

assessments	
NIH stroke scale	15 item evaluation for CVA on consciousness, language, neglect, visual fields, eye movement, motor strength, ataxia, dysarthria, and sensation. 0=No CVA, 21-42=- Severe CVA.
Mini FIM	Evaluation of function – self-care, transfers, mobility, and cognition. 0=Not taken place, 1= total assist, 7= independent. A score is obtained for each functional task. Includes 7 of the 18 items of the FIM.
FIM	being phased out and replaced with CARE Tool.
Glasgow coma scale	eye-opening, verbal response, and motor response. <3=vegetative state, 3-8=severe disability, 13-15=mild injury.
barthel index	evaluation of function for eating, grooming, bathing, bowel and bladder, toileting, dressing, mobility, transfers, and stairs. 0-100. 0=total dependence, 100=total independence.
AM PAC 6	Measures the 3 functional domains of basic mobility, daily activities, and cognition.

assessments (cont)	
assessment of motor and process skills AMPS	observation of ADLs in a natural environment.
modified ashworth scale	measures spasticity
activity card sort	clients describe their social, daily, and leisure activities.
canadian occupational performance measure COPM	captures client's self-perception of performance in self-care, productivity, and leisure.
community integration questionnaire	assesses limitations in social and community interactions
stroke impact scale	self-report questionnaire of disability and health-related QoL
reintegration to normal living index	quantitatively assesses the degree that clients can reintegrate into social activities
montreal cognitive assessment MoCA	assesses for the level of cognitive impairment.

stroke tx considerations		
type of occupation	problems	tx techniques

stroke tx considerations (cont)		
occupations while seated	<ol style="list-style-type: none"> 1. Loss of trunk and postural control 2. Inability to sit in proper alignment 3. Loss of righting and equilibrium reactions 4. Increased risk for falls -may fall during attempts at function 5. Dysfunction in limb control - difficulty reaching beyond arm span 6. Visual dysfunction secondary to head and neck misalignment 7. Symptoms of dysphagia due to misalignment 8. Impaired ability to interact with the environment 9. Decreased ADLs 	<ol style="list-style-type: none"> 1. Establish a neutral yet active starting alignment - feet flat on floor in weight bearing position -equal weight distribution through ischial tuberosities -neutral to slight anterior pelvic tilt -erect spine -head over shoulders and shoulders over hips 2. Establish the ability to maintain the trunk in midline using external cues. -mirror for visual feedback -verbal cues -environmental cues 3. Maintain trunk ROM through wheelchair and armchair positioning that maintains the trunk in proper alignment. - exercise program focused on trunk ROM -hands on facilitation as needed for mobilization 4. Dynamic weight shifting activities to allow practice of weight shift through the pelvis. -set up occupations to reach beyond arm span and limits of stability -adjust posture.. 5. Trunk strengthening -use tasks that require the patient to control the trunk against gravity - bridge the hips in supine position to strengthen the back

extensors 6.
Compensatory
strategies and
environmental
adaptations -use
when trunk control
does not improve to
a sufficient level,
putting patient at
risk -compensatory
strategies such as
one-handed shoe
tying -adaptive
equipment,
including reachers
and long handled
devices -wheelchair
seating systems -
lumbar rolls -lateral
supports -cushions



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stroke tx considerations (cont)

occupa- 1. Asymme- 1. Establish
tions trical weight symmetrical
while distribution - BOS and proper
standing weight distri- alignment to
bution is prepare to
seen through engage in
the lower occupations -
extremities hands on
as well as support as
the trunk .. 2. needed -feet
Automatic approximately
postural hip width apart -
controls may equal weight
be impaired. bearing through
-ankle feet -neutral
strategies, pelvis -knees
used to slightly bent -
maintain aligned and
center of symmetrical
mass and trunk .. 2. Focus
control on ability to bear
small, slow, weight and shift
swaying weight through
motions -hip affected lower
strategies, extremity. ... 3.
used to Encourage
maintain or dynamic
restore reaching
equilibrium - activities in
stepping multiple enviro-
strategies, nments to
used when develop task
ankle and specific weight
hip shifting abilities
strategies .. 4. Use the
are ineffe- environment to
ctive .. 3. grade task
Resulting difficulty and
problems provide external
with base of support5. Train
support upright control
(BOS) - within the
movement of context of
BOS toward functional tasks
the COM -
steps taken
to widen
BOS

stroke tx considerations (cont)

inability Aphasia – 1. Give the
to use a language patient time to
language disorder respond – do not
that results force a response
from .. 2. Use concise
neurological language and
impairment simple sentences .. 3.
Global Insure generaliz-
aphasia – ation, or transfer
loss of all of learning from
language one context to
skills another -vary
Broca's treatment enviro-
Aphasia – nments -vary the
expressive nature of tasks -
aphasia, help patient to
results from become aware of
damage to how he or she
the frontal processes
regions of information -
the left teach processing
hemisphere strategies -relate
Wernicke's new learning to
Aphasia – old .. 4. Types of
receptive transfer i. Near
aphasia, involves transfer
results in of learning
the inability between two
to tasks with one or
understand two different
language in characteristics iii.
both Far transfer –
spoken and involves transfer
written of learning
forms between tasks
Anomic that are concep-
aphasia – tually similar but
difficulty few or no
with word characteristics in
retrieval common iv. Very
far transfer–
spontaneous
application of
learning to
everyday living

stroke tx considerations (cont)

inability 1. Limitations due 1.
to use to: -pain -contr- Evaluation
UE acture -loss of should focus
motor control - on
weakness - assessing
learned disuse .. the patient's
.. 2. Subluxation:- ability to
malalignment of integrate UE
the shoulder performance
caused by instab- of functional
ility of the glenoh- tasks -use
umeral joint - the affected
common compli- UE to
cation of CVA - support
inferior sublux- performance
ation – head of ... 2.
the humerus Stand-
slides below the rdized
glenoid fossa – assess-
caused by ments
muscle weakness include
and atrophy - TEMPA,
anterior sublux- AMAT,
ation – head of Jebsen,
the humerus sits AMPS ... 3.
anterior to the Weight
glenoid fossa – bearing
caused by weak through
rotator cuff affected UE
musculature and ... 4. Moving
muscle spasticity objects
-superior sublux- across a
ation – head of work surface
the humerus with a static
lodges under the grasp -
acromion process ironing,
and the coraco- opening
acromial ligament drawers,
– also called high polishing
riding shoulder ... furniture ...
3. Tonicity: -low 5. Reaching
muscle tone and manipu-
immediately lation -reach
following CVA - for and hold
glenohumeral object -
joint and wrist are manipulate
susceptible the object
to damage due with thumb
subluxation and and finger
unstable wrist - movements
splinting used -use objects
to maintain joint of different

alignment, sizes and
protect tissues shapes to
from changes in facilitate
length, prevent hand control
injury, and assist during reach
with edema and manipu-
control -resting lation -
hand position to choose
provide support activities
to the palmar appropriate
arch while for motor
maintaining control level
neutral wrist and grade
position -high tasks ... 6.
muscle tone may Constraint-i-
develop several nduced
days or weeks movement
after CVA, therapy
resulting in (CIMT) -
limited movement restrain the
and/or contra- unaffected
cture of the arm to force
affected arm movement
of the
affected arm
... 7. Train
the arm to
be used in
weight
bearing
while
reaching



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areas of the brain

frontal lobe	
motor control	premotor cortex
problem solving	prefrontal area
speech production	BROCA's area
temporal lobe	
auditory processing	hearing
language comprehension	wernickes area
memory	information retrieval
brainstem	
	involuntary responses
parietal lobe	
touch perception	somatosensory cortex
body orientation	sensory discrimination
occipital lobe	
sight	visual cortex
visual reception	visual interpretation
cerebellum	balance and coordination

stroke terminology

accommodation	eyes ability to adjust to various distances in the environment
acuity	visual sharpness
adaptation	coping with the changes of task demands
adhesive capsulitiis	frozen shoulder
adjustment to disability	psychosocial condition in which the pt faces barriers to the acceptance of their disability
agraphia	acquired writing disturbance

stroke terminology (cont)

anarthria	speech impairment resulting in the absence of speech
ankle strategy	autonomic postural responses to maintain balance using the ankles
anomia	inability to name things
anosognosia	poor insight or denial of one's own disabilities
aphasia	communication deficit resulting in the loss of the ability to speak or understand language
aprosody	difficulty expressing and recognizing social emotions
astereognosis	the inability to recognize things using touch; tactile agnosia
blocked practice	practice using drills with numerous reps
broca's aphasia	non fluent expression affecting speech
cognitive orientation to daily occupational performance model	a client centered meta cognitive approach with collaboration, goal setting, performance analysis, cognitive strategies, guided discovery to promote generalize and transfer
color agnosia	inability to name or recognize colors
concrete thinking	inflexible thinking

stroke terminology (cont)

confrontation	movement of an object through the clients visual field
convergence	coordinated eye movement inwards to focus on an object
cortical blindness	blindness resulting from a lesion in the cerebral cortex
dissociation	separation of body parts during movement patterns
divergence	eye movement outwards
environmental control unit	a device used to interact with the environment
far transfer	introducing an activity of the same context but different from the initial task performed
global aphasia	severely impaired language
hemianopsia	visual field deficit (blindness) in half of the visual field
heterotopic ossification	overgrowth or deposit of bone in soft tissues which may affect movement
hyperopia	farsightedness
ideational apraxia	inability to perform a task due to loss of a model or mental representation of the procedure

stroke terminology (cont)

intermediate transfer	changing a number of task parameters while keeping familiar initial task parameters
ipsilateral pushing	stroke syndrome characterized by physically pushing the body towards one side due to misperceived center of gravity and midline
learned nonuse	lack of use of a body part resulting from stroke and its diminished perception of function
motor adaptation	ability to adapt to postural responses to environmental demands and task changes
motor apraxia	inability to perform purposeful movements due to impaired planning and sequencing of movements
myopia	nearsightedness
near transfer	performing an alternate form of the initial task
neoplasm	abnormal tissue growth, tumor
organization	ability to organize thoughts to perform a task in an organized manner with proper sequencing and timing
praxis	ideation, planning purposeful movements

stroke terminology (cont)

procedural memory	recalling the steps of a task
prosopagnosia	inability to recognize familiar faces
saccadic eye movements	fast, voluntary, coordinated movements of the eyes to fixate back and fourth on two points at a distance
somatoagnosia	body scheme disorder characterized by decreased awareness of body structure and recognition of ones own body parts and their relationship to each other
spasticity	hypertonus and hyperactive stretch reflexes
strabismus	inability of eyes to cross axes due to imbalanced eye muscles, impaired saccades
trendelenberg sign	when one stands on the affected limb and the opposite gluteal fold falls
unilateral body neglect	forgetting about one side of the body due to stroke
wallenberg sign	horner syndrome, cerebeller ataxia and contralateral loss of pain and temp
wernickies aphasia	reduced speech comprehension

symptoms associated with parts of the brain

internal carotid artery	1. Contralateral hemiplegia, hemianesthesia. And homonymous Hemianopsia 2. Occurrence in dominant hemisphere is associated with aphasia, agraphia/dysgraphia, acalculia/dyscalculia, right/left confusion, finger agnosia 3. Occurrence in non-dominant hemisphere associated with perceptual dysfunction, unilateral neglect, anosognosia attention deficits, loss of topographic memory
middle cerebral artery - most common	1. Contralateral hemiplegia with greater involvement of the arm, face and tongue; sensory deficits; contralateral homonymous hemianopsia and aphasia if the lesion is in the dominant hemisphere 2. Pronounced deviation of the head and neck toward the side of the lesion 3. Perceptual deficits such as anosognosia, unilateral neglect, impaired vertical perception, visual spatial deficits



symptoms associated with parts of the brain (cont)

anterior cerebral artery 1. Contralateral lower extremity weakness, more severe than upper extremity weakness. 2. Apraxia, mental changes, primitive reflexes and bowel/bladder incontinence may be present. 3. Cortical sensory loss in lower extremity. 4. Intellectual changes including confusion, disorientation, whispering, slow processing speed, distractibility, limited verbalizations, amnesia 5. Total occlusion of artery results in contralateral hemiplegia with severe weakness of the face, tongue and proximal arm muscles, marked spastic paralysis of the distal lower extremity.

posterior cerebral artery 1. Broad, multiple symptoms 2. Sensory motor deficits, involuntary movement disorders, postural tremors, hemiataxia, memory loss, astereognosis, dysesthesia, kinesthesia, contralateral homonymous hemianopsia, anomia, topographic disorientation, visual agnosia

symptoms associated with parts of the brain (cont)

cerebellar arteries 1. Ipsilateral ataxia, contralateral loss of sensation of pain and temperature 2. Ipsilateral facial analgesia 3. Dysphagia, dysarthria, nystagmus and contralateral hemiparesis

