



**STROKE RECOVERY ASSOCIATION  
OF BRITISH COLUMBIA**

# Snippets March 2015



## Facebook and Twitter

SRABC is now on Facebook at:

<https://www.facebook.com/StrokeRecoveryBC>

and Twitter at:

<https://twitter.com/StrokeRecovBC>

- **Snippets** is published on the 10th day of each month by Stroke Recovery Association of BC
- **Snippets** contains SRABC news and information and stroke recovery resources for stroke survivors and caregivers
- **Snippets** is for our Branch Coordinators to assist them in their work with

people whose lives have been affected by stroke

- **Snippets** can also be useful for people recovering from a stroke, their caregivers, their friends, family and supporters
- We welcome your comments and feedback about **Snippets**
- If you know anyone who will find **Snippets** useful please forward it to them or ask them to add their name to our mailing list by sending an email to [office@strokerecoverybc.ca](mailto:office@strokerecoverybc.ca)
- All past issues of Snippets are available on the SRABC website at: <http://strokerecoverybc.ca/snippets/>

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### **SRABC NEWS AND VIEWS**

#### **Branch Update - News from SRABC's Branches**

##### **Victoria**

Zoe Friesen has returned for a second spell as Coordinator of the Victoria Stroke Recovery Association. Zoe has had an extensive professional background in counselling, health care and social services throughout her working career. She planned and developed programs for adults and teens with mental health and substance abuse issues. Zoe facilitated innovative community based programs, worked as a Social Worker with the Victoria Cool Aid Society at the Streetlink Emergency Shelter as well as a Detox and Recovery Worker, Mental Health Support Worker, Financial Assistance Worker and numerous other relevant community-based support positions with the Vancouver Island Health Authority, and Ministries of Social Services and Human Resources in both Vancouver and Victoria. An added bonus is that Zoe is a Licensed Practical Nurse, holding a current license.

Although Zoe is mostly retired, she is looking forward to this position where she can utilize her knowledge, skills and experience in the fields of Community Health and Social Services. We look forward to Zoe joining our team.

Barb Oliver, Secretary, Victoria Stroke Recovery Association

##### **Nanaimo**



At the Valentine's dance at the Nanaimo Branch we had some music and it got Wayne and Marilyn up dancing!

First time since Marilyn's stroke and we are all so excited for her!

Bill McCracken, SRABC Nanaimo Branch

## **STROKE RECOVERY INFORMATION AND RESOURCES**

### **6 Ways to Lower Your Chances of Falling**

by Lisa O'Neill Hill



If a stroke has left you with weakness on one side of your body, you may be afraid of falling. But there are things you can do to reduce your risk.

“One of the top reasons balance is so important is to prevent falls,” said J.J. Mowder-Tinney, an associate professor of physical therapy at Nazareth College in Rochester, NY.

“Without good balance, you're going to fall. I think the fear of falling really does impact people when they go home.” To improve balance, you have to challenge it, she says. But it's also important to be safe.

Mowder-Tinney offers these suggestions for improving balance:

**Stand up and sit down.** Before you eat breakfast, lunch, or dinner (or all of the meals), sit in your chair and stand up 10 times. It's safe because you have a chair behind you and a table in front of you. Ask relatives to do it with you. Take it a step further by getting up on your toes when you stand if you can.

**Practice getting out of bed using your weaker side.** Making a commitment to use your weaker side will make your trunk stronger, which will help with balance. Mowder-Tinney recommends practicing with your weak side three times and your strong side three times and doing that often.

**Focus on your core.** You can make your stomach muscles stronger by doing a modified sit-up in a chair. First, scoot forward in a chair and focus on tightening your stomach. Lean your shoulders back toward the back of the chair, hold it, and then sit back up. Do that 10 times, rest and repeat.

**Try to stand on one leg.** The corner of your kitchen is a safe place to try this or stand in front of a counter. Hold on with your strong hand.

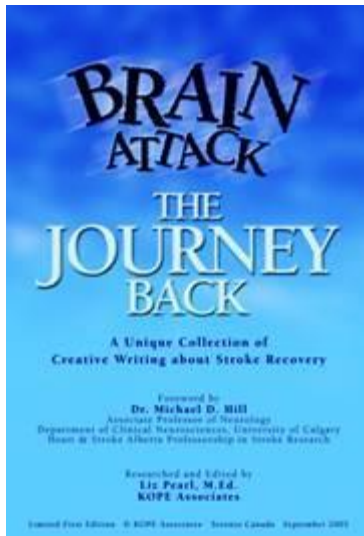
**Turn your head.** Some stroke survivors are so worried about falling that they don't turn their heads. Here's a way to remedy that: Draw an "X" on a 3 x 5 card and tape it below the TV. When you turn off the TV, look at the card and shake your head no for 10 seconds. If you get dizzy, stop. Do this while sitting down.

**Be more active.** Pick something you enjoy doing—walking your dog or grocery shopping with a cart—and just do it. Dancing with a relative or friend at home will challenge your body because you'll be moving in different directions.

To read the article online go here: <http://www.strokesmart.org/stopfalls>

## **Brain Attack - The Journey Back**

A Unique Collection of Writing about Stroke Recovery



Foreword by **Dr. Michael D. Hill** Edited by **Liz Pearl, M.Ed.** KOPE Associates, Toronto  
ISBN 0-9738040-1-7 **For information and orders please**

**visit:** <http://at.yorku.ca/kope/ba.htm>

**Workshops also available upon request.** [Liz\\_pearl@sympatico.ca](mailto:Liz_pearl@sympatico.ca)

### **Embrace the Canadian Winter - Be physically active all year round**

by Anne Pistawka, CEP

Have you noticed that your exercise routine gets harder to maintain as the days get shorter and temperatures drop lower? Avoiding the cold in the Canadian winter can mean drastically reducing your exercise options.

Canadian winters can bring dark, cold, wet, and icy conditions. Fortunately, planning and preparation for the challenges winter brings can help combat these barriers to activity.

Here are some tips for planning activity and exercise, staying safe and comfortable, and embracing the season by taking advantage of new opportunities that WINTER brings.



## Be COLD smart

- Cover your head with a hat or other protective covering to prevent body heat from escaping your head, face, and neck. To keep your hands warm, cover them with mittens or gloves, and for extra warmth use eco-friendly hand warmer packets. A scarf draped around the neck and mouth can help warm the air you breathe, making exercise more comfortable.
- Avoid **O**verexertion, which can cause you to sweat more, resulting in damp clothing. The combination of wet clothing and cold can cause your body to lose heat more quickly. When exercising for longer periods, keep to a moderate pace. This means making sure you can talk during exercise. Keep vigorous bouts of exercise short and located within close access to warm shelter and dry clothes.
- Layer loose-fitting, lightweight underclothing to protect against wind and cold.
- **S**tay Dry by wearing waterproof clothing and waterproof, insulated boots and gloves or mittens.

Anne Pistawka, CEP, is a registered physiotherapist and certified exercise physiologist working in cardiac rehabilitation in Kelowna, BC. She is an enthusiastic winter walker and skier.

For the full article please go here:

[http://www.alive.com/articles/view/24282/embrace\\_the\\_canadian\\_winter](http://www.alive.com/articles/view/24282/embrace_the_canadian_winter)

## New Post-Stroke Exercise Guide



This resource provides aerobic activity recommendations for people at any point in their

recovery from stroke. It is designed to be an easy reference summary of the Aerobic Exercise Recommendations to Optimize Best Practices In Care after Stroke (AEROBICS) guidelines.

Contents:

What Is Stroke?

- Post-Stroke Rehabilitation
- Aerobic Activity And Exercise
- Aerobics Exercise Recommendations to
- Optimize Best Practices in Care After Stroke
- What is Aerobic Activity?
- Who Should Participate in
- Aerobic Activity After Stroke?
- Why Should I Participate?
- When Should I Begin an
- Aerobic Activity Program?
- How do I get Started?
- What is Involved with an Aerobic Activity
- Program after a Stroke?
- Sample Aerobic Program
- Rating of Perceived Exertion Scale (RPE)

[http://www.canadianstroke.ca/wp-content/uploads/2015/02/CPSR\\_Guide\\_Patients-English\\_WEB.pdf](http://www.canadianstroke.ca/wp-content/uploads/2015/02/CPSR_Guide_Patients-English_WEB.pdf)

### **Intensive Comprehensive Aphasia Program**





*Now celebrating its fifth year, Western Canada's only Intensive Comprehensive Aphasia Program*

*Vancouver (July 6th – 31st, Monday – Friday)*

*Registration \$1,4000*

*For more information or for an application package contact us at:*

*[itawc@columbiaspeech.com](mailto:itawc@columbiaspeech.com)*

*Phone: 604-875-9100 [www.itawc.com](http://www.itawc.com)*

*Pronounced "I Talk", iTAWC is a specialty clinic of Columbia Speech & Language Services Inc*

### **Tactus Therapy - Speech Therapy In Your Hands**



We've been dreaming about this day—when stroke survivors feel empowered to direct their own recovery, and SLPs can use technology to ease their workload to focus more on their clients. By giving you the control over which exercises to use, where to use them, how to use them, and when to practice, our mobile touch-screen apps truly become speech therapy in your hands.

See the video here:

<https://www.youtube.com/watch?v=NN5YMjLT5oo>

### **CAREGIVERS INFORMATION AND RESOURCES**

#### ***Review of Passages in Caregiving***

*Last year I read Gail Sheehy's "Passages in Caregiving: Turning Chaos into Confidence", and I highly recommend it, in particular for her insights into the 8 Stages of Caregiving, which are:*



1. *Shock and Mobilization: Advocate with Authority*
2. *New Normal: Turn Illness into Opportunity*
3. *Boomerang: Summon Family Meeting*
4. *Playing God: Accept what you cannot change*
5. *I can't do this anymore! Create a Circle of Care*
6. *Coming back: Replenish Your Lifelines*
7. *The in-between stage: Prepare your own path to comeback*
8. *The Long good-bye: Love is letting go, together*

*There are many more resources in Sheehy's book. Go explore!*

*From the North Shore Caregivers Blog site- <https://northvancaregivers.wordpress.com>*

### **Caregiver Burnout: Causes, Signs, and How to Prevent**



Caregiving can be stressful and demanding for anyone, but according to a recent survey, some caregivers are more likely to burnout than others. Are you one of them?

#### **The Major Factors**

The study, conducted in the Netherlands, assessed 212 caregivers of stroke survivors, the

majority of which were middle-class, female spouses with a median age of 65.

Researchers found that caregivers at greatest risk were those who cared for a stroke survivor with severe cognitive, behavioral, and/or emotional changes. Women, younger caregivers, and caregivers in poor physical health were also at risk. In other words, the stroke survivor's condition plus your sex, age, and health are major factors in burnout.

### **Other Factors That Make a Difference**

Your coping skills and support system can also play a huge role in whether you experience burnout. Researchers found that caregivers with higher self-efficacy, the belief in one's own ability to complete tasks and reach goals, tended to have the least likelihood of burnout.

Caregivers with an adequate support system of people they could talk to or turn to for help and who could use coping strategies, such as humor, to deal with stressful situations also fared better than those who didn't. Interestingly, how long you've been a caregiver didn't seem to influence the risk of burnout.

### **Signs That You're Burned Out**

Any caregiver can become burned out, and once you're burned out, you can't perform to the best of your abilities. Here are the major signs that you are experiencing burnout or are headed that way:

- Feelings of depression
- Emotional and/or physical exhaustion
- Changes in sleep patterns
- Changes in appetite, weight, or both
- Loss of interest in activities and hobbies
- Getting sick more often
- Irritability
- Feelings of helplessness

### **What You Can Do To Prevent Burnout**

Regardless of your sex, age, or circumstances, you can take steps that will reduce your risk of burnout. These steps include:

**Establishing a support system.** No one can go it alone. Find people to talk to, including family members, friends, therapists, social workers, and clergy, or join a caregiver support group.

**Sharing responsibilities.** You need a break. Enlist other family members to help, and take advantage of respite care services.

**Getting healthy.** The healthier you are, the better care you can provide. Exercise daily, eat right, and get a good night's sleep.

**Nurturing yourself.** Devote time to yourself. Mediate, go out with friends, and participate in your hobbies.

by Teresa Bitler <http://www.strokesmart.org/new?id=312>

## **Getting On with the Rest of your Life Following Stroke**

*Here's a summary of an interkesting study first reported in Clinical Rehabilitation 1–14: Getting on with the rest of your life following stroke: A randomized trial of a complex intervention aimed at enhancing life participation post stroke - by Nancy E Mayo, Sharon Anderson, Ruth Barclay, et al.*

*If you want a copy of the full article please email [execdir@strokerecoverybc.ca](mailto:execdir@strokerecoverybc.ca)*



*Over half of all persons living at home six months after stroke report that their life is lacking some aspect of social, recreational, or purposeful activity. Limited mobility, depressive symptomatology, apathy, cognitive impairment, fatigue, lack of social connection, and lack of self-efficacy for engagement all act to restrict participation. The importance of the development and evaluation of effective and sustainable programs targeting the life-long needs of community-dwelling individuals with stroke and their partners was the first of five research priorities arising from a Canadian consensus conference. Participation in this context refers to a person's involvement in a life situation and represents the societal perspective of functioning (essentially contributing to family life and society) although individuals would define the particular ways in which these contributions are made.*

*Within the World Health Organization's (WHO) framework, these roles include, but are not limited to, domestic life, interpersonal interactions and relationships, education, work and employment, economic life, community, social and civic life, recreation and leisure,*

*religion and spirituality, human rights and political life, and citizenship.*

#### *Intervention*

*The intervention was developed based on a series of focus groups of stroke survivors who expressed their preferences for a program that was offered in one setting, provided opportunities for exercise and physical activities, speech and language development, learning, creativity, music, games, celebration of special events, and planned outings. Emotionally, people expressed that an optimal environment would foster a sense of belonging where someone could just be him or herself, develop self-confidence, and have fun, in an environment of mutual encouragement, empathy, and respect. A program with lectures from “experts” was not endorsed as a useful format. Persons expressed the need to have somewhere to go at least three times per week, but also stated that barriers such as transportation and fees limited accessibility to programs.*

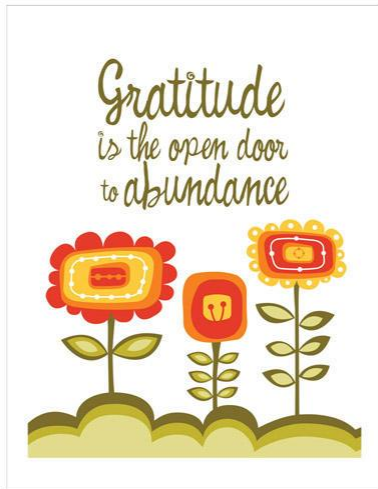
*The Getting on with the Rest of Your Life: Mission Possible© program was a group-based intervention that included exercise and project based activities promoting learning, leisure, and social activities, done as individuals and in groups.*

*The groups met in a community-based setting twice a week for approximately three hours each time for three blocks, each lasting three months. The total duration of the program was 12 months. Group leaders were recreation therapists, educators, exercise therapists, or other personnel with experience in healthcare and with stroke; all participated in a two-day training program. Each site tailored the program to the clientele, respecting the overall philosophy of intervention rather than specific elements that would be influenced by the participants, the leader, and the setting.*

#### *Clinical messages*

- Engagement in an evidence-, needs-, and preference-based community rehabilitation program was associated with an increase in the hours spent in meaningful activity.*
- Gains in meaningful activity took one year to achieve and were accompanied by changes in satisfaction and health related quality of life.*
- The program was also associated with a reduction in many of the barriers to participation, such as mood, apathy, and mobility.*

**Gratitude Turns What We Have into Enough!**



Practicing gratitude daily can make profound changes in our lives. Implementing simple practices in to your life can alter your perspective, allowing fewer bad thoughts to come in to your head and creating space for more of the good ones. For thirty nights, try writing down three things that you are grateful for before you turn off the light to fall asleep. If you are looking for a consistent reminder of some of the good things in your life, try creating a grid on a piece of paper and taping it to your wall. Whenever you think of it, jot down something that makes you happy. It could be something simple, such as a hot cup of tea in the afternoon, or a person that is always there to listen when you need them.

### **Three Ways to Add Speech Therapy to Everyday Activities**



Caregiver and stroke survivor practice speech therapy at home.

When a loved one suffers a stroke or acquired brain injury that results in aphasia, family members often want to assist in the recovery process. Questions regarding home activities that can assist with language and communication recovery frequently arise. However, it can be difficult for families to determine what types of activities would be beneficial and helpful.

Using the 'Life Participation Approach to Aphasia' persons with aphasia (PWA) can still have meaningful life experiences despite having communication impairments. The Life Participation Approach focuses on the "real-life goals of people affected by aphasia" and emphasizes "re-engagement in life by strengthening daily participation in activities of choice."

Today, there are many resources that are available to help support the long-term communication needs of PWA. A speech-language pathologist is often the best resource for obtaining this type of information, as it is not a "one-size-fits-all" paradigm. No two persons with aphasia are exactly alike in terms of their abilities and their communication needs. Therefore, seeking out input from a speech-language pathologist is highly recommended.

Below are just a few examples of various tasks and activities that have been modified to facilitate the PWA's participation and communication. Using these methods, in addition to speech therapy, can help the PWA have successful communication in all aspects of their everyday life.

1. Add Speech Therapy to Everyday Tasks
2. Use Specialized Workbooks and Software
3. Take Advantage of Books and Movies Adapted for Persons with Aphasia

By: Kim Winter MA CCC-SLP, Speech-Language Pathologist at Hospital for Special Care

View the full article online here: <http://www.stroke-network.com/articles/three-ways-to-add-speech-therapy-to-everyday-activities>

## **5 Ways to Help Your Loved One with Receptive Aphasia**



One of the most frustrating parts of stroke recovery can be the struggle to communicate. People with receptive aphasia, which is also known as Wernicke's aphasia, have a hard time understanding words and may say words that don't make sense. That's different from expressive aphasia, also known as Broca's aphasia. Survivors with expressive aphasia know what they want to say or write but can't find the words.

Aphasia can be difficult for survivors and for their family and friends.

"It's very common for people who have aphasia to have all kinds of emotions," said Tami Brancamp, PhD, a speech-language pathologist. "You're living your life and this happens and your trajectory has completely changed."

It's not unusual for survivors to feel frustrated, angry, and depressed, said Carol Dow-Richards, director of Aphasia Recovery Connection (ARC), which was honored with National Stroke Association's 2013 Most Impactful RAISE Award. ARC was started by two young stroke survivors with aphasia, including Dow-Richards' son, David.

People with receptive aphasia don't realize that others can't understand what they are saying, Dow-Richards said. "In their head and in their mind, they said it exactly right. It really leads to a lot of anger and frustration and a lot of challenges in the relationship," she said.

If you are a caregiver for someone with receptive aphasia, try these suggestions to improve communication. It's important to work with a speech-language pathologist who has experience with receptive aphasia.

**Modify your speech.** Survivors may have an easier time understanding you if you speak slightly slower than usual. "The person with aphasia is really trying to understand what is



being said,” Dow-Richards said. Someone with receptive aphasia may have only caught some of the words.

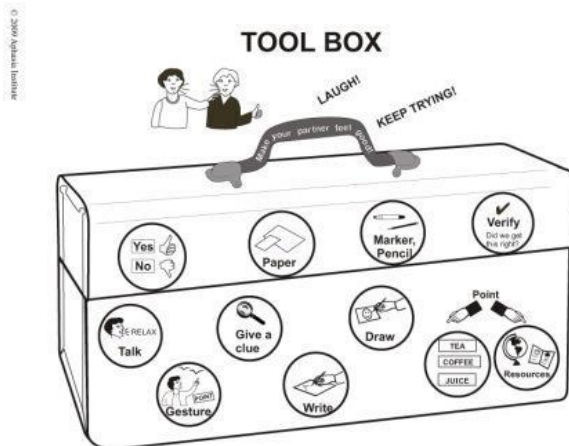
**Keep it simple.** If you’re asking a question, ask one that can be answered with a yes or no. (“Would you like to go to the grocery store?”)

**Use visual cues.** This could mean using pictures that support the topic of conversation, Brancamp says. If you’re asking about dinner, have pictures of dinner options or use written words. Dow-Richards said drawing and using gestures helped David.

**Pause between sentences.** Survivors are processing at a slower speed.

**Be redundant.** If you are talking about someone, repeat his or her name instead of using a pronoun. Dow-Richards says it’s also helpful to emphasize the key word in a sentence. For more information, check out the RVA Aphasia group’s video Patience, Listening and Communicating With Aphasia Patients here <http://www.strokesmart.org/new?id=168> . The video helps people better understand what it’s like to have aphasia and how best to communicate with someone who has it.

by Lisa O’Neill Hill <http://www.strokesmart.org/receptive-aphasia>



**Make Your Community More Stroke Savvy**



Educating others about stroke can save lives.

Whether it's talking to a person in line at the grocery store about the symptoms of stroke, addressing

a dozen members of your family or friends at a dinner party about how to prevent the disease, or telling your stroke story in front of 100 people, enlightening others about stroke can spread the knowledge required to save a life.

With National Stroke Awareness Month approaching in May, now's the perfect time to start preparing a presentation to share more information about the disease with people in your community.

**Get on Your Soapbox.** Personal anecdotes are an effective way to garner people's attention and help the audience connect with the information. If you've had a stroke, start by sharing your story, or if you're a caretaker or know someone who suffered a stroke, narrate theirs.

Add to your personal narrative with your existing stroke knowledge and by researching other facts online. Stroke.org is an expansive resource for information, and to find recent news articles on the topic, search "stroke" on Google News.

And don't feel like you have to go it alone—invite a fellow stroke survivor to join you for the presentation and help promote the event.

**How to Present.** Index cards and a spirited voice will certainly do the trick, but if you want to add a digital element to your presentation, design a slideshow or utilize our stroke awareness resources for free downloadable and printable Powerpoint presentations, handouts, videos, and more.

**Prepare for Where.** Educating people about stroke can be as simple as making a short, informal speech before the start of a church group or neighborhood association meeting. For a more formal group, round up your neighbors at your condo or apartment complex's common room or a nearby park.

Other convenient locations include churches, senior centers, health clubs, or at a town or city hall.

**Spread the Word.** Start a Facebook page, post flyers at a local coffee shop or YMCA, or just invite people by word of mouth—anything to increase interest in your event and the likelihood of educating more people about stroke.

For more tips on giving a presentation for National Stroke Awareness Month, visit our community presentations 101 guide [here](http://www.stroke.org/stroke-resources/raise-awareness-stroke/stroke-awareness-resource-center/community-presentations-101) - <http://www.stroke.org/stroke-resources/raise-awareness-stroke/stroke-awareness-resource-center/community-presentations-101>

by Emily Shearing <http://www.strokesmart.org/new?id=314>

## RESEARCH

### **Come try out our new wearable computer rehabilitation system!**

*Seeking volunteers: Stroke Participants*

The RREACH and CARIS lab are conducting a study on correcting users' bimanual reaching forward behavior using vibrotactile (vibration) cues. We are looking for participants who are **recovering from a stroke** and **weakness on one side of the body as a result of stroke**. You will be asked to answer some screening questions over the phone beforehand to see if you are eligible for this study.

*Some study information:*

- **Study Location:** ICICS 049, 2366 Main Mall, UBC Point Grey Campus
- **Study Duration:** 1.5-2 hours
- **Study Compensation:** Transportation expense + a small thank-you gift



In this study, you will be asked to perform sets of bimanual reaching motion and interact with a computer using a motion tracking system and a wearable device. All the electronics on the wearable device are isolated from your skin with a stretchable material made from polyamide and polyester.

For more information or to volunteer as a participant, please contact:

**Tina Hung**

[tina.ct.hung@alumni.ubc.ca](mailto:tina.ct.hung@alumni.ubc.ca) | 604-657-0201

*Principal Investigator: Dr. Mike Van der Loos, Dept. of Mechanical Engineering*

### **Researchers link dehydration to poor stroke recovery**



People who are susceptible to having a stroke might want to stay well hydrated — it might help their recovery if they do have one.

Forty-two percent of people who are dehydrated when having a stroke end up with conditions that worsen or stay the same, according to new research. Those poor outcomes apply to just 17 percent of well-hydrated stroke victims.

The data presented at the American Stroke Association's International Stroke Conference 2015 also show dehydrated patients have nearly four times higher risk of conditions worsening compared to people well hydrated when experiencing a stroke.

The findings are based on evaluations of 10 months of clot-related stroke patients admitted to the Comprehensive Stroke Center at Johns Hopkins Hospital in Baltimore.

The lead researcher says it's not clear why dehydration often causes conditions to either stay the same or worsen. Additional studies might determine whether it's because thicker blood doesn't flow as well through narrowed or blocked blood vessels.

Previous studies suggest 60 percent of stroke victims are dehydrated when it happens.

That has this latest study's lead researcher saying perhaps doctors should be giving more fluids to patients before and after they have strokes.

By Kristi King

<http://wtop.com/health/2015/02/researchers-link-dehydration-poor-stroke-recovery/>

### **Perceptions of Telerehabilitation in Stroke Recovery**

**Research Investigators:** Dr. Janice Eng, Dr. Brodie Sakakibara, Jen Waring, Josina Rhebergen, Mary Edgar, Sarah Monsees, & Todd Van der Star

Researchers from G.F. Strong & UBC are studying the potential uses of telerehabilitation

in people who have had a stroke.

Telerehabilitation is the use of communication technologies (e.g. the internet, cell phone, computers, tablets) to deliver rehabilitation services from a distance. It is important because it has the potential to increase access to rehabilitation and improve quality of care.

The purpose of this study is to learn from people who have had a stroke about the communication technologies they use, and their interest in using them to receive rehabilitation services. This study aims to guide future research and development of telerehabilitation programs.



### **Who can participate?**

- Those who have experienced a stroke
- 19 years and older
- Live in the community
- Able to understand English

### **What do I need to do?**

- Participants will complete a written, phone, or online survey (preference determined by the participant) that is approximately 10-15 minutes in length

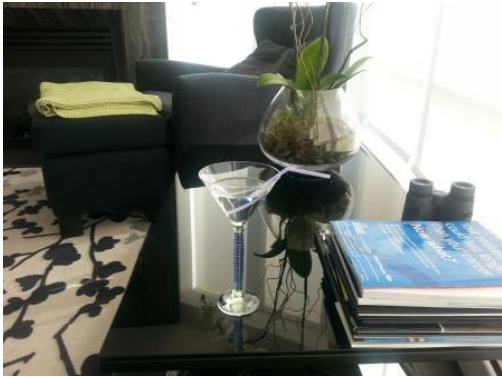
Participants will receive a \$10 Starbucks gift card for completing the survey.

Please contact the research investigators if you are interested in participating in this study or if you would like more information.

**Email:** [stroketelerehab@gmail.com](mailto:stroketelerehab@gmail.com)

**Phone:** 604-714-4109.

**Exploring the lived experience of stroke survivors**



"At an extremely expensive restaurant the waiter ignored me and asked my wife if I needed a straw for my Martini. He also would not arrange for my meat to be cut up in the kitchen"

Linh Huynh and Marie Maratos, Master of Occupational Therapy students at the University of British Columbia, along with Jordan Lui and Julia Tan, Doctor of Medicine Students, are conducting a research study titled, *Picture This: Exploring the lived experience of stroke survivors*, under the supervision of Dr. Tal Jarus, PhD. Given that the incidence of stroke is on the rise and high functioning stroke survivors are more likely to return home, providing community services that meet their needs is critical. Often these individuals have invisible impacts from their stroke that prevent them from receiving appropriate supports and services within the community. *Picture This* uses the methodology of photovoice as a collaborative approach in which the participants are the experts of their experience and the research team is a facilitator of the inquiry process. Participants are asked to photo-document as a means of capturing their lived experience. A community exhibition will be held for participants to present their pictures and stories. Findings from this study will inform the disciplines of occupational therapy and medicine of the barriers that high functioning stroke survivors experience on a daily basis and may help to guide future development of supports and services for this population.

Five Shaughnessy Branch members have been participants in the above study. They have showed terrific attention to detail in their photos and in discussions with the students afterwards. Starting with meetings last September and a one hour assessment and weekly one hour meetings since January they are to be congratulated for all their diligence.

The results of the study will an exhibition of their photos on March 24th @1:00pm at the

Shaughnessy Stroke Recovery Branch, 1550 West 33 Ave. Vancouver. Please come and join us. Thank you to students from UBC, Department of Occupational Therapy & Faculty of Medicine, and the Shaughnessy Branch members, Greg McKinstry, Dannielle Hayes, Doug Napier, Doug Scattergood and Vaughan Weber.

## COMMUNITY EVENTS

### Spring 2015 Understanding Stroke Sessions in Vancouver

A physiatrist will talk about how the brain functions and what happens after a stroke and its recovery. An interactive group discussion will follow around general rehabilitation strategies and caregiver resources.



**GF Strong Rehab Centre**  
Social Services Seminar Rm 189  
6-9pm  
April 30  
June 25  
(Fall Schedule to be announced)  
For Questions and Registration  
**Call 604.737.6221 or email**  
[helena.jung@vch.ca](mailto:helena.jung@vch.ca)

**Holy Family Hospital**  
in Multi-Purpose room  
2:45-5pm  
April 13  
June 30  
September 14  
October 26  
December 1  
For Questions and Registration  
**Call 604.322.2622**

### Spring 2015 Building Community Connections Sessions in Vancouver

Get to know the resources available to you and your family in your community. Hear from other survivors as they share their personal journeys.



**GF Strong Rehab Centre**  
Social Services Seminar Rm 189  
6-8pm  
May 6  
November 4  
For Questions and Registration  
**Call Kelly at 604.737.6269 or**  
**email [kelly.sharp@vch.ca](mailto:kelly.sharp@vch.ca)**

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We send out the snippets newsletter to all of our Coordinators to keep everyone connected.

**Our mailing address is:**

Stroke Recovery Association of BC  
301 - 1212 West Broadway  
Vancouver, British Columbia (BC) V6H 3V1  
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