

# Pack 109, Item 7

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**Stroke survivors practice physical therapies to recover after a stroke**

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**Notes to broadcaster**

Stroke is a leading cause of death and disability globally, and the prevalence of stroke in the Global South is increasing. Today, two-thirds of all individuals who have suffered from a stroke live in developing countries—where health systems are often challenged to the limit, and support for individuals and their families affected by stroke is minimal.

Strokes can happen to anyone at any age, and they impact everyone: stroke survivors, family and friends, workplaces, and communities. But there are many actions that people can take to prevent stroke, and there are many things that stroke survivors and their families can do to make life better and easier for all.

This script addresses the common physical disabilities experienced by people who survive a stroke, and the therapies recommended for recovering from these injuries. It covers the expected outcomes of therapy as well as the impact of injuries on the stroke survivor’s well-being.

It is very likely that stroke is impacting individuals and families in your community. As a broadcaster, you could use this script and FRI’s other scripts on stroke to start a conversation about stroke in your community. You could invite stroke specialists such as neurologists and physiotherapists, as well as stroke survivors and their families to speak on your health program, or other programs.

The program could cover:

* How to prevent stroke;
* The physical impact of stroke and the types of rehabilitative therapy available;
* The psychological impacts of stroke and the psychological assistance available for stroke survivors and their families;
* The types of changes caregivers need to make to the home in order to care for stroke survivors;

Estimated running time for this script: 15-20 minutes, with intro and outro music

Sig tune up then under

**Host:** Did you know that stroke is a leading cause of disability worldwide? That is what we are going to learn about today: the physical disabilities that stroke survivors face and the rehabilitative therapies that can help survivors.

Signature tune up and out under

**Host:** Hello and welcome to *Your health* program. My name is Winnie Onyimbo. Diseases like hypertension—also called high blood pressure—were once rare in Africa. But today, the continent has the world's highest rate of hypertension, affecting nearly 50% of the population. Hypertension is one of the leading risk factors for the development of stroke.

In our program today, we speak to Lilian Lung’ao, a stroke survivor, as well as Sylvia Mbugua, a neurologist. Dr. Mbugua will tell us the common types of disabilities stroke survivors like Lilian face and the therapies available.

But first, to learn about the challenges that stroke survivors face, I visited Lilian Lung’ao.

Sound of walking. Fade and hold under conversation.

**Host:** I am walking alongside Lilian; she walks from her house every day. It’s a slow walk because she is using her tripod stand to aid her movement. It is difficult to hold a conversation, but we try. (PAUSE)

 So where are you going today, Lilian?

**Lilian:** Today I am going to do my hair and buy some medicine.

**Host:** Why are you walking? Why not take a bus or motorbike?

**Lilian:** This is part of my daily routine. I have to walk for at least an hour as part of my exercise. Otherwise, my limbs will be stiff.

**Host:** (BREATHING HARD) How long it will take?

**Lilian:** (LAUGHING) Today, I will walk for 20 minutes to the salon; we are not very far now.

Fade sound of walking

**Host:** We walked for about 25 minutes and then we rested at the salon where Lilian was going to do her hair.

sounds of a salon up then under

**Host:** So what are you doing to your hair?

**Lilian:** I will have it washed then dyed. I am 54 years old. The grey hair is making me look older (LAUGH). But we can talk as they work on my hair.

**Host:** You are very active—have you always been like this?

**Lilian:** No, until two years ago, I was very inactive. I had never exercised in my life. The stroke I suffered in 2016 made me change my lifestyle.

**Host:** Tell me about the stroke. How did it happen?

**Lilian:** I was at home in the village. I had lost my job, my husband had abandoned me, and I was working to make ends meet for my family. So one evening, I left home to go to the shop, and I suddenly fell right outside my house. I couldn’t move or even shout for help. I was helpless. My limbs could not coordinate and my mouth could not move. My neighbour who was passing by saw me and called other neighbours to help—and I was rushed to the nearest hospital.

**Host:** That is where you got medical attention?

**Lilian:** Not really—the hospital didn’t have proper equipment. So I was admitted and was observed all night, and then referred to a bigger, well-equipped referral hospital about two hours away the following day.

**Host:** At that time, what physical challenges were you facing?

**Lilian:** I couldn’t move. I lay on my back the whole time and I could not speak. When I tried to say something, I felt my tongue was too heavy and I was constantly drooling. Half of my face was numb. I was dizzy and confused, I could not use my right hand, and I had a serious headache. But I was conscious the whole time.

**Host:** So what did they tell you at the referral hospital?

**Lilian:** They ran several tests and checked my brain, limbs, throat, asked me to try and perform simple tasks like lift my limbs, say my name, and try to swallow saliva. That is when I was told I had suffered a stroke on the left side of my brain. And since it had taken some time before I got help, they would have to treat me faster and I would need to have rehabilitative therapy immediately after being discharged.

**Host:** What was your reaction to that news?

**Lilian:** I was shocked. I didn’t know anything about stroke; I didn’t know anyone in my family who had suffered a stroke. The common disease in my family was high blood pressure. I had been diagnosed with high blood pressure some time back and was asked to change my lifestyle—but I didn’t consider it very serious. The doctor at the referral hospital told me I had too much cholesterol, and, combined with the high blood pressure and the stress I had been undergoing, these were the likely reasons for the stroke I had suffered.

**Host:** How long were you in hospital?

**Lilian:** I was there for two weeks. My daughter was training to be a doctor, so she encouraged me and made sure that I took my medication and did what the doctor asked me to do. I was then discharged and went to live with my mum and daughter and I continued with therapy at home.

**Host:** Tell me about the kind of therapy you had.

**Lilian:** My daughter organized a physiotherapist to come to my home every day. We would exercise my leg and my hand for about an hour. It was painful, but gradually I was able to walk with the aid of a tripod. I also had speech therapy offered by a Korean organization in Nairobi. They also offered thermal massage therapy to soothe muscles. This worked on my head, face, and neck muscles. My family members were very supportive—especially in helping me gain my speech back. They would always ask me questions and keep me talking.

The therapy and support helped me, so that in two months, I was walking alone for longer distances with my tripod. And in seven months, I was able to speak, although not as clearly as I was speaking before the stroke.

**Host:** What else helped you become independent so fast?

**Lilian:** I was determined to get independent quickly. I had a positive attitude towards life. I looked forward to the therapies and tried to do what the therapist recommended. My faith was strong because I had a young son who was still in school and I wanted to be an active mother in his life. My family was very supportive.

Now I am able to take the bus on my own. I am able to do most things for myself. I still have weakness on my right side; I still cannot use my right hand and leg well, but I am happier because I am somehow independent.

**Host:** Thank you, Lilian, and all the best in your journey to recovery. Let me leave you to finish up your hair.

**Lilian:** Thank you, too.

Sound of the salon up then under

**Host:** Not all stroke survivors in Kenya make quick progress like Lilian. And like Lilian, many do not get immediate help from a health facility because it is either too far, not equipped to deal with stroke, or because the survivor doesn’t know the seriousness of the condition and may delay seeking medical attention.

Sylvia Mbugua is a neurologist at the Aga Khan University Hospital in Nairobi, Kenya. She deals with stroke survivors on a regular basis. I spoke to her about the physical disabilities that stroke survivors face and the therapies that she offers them. I started by asking about the impact of physical disabilities on stroke survivors.

**Dr. Mbugua:** Stroke survivors suffer some obvious disabilities that can be easily seen, but some are not so obvious. The most common are motor disabilities—where they suffer weakness of the arm, leg, or face which makes it hard for them to attend to their daily duties. They also have sensory disabilities where they get abnormal sensations—for example, they may not be able to feel hot or cold from touching an object. They may also have problems with speech and be unable to communicate orally at all, or be unable to articulate their words well. If the stroke effects the nerves and muscles responsible for swallowing, then they will have difficulty in swallowing and hence may choke.

**Host:** Do all stroke survivors suffer physical disabilities?

**Dr. Mbugua:** It depends on the area of the brain that is affected by the stroke. Some will have motor, sensory, speech, and swallowing physical disabilities from the stroke, and others will have no physical disability at all.

For example, those people who get mini-strokes, which are also known as transient ischemic attacks, where a blood vessel gets blocked but clears again in a very short time, will have no disability. However, mini-strokes may be a warning of a bigger stroke to come which may cause physical disabilities.

**Host:** What are the most obvious kinds of physical disability from a stroke?

**Dr. Mbugua:** The most common symptom of someone who has suffered from physical disability is weakness on one side of the body. Stroke attacks one side of the brain—which controls the opposite side of the body. So someone who suffers a stroke on the left side of the brain will suffer physical weakness or disability on the right side of the body. It is not common to have a stroke that affects both sides of the brain at the same time.

**Host:** What kind of physical rehabilitation is required for someone who has physical disabilities after a stroke?

**Dr. Mbugua:** Stroke survivors have to go through a lot of physical and nervous system rehabilitation so that they can resume their daily activities.A big number of stroke survivors take a long time to get back to close to normal functioning in their lives. Some get profound disabilities and may never fully recover their physical abilities, no matter how much rehabilitation they go through. Others are able to achieve their prior level of function and even go back to a normal life.

**Host:** What are some of the different aspects of rehabilitation?

**Dr. Mbugua:** Before we get into the different aspects of rehabilitation, it is important for the stroke survivor to know that stroke rehabilitation can be a long and difficult process. Even after rehabilitation is complete, most stroke survivors will live with some minor to moderate disabilities. So most will require mental health support, including counselling to help deal with personality changes that arise after a stroke, such as depression, anxiety, frustration, and anger. And some may even need medication to help with symptoms of depression and anxiety. These issues should be addressed early in the recovery process. Stroke survivors who are depressed may be less likely to follow through with stroke rehabilitation and treatment plans.

Back to rehabilitation. For motordisabilities,they will receive physiotherapy from a physiotherapist. The therapist will work with stroke survivors to regain strength, coordination, balance, and control of movement in the limbs and to reduce stiffness so that the person is eventually able to use their limbs. For example, to promote joint flexibility, strengthening, and increased muscular endurance for a weak leg, a stroke patient will be asked to sit on a chair, repeatedly raise their toes up and down, then raise their heels up and down. To improve hand and finger functions which are important for picking up objects, buttoning clothes, or writing, fine motor exercises will help improve use of the hand for manipulating small objects. An exercise like crumpling a sheet of paper into a ball then trying to spread it back out into a flat piece of paper using only the affected hand helps the stroke survivor gain hand and finger skills that may have been lost during a stroke.

The stroke survivor will also receive occupational therapy. This helps the person regain their memory of the skills they had before the stroke and relearn some of the skills they need to care for themselves after a stroke. Through various exercises related to the physical activities involved in preparing meals, cleaning the house, and driving, stroke survivors will relearn how to manage their personal care, including bathing and washing and regaining control of bladder and bowel movements.

**Host:** How do they get therapy for swallowing?

**Dr. Mbugua:** Speech therapists are usually the ones who help stroke survivors who have difficulty with swallowing. Survivors may have trouble speaking, finding words, or understanding what other people are saying. This condition is called dysphasia. Speech-language pathologists help people with dysphasia relearn how to use language and communicate. Speech therapy may include repeating words, as well as reading and writing exercises. Speech therapists also help the survivor to regain strength in the muscles that aid in swallowing. It’s a gradual process which starts them off on thickened drinks, and then moves to thin food. This is because survivors of stroke with swallowing disabilities can easily choke on thin foods which pass quickly through the throat.

**Host:** What kind of equipment is necessary for people who have physical disabilities after a stroke?

**Dr. Mbugua:** Those with disability in the limbs may need walkers, walking sticks, canes, tripod stands, and shower chairs. They may also need splints for affected limbs. This kind of equipment will be recommended or provided by physiotherapists and occupational therapists. The therapists will also recommend modifications to the living environment like ramps to be built around homes, raised toilet seats, or toilet seats with handles to make standing up and sitting down on the toilet easier.

**Host:** That was Dr. Sylvia Mbugua, a neurologist at The Aga Khan University Hospital in Nairobi, Kenya.

I also got a chance to speak to **Dr. Florentius Koech, a neurosurgeon at the Eldoret referral hospital about the progress of Lilian Lung’ao. He was the attending physician when she was admitted at the hospital and diagnosed with stroke. He has been monitoring her progress closely and says Lilian has had remarkable progress in a very short time, and has been able to do things that most stroke patients take long to do. Her progress has largely been because of her positive attitude, support from her family, and her determination to be independent.**

 And that ends *Your Health* program today.

Thank you for staying with me to the end of this program where we have learnt about the kinds of physical disabilities that survivors of stroke suffer and the therapies that are available. We heard from Lilian Lung’ao, a stroke survivor who has received physical rehabilitative therapy and after two years is able to walk, talk, and do her most of her daily tasks independently. We also heard from Dr. Sylvia Mbugua, a neurologist at The Aga Khan University Hospital in Nairobi, Kenya who deals with stroke survivors. She spoke about the impact of physical disabilities as a result of stroke and told us about the therapies that are available.

 Until next week, this is your host for *Your health*, Winnie Onyimbo.

## Acknowledgements

Contributed by: Winnie Onyimbo, Trans World Radio, Nairobi, Kenya

Reviewed by: Dr. Sylvia Mbugua, neurologist, The Aga Khan University Hospital, Nairobi, Kenya

**Sources of information**

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