



# Turtle Soup

NORTH SHORE STROKE RECOVERY CENTRE

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July 2021

## A Message for Carers (Caregivers)



Following a stroke, being a Carer is hard work, at times with limited reward. After the original medical emergency has been dealt with there are differing levels of support offered. However, if it's not good enough, there's loads available but finding it and knowing where to go that is not always straightforward.

The aim is to ensure that the "cared for" person is as well supported as possible, in every way. Some tasks are clear and routine, and are easier with practice, but many are physically or emotionally demanding, and sometimes obscure. When you're a family member, in many respects it's a 24/7 responsibility. In some respects, as a carer, you are also both

grieving, for how the family member was, pre-stroke, and having to adjust to the new caring role, usually without warning. Sometimes you've also lost their input into family life which creates more added issues. Try to stand back from your tasks to best assess them.

Be reassured that there are usually solutions to most problems. More in-depth support is often available to sort or support most difficulties. Always share problems with others and brainstorm how things may be resolved or where to seek more guidance. One example I faced was concern over mouth and tooth hygiene when a dentist visit to sort it out was unrealistic. Discussing that with our dental practice quickly produced an amazing, very high calibre, dental hygienist whose mobile service brought ALL the equipment to the bedside at home! Be imaginative and adventurous - the internet is often a great starting place. And remember to care for all carers too.

This probably will mean that 'caring' will need to change. Hopefully because of positive progress. Also because of burnout, respite care is especially important. As a carer your own abilities can deteriorate so changes may need to happen which is what happened to me. My husband eventually had to move into a Long-Term Care Home after three years, so my caring role changed to match my own level of ability.

North Shore Stroke Recovery Group offers amazing support to both survivors of stroke and carers, thank you so much.

~ Tricia Forsythe



**Volunteer, Zoey, and her cat**

The cat's name is Smudge. She is very high maintenance and wakes Zoey up a few times a week in the middle of the night to be let out, fed or played with. Believe it or not. Zoey is Penelope Bacsfalvi's daughter.



**Richard Hultman and his pet**

Attached is a photo of a Squirrel that Richard took in May. Richard enjoys taking photos of wildlife and prides himself on how close he is able to get to his subject matter.



**Dave Andrew & Tyson**

Here's Dave with his dog Tyson - 10 year old golden retriever. Tyson just got a puppy cut for the summer. 😊 As Dave jokes, "All the bitches will be after him!"



**Tuula Seppanen & Yori**

This is a picture of Yori with her 'Aunty Tuula'. Yori is a 5 year old Japanese Spitz. She came all the way from Korea and Tuula has the good fortune of taking care of Yori every Friday. You might see them both at the Cleveland Dam meet-ups this summer! ❤️

**Shirley Gibson & Monty**



This is a picture of Shirley's daughter Sue a number of years ago with their cat Monty. The family had him as a pet when they lived in Winnipeg. His claim to fame is he would come inside to use the toilet!



**Kathryn Seely & Kettles**

This is a photo of Kathryn's dog, 'Kettles', named after a place, a rock, and a church in Ontario. Kettles is a British Golden Retriever and is five years old.

Earlier this year, March of Dimes Canada hosted a virtual program with Dr. Jennifer Yao, medical site lead at G.F. Strong Rehab Centre and a Clinical Associate Professor and Head of the UBC Division of Physical Medicine and Rehabilitation.

Some key points in her presentation:

- tPA – clot buster drug, is now available at more than just major hospitals. Only given when there is a clot-type stroke and must be within 4.5 hours of symptom onset. If given after 4.5 hours, it has shown to cause more risk of complications. It's recommended that you go by ambulance to hospital rather than via private vehicle so you are integrated faster with the neuro team.
- Endovascular Thrombectomy – available in the last 5 years and is again for the clot-type stroke. The patient must present within 6 hours of symptom onset. It's used for clots in the larger branches of the Middle Cerebral Artery and requires an interventional radiologist onsite. Pulls the clot out. Without this intervention, the results of this stroke could be devastating with severe disability.
- Research has shown that early activation of patients after the initial 48 hours post stroke has better outcomes.
- Intensity of rehab matters. Therapy must be enough intensity at the right times and right frequencies. Recommendation is that an inpatient rehab is at least 3 hours of therapy a day.
- All survivors of stroke should be screened for depression. It occurs in 20-25% of patients in the first 2 years.
- Some research has shown that some anti-depressive medication can help with recovery by keeping the brain more plastic during the initial stage of recovery.

## Technology

- Robotics Exoskeleton allows for standing & stepping in patients who are not ambulatory. Not for functional walking.
- Upper extremity robotics allow for more specific, repetitive & extensive practice of movement but need to have some degree of mobility to work it. The device assists as needed and gives visual feedback.
- Translating the gains into functional movements can still be tricky.
- Virtual Reality "Games" targeted to work on different types of movement & motor control.
- Potential uses in improving neglect, movement control, balance.



## Virtual Rehabilitation

- Pandemic has forced everyone onto virtual platforms for health care delivery.
- Virtual rehab can be as effective as in person in the right population.
- Works better for some types of rehab than others, e.g. speech therapy.
- Will most likely have a hybrid system of care post-pandemic; virtual & in-person.



~ Gail Snelling



### Rhedia Stark

**June 10, 1958 – May 4, 2021**

I had the pleasure of getting to know Rhedia while she attended NSSRC for more than two years from January of 2018 to March of 2020.

Rhedia was yet another person I looked forward to seeing each week. Rhedia was like a breath of fresh air, al-

ways positive, full of stories about her latest project—could be her pottery and work in the kiln, her hike that morning, parenting, her grandchildren or bread she had baked. We created speech goals around ingredients for baking and bread. She knew every bakery and store with good quality Canadian organic ingredients around the lower mainland. I was the lucky recipient of a few loaves of bread from Rhedia.

Rhedia left this earth too soon. She struggled with numerous illnesses in addition to rehabbing from a stroke but managed somehow to keep herself upbeat and her attitude positive most of the time. I know she is missed by all she left behind. Her sunny disposition and positive attitude were a model for us all.

~ Penelope Bacsfalvi



### Richard Beer

**November 30, 1932 – May 14, 2021**

Richard was born in London, England but emigrated to Canada with his family in 1949. He worked for Honeywell Canada for 38 years and then for Capilano Golf Club after his retirement. He loved his sports: cricket and golf and was a huge Canucks fan. In his spare time he was a professional Santa and was

widely known at Lynn Valley, Park Royal, Lougheed Mall as well as Grouse Mountain. He even came in costume to one of our Christmas Lunches at the Holiday Inn.

Richard joined our Stroke Centre a number of years ago. More recently he worked with our Speech Language Pathologist, Allison Haas. Although his verbal expression was limited, he was excellent at communicating in her speech group through facial expression, gestures, drawing, and writing. They enjoyed many sessions with him discussing old-fashioned cars, looking at pictures of them, and reminiscing about the drives in them. Richard was a warm personality and brought such lively discussions to our group. Richard is survived by his daughter, Jennifer and grandson, Travis.

~ Gail Snelling

## North Shore Stroke Recovery Centre

Phone: 778-340-5803

Website: [www.nssrc.org](http://www.nssrc.org)

Co-ordinators: Gail Snelling (Executive Director), Yasmine Bia, Kathryn Seely

Speech Language Pathologists: Penelope Bacsfalvi, Allison Haas, SLP Assistant: Yasmine Bia

Days of Operation: **Monday: 10:00 - 2:00 p.m.** - Amica Lions Gate, 701 Keith Rd, West Vancouver

**Tuesday, Wednesday & Thursday: 10:00 - 2:00p.m.** North Shore Neighbourhood House, 225 East 2nd St, North Vancouver

**Young Survivors of Stroke- Monday 10:00am-1:00pm** -Amica Edgemont Village, 3225 Highland Blvd., North Vancouver &

**Wednesday 10:30am-12:30pm**- North Shore Neighbourhood House

EDITOR'S NOTE: 1. What is in the newsletter does not necessarily reflect the opinion of NSSRC Staff or Board. It is a newsletter written by/for stroke survivors and their families. 2. Grammatical errors are not corrected by the editor unless requested. Our newsletter is part of our recovery. Restoring confidence in self expression takes precedence over grammar.