

PATIENT AND FAMILY STROKE EDUCATION HANDBOOK



MUSC Health Comprehensive Stroke Clinic
Hours: Monday – Friday 8:00am-5:00pm
Office Phone: 843-792-3223
Locations:

Charleston
135 Rutledge Avenue 6th Floor

MUSC Health West Ashley
2125 Charlie Hall Blvd

Nexton
5500 Front Street

The MUSC Outpatient Stroke Clinic provides care and management after your stroke. The goals of the MUSC Stroke Clinic are to improve stroke recovery, reduce the risk of future stroke, educate patients and families on how to manage their risk factors for stroke and avoid hospital readmission.

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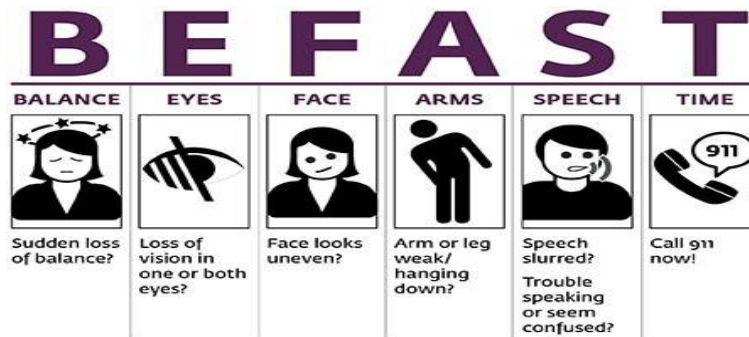
American Heart Association Support Network

For More Information About Stroke Please Contact

HOW TO SPOT A STROKE

The “Sudden Signs of Stroke”

- Sudden loss of balance
- Sudden loss of vision or both eyes
- Sudden facial drooping
- Sudden arm or leg weakness
- Sudden slurred speech, trouble talking, or confusion
- Sudden severe headache



Call 911 immediately if you experience any of these warning signs! **TIME IS BRAIN**

What to do if you think you are having a stroke:

If you have one or more stroke symptoms that last more than a few minutes, act as follows:

Call 911 immediately so an ambulance can be sent to you. They tell the hospital they’re coming with you, and the hospital can get ready fast. Notice the time. You will later be asked when the first signs started. This is crucial information for the appropriate treatment.

What should if you think someone else is having a stroke:

Stroke injures the brain, so someone having a stroke may not know or understand what is happening to them. To a bystander, the victim may seem confused, unaware, lose the ability to speak, lose the ability to move a leg of arm on one side, or have facial drooping. The best chance for them is if someone recognizes the stroke warning signs and acts quickly. Denial is common, but don’t take “no” for an answer. **Immediately dial 911.**

What is a Stroke?

A stroke is like a heart attack. In fact, a stroke is sometimes called a “brain attack”. Brain cells die because they do not get the oxygen and nutrients they need. As cells die, basic skills such as speech, moving and memory may be damaged or even lost. Recovery depends on the severity and type of stroke. Some stroke survivors recover completely, while others may suffer more serious effects.

There are two basic types of strokes. **Ischemic** strokes are caused when there is a blockage in a blood vessel that supplies the brain with oxygen and nutrients. **Hemorrhagic** strokes are caused by a blood vessel that bursts or leaks in the brain.

The **type** of stroke I had was:

Ischemic Strokes

Ischemic strokes are the most common type of stroke. This kind of stroke occurs when blood vessels become narrow or blocked. Symptoms usually develop over a few minutes and worsen over hours. This type of stroke is typically preceded by symptoms or warning signs that include:

- Loss of sensation or strength on one side of the body
- Problems with speech or language
- Changes in vision or balance

Ischemic strokes can occur at any time.



Treatment for ischemic strokes includes:

- Treatment with clot busting drugs.
- **These drugs must be administered within 4.5 hours of stroke onset to be effective!**
- Mechanical thrombectomy. This surgery can be performed up to 24 hours after a person was last known well.

Hemorrhagic Strokes

Hemorrhagic strokes occur when a blood vessel ruptures in or near the brain. People who have hemorrhagic strokes are usually younger. Symptoms appear suddenly and include:

- Severe headache
- Nausea
- Vomiting



Treatment for hemorrhagic strokes includes:

- Surgical intervention (most common)
- Endovascular procedures

TIA – Transient Ischemic Attacks

A TIA occurs when the blood supply to a certain part of the brain is cut off for a short period of time but then returns. Symptoms usually last only minutes. Although you feel better quickly, TIAs are a medical emergency as they are warning signs that strokes may happen in the future. 1/3 of patients who have had a TIA will have a stroke in the next year.

Where in my brain was my stroke and what does that look like?

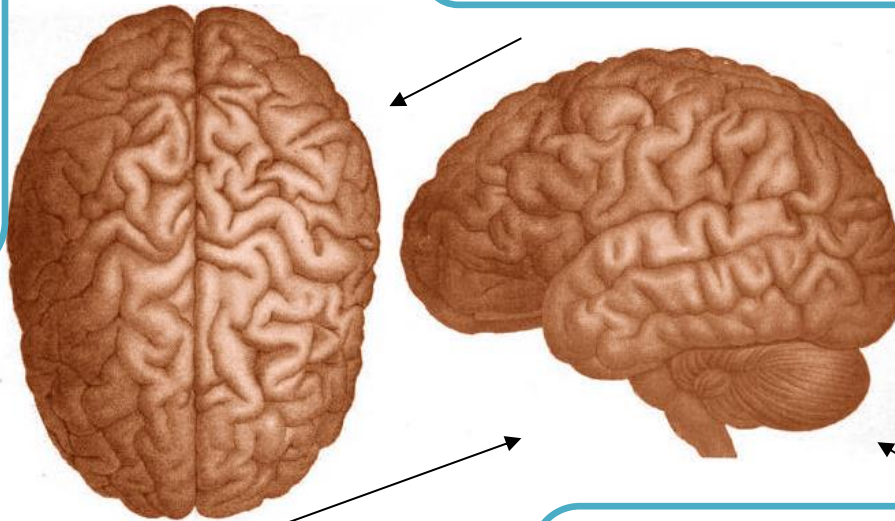
Ask your doctor *where* your stroke was.

Someone with **right** sided stroke may:

- Have paralysis or weakness on left side
- Have trouble controlling their emotions.
- Have poor coordination
- Be impulsive
- Have poor balance
- Not be able to plan how to move
- Have problems judging distance and space.

Someone with a **left** sided stroke may:

- Have paralysis or weakness on the right side of the body
- Have speech and language problems.
- Have trouble reading, writing, or doing math.



Someone with **brainstem** stroke may:

- Have trouble controlling their breathing, swallowing and heartrate.
- Have trouble controlling their alertness (they may be sleepy)

Someone with **cerebellar** stroke may:

- Become uncoordinated, have trouble walking and balancing.
- Have tremors
- Feel dizzy
- Feel nauseous
- Have headache

What other questions should I ask?

Do you know why I had a stroke?

What can I do to keep this from happening again?

What is my plan after leaving the hospital?

Is there any other kind of doctor I need to see?

Do I need therapy?

Risk Factors for Stroke

Certain health and lifestyle issues – called risk factors – increase your chances of having a stroke. This page helps you identify which risk factors you have. Some risk factors are out of your control but many of them can be decreased with lifestyle changes and medications. If you have any of the following risk factors, you should see a health care provider on a regular basis to discuss ways to reduce your stroke risk.

What are your risk factors?

Health Risk Factors You Can Change

- High blood pressure (Hypertension) Goal: _____
- Excess weight/Obesity/Overweight
- High cholesterol levels.
- Atrial fibrillation or atrial flutter
- History of heart disease
- Coronary Artery Disease (narrowed vessels in your heart)
- High blood sugar levels. Goal: A1C _____
- Obstructive sleep apnea
- Your blood clots easily (Hypercoaguability)

Lifestyle Risk Factors You Can Change

- You rarely exercise
- You often eat salty, fried, or greasy food
- You smoke
- You have more than 2 alcoholic drinks per day.
- You take illegal drugs

Risk Factors You Cannot Change

- You are over age 60
- You are African American, Alaska Native, or American Indian
- Family History of Stroke
- You've had a prior stroke or Transient Ischemic Attack (TIA)

Now let's discuss these risk factors in more depth...

Diet, and How it Affects Your Risk for Stroke

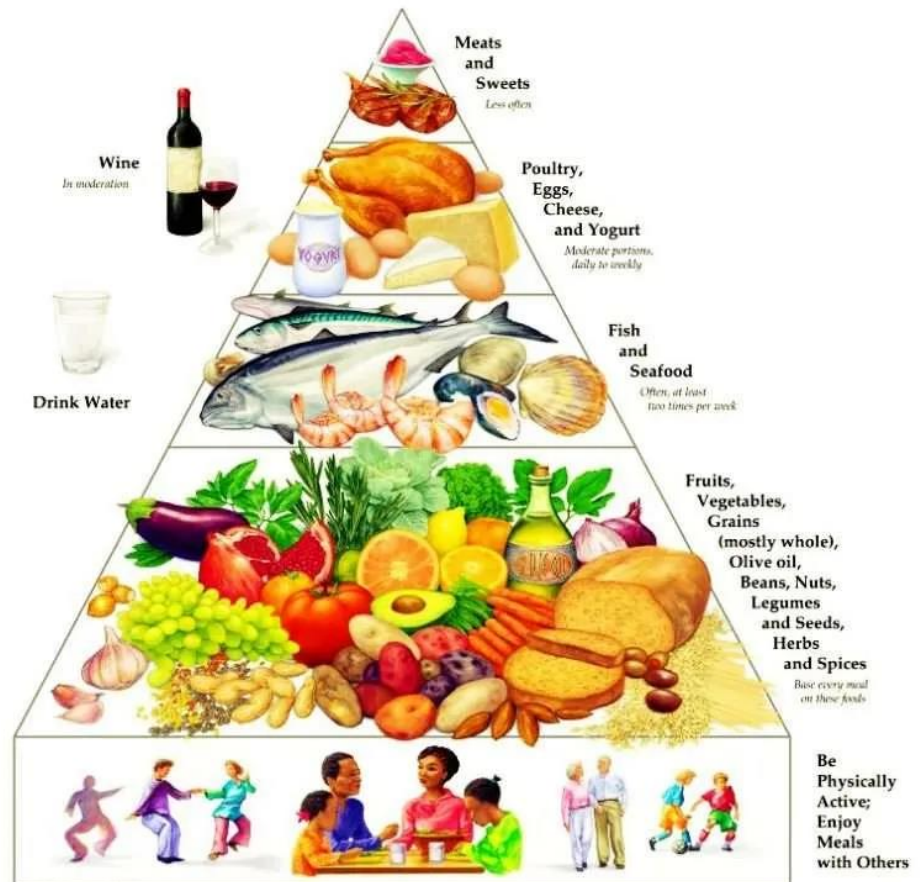
Maybe you're asking, "What can I do to prevent another stroke?" Much of the rest of this handbook covers that topic.

The food choices we make can have a major impact on our wellness. Research shows people who eat a diet low in saturated and trans fats and rich in vegetables, fruits, and healthy fats have better heart and vascular health than people who don't.

It's important to include cardio-protective foods that are rich in vitamins, fiber, and mono- or poly-unsaturated fats while limiting foods high in saturated fat, refined starches, added sugars, and salt (sodium) and eliminating trans-fat. Cardio-protective foods help keep your cholesterol and triglycerides, blood pressure, blood sugar, and weight at healthy levels.

It is important to remember that using healthy, unprocessed foods to prepare meals in your own kitchen is often more affordable than consuming highly processed foods.

The stroke program food program of choice is *The Mediterranean Diet*. This is a traditional style of eating in countries around the Mediterranean Sea. It focuses on fish, legumes, whole grains, and vegetables. Olive oil is the primary source of fat, and red meat, dairy, and sweets are only eaten a few times a month. Research finds that people who follow the Mediterranean Diet have significantly lower risks of heart disease, type 2 diabetes, and stroke.





If it all seems overwhelming, remember to eat from the following five super-food groups whenever you have the chance:

Legumes: Beans, peas, lentils, chickpeas

Vegetables: Dark leafy greens, eggplant, broccoli, zucchini, squash

Lean protein: nuts, seeds, fish

Whole grains: oats, bran, quinoa, brown rice

Fruit: berries, citrus, apples, grapes, kiwi, plums, bananas

Watch out for the Four C's:

- **Canned:** Soups, vegetables, meat
- **Cured:** ham, bacon, smoked fish, meat, poultry; also, watch out for processed meats such as bologna, sausages, hot dogs which usually have a lot of added sodium
- **Condiments:** bottled salad dressing, marinades, soy sauce, teriyaki sauce
- **Convenience:** pre-seasoned rice mixes and noodles, frozen dinners, seasoning packets, and ready-made spaghetti sauce



Proceed with caution

There are no “forbidden” foods in a healthy lifestyle, but there are certainly foods that we should eat more often and those we should eat less often or limit to special occasions. If you regularly consume foods that contain the substances mentioned in this section, work on slowly finding healthy alternatives.

Alcohol

To reduce the risk of alcohol-related diseases, men should have no more than two standard alcohol drinks per day and women no more than one. A standard drink has about 14 grams of alcohol. For example, 12 ounces of regular beer with about 5% alcohol content, 5 ounces of wine with about 12% alcohol content, or 1.5 ounces of spirits with about 40% alcohol content.

Trans Fats

Trans fats should be avoided whenever possible. Some examples of foods that may contain trans fats are shortening, doughnuts, fast food, piecrusts, and cookies. Trans fatty acids raise the artery clogging levels in your blood.

Research shows that people who consume more trans fats have a higher risk of heart disease, sudden death from heart attack, and possibly diabetes.

Saturated fat

For a heart-healthy, balanced diet, limit your intake of saturated fat to no more than 10% of your calories (less than 7% in some cases). This is a naturally-occurring fat found primarily in foods from animal sources that can increase your risk of heart and vascular disease if consumed in excess. Animal fats (such as high fat and processed meats, lard, bacon grease, and butter), tropical oils (coconut and palm), foods that are deep-fat fried and high-fat dairy products (such as cream, whole milk, and ice cream) are all high in saturated fat. Oils that are high in saturated fat are usually solid at room temperature.

Sugars

Refined sugar is what is added to foods such as sodas, sports drinks, other sugar-sweetened beverages, candy, pastries and snack cakes.

Simple starches and refined sugar are broken down rapidly by the body and do not provide sustained energy for the body. Regularly consuming these types of foods can put you at higher risk for diabetes, heart and vascular disease, obesity, high BP, and other health problems.

Sodium

Cutting back on sodium will help prevent or lower high blood pressure (BP) which reduces your risk of heart disease and stroke. For individuals without high BP or heart and vascular disease, recommended sodium intake is <2300 mg daily. However, for persons with known disease, high BP, or other risk factors, the optimal goal for sodium intake is <1500 mg per day.

Most of the sodium we consume sneaks into our diet through packaged foods we buy at the grocery store and restaurant meals, but it's also important to avoid adding salt to food while cooking or at the table. A teaspoon of table salt contains more than 2,300 milligrams of sodium, so toss out that saltshaker.

High Blood Pressure

Do I have High Blood Pressure? Circle. Yes No

Ask your doctor what your blood pressure should look like. After a stroke, it is generally preferred to maintain a blood pressure under 140/90 unless you also have chronic kidney disease and/or diabetes, in which case your physician may prefer you to keep your blood pressure under 130/80.

High blood pressure is the leading cause of stroke.

Having uncontrolled blood pressure can lead to stroke by damaging the blood vessels in your brain, causing them to narrow or rupture. It's particularly prevalent in African Americans, middle-aged and elderly people, obese people and heavy drinkers. People with diabetes mellitus, gout or kidney disease have hypertension more often.

SYMPTOMS

Someone who has high blood pressure *may* have a pounding feeling in their head or chest, lightheadedness, dizziness, or fatigue. Someone may also have no symptoms at all. The only way to know for sure if you have high blood pressure is to check it on a regular basis.

LONG TERM

High blood pressure can lead to stroke, heart attack, vision loss, heart failure, kidney disease, and sexual dysfunction.



The medications I take to control my blood pressure are:

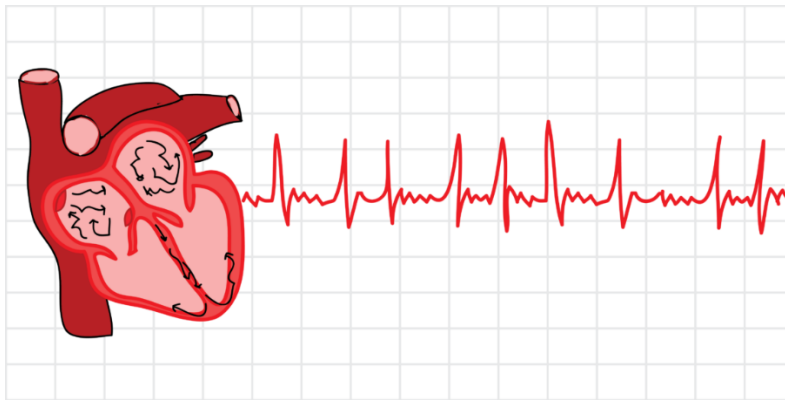
Atrial Fibrillation

Contains Information from the American Heart Association/American Stroke Association

| | | | |
|--------------------------------|---------|-----|----|
| Do I have atrial fibrillation? | Circle. | Yes | No |
|--------------------------------|---------|-----|----|

What is atrial fibrillation (A-Fib)?

During atrial fibrillation, the heart's two small upper chambers (the atria) quiver instead of beating normally. Blood isn't pumped completely out of them, so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke results. About 15 percent of strokes occur in people with atrial fibrillation. The likelihood of developing atrial fibrillation increases with age. Three to five percent of people over 65 have atrial fibrillation.



How is atrial fibrillation treated?

Your doctor may discuss several options to treat and prevent abnormal beating:

- Medications are used to slow down rapid heart rate associated with A-Fib.
- Electrical cardioversion may be used to restore normal heart rhythm with an electric shock, when medication doesn't improve symptoms.
- Drugs (such as ibutilide) can sometimes restore the heart's normal rhythm. These drugs are given under medical supervision, and are delivered through an IV tube into a vein, usually in the patient's arm.
- Radiofrequency ablation may be effective in some patients when medications don't work. In this procedure, thin and flexible tubes are introduced through a blood vessel and directed to the heart muscle. Then a burst of radiofrequency energy is delivered to destroy tissue that triggers abnormal electrical signals or to block abnormal electrical pathways.
- Surgery can be used to disrupt electrical pathways that generate A-Fib.
- Atrial pacemakers can be implanted under the skin to regulate the heart rhythm.

Cholesterol

Cholesterol is a soft, waxy substance found among the lipids (fats) in the bloodstream and in all your body's cells. It's an important part of a healthy body. But a high level of cholesterol in the blood — hypercholesterolemia — is a major risk factor for coronary heart disease, which leads to heart attack and stroke.

FAQ: Why did my doctor prescribe me a statin (Lipitor, Rosuvastatin, Simvastatin)?

Your physician will review your cholesterol levels and determine if medical treatment is needed. Even if your cholesterol levels were normal or only mildly elevated, know that statins do more than lower your cholesterol. Statins help prevent harmful plaques from breaking off in your blood vessels, which reduce your risk for another heart attack or stroke.

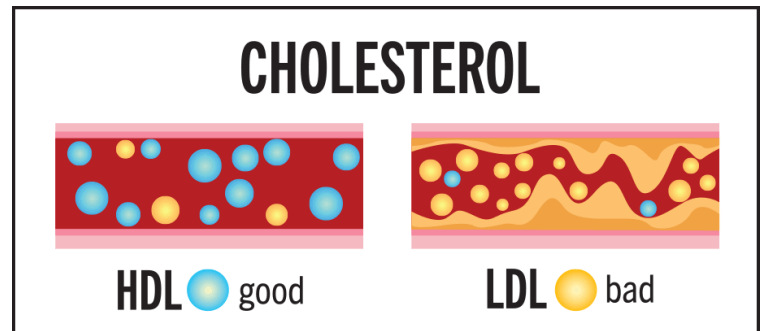
Avoid grapefruit juice if you are taking simvastatin

What about cholesterol and diet?

People with high blood cholesterol levels may need to make changes with their diet. Since cholesterol is in all foods from animal sources, care must be taken to eat no more than six ounces of lean meat, fish and poultry per day and to use fat-free and low-fat dairy products. High-quality proteins from vegetable sources such as beans are good substitutes for animal sources of protein. Alcohol can affect cholesterol, so drink in moderation.

How does physical activity affect cholesterol?

Regular physical activity increases HDL cholesterol in some people. Higher HDL cholesterol is linked with a lower risk of heart disease. Physical activity can also help control weight, diabetes and high blood pressure. Regular physical activity such as brisk walking, gardening, and swimming also condition your heart and lungs.



Diabetes Mellitus

What is diabetes mellitus?

Diabetes is a disease in which the body doesn't produce or properly use insulin. Insulin is a hormone produced in the pancreas, an organ near the stomach. Insulin is needed to turn sugar and other food into energy. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should, or both. This causes glucose (sugar) to build up too high in your blood. Blood glucose levels are generally preferred to be kept under 100 mg/dL or have a hemoglobin A1C (tells us your blood sugar average over 3 months) value of 5.6%.

My A1C Level Is: _____ . Date _____

What are type 1 and type 2 diabetes?

Type 1 diabetes usually occurs in children and young adults. In type 1, the pancreas makes little or no insulin. Without daily injections of insulin, people with type 1 diabetes won't survive.

Type 2 diabetes is the most common form. It appears most often in middle-aged adults; however, adolescents and young adults are developing type 2 diabetes at an alarming rate. It develops when the body doesn't make enough insulin and doesn't efficiently use the insulin it makes (insulin resistance).

Both forms of diabetes may be inherited in genes. A family history of diabetes can significantly increase the risk of developing diabetes. Untreated diabetes can lead to many serious medical problems. These include blindness, kidney disease, nerve disease, limb amputations and cardiovascular disease (CVD).

How is diabetes treated?

When diabetes is detected, a doctor may prescribe changes in eating habits, weight control and exercise programs, and even medication to keep it in check. It's critical for people with diabetes to have regular checkups and take their prescribed medications. Work closely with your healthcare provider to manage diabetes and control any other risk factors.

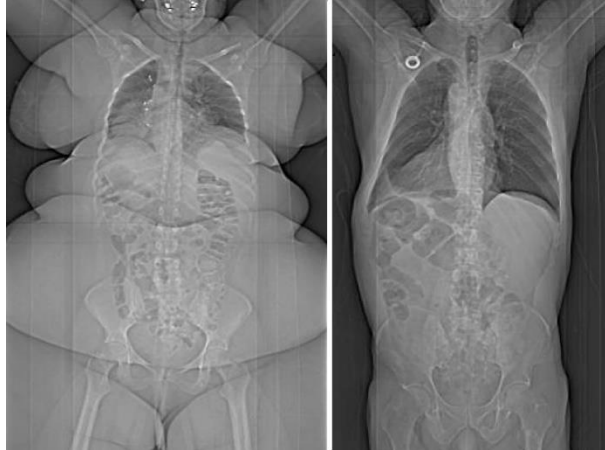
How are diabetes and stroke related?

Diabetes causes blood vessel damage over time, which can lead to heart attack and stroke. People with diabetes may avoid or delay heart and blood vessel disease by controlling their disease and other risk factors. It's especially important to control weight and blood cholesterol with a low-saturated-fat, low-cholesterol diet and regular aerobic physical activity. It's also important to lower high blood pressure and not to smoke.

Obesity and Overweight

Obesity is defined simply as too much body fat. Your body is made up of water, fat, protein, carbohydrate and various vitamins and minerals. Obesity is mainly caused by taking in more calories than are used up in physical activity. If you have too much fat you're at higher risk for health problems and pain.

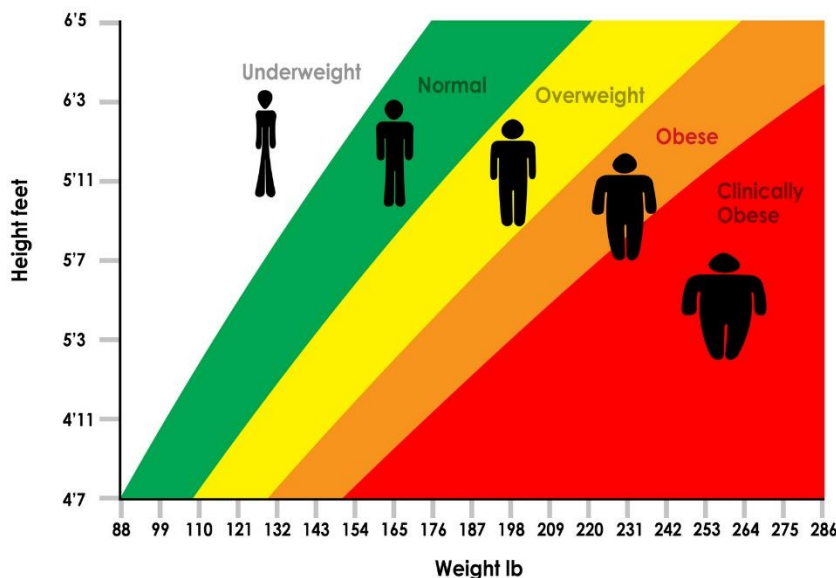
Obesity can lead to unpleasant problems such as joint pain, back pain, digestive issues, breathing problems, and certain cancers.



Adverse Effects of Obesity:

- Raises cholesterol and blood pressure
- Can cause atherosclerosis (fatty deposits that narrow the arteries and make it hard for blood to get by)
- Can cause sleep apnea which increases your risk for stroke and heart issues
- Can cause diabetes. In some people, diabetes makes these other risk factors much worse. The danger of heart attack is especially high for these people.
- **Obesity by itself increases risk of heart disease.**

Body Mass Index (BMI) is a formula that's used to help determine if someone's weight is healthy.



Physical Activity After a Stroke

According to the American Academy of Neurology, stroke survivors who walk 30 minutes a day have a 54% lower risk of early death. Just 30 minutes of exercise four times a week makes a big difference in your health.

It's hard to get physical when you are fatigued and/or depressed. It sounds odd, but forcing yourself to move will increase your energy levels and improve your mood over time.

You don't need any equipment to exercise. Plenty of exercises can be done in a chair or on the floor. You can combine exercise with leisure activities such as watching TV. Sometimes it's easier to have short bouts of activity several times a day rather than dedicating a full 30 minutes to an hour for it. Do what works best for you. Find ways to squeeze some extra activity into your life.



Try these tips:

- Do housework yourself instead of having someone else to do it.
- Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, dig and pick up trash.
- Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.
- Walk or bike to the corner store instead of driving.
- When walking, pick up the pace from leisurely to brisk.
- When watching TV, sit up instead of lying on the sofa. Better yet, spend a few minutes pedaling on your stationary bicycle while watching TV.
- Instead of asking someone to bring you a drink, get it yourself.
- Stand up while talking on the telephone.
- Park farther away at the shopping mall and walk the extra distance. Wear your walking shoes and sneak in an extra lap or two around the mall.
- Stretch to reach items in high places and squat or bend to look at items at floor level.

Alcohol Use

It's important to understand that heavy and regular consumption of alcohol can increase your risk for stroke.

Alcohol can increase your risk of stroke by:

- Raising the level of triglycerides, or fats, in the blood
- Causing high blood pressure
- Causing heart failure
- Causing weight gain due to excess calorie intake
- Triggering Atrial Fibrillation

Drinking alcohol while taking certain medications, such as blood thinners, can be dangerous. Please consult your physician if you take medication and drink alcohol. It is recommended by the American Heart Association to limit your consumption of alcohol to two drinks per day for men and one drink per day for women.

Illegal Drug Use

Cocaine, methamphetamines, and other stimulants can cause stroke by increasing your blood pressure and making your heart beat too quickly and ineffectively. Drug abuse is a frequent cause of stroke in young adults. IV drug abuse increases the risk of serious infections in the heart valves which is among many heart conditions that lead to stroke.

Substance abuse disorders can be treated safely. This may require taking prescribed medications and being monitored by professionals. Taking part in individual and group counseling may be helpful. Ask your doctor about the right treatment options for you. Don't be ashamed to do so. Know that recovery from alcohol and substance use can be a long process. Relapsing is common. Be gentle with yourself and seek a loving and supportive environment while you undergo treatment.



How do I know if I need treatment for addiction?

Addiction is a progressive disease. Without treatment, addiction can get worse. Living with addiction puts you at works for injury, poor health, lost employment, loss of money and even death.

You might need treatment for addiction if:

- You find it annoying that your friends and family are concerned about your alcohol or substance use
- Your addiction is causing physical health problems
- You have tried to stop or cut down, but you cannot
- You feel guilty about substance abuse or a compulsive behavior
- You have lied or tried to hide your addiction.
- You need a particular substance or activity to start your day or to calm down
- You are getting in trouble at school, work, home, or with the police.
- You have done something illegal to support your addiction.
- You are running out of money because of your addiction.
- You have no time for anything other than your addiction



MUSC Health offers outpatient treatment programs at the MUSC Health Institute of Psychiatry. To schedule an appointment, call 843-792-9162

Additional information:

National Institute on Drug Abuse: www.drugabuse.gov

Substance Abuse and Mental Health Services Administration: www.samhsa.gov 1-800-662-HELP

The National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL

Tobacco Use

You Can Quit Smoking!

Do you want to quit?

- Nicotine is a powerful addiction
- Quitting is hard but do not give up!
- Many people try 2-3 times before they quit for good
- Each time you try to quit, the more likely you will be to succeed

Good reasons for quitting

- You will live longer and be healthier
- You will lower your risk for heart disease and stroke
- You can save money

Tips to help you quit using tobacco products for good:

1. **Get ready.** Set a quit date and stick to it. Get rid of all tobacco products and ashtrays. Review your past attempts to stop. Ask yourself what worked and what did not.
2. **Get support.** Tell your family, friends, and coworkers you are quitting and you want their support. Ask them not to smoke, chew, or dip around you.
3. **Learn new skills and behaviors.** Change your routine. Use oral substitutes such as sunflower seeds, sugarless gum, hard candy, carrot or celery sticks. Try to lower your stress level. Drink a lot of water. Do something fun to reward your efforts.
4. **Ask your doctor if medicine will help you quit using tobacco products.** If the doctor prescribes a medicine, take it as instructed.
5. **Prepare yourself** for relapse or difficult situations—Do not drink alcohol. Eat a healthy diet and stay active.

MUSC Health Resources

- MUSC Health Four Weeks Quit Smoking Class, call 843-792-1414
- Individual and group counseling, call Cindy Carter at 843-792-9101

Community Resources

- Quit for Keeps. South Carolina toll free: 1(877) 44U-QUIT
- American Lung Association. 1(800) 548-8252 or www.lungusa.org
- Navy Hospital 843-743-7199 (for TRICARE Prime participants)
- Charleston Air Force Base 843-963-4007 (only for active duty and their independents, retired active duty and their dependents and reserves)

Medication Compliance

Medicines can only help you if you take them as prescribed. You should take part in decisions regarding your treatment, and follow the treatment plan that you and your doctor agree on. By taking medications exactly as prescribed and following appropriate lifestyle recommendations, you can help reduce your risk of having a stroke and achieve the fullest benefits from your treatment plan. By reviewing the following questions with your healthcare team, you can take an active role in making decisions about that plan.

Questions to ask about your medicines:

What was the name of the medicine?

Is this the brand name or generic name?

What is the medicine supposed to do?

How and when do I take it, and for how long?

What food, drinks, other medicines and activities should I avoid while taking this medicine?

What are the possible side effects? What do I do if they occur?

Is there any written information available about this medicine?

If you need help managing your medications, an **occupational therapist** is a great resource for helping you to organize, make a schedule, and how to remember it.

MUSC Pharmacy

MUSC Health has four convenient on-campus pharmacy locations. We also have a main-order pharmacy and a specialty pharmacy. These pharmacy locations fill prescriptions for the general public, patients, employees, and family members of employees.

Reach our outpatient pharmacies by calling **1-800-237-0794** or locally at **843-876-0199**. To place a refill request, call our 24-hour refill line at **843-876-0199** or replace a request through your MyChart patient portal.



Underinsured or not insured? You are not alone.

- Visit www.goodrx.com to find the most cost-effective prescriptions near you
- Visit www.needymeds.org to review free, low cost, and sliding scale clinics that offer prescription drugs that are free, low cost, or based on sliding-scale to meet your needs

Follow-Up Appointments

Be sure a MUSC healthcare member has scheduled your follow up appointment before you are discharged. Follow up in one of the clinics below, unless otherwise directed. Bring all your current medications to your follow- up appointment.

Call 843-792-3223

Hours: Monday-Friday 8:00am-5:00pm

MUSC Health Comprehensive Stroke Clinic

Charleston Location: 135 Rutledge Avenue 6th Floor

West Ashley Location: 2060 Sam Rittenberg

Nexton Location: 5500 Front St

MUSC Health Neurosurgery Clinic

Charleston Location: 135 Rutledge Avenue 9th Floor

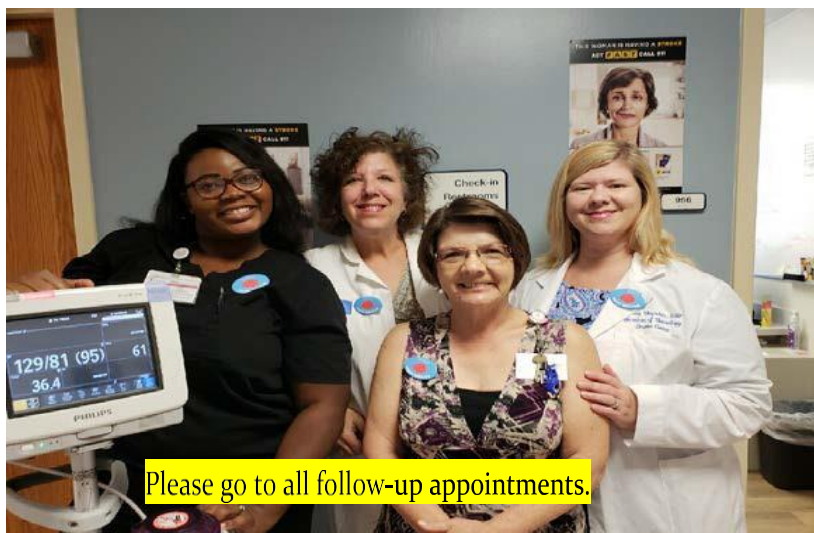
Murrells Inlet Location: Wachesaw Medical Center, 4367 Riverwood Dr.

Stroke Telemedicine Clinic

Tidelands Waccamaw Community Hospital 4070 Highway 17 Bypass

Virtual Primary and Specialty Care

<https://muschealth.org/virtual-visits>



Please go to all follow-up appointments.

***** If you received IV thrombolytics or had a mechanical thrombectomy, you will receive a call after 90 days *****

Did I receive IV Medicine? Did I have a thrombectomy?

You will receive a call from 843-792-7713 around this date:

Register for MUSC Health My Chart...

Your personal code is located on your discharge paperwork.

Go to mychart.muschealth.com to "Create Your Account" and enter your personal My Chart access code.

Through My Chart you can:

- Send messages and questions to your care team members
- View your test results
- Renew your Prescriptions
- Schedule Appointments

Email MyChartSupport@musc.edu or call 843-792-3111 to speak with our My Chart staff.

Depression and Stroke



Depression is feeling sadness and grief after a real or perceived loss in life. Depression is a natural reaction to stroke. Emotional changes are very common after stroke. One reason depression happens with a stroke is because the part of the brain that controls emotions has been damaged. Another cause for depression after a stroke is simply that it causes undesirable lifestyle changes, such as suddenly having to become dependent on others for things you used to be able to do by yourself, like getting dressed.

There are several common symptoms of depression including:

- Loss of interest in what used to be pleasing activities
- Change in appetite with either significant weight gain or weight loss
- Problems sleeping
- Loss of energy/fatigue
- Feelings of worthlessness
- Difficulty thinking or concentrating
- Persistent sadness
- Agitation/Irritation
- Drug or alcohol abuse
- Recurrent thoughts of death, talk of suicide

To help with depression, try the following:

- Make up your bed every day
- Spend some time outside
- Schedule time to exercise
- Schedule time for activities that once interested you
- Try to use good hygiene
- Focus on progress made
- Talk to a friend
- Talk to a counselor or other mental health professional
- Visit a local stroke support group
- Talk with your doctor about medication for depression

If you are thinking about harming yourself or attempting suicide, thinking about harming someone else, experiencing severe emotional or behavioral distress, feeling out of touch with reality or disoriented, feeling out of control, or experiencing an inability to care for yourself, seek help right away:

- **Call 911 for emergency services.**
 - Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to be connected to a trained counselor.

Remove yourself from any imminent danger. Ask a family member or friend to help you make these calls or take you to the hospital.

Mental Health and Neuropsychology

If you feel depressed please reach out for help.

Mosche Wexler, psychologist
316 Calhoun St, Charleston, SC 29401
(843) 724 2289

Charleston Neuropsychology
1459 Stuart Engals Blvd, Suite 204A
Mt. Pleasant, SC 29464
843-849-9913

Coastal Neuropsychology
1156 Bowman Rd, Suite 200
Mount Pleasant, SC 29464
Ph: (843) 990-6293

SC Neuro
W. Howard Buddin Jr., Ph.D.
Neuropsychologist / Licensed Clinical Psychologist
29 Leinbach Drive, Suite D4
Charleston SC 29407
Phone 843.509.6521

Modern Minds clinic in Charleston, SC - 843-531-9036; <http://modern-minds.com/>

MUSC's Behavioral Medicine clinic - 843-792-0686.

Alternatively, psychologists in your area can be found using the APA psychologist locator online at <http://locator.apa.org/> or www.psychologytoday.com/us/therapists.

Building Self Esteem After a Stroke

Just like we have relationships with other people, you also have a relationship with yourself. And just like any relationship takes work, sometimes we have to nurture and maintain a good relationship with ourselves.

As well as feeling depressed after a stroke, many people lose their confidence. Maybe your body has changed, maybe your social status changed, maybe your speech has changed. Self-esteem is how we value ourselves. Know that you can take some steps improve your self-esteem.



Identify the positive about yourself

- Write down the things about yourself that you like, be specific
- Remind yourself that there is plenty of good in you
- Be kind to yourself.
- Learn to accept compliments from others

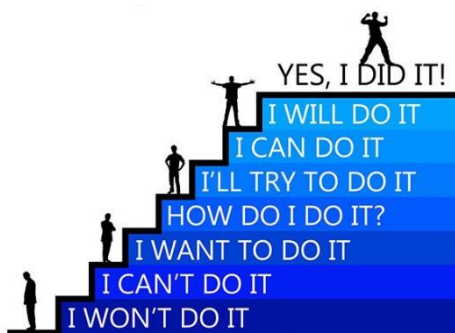
Build positive relationships, and avoid negative ones. Certain people, and certain relationships, make you feel better than others. It's OK to avoid people who make you feel bad about yourself and surround yourself with people that build you up and make you feel good.

Don't neglect yourself

- Remember to get good sleep, exercise, and eat well. Be good to your body.
- Try to stay active and get some exercise.
 - We always feel better when we achieve small goals – and getting through a short but tough workout is a small goal!

Take on challenges.

- Break it up into small steps. Make small improvements over a period of time. At the end of the journey, you'll be able to look back and see how successful you were.



Aphasia

Aphasia is a loss in the ability to communicate due to damage in the brain. The loss of or change in your speech can change your social life after surviving a stroke. Socializing is important, so it is important to find techniques to maximize communication for stroke survivors.

1. Educate yourself on what aphasia is and experiment with other forms of communication.
2. Experiment with different strategies to make socializing easier for you.
3. There are many apps for people with aphasia that use gestures and pictures that you can use.
4. Try writing or drawing if you are unable to speak.
5. It is key to have close family members involved to identify your communication wishes.

Guide for family members to help facilitate conversations:

1. Figure out a topic before initiating a conversation.
2. Ask questions that can be answered with a yes/no.
3. Paraphrase as needed during conversations.
4. Use motions or gestures to highlight significant points.
5. Try to keep conversations simple and modify the length as needed.

Choose a family member or friend that you are comfortable with and practice one-on-one conversations. Begin by practicing in a setting with minimal distractions, and progress to a less controlled social situation.



Practicing scripted conversations (the same conversation over and over) may help.

There is a chance that your speech and language changes can last a lifetime, and can continue to exist in some form or another. As life continues and circumstances change, your speech and language needs may progress- you can always reassess what techniques work best for you in different social situations, and continue to grow in your speech and language journey.

Visit a Speech Language Pathologist for additional help:

843-985-6878

Many Insurances accepted

Sex and Intimacy After Stroke

Sex can feel like a taboo subject to ask about, but sex and intimacy issues are common after stroke, and nothing to be embarrassed about. Your doctor is there to keep you healthy and help you achieve the highest quality of life. Sex is normal and healthy and should be included in the conversation. Changes in relationship dynamics as well as physical changes can occur.

As always when it comes to intimacy-communication is key. You and your partner may find it difficult to talk about your feelings regarding sex and intimacy, but if you don't discuss it, tension and resentment can build up between you both. Pick a time to discuss it when you are both relaxed. Try "I" statements versus "you" statements. An example of an "I" statement is, "*I* feel like you've been ignoring me." Rather than saying "*You* never pay attention to me!"



Common issues after stroke

Erection Problems

If you are having trouble maintaining an erection, you should talk to your doctor. It could be a medication side effect, or it could be a symptom of an underlying problem. Heart disease, high blood pressure, and diabetes can cause erectile dysfunction.

Vaginal Dryness

There are many kinds of lubricants available to keep the vagina moist. No two are exactly the same, so feel free to try some different ones to see what feels best to you.

Will I have another stroke during sex?

This is a very common concern among stroke survivors. While it is normal for your heart to beat faster and you to breathe faster during sex, it is **very unlikely** that you will have a stroke during sex.

Continence Issues

Many people avoid sex due to their embarrassment about continence issues. Catheters can also cause difficulties.

- Use the toilet just before sex. Protect the bedding with a towel, or a waterproof sheet.
- If you have a catheter, you may be able to remove it prior to sex and replace it after.
 - If you are a woman with an indwelling catheter, you can move it up and tape it to your leg prior to sex.
 - Men can bend the catheter back and hold it in place with a condom.

Spasticity

Muscle stiffness and spasticity can restrict your movement and how you position yourself. Spasticity can also cause pain

- Trial and error. Use this as an opportunity to explore new positions and different ways of having sex.

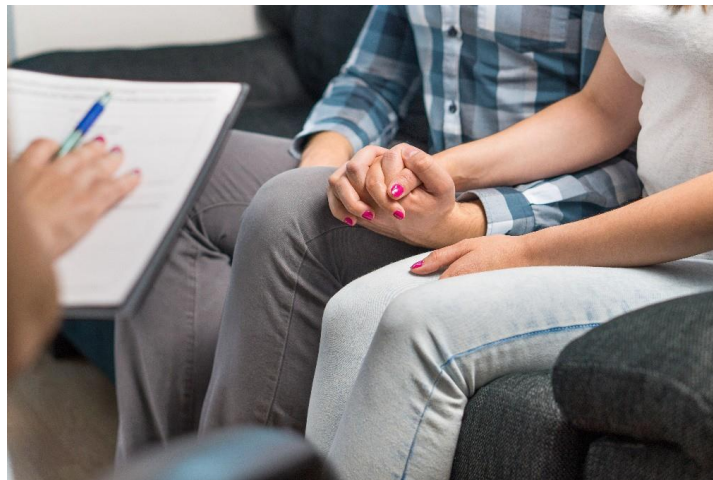
Fatigue

If you often feel very tired, try having sex in the morning, or when you have more energy during the day. Sex is traditionally a nighttime activity, but it doesn't have to be.

Medications

Many medications, such as those to control blood pressure, can make sexual arousal difficult to achieve for men and women, and can lower sexual desire.

- Never stop taking a medication suddenly, but bring up symptoms with your provider or pharmacist and consider alternatives.



Depression and Anxiety

Few people like having sex when they are tense and anxious. Sometimes stroke survivors are afraid their partners will no longer enjoy sex with them. Make sure that you communicate your fears to your partner. If needed, please consider couples counseling or personal therapy to help alleviate symptoms of depression and anxiety.

Safe Bathroom Routines After Stroke

Sometimes after having a stroke you can encounter many new challenges, including bathroom routines. The bathroom can be dangerous for anyone who had a recent stroke. There are plenty of tools and aids available to make going to the bathroom and bathing safer.

1. To keep yourself from slipping while taking a bath or shower- it is a good idea to have skid-proof rubber mats placed on the floor of your tub or shower. It would also help to have a skid-proof mat placed right outside of the tub to prevent you from falling.
2. Grab bars on the shower or tub wall can be installed to make it easier to aid balance while showering or bathing.
3. If you experience trouble standing you can use a folding chair in the shower. If this is the case you can have a handheld shower head installed so the water will be at a lower level.
4. It is important to monitor your water heater temps in your house and maintain them below 120 degrees F. If the water temperature is too high it is easy to get burns and can happen in a matter of seconds. There are options to have an anti-scald device installed on the shower head, that will stop the water stream if temperatures become too high.
5. If you require a wheelchair or walker to get around, there are options to replace your tub with a roll-in shower.
6. A pump style soap dispenser is safer than having to handle a bar of soap. You can also use a sponge with a long handle to make it easier to wash hard to reach parts of the body.
7. If you have difficulty using your hands, there are lever faucets that can be used with your wrist or arm.
8. Consider having handrails installed at your toilet to help ease sitting down and getting back up more independently. There is also an option for a raised toilet chair to assist with toileting.
9. Premoistened, flushable wipes are helpful with cleaning yourself after using the bathroom.
10. If you are using a wheelchair or walker it is helpful to remove the cabinets under the sink. This will make it easier to wash your hands, shave, and brush your teeth.

Occupational therapy is a good resource to help make the proper bathroom modifications that can really aid with your bathroom routines post stroke. If you have not worked with occupational therapy but think you may benefit from it, ask your doctor for a referral.

Financial Planning After a Stroke

Illness and disease cost a lot of money. There are both direct and indirect costs. Direct costs include medical costs and needing to adapt your home with aids. Indirect include you and/ or your partner or caregiver not being able to return to work, and costs for other personal care. You may qualify for financial aid.

Social Security Administration

If you are expected to be disabled for longer than one year or have a condition that will result in death, you may be eligible for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Call the Social Security Administration at 1-800-772-1213 or visit www.socialsecurity.gov

Apply for these benefits as soon as possible, because it can take several months to process.

You can be disabled and continue to work. Visit www.ssa.gov/work for more information.

AARP Tax Aide

www.aarp.org/money/taxaide

AARP Money Management Program

www.aarpmp.org

Patient Advocate Foundation

The Patient Advocate Foundation helps advocate for you by negotiating with hospitals, insurance, working with organizations for more services, and helping financially. They have an online chat on their website where you can ask questions and get answers same day. Call the Patient Advocate Foundation at 1-800-532-5274 or visit patientadvocate.org

Pharmacy Assistance Program

Many pharmaceutical companies offer prescription assistance programs for the no or underinsured. These programs offer provide free or low-cost drugs and many drugs are included in the program. Visit pparx.com

Other prescription assistance programs:

<http://rxassist.org>

www.needymeds.org

www.goodrx.com

www.familywize.org

www.medicare.gov

www.freemedicine.com

Ask your doctors and therapists for **home programs**.

Make the most of the visits you pay for by asking for “homework”. This helps maximize your results and increases your therapy.

Driving and Stroke

Contact the department of motor vehicles to see if your doctor must report your health status before you can drive again.

Even with severe disability, vehicles can be modified, and stroke survivors can learn to drive safely. There may be financial assistance available for mobility equipment and vehicle modifications.

Driving with any modifications requires a new license. Your new license will indicate your new restrictions. Once you have those restrictions labeled on your license, you will be able to operate your vehicle with those modifications.

People with peripheral vision loss due to a stroke do face more challenges. You may be ineligible to drive if your ophthalmologist deems that you have too much vision loss. Some vision loss may be counteracted with adaptive equipment.

Lowcountry Driver Rehabilitation Specialists:

Roper Rehabilitation Hospital
Charleston, SC
Contact: Paige Castellow
pcastellow@gmail.com
843-958-1282

Tidelands Health Rehabilitation Services
Myrtle Beach, SC
Contact: Ian McClure
imclure@tidelandshealth.org
843-652-8252



Additional Driver Rehabilitation Specialists are available. Ask your therapist or healthcare provider for more information.



Preventing Falls at Home

Falls can be a concern for people at home. If you fall, you may get hurt. Small changes at home can help you avoid a fall. Here are some ways to make your home safer:

- Wear rubber soled shoes that fit well, indoors and out
- Move items in cabinets to lower shelves to avoid reaching
- Keep objects off the floor and stairs
- Secure electrical chords to walls and keep them away from walkways
- Get rid of throw rugs
- Schedule bathroom visits every 2 to 3 hours to avoid rushing
- Keep phones near those at risk for falling
- Use non-skid mats or safety strips in bathtub or shower
- Make sure you have plenty of lighting so you can see clearly when you walk
- Use handrails when using the stairs. Fix loose rails
- Use a cane, walk or crutch if needed. Keep them in reach at all times
- Don't use towel racks or toilet paper holders as grab bars

Stroke Resources

South Carolina Stroke Support Groups

Be sure to reach out to support groups for the most up to date information as dates, times and locations may change.

Charleston

Young Stroke Survivors Support Group

These meetings alternate between "get-together" meetings at area restaurants and "learning" meetings at St. Francis Hospital in West Ashley, please contact Alyssa to learn where the next meeting will be held.

Alyssa Chesnutt: hydar@musc.edu | 843-792-8171

Young Stroke Survivors Support Group (ONLINE): facebook.com/groups/YoungStrokesCharleston

Low Country Stroke Support Group

Lowcountrystrokesupportgroup.blogspot.com/

Trident Medical Center Stroke Support Group

9330 Medical Plaza Drive, Cafeteria

TridentHealthSystems.com/Calendar or call: 843-797-3463

Roper Rehabilitation Stroke Support Group

Roper Rehab – 3rd Floor Roper Hospital Contact Katie Hall at: Kaitlyn.Hall@rsfh.com

Aphasia Support Group

Time and locations vary.

Please contact Anna Doyle for more information. doylean@musc.edu | 843-792-3678

Beaufort

Living Well After Stroke – Beaufort

990 Ribaut Rd

Beaufort, SC 29902

Contact Richard Craner 843-522-5898

Beaufort Memorial Hospital Administrative Center

Bluffton

Coastal Carolina Stroke Survivor Support Group

75 Baylor Dr

Bluffton, SC 29910

Contact Brittany Patnaude 843-784-8096

Florence

Encompass Health Rehab of Florence Stroke Support Group

Contact: Tori Wagner 843-679-9000

Preferred contact is by email: Tori.wagner@encompasshealth.com

Stroke Survivors Support Group Florence

Pavilion Conference Center at McLeod Regional Medical Center

Contact: JoAnn Alexander, RN 843-777-8988

Preferred contact is by email: joann.alexander@mcleodhealth.org

Greenwood

Self-Directions Stroke Support Group

Optimum Life Center Classroom

Location: 115 Academy Ave Greenwood, SC 29646

Contact: (864)-725-5551

Marion

MUSC Marion CVA Peer Support Group

MUSC Marion Medical Center

Contact: Mrs. Catherine Stromberg CCC-SLP at 843-431-2630

Chs259@musc.edu

Myrtle Beach

Grand Strand Health: Stroke Support Group at Health finders in Coastal Grand Mall

2000 Coastal Grand Circle, Suite 520 Myrtle Beach, SC 29577

Call (843)-839-9933

Heather.James@hcahealthcare.com

Orangeburg

Orangeburg Stroke Support Group

3000 St Matthews Rd Orangeburg, SC 29118

In the Healthplex at The Regional Medical Center of Orangeburg

Contact Mrs. Sherry Davis, BSN 803-395-4014

Alternate Contact Mrs. Sheri Hughes, BSC 803-395-2258

Sumter

Overcomers – Sumter Stroke Support Group

1305 Loring Mill Rd

Sumter, SC 29150

Alice Drive Baptist Church Library Room 119

Contact Wayne Hunter 803-464-3003 Mjhunter26@ftc-i.net

Contact: email RCPPPrograms@prismahealth.org

Rock Hill

HealthSouth Rehabilitation Hospital of Rock Hill

1795 Dr. Frank Gaston Blvd

Michele Hambley at 803-326-3543 or michelle.hambley@healthsouth.com

Spartanburg

SC Brain Injury Alliance

601 Webber Rd

864-560-6364

Caregiver Support: Respite Care

Respite is a service that provides a much-needed break for caregivers of family members with special needs. There are a variety of respite programs in South Carolina provided by various organizations. Respite is sometimes included in services provided by a Medicaid Waiver, DDSH services, mental health services or private providers.

Respite Programs in South Carolina

Waivers

Usually one-on-one care provided by individuals trained to work with those who have special needs. This service can be provided at your home, or a respite provider may take your loved one out to do activities. The main source of respite waivers are through the South Carolina Department of Disabilities and Special Needs, County Boards and Community Long Term Care, both of which may have waiting lists.

SC Access

Guide to available sources for older adults, people with disabilities, their family members and caregivers in South Carolina.

Website: www.getcaresc.com

Family Arranged Respite

Provided through Service Coordination from South Carolina Department of Disabilities and Special Needs County Boards. Your family member will need to meet their eligibility requirements and receive service coordination (sometimes called *targeted case management* or TCM).

Community Long Term Care

Community long term care (CLTC) offers programs to help individuals who want to live at home, need assistance with their care, and are Medicaid eligible. CLTC can help individuals remain at home and avoid unnecessary or premature nursing home placement. For this program, caregivers must be in the home while their loved one receives services. Locations across all of South Carolina.

Central Office: 803-898-2590

SC Voucher Program

Vouchers for respite care are available to qualifying family members who provide most of the care for someone else with disabilities, chronic health conditions, age related challenges or other special needs. The voucher program is operated by the SC Respite Coalition. The coalition is committed to providing financial assistance to family caregivers so that they can take a much-needed break from their caregiving role.

email: respite@screspitecoalition.org

phone: 1-866-345-6786

Family Caregiver Support Programs

Option one: grandparents over 55 raising grandchildren 18 and under may be able to receive funding to hire respite responders.

Option two: No matter your age, the care receiver must be 60+

Note: They will handle Alzheimer's respite funds for any caregiver of a dementia patient.

To find your local family caregiver support program, call 1(800) 868-9095

Trident Area Agency on Aging

Assistance for rides, shopping, meal preparation, bill paying, medication management, housekeeping, grooming, dressing, and walking.

Phone: 843-554-2275

The Lieutenant Governor’s Office on Aging

This is the chief advocate in South Carolina for seniors and adults with disabilities. The Lieutenant Governor’s Office on Aging, through a grant from the United States Administration on Aging in partnership with the South Carolina Respite Coalition and Family Connection of South Carolina, has developed a Lifespan Respite Care Program State Plan.

Phone: 803-734-9900

Toll Free: 1-800-868-9095

South Carolina Respite Coalition

This organization provides information about respite to families and professionals, strives to increase awareness among family members, policy makers and the community and ultimately increases respite all over the state. The coalition works to increase awareness of the needs of families within the faith community and brings people together from different faiths to assist them in providing respite for those in need of a break within their own faith communities. rachal@screspitcoalition.org

Toll Free: (866) 345-6786

Columbia Area: (803) 935-5027

Respite Care Charleston:

www.respitecarecharleston.org

Phone: 843-647-7405

Churches Providing Respite Co-Ops

| | |
|--|--|
| <p>All Saints Lutheran Church (843)647-7405 Mt Pleasant</p> | <p>Holy Spirit Evangelical Lutheran Church Meets twice a week, West Ashley (843)766-2602</p> |
| <p>Martin Luther Evangelical Church (843)795-4855 James Island, SC</p> | <p>Epworth Early Intervention Center - Columbia, SC 4th Saturday of the Month from 4:30-7:30pm Contact: Kay Richardson (803)212-4757</p> |
| <p>St. Johns Parish Church Meets Tuesdays and Thursdays 10AM-1:45PM Contact Christine at (843)813-3051</p> | <p>North Charleston United Methodist Church (843)744-6669</p> |

Charleston Area Food Assistance

Meals on Wheels

Meals on Wheels of Charleston help seniors maintain an independent lifestyle in their homes for as long as possible.

Provides nutritious meals, a quick safety check and a much-needed human connection to homebound seniors. Also offers pet food delivery, senior center meal programs, and more. Each local program works with its own community's needs and resources to provide community-specific solutions.

Meals on wheels serve all areas of the Low Country-
A home visit and assessment must be completed before service.

Contact:

Charleston Area Seniors

Phone: 843-722-4127

email: casc@charlestonareaseniors.com

Website: www.charlestonareaseniors.org

Trident Area Agency on Aging

Phone: 843-554-2275

email: info@tridentaaa.org

Website: www.tridentaaa.org



Emergency Food Pantries

Lowcountry Food Bank

Address: 2864 Azalea Dr., Charleston, SC 29405

Phone: 843-747-8146

Lowcountry C.A.R.E.S Charleston

Phone: 843-553-2012

East Cooper Community Outreach Food Pantry

Phone: 843-553-2012

Helping Hands Of Goose Creek

Address: 104 Commerce Pl #B, Goose Creek, SC 29445

Phone: [\(843\) 553-7132](tel:8435537132)

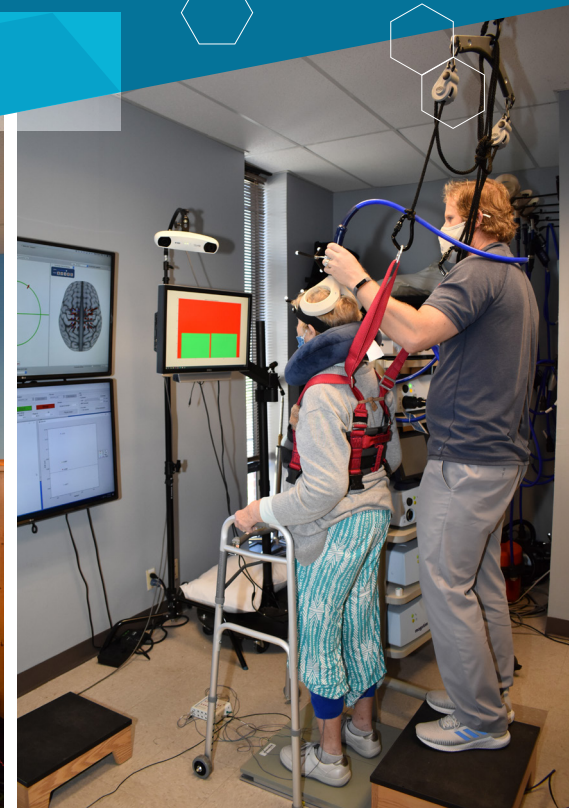
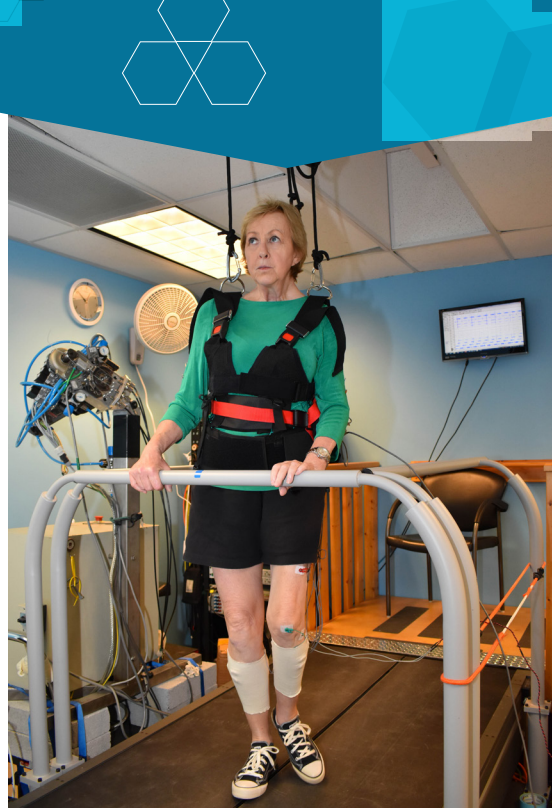
Website: helpinghandsofgoosecreek.org



Stroke Recovery Research Center

at the Medical University of South Carolina

The Stroke Recovery Research Center is a Center of Biomedical Research Excellence (COBRE) in Stroke Recovery at MUSC.



Contact: Alyssa Chessnut
843-792-1589
Hydar@musc.edu

Participation is always voluntary. There is no cost to the participant, and neither a doctor's order or insurance is required to participate in stroke recovery research.

Participate in Stroke Recovery Research

Changing What's Possible for Stroke Survivors

At the Stroke Recovery Research Center (SRRRC), we're focused on improving stroke survivors' quality of life through research. Our team is made up of scientists, doctors, engineers, and therapists at the Medical University of South Carolina. We are committed to finding new ways to improve stroke recovery. We research how changes happen in the brain and how we can create and use new technology and therapy for stroke survivors everywhere.

Our studies focus on many areas of stroke recovery including:

improving hand and arm use, walking, balance, strength, speech, thinking skills, sensation, depression, and fatigue.



American Heart Association Support Network

No one understands like someone who's been there!

Join the American Heart Association Support Network for FREE!

Supportnetwork.heart.org/registration/MUSC

Signing up is free, easy and secure

- No membership fees, ever
- Intuitive, user-friendly; only basic computer skills required
- Forums to share your healthcare experience or provide support to another human being
- Your personal information will never be disclosed or compromised
- Monthly Q+A sessions with respected healthcare professionals
- Excellent resource for reliable, credible information

American Heart Association

1-800-AHA-USA-1 (1-800-242-8721)

SupportNetwork@heart.org

Recovering from a cardiovascular event or managing a chronic condition can be challenging and emotionally draining. Take comfort in knowing you've got somewhere to turn for the support you need.

[Click Here For Resource Library | American Stroke Association](#)



Changing What's Possible



**American
Heart
Association®**

For More Information About Stroke Please Contact

MUSC Charleston Stroke Program:

1. Christina Blake, Stroke Program Manager, at 843-792-6084
2. Courtney Pickard, Stroke Program Coordinator, at 843-792-7713
3. Marrissa Cobiella, Stroke Program Coordinator, at 843-792-5280

American Stroke Association

1-800-478-7653.

For a free one-year subscription to "Stroke Connection Magazine", call the number above or go online to www.strokeassociation.org

The American Heart Association

1-800-242-8721

National Stroke Association

1-800-STROKES (1-800-787-6537)



Goal Setting

The template below will help you set achievable goals aimed towards improving your health. Bring this worksheet to your stroke follow up appointment so you and your provider can work together to achieve your goals. A good idea is to share your goals with family and friends to build a support team. For help or ideas, ask your MUSC care team- YOU CAN DO THIS!!

| What is my goal? | What steps do I need to take to get to my goal? How will I know I've made progress? | What and who can help me reach my goal? What might keep me from reaching my goal? | Why is this goal important to me? | How long will it take me to achieve this goal? |
|-------------------------|--|--|--|---|
| Goal #1 | | | | |
| Goal #2 | | | | |
| Goal #3 | | | | |

