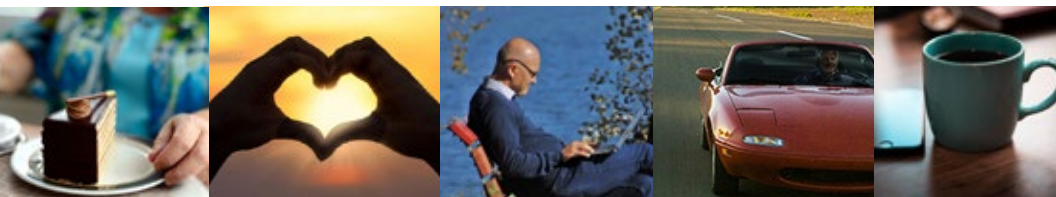


Moving Forward After A Stroke



- 
- Can I still drive after a stroke? Is it safe?
 - Can I still be intimate with my partner?
 - Can I return to work?
 - Will I still be able to volunteer?
 - Can I resume leisure activities I enjoyed before my stroke?
 - Will I be able to communicate with my family, friends and others?
 - Will I feel normal?
 - Will I be able to eat and drink?
 - Will I be able to live independently?
 - Can I take care of my finances, medications and my home?
 - Can I still go shopping, prepare meals and cook?
 - How do I get around town and to my appointments?
 - How do I ask for help?

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Driving

Can I still drive after a stroke? Is it safe?

Returning to driving after a stroke is a popular goal for many individuals. Driving allows for significant independence and makes many activities of daily living such as shopping or enjoyment of hobbies much easier. However, driving is a complex task that carries a high risk of serious injury to the vehicle's occupants as well as other drivers and pedestrians. Thus the desires of the post-stroke patient to return to driving must be balanced against possible injury or property damage.

Impairments May Limit Driving Safety

Due to the potential of impairments from stroke, it is very important to consider the following before resuming driving: visual function, motor weakness or incoordination, altered mood or temperament, and impaired thinking abilities of attention, memory and problem solving.



Visual Function

- Visual acuity is essential for being able to read signs, see pedestrians and other vehicles.
- Field of view is needed for seeing other vehicles, environmental hazards, guard rails, or objects about to cross your path.
- Visual impairment can reduce your ability to see other vehicles and hazards such as guard rails, pedestrians, a ball rolling in the street, and animals that may cross your path while driving.

Motor Weakness or Incoordination

- Motor coordination is essential for proper control of steering, acceleration, and braking.
- Coordination is also needed for managing other systems such as windshield wipers, turn signals, and gear shifting.
- An adequate reaction time is required to react and respond safely.



Altered Mood or Temperament

Drivers who get frustrated or upset easily may not be able to appropriately handle unexpected delays or other driver's unexpected behaviors.

Impaired Thinking Abilities

Attention

- Paying enough attention to the right things and not being too easily distracted is important.
- Being able to divide attention appropriately between things in the car, on the roadway, and in the periphery is essential, like watching the speedometer, understanding street signs, and seeing kids playing ball on a driveway all at the same time.

Memory

- Remembering where you want to go and why you want to go there is essential for successfully arriving and not getting lost.

Problem Solving

- Being able to figure out how to safely and successfully respond to road hazards like road construction, route closures, or traffic accidents is crucial.

Return to Driving

When or if you feel you are ready to return to driving, consider the following:

- Ask your physical medicine and rehabilitation providers or primary care provider about medical clearance and any concerns about your driving.
- Ask a friend or family member to ride with you and provide open and honest feedback about your driving abilities.
- Consider an occupational therapy driving assessment.
- Consider taking a behind-the-wheel driving test (administered by the Department of Motor Vehicles, Certified Driver Rehabilitation Specialists (CDRS), and some driving schools).



Signs of Unsafe Driving

Even if your recovery from stroke is good, you may still find driving hard. Driving is a complex task using many different skills at the same time. Be aware of signs unsafe driving.

- Failure to properly follow the direction of traffic signals, road signs, or lane markings.
- Failure to drive at speeds appropriate for road conditions (too fast or too slow).
- Making mistakes with vehicle controls (braking unintentionally, using incorrect turn signals, pressing the gas pedal instead of pressing the brake pedal).
- Striking objects—even at very low speeds can cause significant and costly damage (such as bumping other cars when parking and driving over curbs).
- Angering other drivers (getting honked at frequently may be a sign of unacceptable behavior while driving).
- Getting lost or misplacing a vehicle after parking (this suggests impaired visuospatial functions—which are needed for safe driving).



Resources

- Resources & Education for Stroke Caregivers' Understanding & Empowerment (RESCUE): <https://www.cidrr8.research.va.gov/rescue>
- The American Occupational Therapy Association, Inc. website to search for a CDRS near you: <https://www.aota.org/Practice/Productive-Aging/Driving/driving-specialists-directory-search.aspx>

Intimacy



Can I still be intimate with my partner?

Intimacy and sexuality are considered an “ADL” (Activity of Daily Living), just like feeding, bathing, and dressing. Sexuality is a core characteristic of human beings. It is basic to our sense of self and an important part of quality of life. There are not only physical aspects to sexuality, but also social, emotional and spiritual aspects. Every person and couple is unique. A holistic approach to a person’s recovery from stroke should include discussions of sexuality. Although one’s sexuality might not be a priority initially after a stroke, it often becomes a more relevant topic as the rehabilitation process continues.

MYTHS	FACTS
Persons with disabilities are not sexual or desirable.	Many people with disability after a stroke enjoy active and satisfying sex lives.
Sexual activity must be spontaneous.	It is absolutely OK for sex to be “planned,” for anyone with and without disabilities.
Sex will cause another stroke.	Persons are no more likely to have a stroke during sex than during other daily life activities.
People with a disability do not need education about sex.	Due to the potential physical and emotional issues that may occur after a stroke, support and guidance may be helpful to find new approaches.

Types of Therapists for Sexual Health Counseling

- Therapists who receive special training regarding sexuality in persons with disabilities are sometimes known as “sexologists.”
- Occupational Therapists (OT)
- Physical Medicine and Rehabilitation (PM&R) doctors
- Social Workers or other therapists.

Intimacy

Sexual Health Therapy

Therapy is a safe place for addressing all physical and emotional issues regarding sexuality after a stroke.

- You and your partner can freely express fears and concerns.
- Your therapist will help you and your partner solve problems which are preventing successful sexual activity.
- You can expect sensitivity and empathy from your therapist with respect for you and your partner's dignity.
- Don't be afraid to raise any issues regarding sexuality with your doctor, especially your physical medicine and rehabilitation (PM&R) doctor or your neurologist. They can address medication needs and provide referral to sexual health specialists.



Common Issues After a Stroke

Common issues may appear after a stroke such as spasticity, sensation changes, communication problems, pain, fatigue, cognitive impairment, depression, erectile dysfunction/vaginal dryness, or incontinence.

Cognitive Impairment

For some people after a stroke, organization and planning to engage in sexual activity may be complicated. Think ahead and consider creating a pre-thought-out plan.

Spasticity

Spasticity is a condition in which certain muscles are continuously contracted. This contraction causes stiffness or tightness of the muscles and can interfere with normal movement, speech and gait. Spasticity often increases with sexual arousal and can be a significant challenge. Suggestions to help manage spasticity:

- Take a bath in warm water before sexual activity.
- Using pillows and wedges to support the affected side may be helpful.
- Discuss with your doctor who may prescribe additional anti-spasticity medication to use before sexual activity.



Sensation Changes

Sex is heavily driven by sensation, so with changes in a person's sensations after a stroke, sex will "feel" different.

- Couples can try "body mapping", in which partners slowly and specifically explore with light and heavy touch all over each other's bodies. The person receiving the touch describes how it feels.
- Some patients will be "hypersensitive" in certain areas. If hypersensitivity is a problem, your therapist can teach you desensitization strategies.

Communication Problems

After a stroke you may experience difficulties with communication including difficulty speaking and understanding your partner as well as for your partner to understand you. Some suggestions to improve communication during intimacy include:

- Use nonverbal communication, such as hand signs and taps that are established by both partners before sexual activity.
- Establish clear signs for pain and discomfort.

Pain

After a stroke, you may experience pain or headaches. Some options to reduce pain during sexual activities may include:

- Communicating with your partner about pain you are experiencing is important.
- Use trial and error to find the least painful position. This might require a significant amount of patience on the part of both partners, but the time and effort are well worth it.
- Placing pillows under stiff or painful joints can be helpful.

Fatigue

Planning, energy conservation techniques, and choosing appropriate positions can help manage fatigue.

- Plan sexual activity for when you have the most energy.
- If fatigue is experienced during sex, pause or change to a less strenuous activity.
- The most energy conservative position is lying on the back or side.

Intimacy



Depression

Medications for depression may decrease libido or delay orgasm. In addition, depression itself may cause a person to experience decreased libido. Discuss this with your physician.

Visual-Perceptual Issues

After a stroke, you may have difficulty seeing parts of your visual fields or may not pay attention to or neglect parts of your body.

- Inform your partner of any changes to your visual field.
- Simple compensations might include the partner physically moving the neglected side for safe positioning.

Erectile Dysfunction (ED)

This is so common in men both with and without a history of stroke it even has an abbreviation. The primary treatment for this is medication. Discuss this with your physician.

Vaginal Dryness

Use a vaginal lubricant like KY Jelly® that may help to make the act of sex more comfortable. Be patient and take your time.

Incontinence

After a stroke, you may be unable to hold urine or bowel movements and be afraid of having an accident during sex. Using the bathroom before sexual activity is suggested.

Resources

- Hattjar, B, ed. Sexuality and occupational therapy: Strategies for persons with disabilities. American Occupational Therapy Association, 2012.
- <https://www.aota.org/About-Occupational-Therapy/Professionals/RDP/Sexuality.aspx>
- Resources & Education for Stroke Caregivers' Understanding & Empowerment (RESCUE): <https://www.cidrr8.research.va.gov/rescue/index.cfm>



Working, Volunteering, and Leisure Time Activities

Can I return to work?

Can I still volunteer?

*Can I resume leisure activities I enjoyed
before my stroke?*

After a stroke, successful return to working, volunteering and other leisure activities starts with understanding how changes in your physical abilities, thinking, communication, and vision will affect you and your abilities.

Work with your health care team to assess your readiness to work, volunteer or participate in leisure time activities. Clinical assessments can be conducted to determine your abilities as well as identify any barriers that may require additional support services.

Clinical Assessment Includes:

- Physical assessments may include a Functional Capacity Evaluation (FCE) which establishes the ability to perform specific job tasks.
- Cognitive assessments are designed to help measure mental functions.
- Behavioral assessments help identify motivational, emotional, and psychological concerns. Referral to supportive services such as psychology may be helpful.
- Vocational rehabilitation assists individuals with disabilities or injuries to identify and explore career interests, aptitudes and skills and formulate short and long term work goals.

Working, Volunteering, and Leisure Time Activities

Vocational Rehabilitation

Vocational rehabilitation services are available both in the VA system and in each state. Chapter 31 of the Vocational Rehabilitation and Employment (VR&E) process provides vocational rehabilitation and employment for service-connected Veterans (see link at the end of this section). Vocational rehabilitation, whether through the VA or through the state, may include:

- Employment preparation and job coaching.
- Long-term services may include education (such as retraining in a new field of work), job development, and job placement.
- A job coach works to establish a support system for a person with a disability at their place of employment.
 - If it is difficult for a person to complete job tasks, the job coach will help problem-solve so that the person is successful.
 - The job coach will work to establish accommodations in the workplace for a person with a disability.



Job Accommodation

A job accommodation is an adjustment to a job or work environment that makes it possible for an individual with a disability to perform their job duties. Accommodations may include:

- Specialized equipment
- Modifications to the work environment
- Adjustments to work schedules or responsibilities.

A valuable resource is the Job Accommodation Network (JAN), a privately-funded resource of free guidance on workplace accommodations and disability employment issues for both employees and employers (see link: <https://askjan.org/>).



Assistive Technology

There are many different electronic or mechanical Assistive Technology (AT) devices and apps designed to help with impairments after a stroke.

NEED	ASSISTIVE TECHNOLOGY
Persons with an inability to type due to a hand impairment.	Dictation software which uses speech recognition to convert spoken words to text is included in many computer applications and smart phone apps.
Persons with visual impairment.	Many applications and apps include accessibility features that provide the ability to read typed text out loud.
Persons who need to document steps required to complete tasks.	Digital voice recorders and “smart pens” can provide easy documentation.
Persons who need adjusted workplace ergonomics so people and things interact most efficiently and safely.	May consult an Assistive Technology expert to design spaces.

Note: AT services may not be available in all locations.

Resources

- Stroke Foundation, Return to Work After Stroke Fact Sheet: <https://strokefoundation.org.au/About-Stroke/Help-after-stroke/Stroke-resources-and-fact-sheets/Return-to-work-after-stroke-fact-sheet>
- State Vocational Rehabilitation and Employment (VR&E) Contacts: <https://www.askearn.org/state-vocational-rehabilitation-agencies/>
- Chapter 31, VR&E Contact nationwide 1-800-827-1000
- Vocational Rehabilitation and Employment (VR&E) process: https://www.benefits.va.gov/VOCREHAB/VRE_Process.asp
- Stroke Support Group Finder (American Stroke Assoc.: <https://www.stroke.org/en/stroke-support-group-finder>

Communicating

How can I communicate with my family and others?

After a stroke, it is common to experience more than one type of communication challenge. These difficulties affect everyone differently and can include: Aphasia (language impairment), Apraxia (ability to coordinate muscle movements for speech), Dysarthria (slurred speech), Dysphonia (voice changes), and Cognitive (thinking, reasoning or remembering) difficulties.

Therapists will work with you to assess your talking, listening, reading, writing and understanding, and help develop a rehabilitation program to meet your needs and goals.

Communicating to a Person with Aphasia

People with aphasia may have difficulty speaking, listening, reading and writing. Here are some suggestions to help get a person with aphasia to understand:

- Make sure you have the person's attention and communicate ONE idea at a time.
- Use short phrases maintaining an adult tone.
- Repeat or rephrase your message as needed.
- Patience is important for communicating between partners.
- Refer to "A Companion Booklet, Moving Forward After A Stroke for Persons with Aphasia" for help in communicating some of these messages.

Understanding Communications from a Person with Aphasia

Some suggestions to help get a message from a person with aphasia include:

- Encourage the person to try, giving them TIME to respond while being empathetic and patient.
- Do not pretend to understand the person and try not to fill in the words, unless they say it's OK. Ask for clarification if you don't understand.
- If you understand the message, try not to correct the person . . . understanding is more important than accuracy.





People with aphasia may:

Have Trouble with Speaking

- May be unable to say the word they want to say or use the wrong words, nonsense words or profanity.
- May need extra time to answer questions.
- May not be aware of errors.

Have Trouble with Listening

- May find it hard to understand what people say to them.
- May have trouble with longer and more complex sentences.
- May have difficulty with short phrases or single words.

Have Trouble with Reading and Writing

- May have difficulty understanding what they read.
- May have trouble reading aloud.
- May find it hard to write down their thoughts and ideas.
- May have trouble with spelling.

Specific communication recommendations and therapy for persons with aphasia are provided by Speech-Language Pathologists (SLP). Talk with your healthcare team for more information or to meet with a Speech-Language Pathologist.

Use Technology to Help

- Most computer programs have accessibility options that will allow increasing the print size of the words, modifying how the mouse works, including word prediction to assist in writing, and converting between text and speech. This option may or may not be helpful for a person with aphasia.
- Video teleconferencing is available with smart phones or internet-based apps which may be better for those who need to integrate more facial expression and gesture in order to be understood.

Resources

- <https://www.aphasia.ca/home-page/about-aphasia/what-is-aphasia/>
- <https://www.asha.org/public/speech/disorders/aphasia/>
- <https://www.pittsburgh.va.gov/PIRATE/index.asp>

Adjusting to Cognitive Changes

I do not seem like myself. Is this normal?

Others are telling me I am different after my stroke. Why?

Changes to Cognitive or Thinking Skills

Changes to cognition or thinking skills can accompany a stroke. Changes to concentration, memory, emotions, and communication after a stroke can be subtle for some people and are different for everyone. Family members and others might think something is “different” but not be able to exactly to define what it is. Work with your health care team who can assist with recommendations and therapy.



Changes After a Stroke

- **Executive Functioning** is the name of a group of thinking skills that involve the ability to plan and organize, solve problems, use reasoning and judgment skills. Following a stroke, you may find it more difficult to “see other ways” of doing things, have trouble being flexible or get frustrated with changes to a routine.
- **Attention**, the ability to concentrate on a task, stay focused over time, or do more than one thing at a time may be affected after a stroke.
- **Awareness** and understanding of the problems caused by a stroke may be limited.
- **Emotional** changes are a common effect of stroke. You may see a change in the normal amount or even appropriateness of behaviors like crying or laughing.
- **Memory** changes may cause you to forget things from the past or things to do in the future.



Speech-Language Pathologists and Occupational Therapists

- Provide rehabilitation for cognitive changes.
- Identify strategies to compensate for cognitive changes.
- Recommend support to promote independence.

Communicating with a Person who had a Stroke

- Verbal communication (speech) may be less clear making it hard to understand what the person is saying; this is called Dysarthria.
- Sometimes following a stroke, a person may talk too much, not enough, or tell stories that are difficult to follow.
- They may not understand humor or sarcasm the way they used to or appear rude/disinterested based on their tone of voice.
- It is important to remember that it is not that they no longer care about others, but that the stroke has made it difficult for them to use language in the same way they did before the stroke.
- See the section on Communicating for more information.



Resources

- Right Hemisphere Brain Damage: <https://www.righthemisphere.org/>
- Dysarthria: <https://www.asha.org/public/speech/disorders/dysarthria/>
- Right Hemisphere Brain Damage (RHD): <https://www.asha.org/public/speech/disorders/Right-Hemisphere-Brain-Damage/>

Adjusting to Swallowing Changes



I am having trouble swallowing.

What can I do to help?

Swallowing Changes

There is a range of swallowing problems, called dysphagia, that can arise because of a stroke. Following a stroke some people have difficulty keeping liquids and saliva in their mouths while others cannot swallow anything without it going into their lungs.

It is important that swallowing is evaluated by a Speech-Language Pathologist to make recommendations during recovery. Based on the evaluation, Speech-Language Pathologists may make recommendations to help swallowing be safer.

- Diet and liquid consistencies may be modified for the short or long term.
- It may be recommended that solid foods that are soft and easy to chew are cut into small pieces. In some cases, blended or pureed foods that do not require chewing may be the safest.
- Liquids, like water, are considered thin or regular, yet they require the highest degree of control and coordination for swallowing.
- Recommendations may be made for increasing the thickness of liquids on a continuum to maximize safety with drinking.



Food textures: Chopped, ground, and pureed



Swallowing Therapy

Speech-Language Pathologists may also provide swallowing therapy in the form of exercises or make other recommendations to help swallowing be as safe as possible. In some cases, it might not be safe to eat and or drink right away, and your treatment team may recommend a feeding tube through the nose or in the stomach so that the body and brain get the proper nutrients during recovery. Feeding tubes can be short or long term, and the tubes in the stomach can be temporary.

Keep Lungs Healthy

Whether or not your team feels that it is safe for you to eat or drink, keeping your mouth clean such as brushing teeth, dentures, gums, and using mouth wash for swish and spit is extremely important to help keep your lungs healthy.



Resources

- <https://iddsi.org/>
- <https://www.nutrition.va.gov/docs/EducationMaterials/SafeSwallowing.pdf>
- <https://www.stroke.org/en/about-stroke/effects-of-stroke/cognitive-and-communication-effects-of-stroke/difficulty-swallowing-after-stroke--dysphagia>

Working Toward Independent Living



I am just learning how to take care of myself.
How can I take care of my home?

Daily Independent Living

When people with a stroke leave the hospital, they've often spent a lot of time working on the basic activities of daily living (ADL) like mobility, dressing, and toileting, but there are additional activities called instrumental activities of daily living (IADL), to work on to help you live more independently.



Some Examples of Instrumental Activities of Daily Living:

- Managing Finances
- Managing Medications
- Meal preparation
- Shopping for Food, Personal Items, and Clothing
- Household Management
- Transportation and Getting Around

If you find that you need some help due to physical, cognitive, and emotional barriers you should talk with your health care team who can determine and suggest rehabilitation efforts that are key to working towards independent living. Other resources may include family, friends, and community. The following pages provide some ideas to consider that may help in working towards independent living.

Resources

- Resources & Education for Stroke Caregivers' Understanding & Empowerment (RESCUE): <https://www.cidrr8.research.va.gov/rescue/>
- RESCUE Fact Sheet Library: <https://www.cidrr8.research.va.gov/rescue/library.cfm>
- Vocational Rehabilitation and Employment (VR&E): <https://www.benefits.va.gov/vocrehab/>

Managing Finances



How can I manage my finances?

Managing Finances

Any medical event can be a financial stressor in terms of unexpected expenses as well as potentially interrupted income. There's an emotional toll to this as well. After a stroke cognitive issues and managing finances can be major challenges. Managing finances includes items such as operating within a budget, writing checks, paying bills, and avoiding scams.

Identify a Trusted Helper

As you recover from a stroke, a trusted helper can help by double checking your decision-making and watch for errors.



Consider Using Online Financial Services

- Setting up automatic payments so you don't have to worry about missing any payments is helpful.
- Continue to monitor the automatic payment accounts as well to protect your passwords and account information.

Consider Professional Help

- Professional services can assist with financial planning, money coaching or serving as fiduciary representatives.
- Other good sources include professional organizations, relevant non-profits, and known financial institutions.

Resources for Professional Financial Help

- The National Association of Professional Financial Advisors (NAPFA): <https://www.napfa.org/find-an-advisor>
- Find Your CFP® Professional: <https://www.letsmakeaplan.org/>
- How to Find the Best Financial Advisor: <https://www.thebalance.com/how-to-find-the-best-financial-advisor-in-7-easy-steps-4032070>
- 5 Best Search Engines to Find a Financial Advisor: <https://www.thebalance.com/find-financial-advisor-online-2388455>

Managing Medications

What is the best way to manage my medications?

How can my family help me with my medications?



Managing Medications

It's important to take your medications as directed because some of them are aimed at preventing another stroke. You may find that you are now on a lot more medications than you were before your stroke and the thought of managing your medications and taking them as your doctor prescribed may seem overwhelming.

How to Get it Right

- Learn about what you're taking and why. If you don't know, ask your doctor, nurse, or pharmacist. There are no stupid questions. Your medical team wants you to understand, and are happy to help.
- Don't be afraid to take notes.
- Keep an up-to-date medication list for yourself and your family.
 - Keep the list in your wallet on a pocket card or use your cell phone and keep your list on a personal health app or on shared cloud drives so your loved ones can see them too.
 - An accurate list can make your life easier and save your life in an emergency.
- Develop a system for organizing medication that works for you.
 - Many people find it helpful to use pillbox organizers. These can be set up once per week, and you can have a trusted person double check for you until you're confident you have it right.
 - The pillbox also provides an easy way to confirm that you took your medicine in case you're not sure later in the day; an empty slot will confirm if you took those pills.
 - Some people use smart phones to set alarm reminders for taking their pills or for arranging for refills. There are many apps available to help.

Managing Shopping and Meals



How can I go food shopping and prepare meals?

Shopping and Meal Preparation

Simple meal preparation and the ability to obtain the necessary items to make meals are essential to independent living. After a stroke these activities may be challenging for several reasons:

- Physical issues may make it difficult for you to get around in the kitchen or do the physical activities required for cooking like managing a boiling pot of water or reaching plates in the upper cabinet.
- Cognitive issues can also make safety a problem in the kitchen like forgetting that the stove is on.
- Shopping for food can also be an overwhelming task.

Suggestions and Alternatives

Consider using the internet and apps.

- Store map: Most food stores have store maps online that can be used to help organize the shopping trip. This may reduce the amount of walking making your shopping trip more efficient.
- Curbside pick up: Many stores offer curbside pick-up or delivery of your groceries so you can spend your time and energy on other things.
- Order online: Family members can help arrange grocery orders using online ordering.
- Common items: Consider making a list of commonly used items to make subsequent ordering easier.

There are many options for pre-made meals and meal preparation.

- Frozen and instant meals are available at any grocery store.
- Consider fresh pre-made meals and home delivery meal kits that come with detailed instructions.
- Prepared fresh ingredients, like chopped vegetables or washed greens, can also make healthy meal preparation easier and more enjoyable.



Managing a Household

I can barely care for myself; how can I manage my household?

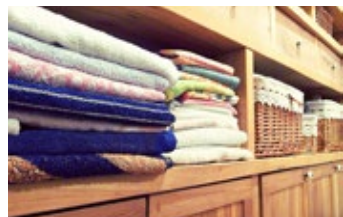
Household Management

All the normal activities in maintaining your home such as cleaning, home maintenance, yard work, laundry and all the chores of living independently take more time and energy than we think. These are critically important and can be major obstacles for a person after a stroke.

Household management may be a major challenge with the added cognitive issues that may occur after a stroke.

Suggestions for Managing a Household

- Obtain assistance by a trusted family member, friend or professional service.
 - Creating a schedule listing all the activities needed to manage your household may help you to remember all the activities and prevent forgetting to do certain tasks.
- Due to your energy level, you may not be able to complete all your household management chores on a single day.
 - Spreading the chores over many days may be a reasonable approach at first. This will allow you to manage your energy better.



Transportation and Getting Around



I cannot drive right now.

How can I get around and to my appointments?

Transportation

Most of us find that we need to go places in order to live a full and independent life. Surviving a stroke can change how you are able to get to places.

Suggestions for Managing Transportation

Reach out to your **Social Worker** who can assist in providing information regarding community, VA or DoD facility transportation resources.

- Veterans Transportation Program (VTP), <https://www.va.gov/healthbenefits/vtp/>
- Tricare Prime Travel benefit, <https://tricare.mil/travelreimbursement?p=1>

Public transportation is a great option for many after a stroke.

- In some parts of the country, it's widely available and generally accessible.
- In some areas, there are special programs within the public transportation system to serve those with disabilities.
- Local transportation authorities often have websites listing qualifications, forms, and application procedures.



Taxicabs can be useful if you have minimal mobility impairments.

Ride share services are available if you have minimal mobility impairments. Learn which ride share services may be available in your area. Some suggestions: Uber, Lyft, Curb, mytaxi, Flywheel, Gett, and Easy Taxi.

Services for mobility impaired passengers vary from place to place but are generally less common than public transportation.

- These are also more expensive.
- These services are expanding in availability and may serve less populated areas.

Returning to driving after stroke may be difficult, depending on your cognitive, emotional, and physical deficits. The first step is to discuss this with your provider. Also see the Driving section in this booklet.

Asking for Help



Should I ask for help? I feel like I am imposing on my family and friends?

Asking for Help

Asking for help is an important advanced skill. For many this is not easy and can be uncomfortable.

Many family and friends want to help and will offer to help following an acute stroke event, but it's hard to know what help is needed at any point. While learning what you can do and cannot do, you may feel awkward asking for help.

Suggestions in Communicating the Need for Help

- Take a moment and think about how you would respond to a friend who had a stroke. If he or she asked you for help – to do the laundry, to drive somewhere, to mow the grass – would you do it? Most people would be happy to help.
- In that situation where you were offering to help, would it feel weird to say, “Would you like me to come over and clean your house?”
 - It might because you might worry that you were somehow implying that your friend couldn't do it or wasn't doing a good enough job.
 - Friends are often paralyzed with these thoughts and want to help but don't know how to go about it.
 - A specific request for help may be particularly appreciated.
 - Give it a try and see what happens.



This may be a long journey, and persons after a stroke and their families have limited time and energy.

- It's important to use these resources wisely, so ask for help when you need it.
- **Better yet, ask for help before you're exhausted, spent, and 'done'.**

Your Health Care Team



Notes and Questions to Share with Your Health Care Team

Don't be afraid to raise any issues and questions to your health care team regarding help in working towards independent living.

Notes and Questions:

Scan the QR Code with your smartphone for additional resources



**Stroke Rehab
Clinical Practice
Guideline**



**Moving Forward After
A Stroke: Aphasia
Companion Booklet**



**Stroke Rehab
Clinical Practice
Guideline
Patient
Summary**



Access to the full guideline and additional resources are available at:
<https://www.healthquality.va.gov/guidelines/Rehab/stroke/>