

A resource on Physical Medicine and Rehabilitation (PM&R) topics developed by the American Academy of Physical Medicine and Rehabilitation (AAPM&R)

Stroke

Condition: Stroke, also called a cerebrovascular accident, is when the brain is damaged because of a problem in the brain's blood vessels. There are two main types of stroke. An ischemic stroke is when parts of the brain don't get enough blood. This can be caused by a blood clot or clogs in the vessels that are supposed to bring blood to the brain. A hemorrhagic stroke is when there is extra bleeding in the brain, this is often caused by high blood pressure. Both of these types of stroke cause damage to the brain and can affect the rest of the body.

Background: The brain controls many important functions of your body including thinking, talking, swallowing, moving, and sensing. When part of the brain is injured because of a stroke, it may be difficult to do some of these activities.

Risk Factors: Many conditions make it more likely that you will have a stroke, especially high blood pressure, high cholesterol or triglyceride levels, diabetes, obesity, substance abuse, and a heart condition called atrial fibrillation.

History and Symptoms: A stroke may appear suddenly or over a period of a day or two. The signs of a stroke depend on what part of the brain is affected. People may feel weakness, numbness, off-balance, and difficulty seeing, talking, thinking, or walking. It is very important to get medical help if you have these symptoms.

Physical Exam: The doctor will check your temperature, pulse, breathing, blood pressure. They will also listen to your heart and lung sounds. You will have a neurologic examination done where the doctor will check how well you can talk, think, and move your face, arms, and legs.

Diagnostic Process: You may have many different tests done to find out the parts of the brain that are not working because of the stroke. Blood tests can help show what may have caused the stroke and what type of stroke you have. CT and MRI scans of your brain can show which part of your brain is affected. Other imaging tests can show if blood vessels are blocked.

Rehab Management: Treatment for stroke should begin immediately and will depend on the type of stroke that you have. People may have different problems after a stroke including problems moving, sensing, thinking, talking, and swallowing that make it difficult to do their day-to-day tasks. A rehabilitation team, led by a physical medicine and rehabilitation (PM&R) physician, can create a plan that is unique to your needs. There may be many people on the rehabilitation team who all have different roles in your recovery including physical therapists, occupational therapists, speech language pathologists, neuropsychologists, social workers, case managers, nursing and many others. With your rehabilitation team, you will work on activities that are harder for you after the stroke than they were before the stroke such as getting dressed, using a wheelchair/walking, swallowing, or talking. You may also work on strengthening muscles that are weak because of the stroke. Your team may use technology such as virtual reality, robotics, or computers to meet your rehabilitation needs. Your PM&R physician will help guide your rehabilitation plan and also help manage your medical conditions such as blood pressure, diabetes, pain, and muscle tightness (spasticity). PM&R physician will continue to help



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with your stroke rehabilitation after you leave the hospital, sometimes even for years, because your body will have changed a lot after the stroke.

Other Resources for Patients and Families: Stroke centers may offer educational programs and other resources to help families support a loved one who has had a stroke.

Frequently Asked Questions

What is PM&R?

Physical medicine and rehabilitation (PM&R), also known as physiatry, is a primary medical specialty that aims to enhance and restore functional ability and improve quality of life to those with injuries, physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. PM&R physicians, known as physiatrists, evaluate and treat the whole body, maximize patients' independence in their daily life and are experts in designing comprehensive, patient-centered treatment plans to empower patients to achieve their goals. By taking the whole body into account, they can accurately pin-point problems, decrease pain, assist in recovery from devastating injuries and maximize overall outcomes and performance with non-surgical and peri-surgical options. To learn more, visit www.aapmr.org/aboutpmr.

What makes PM&R physicians unique?

PM&R physicians' training focuses not just on treating medical conditions, but on enhancing the patient's performance and quality of life in the context of those medical conditions. They focus not only on one part of the body, but instead on the development of a comprehensive program for putting the pieces of a person's life back together – medically, socially, emotionally and vocationally – after injury or disease. PM&R physicians make and manage medical diagnoses, design a treatment plan and prescribe the therapies that physical therapists or other allied therapists perform or that are carried out by the patients themselves. By providing an appropriate treatment plan, PM&R physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime.

Why see a PM&R physician?

A PM&R physician will thoroughly assess your condition, needs, and expectations and rule out any serious medical illnesses to develop a treatment plan. By understanding your condition and goals, you and your PM&R physician can develop a treatment plan suited to your unique needs.

How do I find a PM&R physician near me?

Visit www.aapmr.org/findapmrphysician or contact your primary care physician for a referral.