. Learn the ways you can get involved in the movement to help end heart disease and stroke in women.

### **CycleNation™**

Cycling is not only fun, it's a great way to look good and feel good. Whether on the road or on a stationary bike, we're cycling towards better brain and heart health. Find a CycleNation event near you.

### **Together to End Stroke Newsletter**

Sign-up for or our monthly email newsletter to stay up to date on the latest stroke news and resources.

#### **Stroke Family Warmline**

Receive helpful information from ASA live team members. Call us at 1.888.4.STROKE.