My Stroke Passport

Life After Stroke:
Managing the effects of stroke and getting back into life
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Life after stroke

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 do 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 team
• other stroke survivors and their families
• a counsellor
This part of the Passport can help you and your caregiver as your recovery journey continues in your community. There are sections about:

- Managing the effects of stroke:
  - Communication, Pain, Fatigue and sleep, and Depression
- Getting back into life:
  - Returning to work, Social support and activities,
  - Your sexual relationship, Getting around, Driving, and Travelling
- Caregiver support
- Where you live
- Money matters
- Advanced care planning

In each section you will find:

- **Information** • Basic information to help you know what to expect.
- **Questions** • What to ask yourself and your health care team.
- **Resources** • Where to get more information, practical help and support.

We hope “Life after stroke” helps you become:

- comfortable in your daily life
- as active and independent as possible
Managing the effects of stroke: Communication

If your stroke damaged the language centre in your brain, you may have difficulty with communication. This is called aphasia.

Aphasia affects 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. You are still the same person inside.

Aphasia can affect all aspects of your daily life. This can be very frustrating. With help from the Speech Language Pathologist, you can learn how to make communication easier. There are many things you can do and tools you can use. Your family and caregivers can also learn to communicate more effectively with you.

You may find it helpful to join an aphasia or stroke support group. Ask your healthcare team or Speech Language Pathologist how to find one in your community.
Questions about communication

• Does my family know how to communicate with me?
• Do I know how to tell people what I need and want?
• How do I tell people that I have difficulty communicating?
• Do I need any special devices or tools to help me communicate?

Resources about communication

GENERAL INFORMATION

• Let’s Talk About Stroke,
  a guide developed by the Heart and Stroke Foundation, pages 27-30

• Heart and Stroke Foundation
  www.heartandstroke.on.ca/site/c.pvl3eNWJwE/b.5506005/k.7464/Stroke__Physical_changes.htm#expressing or call 1-888-473-4636

• National Aphasia Association – U.S.
  www.aphasia.org or call 1-800-922-4622

APHASIA CENTRES

• The Aphasia Institute
  www.aphasia.ca or call 416-226-3636

• York-Durham Aphasia Centre
  www.ydac.on.ca or call 905-642-2053
• Halton Aphasia Centre  
call 905-681-8805

AUGMENTATIVE COMMUNICATION CLINICS AND INFORMATION

• Assistive Technology Clinic – Sunnybrook and Baycrest  
www.assistivetechnologyclinic.ca or call 416-480-5756 (Sunnybrook)  
or 416-784-3600 (Baycrest)

• Augmentative Communication and Writing Clinic – Bridgepoint Health  
www.bridgepointhealth.ca/acwc or call 416-461-8252 ext. 2334

• Augmentative and Alternative Communication Clinic – Toronto Rehab Institute  
www.torontorehab.com/Our-Services/Specialty-Clinics/Augmentative-and-Alternative-Communication-Clinic.aspx or call 416-597-3028

• Augmentative and Alternative Communication Clinic – West Park Healthcare Centre  
www.westpark.org/patientservices/ambcareoutpatient.html#outpatient or call 416-243-3600 ext. 4614

• International Society for Augmentative and Alternative Communication  
www.isaac-online.org or call 416-385-0351

HELPFUL ASSOCIATIONS

• Ontario Association of Speech-Language Pathologists and Audiologists  
www.osla.on.ca or call 416-920-3676 or 1-800-718-6752

• Canadian Hearing Society  
www.chs.ca or call 1-877-347-3427
Pain can be common after stroke, due to:

• physical changes in your body
• damage to a specific area of your brain

Pain can affect all aspects of your life and your recovery after stroke. If you have pain, talk to your health care team.

Managing your pain can make you feel comfortable, be more active, and allow you to more fully participate in activities you enjoy.

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

• medications
• relaxation techniques
• exercise
• cognitive-behavioural therapies
• acupuncture
Questions about pain

• Does pain limit my daily activities or prevent me from doing things that I enjoy?
• Is pain causing anxiety or problems with my memory?
• Is pain affecting my sleep or appetite?
• Is pain affecting my mobility?
• Is my pain getting worse? Am I having pain more often? Is my pain lasting longer?

Resources to help with pain

GENERAL INFORMATION

• Let’s Talk About Stroke,
  a guide developed by the Heart and Stroke Foundation, page 38

  is a resource published by the Heart and Stroke Foundation that provides practical knowledge and skills for family caregivers and health care providers. www.heartandstroke.on.ca/site/c.pvl3IeNWJwE/b.6194819/k.FEB1/Tips_and_Tools__2010.htm
PAIN MANAGEMENT PROGRAMS

• Bridgepoint Health – Pain Management Program
  www.bridgepointhealth.ca/painmanagement or call 416-461-8252. Covered by OHIP except administration fee. Referral from family doctor required.

• Health Recovery Group – Pain Management Program

• Mt. Sinai Hospital – Wasser Pain Management Centre
  www.mountsinai.on.ca/care/pain_management/welcome or call 416-586-4800 ext. 5997. Some services covered by OHIP. Physician referral required.

• Rothbart Centre for Pain Care
  www.rothbart.com or call 416-512-6407. Covered by OHIP. Referral from family doctor required.

• Toronto Rehab Institute – Chronic Pain Groups

• Toronto Western Hospital – Comprehensive Pain Program
  wwwuhn.ca/Clinics & Services/clinics/pain.asp?nav=2;2 or call 416-603-5380. Covered by OHIP. Physician referral required.
Fatigue

It is very common to feel tired after a stroke. This may be due to:
• damage to your brain from your stroke
• mental or physical activity

You will feel less tired with time. As you become more physically active, you will start to have more energy.

Some stroke survivors feel tired for a long time. If you continue to feel tired, here are some helpful tips to manage fatigue.

Tips to help you feel less tired

1. Eat a healthy, balanced diet and drink plenty of fluids. See “My nutrition” (page 34 of the binder) for tips.
2. Make a ‘to do’ list and decide which tasks are most important to you.
3. Break up big tasks into smaller tasks.
4. Plan activities for the time of day when you have the most energy.
5. Plan your day and week to include rest time. If you know you have a busy day make sure it’s followed by a rest day.
6. Take short rest breaks or naps if needed, but save your longest sleep for the night.
7. Try to go to sleep and wake up at the same times each day.
8. Try to be as physically active as you can.
**Sleep**

Good sleep:
- is being able to fall asleep and sleep through the night
- is vital to your recovery
- helps your brain heal
- gives you mind and body energy

Poor sleep:
- is 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

If you have poor sleep, talk with your doctor. There are many ways to get better sleep. Some options are:
- counselling
- cognitive behavioural therapies
- medications
- help from a sleep specialist

You and your doctor can decide what will work best for you.

**Sleep apnea**

Some people have poor sleep due to a medical condition called sleep apnea. With sleep apnea, there are pauses in your breathing while you sleep.

The pauses may last a few seconds to minutes. During the pauses your body doesn’t get enough oxygen, which causes you to wake up.
As a result, you have poor sleep and feel tired during the day. Sleep apnea may also increase your risk of high blood pressure, heart disease and stroke.

You are more likely to have sleep apnea if you:
- are an older adult
- have a family member that snores or has sleep apnea
- are overweight
- are a heavy smoker
- are a heavy drinker

**When should I see my doctor?**

See your doctor if you or your partner notice these signs of sleep apnea:
- I snore loud enough to disturb my sleep or others.
- I wake up feeling short of breath.
- I wake up with headaches.
- There are pauses in my breathing during sleep.
- I feel overly tired during the day. This makes me sleepy while working, watching television or driving.

### Questions about fatigue and sleep

- Do I have trouble sleeping because I'm worried, anxious or my mind is racing?
- Am I too tired for my daily activities or doing things that I enjoy?
- Do I have sleep apnea?
Resources to help with fatigue and sleep

GENERAL INFORMATION

• **Let’s Talk About Stroke**, a guide developed by the Heart and Stroke Foundation, page 41

• **American Sleep Apnea Association**
  www.sleepapnea.org

• **Canadian Sleep Society**
  www.canadiansleepsociety.com

• **Mayo Clinic**
  www.mayoclinic.com/health/sleep-apnea/DS00148

• **National Center for Sleep Disorders Research**
  www.nhlbi.nih.gov/sleep

• **National Sleep Foundation**
  www.sleepfoundation.org

• **Sleep Education**, provided by the American Academy of Sleep Medicine
  www.sleepeducation.com

• **The Apnea Support Forum**
  is an internet-based support group www.apneasupport.org
SLEEP CLINICS

• **MedSleep**
  provides comprehensive diagnosis and treatment of sleep disorders in clinics across Canada [www.medsleep.com](http://www.medsleep.com)

• **Sleep Ontario Clinics**
  provide detailed conscientious care to people with any sleep and wakefulness problem irrespective of age [www.sleepontario.com](http://www.sleepontario.com)

• **The Sleep Management Group**
  offers support and education in the field of obstructive sleep disorders [www.sleepmanagement.ca](http://www.sleepmanagement.ca)
Managing the effects of stroke: Depression

The changes in your body and mind after a stroke can affect your emotions. It is normal to feel:

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

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

Some stroke survivors develop depression. This may be due to a chemical imbalance in the brain. Caregivers can also be at risk for depression due to the changes and challenges in their lives.

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

Learn the warning signs of depression.

Only a doctor can tell if you have depression. If you have two or more of these warning signs for more than two weeks, tell your doctor:

- feeling hopeless, ashamed or guilty about being a burden
- changes in your sleep pattern
- changes in appetite
• loss of interest in things you used to enjoy
• feeling restless, irritable or impatient
• constant or frequent headaches, stomach upset or pain
• difficulty concentrating
• feeling tired, sluggish or lacking energy

• thoughts of suicide or death
  • If you have these thoughts, call your doctor, a helpline or 911 right away.

It is important to get help for depression as soon as possible. Don’t be ashamed or think you can deal with this on your own.

It may be hard to ask for help, but getting treatment from skilled health care providers will make you better. The treatment you receive will depend on your needs. Treatment can include counselling, taking medications, or both.

Questions about depression

• Do I feel hopeless? Have I lost interest in things I used to enjoy?
• Have I or my family members noticed a change in my behaviour or personality?
• Am I having trouble sleeping or am I sleeping more than usual?
• Has my appetite changed?
• Have I been feeling more tired than usual? Am I having difficulty concentrating?
• Have I had thoughts about ending my life?
Resources to help depression

GENERAL INFORMATION

• **Let's Talk About Stroke**, a guide developed by the Heart and Stroke Foundation, pages 46-48

• **Tips and Tools for Everyday Living: A Guide for Stroke Caregivers** is a resource published by the Heart and Stroke Foundation that provides practical knowledge and skills for family caregivers and health care providers. [www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.6194819/k.FEB1/Tips_and_Tools__2010.htm](http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.6194819/k.FEB1/Tips_and_Tools__2010.htm)

COUNSELLING

• **Woodgreen Community Services** offers family caregiver support including counselling, education and training. [http://woodgreen.org](http://woodgreen.org) or call 416-645-6000

• **Family Service Toronto** offers support and counselling services. [www.familyservicetoronto.org](http://www.familyservicetoronto.org) or call 416-595-9230

• **Ontario Brain Injury Association** offers support, empowerment and education to people and families living with acquired brain injury. [www.obia.on.ca](http://www.obia.on.ca) or call 1-800-263-5404

• **Ontario Association of Social Workers** [www.oasw.org](http://www.oasw.org) or call 416-923-4848
Getting back into life:
Returning to work

If you were working when you had your stroke, you may wonder if you will be able to go back to work.

Your ability to go back to work will depend on:
- how you feel
- how you have been affected by your stroke
- the type of work that you do

Your stroke may have affected your body and mind. As well as physical changes, you may:
- feel tired
- have memory loss
- have trouble concentrating

Allow enough time for your recovery. Most changes will get better with time; but some may not.

When you are ready to think about going back to work, talk with your health care team. These team members can help you identify your strengths and needs:
- social worker
- occupational therapist
- vocational rehabilitation therapist
- doctor
Depending on your abilities, you may need to change the way you work. For example, you may need to:

• learn to do things with one hand
• do certain tasks sitting down instead of standing
• be patient with yourself
• not put pressure on yourself to perform at the same level you did before your stroke

Your doctor will:

• Decide when you are healthy enough to go back to work.
• Work with your rehabilitation team and your employer to plan a gradual return to your work schedule and responsibilities.

If you are disabled, your employer is responsible for making reasonable adjustments to your job description and the workplace.

If you are unable to do the same job, consider your choices. You may want to retrain for a different job, retire or do volunteer work.

Questions about work

• Am I able to return to work?
• When will I be able to return to work?
• What things might get in the way of returning to work?
• Who can assess my ability to return to work? Can I see a vocational rehabilitation therapist? What other services or programs could do this?
• Is my workplace accessible? Can I park or use transit, get into the building and to my workspace, use my workspace and the washroom?
• Have I talked with my boss about the expectations and responsibilities of my job? Are any adjustments needed to match my abilities? Have we agreed on what I will do?
• Is it possible to have flexible hours or work from home?
• If I am not earning enough, can I get financial help? What government assistance programs are available? Am I eligible for funding?
• What short-term and long-term disability benefits do I have at work? Who can I talk to about my benefits (my boss, human resources or occupational health)?
• If I can’t return to my job, what else would I like to do? Train for another job? Retire? Find a volunteer job?

HELP Resources about working

GENERAL INFORMATION

• Let’s Talk About Stroke,
a guide developed by the Heart and Stroke Foundation, pages 59-60

FINANCIAL SUPPORT (see also ‘Money Matters’)

• Ontario Works
provides temporary financial assistance to help cover the costs of your basic needs and employment assistance to help you prepare for and find a job. www.ontario.ca/socialassistance - check the website to find the office nearest you.
• **Ontario Disability Support Program (ODSP) – Income Support**
  provides long-term financial assistance to people who cannot work for medical reasons or because of disability. [www.ontario.ca/socialassistance](http://www.ontario.ca/socialassistance) - check the website for the office nearest you.

• **Employment Insurance (EI)**
  provides temporary financial assistance to unemployed Canadians who have lost their job through no fault of their own, while they look for work or upgrade their skills. [www.servicecanada.gc.ca/eng/sc/ei/index.shtml](http://www.servicecanada.gc.ca/eng/sc/ei/index.shtml) - check the website for the Service Canada Centre nearest you.

FINDING WORK AND JOB TRAINING

• **Ontario Disability Support Program (ODSP) – Employment Supports** helps people with disabilities find a job. [www.ontario.ca/socialassistance](http://www.ontario.ca/socialassistance) - check the website for the office nearest you.

• **Job Opportunity Information Network (JOIN):**
  Many of the providers of Ontario Disability Support Program (ODSP) employment services are part of this. [www.joininfo.ca/toronto.php](http://www.joininfo.ca/toronto.php)

• **Opportunities Fund for Persons with Disabilities**
  helps people with disabilities prepare for, obtain and maintain employment or self-employment – in particular those who are not eligible for Employment Insurance (EI) benefits. [www.hrsdc.gc.ca/eng/funding_programs/ofpd/index.shtml](http://www.hrsdc.gc.ca/eng/funding_programs/ofpd/index.shtml) - check the website for the Service Canada Centre nearest you.
• **Canadian Pension Plan Vocational Rehabilitation**
  is a voluntary program designed to help people receiving CPP
disability benefits return to work. [www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/physguide/work.shtml#help](http://www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/physguide/work.shtml#help) or call 1-800-461-3422

• **Bridgepoint Health – Vocational Rehabilitation**
  is a government funded day treatment program that assists people
to return to work. [www.bridgepointhealth.ca/daytreatment](http://www.bridgepointhealth.ca/daytreatment) or call 416-461-8252 ext. 2371

• **Canadian Council on Rehabilitation and Work**
  promotes and supports meaningful and equitable employment
of persons with disabilities. [www.ccrw.org](http://www.ccrw.org) or call 416-260-3060
(Toronto) or 1-800-664-0925

• **March of Dimes Employment Services**
  provides job training and helps people with disabilities find

• **Canadian Paraplegic Association (CPA)**
  can assist clients with physical disabilities other than spinal cord
injury. [www.canparaplegic.org/en](http://www.canparaplegic.org/en)

• **Centre for Independent Living in Toronto**
  provides people with disabilities with employment information,
referrals and job opportunities. [http://cilt.ca/information.aspx](http://cilt.ca/information.aspx) or call 416-599-2458
• **Community Head Injury Resource Services** offers a comprehensive Employment Services program to ensure that a variety of supported, vocational opportunities are provided to individuals with a range of abilities and employment-related goals. [www.chirs.com](http://www.chirs.com) or call 416-240-8000

• **Ability Edge** is a national internship program for graduates with disabilities. [www.abilityedge.ca](http://www.abilityedge.ca) or call 416-977-3343 or 1-888-507-3343

• **Corbrook** develops and provides opportunities for meaningful work and personal development for persons with varying levels of abilities. [www.corbrook.net](http://www.corbrook.net) or call 416-245-5565 (West Toronto) or 416-431-9000 (East Toronto)

• **JVS Toronto – AbilityWorks** assists persons with mental health, developmental, learning and physical disabilities, injuries or illnesses to transition to employment. [www.jvstoronto.org/index.php?page=abilityworks](http://www.jvstoronto.org/index.php?page=abilityworks) or call 416-787-1151

• **Centre for Information and Community Services** helps immigrants to achieve equal access to the Canadian job market through different employment programs and services. [http://cicscanada.com/content/23/Employment_Services](http://cicscanada.com/content/23/Employment_Services) or call 416-292-7510 ext. 118

• **COSTI – Rehabilitation and Training Services Program** provides educational, social, and employment services to help immigrants in the Toronto area attain self-sufficiency. [http://costi.org/programs/program_details.php?program_id=175](http://costi.org/programs/program_details.php?program_id=175) or call 416-789-7925
• **BALANCE for Blind Adults**
  is a non-profit agency that partners with government and community services to enable people with vision loss to lead independent lives. [www.balancefba.org](http://www.balancefba.org) or call 416-292-7510

• **Canadian National Institute for the Blind (CNIB)**
  offers career and employment services for individuals with visual impairment. [www.cnib.ca/en/services/vision-support/range](http://www.cnib.ca/en/services/vision-support/range) or call 1-800-563-2642

• **Inclusive Design Research Centre – Employment Accommodation Services**
  is a multidisciplinary support team that assists in the hiring, retraining, retention or advancement of persons with disabilities. There is a fee. [http://idrc.ocad.ca/index.php/services/34-services/consultation/58](http://idrc.ocad.ca/index.php/services/34-services/consultation/58) or call 416-977-6000 ext. 3967

• **WORKink**
  [http://workink.com](http://workink.com) – Canada’s largest virtual employment resource centre for job seekers with disabilities.

• **Link Up Employment Services for Persons with Disabilities**
  is a not-for-profit group mandated to increase training and employment opportunities for persons with disabilities throughout the Greater Toronto Area. [www.linkup.ca](http://www.linkup.ca) or call 416-413-4922

• **JobStart**
  is a community based, not-for-profit agency connecting people looking for work with employers looking to hire. [www.jobstart-cawl.org](http://www.jobstart-cawl.org) or call 416-231-2295
VOLUNTEER OPPORTUNITIES AND JOB TRAINING

• Charity Village
  www.charityvillage.com – Canada’s supersite for the non-profit sector – 3,500 pages of news, jobs, resources, how-to articles, volunteer and event listings, educational opportunities.

• Volunteer Toronto
  www.volunteertoronto.ca – connects people with volunteer opportunities in Toronto.
Getting back into life: Social support and activities

The effects of stroke may require you to make major changes in your daily life. Adjusting to these changes will take time. It is normal to go through a period of grieving. You and your family may feel sad, angry, afraid and frustrated.

It can be helpful to talk with others who have had a stroke.

Peer support groups give you a chance to:
• share your stories
• learn from others
• get support from others who have had a similar experience

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. You may need to adapt some activities or you can develop new interests.

Your Occupational Therapist can help you adapt activities and learn to use assistive devices. For example, you can learn to fish, play golf or do other activities with the use of one hand or limited mobility.
Many community 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 you may want to consider are:
• adult day programs
• bowling leagues
• chair fitness classes
• gardening programs
• golf
• pool programs
• yoga, Pilates or Tai chi classes

Questions about activities

• What are my interests?
• What assistive devices would help me take part in leisure activities?
• Do I want to go to any social, recreation or fitness programs?
• Am I interested in joining a support group for people who have had a stroke?
Resources about activities

GENERAL INFORMATION

• Let’s Talk About Stroke,
a guide developed by the Heart and Stroke Foundation, pages 46-48, 58. [Link to document]

• Heart and Stroke Foundation – Living with Stroke Program
[Link to website] Check the website or call 416-489-7111 to find the one nearest you.

PEER SUPPORT

• Stroke Recovery Canada Peer Support Groups
[Link to website] check the website for the group nearest you

• Toronto Central Chapter 416-425-3463 ext 7714
• Toronto Pathfinders Chapter (for people who had their stroke before age 50) 416-425-3463 ext 7714
• Warmline is a confidential peer support toll-free line
  1-888-540-6666 for those affected by stroke (stroke survivor or caregiver).

• Marilyn Sherman’s Stroke Thrivers Blog
[Link to website] – learn from Marilyn’s own experiences living with stroke. Her website provides practical tips and a means to connect with a peer.
DAY PROGRAMS AND RECREATIONAL ACTIVITIES

• Central Neighbourhood House – Stroke Survivors Club
  offers an adult day program including social activities, refreshments and exercise. [www.cnh.on.ca/programs-services/stroke-survivors-club](http://www.cnh.on.ca/programs-services/stroke-survivors-club) or call 416-925-4363 ext. 119

• Centre for Independent Living in Toronto
  offers social programs such as a Diner's Club where participants visit a restaurant each month and meet new people or a Prime-Timer’s Group for older people with disabilities, many of whom have had a stroke. [www.cilt.ca](http://www.cilt.ca) or call 416-599-2458

• Community Head Injury Resource Services – Adult Day Services
  offers a variety of social, recreational and skill building programs. [http://chirs.com/adult_day_services.html](http://chirs.com/adult_day_services.html) or call 416-240-8000

• COTA Health
  is an accredited provider of mental health and community support services which include case management, supportive housing, short-term residential beds and a day program. [www.cotahealth.ca](http://www.cotahealth.ca) or call 416 785-9230
  - Offers a Wednesday afternoon Stoke Recovery Group at the Wellesley Community Center – contact: Rhonda Buchanan.
  - Offers a day program at Providence Centre for stroke recovery.

• Downsvievw Services to Seniors BOOST Program
  is a social, recreational and therapeutic program for people with stroke – call 416-633-9519
• **MOST Moving On after Stroke Program – Baycrest**
  teaches you the skills needed to live successfully with stroke. Includes participatory discussion, education and exercise sessions on land and/or in a warm water pool. [www.baycrest.org/Programs_and_Services/Healthy_Living/11956.asp](http://www.baycrest.org/Programs_and_Services/Healthy_Living/11956.asp) or call 416-785-2500 ext. 2683

• **North York Seniors Centre**
  offers a variety of programs and services to enable seniors to be active, live well and stay socially connected. [www.nyseniors.org](http://www.nyseniors.org) or call 416-733-4111

• **Second Mile Club**
  offers an adult day program including group activities and meals. [http://secondmileclub.ca/programs/adult-day-program](http://secondmileclub.ca/programs/adult-day-program) or call 416-922-5819

• **Senior Link Stroke Group**
  offers a recreational and support group – call 416-691-7407 ext. 209

• **St. Christopher House**
  offers social and recreational programs for older adults with physical and / or cognitive impairments. [www.stchrishouse.org/older-adults/alzheimer-frail-adults/AlzheimerAndFrailEld/elderly-descrip-our-program](http://www.stchrishouse.org/older-adults/alzheimer-frail-adults/AlzheimerAndFrailEld/elderly-descrip-our-program) or call 416-532-4838

• **St. Clair West Services**
  for Seniors provides supervised social, recreational and therapeutic programming for seniors and adults with disabilities. [http://servicesforseniors.ca/services-programs/adult-day-centre.html](http://servicesforseniors.ca/services-programs/adult-day-centre.html) or call 416-787-2114
• **TIME Together In Movement and Exercise**
  is a fitness program run jointly by Toronto Rehab Institute and Toronto Parks, Forestry and Recreation. Three locations:
  - Avenue Road / Eglinton 416-395-0267
  - Bathurst / Queen's Quay 416-392-1509
  - Dufferin / Dupont 416-338-5131

• **Villa Columbo Services for Seniors**
  offers an adult day program and other community programs primarily for the Italian community. [http://villacharities.com/main.asp?View=ColomboCo](http://villacharities.com/main.asp?View=ColomboCo) or call 416-780-0407 (Community Services) or 416-746-6247 (Adult Day Program)

• **Yee-Hong Centre for Geriatric Care**
  offers a broad range of social, recreational and educational activities for Chinese and Asian seniors in the community. This includes an adult day program, dining, friendly visiting and outreach. [www.yeehong.com/centre/community_services.php](http://www.yeehong.com/centre/community_services.php) or call 416-321-6333

• **Variety Village**
  is a one-of-a-kind fitness facility adapted for people of all ages and abilities. [www.varietyvillage.ca](http://www.varietyvillage.ca) or call 416-699-7167

• **Toronto Parks, Forestry and Recreation**
  offers a large number of recreation programs and services in over 100 community centres across the city. [www.toronto.ca/parks/torontofun/index.htm](http://www.toronto.ca/parks/torontofun/index.htm) or dial 311
• Abilities Canada
  www.abilities.ca – website that links those with disabilities to sport, recreation and other areas of interest.

COMMUNITY SERVICES

• Community Care Resources
  website is a service of the Toronto Central Community Care Access Centre that allows you to search online for day programs in your area. www.toronto.communitycareresources.ca or call 416-506-9888 or 1-866-243-0061

• Community Navigation and Access Program (CNAP)
  is a network of not-for-profit organizations working together to serve seniors in communities across Toronto. They will link you to services such as Meals on Wheels, adult day programs, transportation, home help, counselling, caregiver services, shopping help, group dining, personal care, and other services. www.cnap.ca/content/home/home.aspx or call toll free 1-877-540-6565

• Home & Community Support
  provides caregiver, community, health, home and nutrition services to help people with disability, illness or seniors function independently at home and stay connected to their community. http://homeandcommunitysupport.ca or call the Ontario Community Support Association at 416-256-3010 or toll-free 1-800-267-6272
• **211 Toronto Community Connection**

[www.211toronto.ca](http://www.211toronto.ca) allows you to search online from over 20,000 community, social, health and government services in Toronto. Or dial 2-1-1 to reach a certified information and referral specialist by phone.

**BOOKS OF INTEREST**

• **Stroke of Luck**, Dr. Howard Rocket

• **My Stroke of Insight**, Jill Bolte Taylor

• **The Brain that Changes Itself**, Norman Doidge

• **Living a Healthy Life with Chronic Conditions: For ongoing physical and mental health conditions** (Canadian Edition), Lorig, Sobel, Gonzalez and Minor; Bull Publishing Co. 2007

Getting back into life:
Your sexual relationship

Stroke can change your body and how you feel about yourself. This affects your sexuality. It will take time to adjust to these changes. For some time you may have less interest in sex. As you recover, sexual feelings and your desire for sex will gradually return.

Most stroke survivors can resume a healthy sex life. As you resume your sexual relationship, communication with your partner is important. Talk openly about how the stroke has affected both of you. Share your feelings. Discuss what sexual activity would be comfortable for you.

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

If you are not ready for sex, you may simply enjoy being close to your partner. You can be intimate with touching, kissing and hugging.

Your sexual relationship may be different that it was before your stroke, but it’s not over. Give yourself time to discover what works best for you as a couple.
Questions about sexuality

• When is it safe to have sex again?
• I have weakness on one side, will I be able to have sex again?
• I am unable to have intercourse, how can I be intimate again?
• I am unable to speak after my stroke, how can I express my feelings?
• Who can I talk to about having sex after my stroke?
• Can I use medications to help get an erection?

Resources about sexuality

GENERAL INFORMATION

• Let’s Talk About Stroke,
a guide developed by the Heart and Stroke Foundation, pages 52-53

• Heart and Stroke Foundation
www.heartandstroke.on.ca/site/c.pvl3IeNWJwE/b.5506007/k.74DB/Stroke__Relationships.htm

• StrokEngine
provides information on stroke-related topics, including sexuality, from quality articles, websites and systematic reviews.
www.strokengine.ca/index.php?page=topic&id=34
• **Stroke Foundation of New Zealand**
  has published a booklet titled “Intimacy After Stroke”. You can access it online at [www.stroke.org.nz/resources/Sexuality-Booklet.pdf](http://www.stroke.org.nz/resources/Sexuality-Booklet.pdf)

• **Stroke SA**
  is an Australian support group established to provide support and information for people who have experienced a stroke. You can access an article titled “Sexuality Following Stroke” on their website [www.stroke.org.au/pdf/Stroke5.pdf](http://www.stroke.org.au/pdf/Stroke5.pdf)

• **Sexual Health Network**
  [www.sexualhealth.com/channel/view/disability-illness](http://www.sexualhealth.com/channel/view/disability-illness)

• **Sexuality and Information Council of the United States**
  [www.siecus.org](http://www.siecus.org)

**COUNSELLING**

• **American Association of Sexuality Educators, Counsellors and Therapists** [www.aasect.org](http://www.aasect.org)

• **Sue McGarvie, Sex Therapist**
  [www.sexwithsue.com](http://www.sexwithsue.com)

**SPECIAL EQUIPMENT**

• **IntimateRider**
  is a small swing chair especially designed to offer a natural gliding motion that will improve sexual mobility. [www.intimaterider.com](http://www.intimaterider.com)
Caregiver support

For the stroke survivor

Your caregiver:
- helps you to be as independent as possible
- keeps you safe
- supports your dignity and quality of life

You may rely on your caregiver for many things. For example, you may need your caregiver to:
- help with your personal care
- help with daily activities
- take over tasks that in the past you were responsible for

With some time, you and your caregiver will settle into a routine that works well for both of you.

It is important to recognise that your caregiver has had to make major changes in daily life, just like you.
For the caregiver

Being a caregiver can be demanding and rewarding.

You and your family have had to make major changes in your lives. It is normal to feel:
- sad
- angry
- afraid
- frustrated
- overwhelmed

Adjusting to these changes will take time.

As a caregiver, you must also care for yourself.

It is important that you look after your own health. This includes your physical, emotional and social well-being.

You may find it helpful to talk with others who know what you are going through. 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.
Being a caregiver requires a lot of time and energy. Don’t be afraid to ask for help from family, friends or community services.

It is also important to recognize when you might be feeling burnt-out and need a break. Talk to a member of your health care team if you want help.

Questions about caregiver support

For the person with stroke:
- How is my caregiver coping?
- Why is it important for my caregiver to take care of him/herself?
- If my caregiver needs help, do we have family, friends or community services that can support us?
- Does my caregiver need a break from helping me?
- Does our community have respite programs?

For the caregiver:
- What activities do I enjoy doing?
- What arrangements need to be made so that I can continue to do things that I enjoy?
- What do I most need help with?
- Who can help me?
- How can I help my loved one to be more independent?
- What are the signs of caregiver stress or burnout?
- Would it help to talk to someone about how I am? Who can I talk to?
Resources for caregiver support

GENERAL INFORMATION

• Let’s Talk About Stroke,
a guide developed by the Heart and Stroke Foundation, pages 46-51

is a resource published by the Heart and Stroke Foundation that provides practical knowledge and skills for family caregivers and health care providers. www.heartandstroke.on.ca/site/c.pvl3leNWJwE/b.6194819/k.FEB1/Tips_and_Tools__2010.htm

COMMUNITY SERVICES (see also ‘General Resources’ section)

• Community Care Access Centre (CCAC)
provides government-subsidized support services in the home. Contact them to apply for short stay respite care in long term care homes. www.ccac-ont-ca or call 310-CCAC (310-2222)

• Home & Community Support
provides caregiver, community, health, home and nutrition services to help people with disability, illness or seniors function independently at home and stay connected to their community. http://homeandcommunitysupport.ca or call the Ontario Community Support Association at 416-256-3010 or toll-free 1-800-267-6272
PEER SUPPORT

• Stroke Recovery Canada
  • Toronto Care Partners Stroke Recovery Group offers support for caregivers of stroke survivors 416-425-3463 ext. 7714
  • Warmline is a confidential peer support toll-free line 1-888-540-6666 for those affected by stroke (stroke survivor or caregiver)

COUNSELLING

• Woodgreen Community Services
  offers family caregiver support including counselling, education and training. http://woodgreen.org or call 416-645-6000

• Family Service Toronto
  offers support and counselling services.
  www.familyservicetoronto.org or call 416-595-9230

• Ontario Brain Injury Association
  offers support, empowerment and education to people and families living with acquired brain injury. www.obia.on.ca or call 1-800-263-5404

• Long Term Care Planning Network
  is a national resource centre for aging and care planning. www.ltcplanningnetwork.com or call 416-323-1090

• Ontario Association of Social Workers www.oasw.org or call 416-923-4848
Where I live

To make it easier and safer to move around at home, you may need to make changes, such as:

- rearranging furniture and removing rugs from floors
- buying special equipment such as bath seats and grab bars
- adding ramps and handrails

Your Occupational Therapist (OT) can help you decide what equipment and changes are needed in your home. If you need help to pay for this, talk with the Social Worker. You may be able to get funding from community or government services.

If you are working towards being more independent, your OT can help you build skills for activities such as:

- preparing meals
- organizing daily routines
- grocery shopping

To continue to live well and safely in your own home, you may need a little extra help:

- If you need help with personal care, such as bathing, your health care team may contact the Community Care Access Centre (CCAC) to arrange this.
- If you need help with cooking or cleaning, look for agencies in your community that provide these services.

If you are unable to return to your home, your health care team and CCAC will help you consider other options.
Questions about where I live

• What services or programs can help me to manage my everyday and household needs?
• Do I need to make changes to my home so it is easier to move around?
• Do I need a railing or ramp to get in and out of my home?
• What funding is available to help with the cost of changes to my home?
• What are my options if I cannot return to my previous home?
• Do I need a cell phone or alert system to call for help in an emergency?

Resources about where I live

ASSISTIVE DEVICES

• **Shoppers Home Health Care**
  provides specialty home health care products and services.
  www.shoppershomehealthcare.com/english/home_health_care/index.html or call 1-800-746-7737

• **Canadian Red Cross – Health Equipment Loan Program (HELP)**
  loans medical equipment on a short-term basis. www.redcross.ca/article.asp?id=40346&tid=067 or call 416-236-3180 (Toronto).
  Check the website for the location nearest you.

• For a full listing please go to www.canada411.ca. Type in “mobility aids” or “assistive devices”.
COMMUNITY SERVICES

• **Community Care Access Centre (CCAC)**
  provides government-subsidized support services in the home.
  www.ccac-ont-ca or call 310-CCAC (310-2222)

• **Community Navigation and Access Program (CNAP)**
  is a network of not-for-profit organizations working together to serve seniors in communities across Toronto. They will link you to services such as Meals on Wheels, adult day programs, transportation, home help, counselling, caregiver services, shopping help, group dining, personal care, and other services. www.cnap.ca/content/home/home.aspx or call toll free 1-877-540-6565

• **Community Care Resources**
  website is a service of the Toronto Central Community Care Access Centre that allows you to search online for services in your area.
  www.toronto.communitycareresources.ca or call 416-506-9888 or 1-866-243-0061

• **Home & Community Support**
  provides caregiver, community, health, home and nutrition services to help people with disability, illness or seniors function independently at home and stay connected to their community.
  http://homeandcommunitysupport.ca or call the Ontario Community Support Association at 416-256-3010 or toll-free 1-800-267-6272

• **211 Toronto Community Connection**
  www.211toronto.ca allows you to search online from over 20,000 community, social, health and government services in Toronto. Or dial 2-1-1 to reach a certified information and referral specialist by phone.
• Centre for Independent Living in Toronto
  provides information on attendant services, employment, housing, transportation. www.cilt.ca or call 416-599-2458. CILT can also assist in providing access to the Project Information Centre (PIC). PIC is a centralized housing registry for apartment buildings that have 24 hour support services and care for people with physical disabilities. You identify all the apartment buildings in which you are interested and apply only once. You will need to identify how much support service you will need.

• Ontario March of Dimes – Attendant Care Services
  provides clients with help for daily activities.
  www.marchofdimes.ca/EN/programs/Attendant/Pages/Attendant.aspx or call 1-800-263-3463 ext. 7726

• Grocery Shopping:
  if you prefer to do your own cooking, grocery delivery services are available. The Toronto and GTA Business Website Directory list Food, Beverage and Grocery delivery services in the area. http://toronto.texerta.com/food_beverage_delivery.htm

FINANCIAL ASSISTANCE FOR HOME MODIFICATIONS

• Ontario March of Dimes – Home and Vehicle Modification Program provides basic funding for home modifications.
  www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx or call 416-425-3463 or 1-800-263-3463
• **Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP – Disabilities) - Canada Mortgage and Housing Corporation** offers financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to persons with disabilities. [http://cmhc-schl.gc.ca/en/co/prfinas/prfinas_003.cfm](http://cmhc-schl.gc.ca/en/co/prfinas/prfinas_003.cfm) or call toll-free 1-800-668-2642

• **Home Adaptations for Seniors’ Independence (HASI)** offers financial assistance for minor home adaptations that will help low-income seniors to continue to live at home independently. [http://cmhc-schl.gc.ca/en/co/prfinas/prfinas_004.cfm](http://cmhc-schl.gc.ca/en/co/prfinas/prfinas_004.cfm) or call toll-free 1-800-668-2642

**SUPPORTIVE HOUSING PROGRAMS**

• **Bellwoods Centres for Community Living**
  [http://bellwoodscentres.org](http://bellwoodscentres.org)

• **COTA Health**
  is an accredited provider of mental health and community support services which include case management, supportive housing, short-term residential beds and a day program. [www.cotahealth.ca](http://www.cotahealth.ca) or call 416 785-9230

• **Dixon Hall**
  [www.dixonhall.org](http://www.dixonhall.org) or call 416-365-0145

• **PACE Independent Living**
  [www.pace-il.ca](http://www.pace-il.ca) or call 416-789-7806
• **Tobias House Attendant Care**
  www.tobiashouse.ca or call 416-690-3185

• **Ontario Retirement Communities Association**
  offers information on retirement residences.  www.orcaretirement.com/public/index.php or call toll-free 1-888-263-5556

**AFFORDABLE HOUSING INFORMATION**

• **Housing Connections**
  www.housingconnections.ca or call 416-981-6111

• **Shared Learnings on Homelessness – Accommodation Information and Support**
  www.sharedlearnings.org/index.cfm?fuseaction=Dir.dspOrg&orgsid=9fd57e8-8e35-498d-90a3-d144c4d7f938 or call 416-504-3610

• **Community Resource Connections of Toronto**
  www.crct.org or call 416-482-4103

• **Mid-Toronto Community Services – Critical Housing Case Management Program**
  www.midtoronto.com/web/programs_housing.php or call 416-962-9449

**SAFETY IN THE HOME**

• **Lifeline** is an easy-to-use personal response service that lets you summon help any time of the day or night.  www.lifeline.ca/content/english or call 1-866-784-1992
Getting around

After your stroke, you may need to get around in a different way.

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

• a walker, cane or brace
• a wheelchair or scooter

Your Physiotherapist or Occupational Therapist can recommend the right mobility aid for you.

You may be able to borrow a mobility aid. However, if you are going to need it for a long time, it may be better to buy it.

Talk with your health care team if you need help to pay for your mobility aid. You may be able to get funding from community or government services.

If you do not drive or are unable to drive, you may arrange to use a transportation service for people with disabilities, such as WheelTrans.
Questions about getting around

• Am I able to get around on my own inside of my home? Can I get to the bathroom, kitchen, laundry room, and bedroom?
• Am I able to get where I need to go? Can I get to work, the grocery store, bank, pharmacy, and the doctor's office?
• Do I need a device or an aid to help me get around such as a wheelchair, scooter, cane or a walker? How do I know which one is right for me?
• Are there funding programs that will help to cover the cost of mobility aids?

Resources for getting around

ASSISTIVE DEVICES

• **Shoppers Home Health Care**
  provides specialty home health care products and services. [www.shoppershomehealthcare.com/english/home_health_care/index.html](http://www.shoppershomehealthcare.com/english/home_health_care/index.html) or call 1-800-746-7737

• **Canadian Red Cross – Health Equipment Loan Program (HELP)**
  loans medical equipment on a short-term basis. [www.redcross.ca/article.asp?id=40346&tld=067](http://www.redcross.ca/article.asp?id=40346&tld=067) or call 416-236-3180 (Toronto). Check the website for the location nearest you.

• **Suppliers of mobility aids** – for a full listing please go to [www.canada411.ca](http://www.canada411.ca). Type in “mobility aids”.
CLINICS THAT HELP WITH MOBILITY

• Assistive Technology Clinic – Sunnybrook and Baycrest
  www.assistivetechnologyclinic.ca or call 416-480-5756
  (Sunnybrook) or 416-784-3600 (Baycrest)

• Baycrest Stroke and Cognition Clinic
  www1.baycrest.org/Home/CarePrograms/Rehabilitation/
  StrokeClinic.aspx or call 416-785-4359

• Bridgepoint Health
  • Seating and Positioning Clinic  www.bridgepointhealth.ca/
    seating or call 416-461-8251 ext. 2381
  • Lower Extremity Gait Support Services (LEGSS)
    www.bridgepointhealth.ca/legss or call 416-461-8252 ext. 2371
  • Physiatry Services – Spasticity Clinic  www.bridge-
    pointhealth.ca/physiatry or call 416-461-8251 ext. 2942

• Toronto Rehab Institute – Spasticity Management Clinic
  www.torontorehab.com/Our-Services/Specialty-Clinics/
  Spasticity-Management-Clinic.aspx or call 416-597-3422 ext. 7009

• West Park Healthcare Centre – Spasticity Management Clinic
  www.westpark.org/patientservices/spasticity.html or call
  416-243-3721
FINANCIAL ASSISTANCE FOR ASSISTIVE DEVICES

• **Assistive Devices Program (ADP)**
  provides funding for equipment for persons with a physical disability. There are specific eligibility criteria and an ADP Authorizer must assess specific needs. [www.health.gov.on.ca/english/public/program/adp/adp Mn.html](http://www.health.gov.on.ca/english/public/program/adp/adp Mn.html) or call toll-free 1-800-268-6021 or 416-327-8804 (Toronto)

• **Ontario Disability Support Program (ODSP)**

TRANSPORTATION

• **Toronto Ride**
  is a partnership of not-for-profit community support organisations that provide assisted transportation services to seniors and or adults with disabilities. [www.torontoride.ca](http://www.torontoride.ca) or call 416-481-5250

• **Wheel-Trans**
  is operated by the Toronto Transit Commission and provides door-to-door accessible transit service. [www3.ttc.ca/WheelTrans/About_Wheel-Trans_Service/index.jsp](http://www3.ttc.ca/WheelTrans/About_Wheel-Trans_Service/index.jsp) or call 416-393-4111
Driving

Being able to drive again is a priority for most people after a stroke. It is important as a way of getting around and being independent.

Your doctor or stroke specialist will decide if and when it is safe for you to drive. This will depend on the effects of your stroke and how long they last.

Your doctor may report your condition to the Ministry of Transportation of Ontario (MTO). The MTO may suspend your licence until you have recovered enough to be able to drive safely.

Some stroke effects, such as weakness, do not prevent you from driving. It may be possible to adapt your vehicle so you can drive safely.

When you are ready, you may need to have a driving assessment before you are allowed to drive. Any restrictions or changes to your vehicle will be noted on your driver’s licence.

About half of stroke survivors return to driving.

Some stroke survivors have lasting effects that make driving unsafe. It is not possible for them to drive again.
Questions about driving

• Will I be able to drive after my stroke?
• I received a letter from the Ministry of Transportation of Ontario informing me that my licence has been suspended. What happens now?
• Has the doctor given me the OK to drive again? Where can I go to get tested? How much does a driving test cost?
• What do I need to do to get my licence back?
• Are there rules or regulations about driving after stroke?
• Who can help me to make changes to my vehicle so that I can drive? Can I apply for funding to help cover the cost of those changes?
• What changes to my licence do I need to inform my vehicle insurance company about?
• What happens if I am no longer allowed to drive?
• Will my insurance cover someone else to drive my car?
• What happens if I drive when my doctor has told me not to?

Resources about driving

GENERAL INFORMATION

• Let’s Talk About Stroke,
a guide developed by the Heart and Stroke Foundation, pages 55-57
• **Heart and Stroke Foundation**  
  [www.heartandstroke.on.ca/atf/cf/%7B33C6FA68-B56B-4760-ABC6-D85B2D02EE71%7D/Driving_After_Stroke_Survivors_June_2007_FINAL.pdf](http://www.heartandstroke.on.ca/atf/cf/%7B33C6FA68-B56B-4760-ABC6-D85B2D02EE71%7D/Driving_After_Stroke_Survivors_June_2007_FINAL.pdf)

• **StrokEngine**  
  provides information on stroke-related topics, including driving, from quality articles, websites and systematic reviews.  

**MINISTRY OF TRANSPORTATION OF ONTARIO**

• **Driver Improvement Office, Medical Review Section**  
  [www.mto.gov.on.ca/english/dandv/driver/medical-review](http://www.mto.gov.on.ca/english/dandv/driver/medical-review) or call 416-235-1773 or 1-800-268-1481. Check the website for information on the process to reinstate your license and for MTO approved driver assessment centres for driving evaluations.

• **Accessible Parking Permits**  
  [www.mto.gov.on.ca/english/dandv/vehicle/app.shtml](http://www.mto.gov.on.ca/english/dandv/vehicle/app.shtml)  
  or call 416-235-2999 or 1-800-387-3445

• **Ministry of Transportation**  
  approved driver assessment and training centres in Toronto:
  
  • **Saint Elizabeth Health Centre – Driver Assessment and Training Services**  
    [www.saintelizabeth.com/page/driver-assessment-training](http://www.saintelizabeth.com/page/driver-assessment-training) or call 416-398-1035  
  • **DriveAgain**  
    [www.driveagain.ca](http://www.driveagain.ca) or call 416-640-0292 or 1-888-640-0292  
  • **Driver Rehab Therapist**  
    [www.driverrehabtherapist.com](http://www.driverrehabtherapist.com) or call 416-807-7155
VEHICLE MODIFICATION

• **National Mobility Equipment Dealers Association (NMEDA)** is a non-profit trade association of mobility equipment professionals dedicated to expanding opportunities for people with disabilities to drive or be transported in modified vehicles. [www.nmeda.com](http://www.nmeda.com) or call 1-866-948-8341

• **General Motors of Canada – Mobility Program** will adapt certain GM vehicles for easier access. [www.gm.ca/gm/english/owner_centre/buick/autocare/article/1233087303030](http://www.gm.ca/gm/english/owner_centre/buick/autocare/article/1233087303030) or call 1-800-GM-DRIVE

• **Savaria Vehicle Group** is a wheelchair van conversion company. [www.savaria.com/products/vans/index.php](http://www.savaria.com/products/vans/index.php) or call 1-855-SAVARIA

• **Shoppers Home Health Care – Automotive Division** is a dealer for wheelchair accessible vans. [www.sparrowhawk.ca](http://www.sparrowhawk.ca)

• **Universal Motion** installs wheelchair lifts and van conversions. [www.universalmotion.com](http://www.universalmotion.com) or call 416-398-4255 or 1-877-899-0699

FINANCIAL ASSISTANCE FOR VEHICLE MODIFICATIONS

• **Ontario March of Dimes – Home and Vehicle Modification Program** provides funding for vehicle modifications. [www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx](http://www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx) or call 416-425-3463 or 1-800-263-3463
Travelling

Everyone needs a holiday! You may want to travel for rest and relaxation, to see new places, or visit family and friends. With a few extra considerations, you can plan a safe and enjoyable holiday.

It is important to check with your doctor before you travel after a stroke.

Your health care team can suggest ways to make travel easier, such as:
• renting a wheelchair or scooter for long distances
• learning to transfer safely
• using special equipment

Questions about travel

• How soon can I travel after my stroke?
• What do I need to know about travelling if I’ve has a stroke?
• Is it safe for me to travel by car, train or plane?
• What do I need to do to plan a safe trip?
• How can I make sure that my needs can be met at my destination?
  Do I need to plan or call ahead before I leave?
• Where can I learn about travel insurance?
• As a caregiver what should I do if something happens while we are away from home?
Resources about travelling

GENERAL INFORMATION

• **Heart and Stroke Foundation**
  www.heartandstroke.on.ca/site/c.pvl3IeNWJwE/b.5506029/k.E7E/Stroke__Questions_you_may_have_after_your_stroke.htm#travel

• **North Somerset Stroke Passport**, pages 24-25
  www.n-somerset.gov.uk/NR/rdonlyres/5A670455-F768-405A-81AB-554FDED661BB/0/StrokepassportJuly20102.pdf

• **March of Dimes Canada, TravelAbility Travel Insurance.**
  TravelAbility is a travel insurance program specifically designed for people with physical disabilities and their families.
  www.marchofdimes.ca/EN/programs/travelability/Pages/travelInsurance.aspx. In addition your local travel agent or your current insurance provider may be able to provide you with information on travel insurance.

Learn from the experience of others. You can get ideas and suggestions from stroke survivors for what has worked well for them when travelling. An example: [http://thestrokethrivers.blogspot.com](http://thestrokethrivers.blogspot.com)
Money matters

After having a stroke, you may worry:

• that you are not well enough to go back to work
• that your savings will run out
• about paying for the medications or special equipment you need

Whatever your situation, it is normal to be concerned about finances when there is a change in your health.

If you need income support, there are community and government services that can help. Your health care team can give you information and guide you to the services that best suit your needs.

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

Questions about money matters

• Do I need help to manage my money? Can my caregiver help me with this? If I have no one to help me what do I do?
• Do I need to change the way I spend money?
• What government funding programs and tax benefits are available for people with disabilities?
• Do I need to use my insurance or retirement benefits?
• What government benefits am I entitled to? Are there any benefits available for my children?
• Where can I get help with the cost of my medications or medical equipment?
Resources about money matters

MONEY MANAGEMENT

- **Credit Counselling & Financial Planning:**
  Speak to your financial advisor or accountant. Or you can contact Findhelp Toronto to locate a community agency or organization that can help with credit counselling or offer some guidance around money management. They can be reached by dialling 2-1-1 or on-line at [www.211toronto.ca](http://www.211toronto.ca).

- **Office of the Public Guardian & Trustee (Ministry of the Attorney General):** To obtain information or assistance on issues such as incapacity, guardianship processes and powers of attorney. Contact their head Office (GTA) at 416-314-2800 or visit [www.attorneygeneral.jus.gov.on.ca/english/family/pgt](http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt).

INCOME

- **Ontario Works (OW)**
  provides temporary financial assistance to help cover the costs of your basic needs and employment assistance to help you prepare for and find a job. [www.ontario.ca/socialassistance](http://www.ontario.ca/socialassistance) - check the website to find the office nearest you.

- **Employment Insurance – Sickness Benefits:**
  If you have had to stop work because of an illness/injury you may qualify for this benefit. Apply on-line at [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca). You can get more information by calling 1-800-206-7218 or visiting your local Service Canada office.
• **Ontario Disability Support Program (ODSP)**
  provides long-term financial assistance to people who cannot work for medical reasons or because of disability. [www.ontario.ca/socialassistance](http://www.ontario.ca/socialassistance) - check the website for the office nearest you.

• **Canadian Pension Plan (CPP) – Retirement Pension and Disability Benefits:** These benefits may be available to you if you contributed to CPP while you were working. There may also be benefits available for your children. [www.servicecanada.gc.ca/eng/isp/cpp/cpptoc.shtml](http://www.servicecanada.gc.ca/eng/isp/cpp/cpptoc.shtml) or call 1-800-277-9914

• **Old Age Security (OAS) and Guaranteed Income Supplement (GIS):** Is available to those 65 years or older. There may also be an allowance available for your spouse. [www.servicecanada.gc.ca/eng/isp/oas/oastoc.shtml](http://www.servicecanada.gc.ca/eng/isp/oas/oastoc.shtml) or call 1-800-277-9914

• **Insurance Coverage:**
  Make sure you understand your insurance coverage, whether it is through your employer or privately, contact your insurance company to see what is available. For example, short-term disability, long-term disability, critical illness, etc.

**MEDICAL ITEMS AND SERVICES**

• **Assistive Devices Program (ADP)**
  provides funding for equipment for persons with a physical disability. There are specific eligibility criteria and an ADP Authorizer must assess specific needs. [www.health.gov.on.ca/english/public/program/adp/adp_mn.html](http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html) or call toll-free 1-800-268-6021 or 416-327-8804 (Toronto)
• **Tax Returns:**
  Some medical expenses can be claimed on your tax return. For more information on what items you might be able to claim visit [www.cra-arc.gc.ca/disability](http://www.cra-arc.gc.ca/disability) or call 1-800-959-8281

• **Ontario Works and ODSP**
  provide some coverage for medical equipment and supplies. They also may help with medical transportation costs. You must be receiving social assistance to access this funding. Contact your OW/ODSP caseworker for information to apply.

• **City of Toronto Hardship Fund:**
  Provides assistance with the purchase of medical items for those in financial need in the city of Toronto (for people not receiving social assistance). Contact your local Ontario Works office to apply.

• **Ontario March of Dimes – Assistive Devices Program:**
  Non-profit charity that can provide assistance with the purchase or repair/maintenance of some mobility devices. Can also help link you to other sources of funding. [www.marchofdimes.ca/EN/programs/adp/Pages/Adp.aspx](http://www.marchofdimes.ca/EN/programs/adp/Pages/Adp.aspx) or call 1-866-765-7237

**OTHER**

• **Disability Tax Credit**
  is a non-refundable tax credit that a person with a qualifying impairment can claim. [www.cra-arc.gc.ca/disability](http://www.cra-arc.gc.ca/disability) or call 1-800-959-8281
• **Registered Disability Savings Plans (RDSP):**
  This is a savings plan for people who are eligible for the disability tax credit. [www.cra-arc.gc.ca/disability](http://www.cra-arc.gc.ca/disability) or call 1-800-959-8281

• **Veterans Affairs Canada**
  provides services and benefits to veterans and their families. [www.veterans.gc.ca/eng/sub.cfm](http://www.veterans.gc.ca/eng/sub.cfm) (click on Services & Benefits on left hand side of the page) or call toll-free 1-866-522-2122

• **City of Toronto Property Tax and Water Rebate Programs**
  give low-income seniors and low-income persons with a disability the opportunity to apply for a deferral or cancellation of property tax increases or a water rebate. [www.toronto.ca/taxes/property_tax/tax_relief.htm](http://www.toronto.ca/taxes/property_tax/tax_relief.htm) or call 416-338-4829

• **Emergency Energy Fund:**
  This fund can help with paying late bills, security deposits and reconnection costs. Arrears can be for gas, hydro, oil and other forms of heating. Call 416-338-3332.

**DRUG COVERAGE**

• **Ontario Drug Benefit Program (ODB)**
  provides coverage for the cost of some prescription drugs to persons 65 years or older. Low-income seniors can apply for a co-payment reduction. [www.health.gov.on.ca/en/public/programs/drugs/funded_drug/fund_odbp.aspx](http://www.health.gov.on.ca/en/public/programs/drugs/funded_drug/fund_odbp.aspx) or call toll-free 1-866-811-9893 or 416-327-8109 (Toronto)
• **Trillium Drug Program**
provides coverage for some prescription drugs for persons under the age of 65 and who have high drug costs in relation to their household's income. Must have valid OHIP card and not be covered by other provincial programs (e.g., ODB, OW/ODSP, long-term care residents, persons receiving professional homecare services). [www.health.gov.on.ca/english/public/pub/drugs/trillium.html](http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html) or call toll-free 1-800-575-5386 or 416-642-3038 (Toronto). Application kits are also available at your pharmacy.

• Ask your pharmacy if they have any special programs to help their clients locate funding.

• You can call some drug companies to request coverage for compassionate reasons.

**NUTRITION**

• **Food banks:**
Provides food to those in need. To find your local food bank, call 416-203-0050.

• **Special Diet Allowance:**
Available for persons receiving Ontario Works or ODSP. Only certain medical conditions qualify. To apply, contact your OW/ODSP caseworker.
Advanced care planning

Making your own choices is basic to your sense of identity and well being. This is true of decisions about your personal care including:

• food
• living arrangements and housing
• clothing
• safety
• health care
• hygiene

What is advanced care planning?

1. Making choices now while you are capable, about how you wish to be cared for in the future, if you become incapable of making decisions.
   • The personal care wishes you express while capable are legally binding.

2. Giving someone you trust the information and authority to act on those wishes for you. This person is called your Substitute Decision Maker (SDM).
   • To appoint a SDM, you must write their name in a ‘Power of Attorney for Personal Care’ document.
   • Choose someone who you feel would best honour and carry out your wishes. This person does not have to be a family member.
What happens if I do not have a SDM?

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<tr>
<th>If you do not have a SDM through a Power of Attorney for Personal Care</th>
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<td><strong>AND</strong></td>
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<td>You are not capable of making your health care decisions</td>
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The health care team will turn to the following people (in this order) to make your health decisions:
1. Your spouse, common-law spouse or partner
2. Your child (over 16) or parent
3. Custodial parent
4. Brother or sister
5. Any other relative by blood, marriage or adoption

Questions about advanced care planning

- Have I chosen someone (a Substitute Decision Maker) to make decisions on my behalf?
- Have I made my wishes about my personal care known to the person I would trust to be my Substitute Decision Maker?
- Do I have them written down?
Resources about advanced care planning

GENERAL INFORMATION

• A Guide to Advanced Care Planning

• Download your own power of attorney and living will documents at
  www.attorneygeneral.jus.gov.on.ca (click on Wills & Estates on the left hand side of the page)

Call your local Public and Guardian Trustee office toll free
1-800-366-0335 or 416-314-2800 (Toronto)
General Resources

• **Community Care Access Centre (CCAC)**  
  provides government-subsidized support services in the home.  
  [www.ccac-ont.ca](http://www.ccac-ont.ca) or call 310-CCAC (310-2222)

• **Community Care Resources**  
  website is a service of the Toronto Central Community Care Access Centre that allows you to search online for day programs in your area. [www.toronto.communitycareresources.ca](http://www.toronto.communitycareresources.ca) or call 416-506-9888 or 1-866-243-0061

• **Community Navigation and Access Program (CNAP)**  
  is a network of not-for-profit organizations working together to serve seniors in communities across Toronto. They will link you to services such as Meals on Wheels, adult day programs, transportation, home help, counselling, caregiver services, shopping help, group dining, personal care, and other services. [www.cnap.ca/content/home/home.aspx](http://www.cnap.ca/content/home/home.aspx) or call toll free 1-877-540-6565.

• **Home & Community Support**  
  provides caregiver, community, health, home and nutrition services to help people with disability, illness or seniors function independently at home and stay connected to their community.  
  [http://homeandcommunitysupport.ca](http://homeandcommunitysupport.ca) or call the Ontario Community Support Association at 416-256-3010 or toll-free 1-800-267-6272
• **211 Toronto Community Connection** [www.211toronto.ca](http://www.211toronto.ca) allows you to search online from over 20,000 community, social, health and government services in Toronto. Or dial 2-1-1 to reach a certified information and referral specialist by phone.

• **211Ontario** is a province-wide directory and referral service for community and social services in Ontario. They can be reached by dialing 2-1-1 or by visiting [www.211ontario.ca](http://www.211ontario.ca).

• **City of Toronto 311** [www.toronto.ca/311](http://www.toronto.ca/311) provides access to non-emergency city services, programs and information. For example, phone 3-1-1 if you are looking for a program at your local community centre, need to report a pothole or need to order a garbage/recycling bin. Customer service representatives are available to assist you 24 hours a day, seven days a week. If outside city limits phone 416-392-CITY (2489).
My journal
My Journal

Use this space to record your own thoughts and feelings about your experiences recovering from stroke.
Glossary
Glossary of Terms

**Activities of daily living:** The basic elements of personal care such as eating, washing and showering, grooming, walking, standing up from a chair and using the toilet.

**Activity:** The execution of a task or action by an individual. Activity limitations are difficulties that an individual may have in executing activities.

**Agnosia:** The inability to recognize sounds, smells, objects or body parts (other people’s or one’s own) despite having no primary sensory deficits.

**Alternate level of care:** A patient receiving an alternate level of care is one who has finished the acute care phase of treatment but remains in an acute care bed, awaiting placement in an alternate care setting (chronic care unit, home for the aged, nursing home, home care program, etc). This classification occurs when the patient is admitted as a patient’s physician gives an order to change the level of care from acute care and requests a transfer for the patient. Sometimes a patient is admitted as a patient requiring an alternate level of care because alternate care is not available (Canadian Institute for Health Information Discharge Abstract).

**Antiplatelet agents:** Agents that inhibit platelet aggregation. These agents are used in the prevention of ischemic stroke in high-risk patients.
**Aphasia:** Loss of the inability to produce or comprehend language as a result of injury to specialized areas in the brain related to these functions, affecting the ability to speak, understand, or read and write.

**Apraxia:** Impaired planning and sequencing of movement that is not due to weakness, incoordination or sensory loss.

**Angina:** Angina (sometimes called angina pectoris) occurs when your heart doesn’t get as much blood and oxygen as it needs due to a blockage of one or more of the heart’s arteries (coronary arteries). This blockage causes pain in the chest. People who have angina describe the pain as a squeezing, suffocating or burning feeling. Angina is not a heart attack. It is a warning signal that you are at increased risk of a heart attack, cardiac arrest or sudden cardiac death and should be addressed with your doctor.

**Angiography or Angiogram:** A test in which dye is injected into blood vessels. The blood vessels are then examined using X-rays. The test can give a good idea of the condition of the blood vessels and warn if there are blood clots.

**Assistive technology:** Technology designed to help a patient with limitations to perform daily activities and social roles.

**Atrial fibrillation:** Very fast, irregular pumping of the heart muscle in the upper chambers of the heart (the atria). As a result, the heart cannot pump blood around the body effectively.

**Balance:** Acquisition and maintenance of postural stability at rest or during activities.
**Balance training:** Sensory motor and cognitive intervention to promote postural stability.

**Biofeedback:** A technique monitoring physiological functions and providing extrinsic feedback, which may include somatosensory, visual and auditory input.

**Cardio Respiratory Fitness:** Related to the ability to perform large muscle, dynamic, moderate-to-high intensity exercise for prolonged periods. Improvements in cardiorespiratory fitness result in improvements of the heart to deliver oxygen to the working muscles and in the muscle’s ability to generate energy with oxygen and result in better endurance performance. (America College of Sports Medicine Guidelines, 2000)

**Carotid Artery Disease:** The carotid arteries are the main blood vessels in the neck and supply the brain with blood. They extend from your aorta in your chest to the brain inside your skull. Carotid artery disease occurs when these arteries become narrowed or blocked. Carotid artery disease is a serious health problem because it can cause a stroke.

**Carotid Doppler:** A non-invasive test which uses high frequency sound waves to determine the amount of blood flow through the blood vessels (carotid arteries) in the neck or the extent to which the vessels may be narrowed.

**Carotid endarterectomy:** Surgical opening in one of the main neck arteries (the carotid arteries) performed when the artery is partially blocked by plaque (the buildup of fatty materials, calcium and scar tissue that narrows the artery). The procedure helps prevent a first
stroke or reduces the risk of further strokes. It works best for people whose artery is narrowed but not completely blocked. (Heart and Stroke Foundation)

**Cognitive:** Relating to the ability to think, remember and solve problems.

**Community-based rehabilitation therapy:** Rehabilitation provided in the home or community-based organizations.

**Community reintegration:** A return to participation in desired and meaningful activities of daily living, community interests and life roles following a stroke event. The term encompasses the return to mainstream family and active community living and continuing to contribute to one’s social groups and family life. Community reintegration is a component in the continuum of care after stroke; rehabilitation helps clients identify meaningful goals for community reintegration and, though structured interventions, facilitates resumption of these activities to the best of their abilities. The stroke survivor, family, friends, stroke recovery associations, rehabilitation programs and the community at large are all integral to successful community reintegration.

**Comorbid condition:** Relates to the effect of all other diseases or conditions a patient may have in addition to the primary disease of interest.

**Compensatory therapy:** Adaptive therapeutic interventions designed to enhance activity and participation (the focus is on function and not impairment).
Computerized Tomography (CT or CAT) scan: A test for evaluating the brain and other body organs. A CT scan can usually identify whether a stroke was due to bleeding (a hemorrhagic stroke) or a blockage (an ischemic stroke). The CT scanner takes a series of pictures of your brain using X-rays. The images appear as a series of thin slices showing details of the brain's anatomy. It is one of the first tests scheduled for someone who has had a stroke.

Computerized Tomography Angiogram (CTA): A test that uses X-rays to visualize blood flow in arterial vessels throughout the body, from arteries serving the brain to those bringing blood to the lungs, kidneys, and the arms and legs.

Constraint induced therapy: Intervention designed to enhance recovery of function or a body part by restraining a less affected function or body part.

Conventional therapy: The usual care offered in a particular setting and must be defined in terms of their intensity, frequency, and duration.

Coronary Angioplasty/or stent: Used as an alternative to Coronary Artery Bypass Survery (see below), this is a non-surgical technique that uses catheters and small structures called stents to keep the arteries open. If there are many blockages or if the blockages are positioned in places that are difficult for a catheter to reach (for example, at a bend in a blood vessel), your doctor may recommend bypass surgery as your best alternative.
**Coronary Artery Bypass Surgery:** Coronary artery bypass surgery improves the blood flow to the heart muscle. It is commonly referred to as bypass surgery or Coronary Artery Bypass Graft (CABG, pronounced like cabbage) surgery. Bypass surgery is performed to improve blood flow problems to the heart muscle caused by the buildup of plaque (atherosclerosis) in the coronary arteries. The surgery involves using a piece of blood vessel (artery, vein) taken from elsewhere in the body to create a detour or bypass around the blocked portion of the coronary artery.

**Day hospital:** A defined geographic outpatient unit dedicated to interdisciplinary care and rehabilitation of an individual.

**Deep vein thrombosis:** Thrombosis (a clot of blood) in the deep veins of the leg, arm or abdomen.

**Diabetes:** A disease in which the body does not produce or properly use insulin. Insulin is a hormone produced that changes sugar and starch into the energy needed for daily life. Diabetes increases the risk of developing heart disease and stroke.

**Disability:** A defect in performing a normal activity or action (e.g., inability to dress or walk).

**Discharge Abstract Database:** Database of information related to acute care hospital discharges across Canada. The database is maintained by the Canadian Institute for Health Information, which receives data directly from all hospitals in every province and territory except Quebec. The database contains demographic, administrative and clinical data for hospital discharges (inpatient acute, chronic, rehabilitation) and day surgeries in Canada.
**Discharge disposition:** A patient`s destination following a visit to the emergency department or following a stay in hospital. A patient`s discharge disposition may or may not be the same location as before their visit to hospital.

**Dysarthria:** Impaired ability to produce clear speech due to the impaired function of the speech muscles.

**Dysphagia:** An impairment of swallowing that may occur following a stroke.

**Early supported discharge:** Early supported discharge services aim to move forward the time of discharge from hospital, as well as to provide a more continuous process of rehabilitation spanning both the period in hospital and the first few weeks at home. In these two ways, early supported discharge alters the conventional pathway of care to ensure more amenable services for patients undertaking rehabilitation.

**Echocardiogram (ECG or Echo):** A test that records the electrical activity of the heart. An ECG can find abnormal heart rhythms that may have caused blood clots to form.

**Emergency department:** A hospital or primary care department that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.

**Emergency medical services:** Provide out-of-hospital acute care and transport to definitive care for patients with illnesses and injuries that the patient believes constitute a medical emergency. The most common and recognized type of emergency medical service is an ambulance or paramedic organization.
**Enteral tube:** Delivery of nutrients directly into the digestive system via a tube.

**Executive function:** Cognitive functions usually associated with the frontal lobes, including planning, reasoning, time perception, complex goal-directed behaviour, decision-making and working memory.

**Exercise therapy:** Intervention directed towards optimizing physical capacity.

**Functional independence measure:** An 18-item, 7-level ordinal scale. It is the product of an effort to resolve the long-standing problem of lack of uniform measurement and data on disability and rehabilitation outcomes.

**Gait:** The pattern of walking, which is often characterized by elements of progression, efficiency, stability and safety.

**Hemiparesis:** Weakness involving one side of the body (of mild, moderate or severe degree) that may be caused by stroke, and can be accompanied by sensory or other neurological deficits.

**Hemiplegia:** Refers to a complete paralysis. Complete loss of motor function on one side of body that may be caused by stroke localized to the cerebral hemisphere opposite to the side of weakness.

**Hemorrhagic stroke:** A stroke caused by the rupture of a blood vessel within the brain, usually an artery.
**HOLTER monitor:** A portable device that records the electrical activity of the heart. HOLTER monitors work in a way similar to ECGs but allow the information to be recorded over longer periods of time, in the hospital or at home. It is worn around the neck, usually for 24-48 hours.

**Hyperacute period:** The time frame from the initial onset of stroke symptoms and engagement of emergency medical services though interaction with paramedics and within the emergency departments of acute care hospitals.

**Hyperlipidemia:** Also known as high cholesterol. A condition where there is an elevation of lipids, or fats, in the blood. Hyperlipidemia can be a result of your family history and / or the types of food you eat. It is a risk factor for stroke or transient ischemic attack. Medication, physical activity and diet changes can help lower high blood cholesterol levels.

**Hypertension:** Also known as high blood pressure. A chronic increase in blood pressure above the normal range. Blood pressure is high when it is 140/90 or above on several measurements. Hypertension is a risk factor for stroke or transient ischemic attack and is managed with regular aerobic exercise, weight reduction (if overweight), salt reduction and medications.

**Hypertonia:** Abnormal increase in resistance while externally imposing movement about a joint.

**Impairment:** A problem in the structure of the body (e.g., loss of a limb) or the way the body of a body part functions (e.g., hemiplegia).
**Infarction:** Death of cells in an organ (e.g., the brain or heart) due to lack of blood.

**Integration:** An integrated health system would result in coordinated health services that both improve accessibility and allow people to move more easily through the care and treatment continuum of the care health system and would provide appropriate, effective and efficient health services.

**Intensity:** The level of effort demanded or required of the individual in relation to their current capacity (physical and mental)

**Interdisciplinary stroke team:** A comprehensive team of healthcare professionals who are dedicated to the care of stroke patients within a unit. An interdisciplinary stroke team may include persons who have experienced a stroke, family and caregivers, neurologists and other physicians with expertise in stroke management, physiatrists, nurses, primary care practitioners, physical therapists, occupational therapists, speech language pathologists, social workers, dieticians, pharmacists, psychologists, rehabilitation assistants and pastoral care workers.

**International normalized ratio (INR):** Used to evaluate the ability of blood to clot properly. This ratio can be used to assess both bleeding and clotting tendencies. One common use is to monitor the effectiveness of anticoagulants such as warfarin.

**Ischemia:** An inadequate flow of blood to part of the body because of blockage or constriction of the arteries that supply it.
**Ischemic heart disease:** An inadequate flow of blood to the heart because of blockage or constriction of the arteries that supply it.

**Last seen normal:** The date and time a patient was last known to be normal before the onset of symptoms of stroke or transient ischemic attack.

**Length of stay:** A measure of the duration of a single hospitalization.

**Long-term care home:** A facility that provides rehabilitative, restorative or ongoing skilled nursing care to residents in need of assistance with activities of daily living.

**Low-density lipoprotein:** A compound that regulates cholesterol synthesis from the liver to the peripheral tissues. Sometimes referred to as “bad cholesterol,” LDL may put an individual at risk for cerebrovascular disease if it occurs at high levels.

**Magnetic Resonance Imaging (MRI):** A test used to examine the brain and other parts of the body. MRI uses non-harmful magnetic field and radio waves to produce a three-dimensional image of a part of the body, such as the brain. These images show even more detail than CT scans. It is also sometimes called nuclear magnetic resonance or NMR.

**Magnetic Resonance Angiogram (MRA):** This is a newer imaging technique and is used to detect any blocking or hardening of the arteries in the neck or brain. Like an MRI, an MRA uses strong magnetic field and radio waves to take a picture of the blood vessels.

**Medical redirect bypass:** Following predefined medical criteria and a written agreement between physicians, hospitals, dispatch and ambulance service, a closer hospital may be bypassed for medical
reasons to redirect the person exhibiting signs and symptoms of stroke to a stroke centre that can provide expert timely assessment and treatment

**Muscular endurance:** Ability of a muscle or muscle group to perform repeated muscle contractions over a period of sufficient to cause muscular fatigue, or to maintain a specific percentage of the maximum voluntary contraction for a prolonged period of time (ACSM, 2001)

**Muscle strength:** Maximal force that can be generated by a specific muscle or muscle group. (ACSM, 2000)

**Neglect:** The failure to attend or respond to or make movements toward one side of the environment.

**Outpatient rehabilitation:** Includes day hospital, outpatient ambulatory care and home-based rehabilitation. Outpatient therapy in the subacute phase of stroke (4 to 8 weeks after stroke) is often prescribed following discharge from inpatient stroke rehabilitation units. (Evidence-Based Review of Stroke Rehabilitation, 10th edition)

**Outpatient Therapy:** In the subacute phases of stroke (4-8 weeks after stroke) outpatient rehabilitation therapy in an outpatient clinic affiliated with an acute care or inpatient rehabilitation facility may be prescribed upon discharge from acute inpatient care or inpatient rehabilitation.

**Percutaneous endoscopic gastrostomy:** A form of enteral feeding in which nutrition is delivered via a tube that has been surgically inserted into the stomach through the skin.
**Peripheral Vascular Disease:** is a disorder in the circulatory system (blood flow in veins and arteries) outside of the brain or heart. Peripheral Vascular Disease usually refers to narrowing in the arteries in the legs and arms. It is usually caused by atherosclerosis (a build up of plaque) inside the arterial walls slowing down the blood flow to the muscles.

**Pulmonary embolism:** Blockage of the pulmonary artery (which carries blood from the heart to the lungs) with a solid material, usually a blood clot or fat, that has travelled there via the circulatory system.

**Rankin Scale (modified):** An outcomes scale used to measure disability or dependence in activities of daily living in stroke victims.

**Recovery:** The process whereby the person regains body structure, function, activity and participation (not time limited).

**Rehabilitation:** Restoration of a disabled person to optimal physical and psychological functional independence.

**Restorative (remedial) therapy:** Therapeutic interventions designed to restore body structure and function by targeting the underlying impairment to enhance recovery.

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

**Spasticity:** Velocity-dependent increase in muscle tone that often occurs in stroke.
**Stroke**: Rapidly developing clinical signs of focal (at times global) disturbance of cerebral function, lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin.

**Stroke prevention clinic**: A clinic providing comprehensive stroke prevention services to patients who are not admitted to the hospital at the time of their emergency department visit. Prevention clinics offer an interdisciplinary team approach and are typically funded for an advanced practice nurse, a medical secretary and a behavioural psychologist or occupational therapist.

**Stroke unit**: A specialized, geographically located hospital unit with a dedicated stroke team and stroke resources (e.g., care pathway, educational material, monitored beds). The unit does not need to have all of these resources, nor does it have to be exclusive for stroke patients, but it must be in one location.

**Subarachnoid hemorrhage**: Occurs when a blood vessel just outside the brain ruptures and blood fills the subarachnoid space surrounding the brain, Symptoms may include a sudden, intense headache, neck pain, and nausea or vomiting.

**Task-specific training**: Training that involves repetition of a functional task or part of the task.

**Telemedicine/Telestroke**: Use of electronic communication to exchange medical information from one site to another to educate the patient or the healthcare provider, and to improve patient care and health.
**Thrombolytics:** An agent (medication) that dissolves or splits up a blood clot.

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

**Tone:** Resistance to passive stretch while the patient is attempting to maintain a relaxed state of muscle activity.

**Trans-Esophageal Echocardiogram (TEE):** A test that uses high frequency sound waves to look at the structures of the heart. This is done when your doctor may suspect your heart may be producing blood clots and wants a more detailed picture of the heart. It is done by inserting a tube in the esophagus (food pipe). The patient is sedated during the procedure.

**Transient Ischemic attack:** An episode of temporary and focal cerebral dysfunction of vascular origin, variable in duration, commonly lasting from 2 to 15 minutes, but occasionally lasting as long as a day (24 hours), which leaves no persistent neurological deficit.

**Vascular cognitive impairment:** A common form of dementia that is due to cerebrovascular disease. Symptoms include confusion, memory problems, loss of bladder or bowel control (incontinence), emotional problems such as inappropriate laughing or crying, difficulty following instructions and problems with daily activities such as handling money.
Valvular Heart Disease: refers to a defect or damage to one of the four valves in the heart. In valvular heart disease valves become too narrow and hardened (stenotic) to open fully, or are unable to close completely (incompetent). This results in poor blood flow and poor pumping action of the heart. In some cases, blood pooling in the chambers of the heart has a greater tendency to clot, increasing the risk of stroke or pulmonary embolism (a blood clot in the lungs).

Videofluoroscopic Swallow Study: A test that is done if you have trouble swallowing. It is performed by a speech and language pathologist. An X-ray is taken of the swallowing process while you try different textures of food and drink to determine if you can safely eat and drink.

Acknowledgements
Acknowledgements

We would like to thank the health care professionals, stroke survivors and caregivers who contributed to the creation of the Passport and Resource section.

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