

Quick Guide To **PLANNING**

Giving Stroke Recovery Direction

The first 3 months of Stroke Recovery are so vitally important, none of those weeks can be wasted due to poor planning or bad timing.



This Quick Guide will cover our planning for

Setting / Tracking Goals
Insurances / Benefits
At Home Inventories
Medications
Managing Vitals
Exercise
Nutrition
Caregiving / Caregivers
Changes In Recovery

This guide offers insights into our planning for the

WHAT WHEN WHERE

of my Stroke Recovery.



Recovery Planning



Stroke Recovery can be faster, safer, and more productive with a plan to follow. The following is an outline of my Stroke Recovery Plan as it developed over the initial 6 months of my recovery with the assistance of:

Wife.	Rehab Physician (and MA).
Son.	Primary Physician (and MA).
Sisters.	Out-Patient Physical Therapist.

Discharge Instructions

At discharge from Acute Rehab we were given a full and complete review of my medications going forward. As Captain of my recovery team, my wife created a file in which she detailing all my prescriptions and recommendations for OTC pharmaceutical products.

We recorded all the outcomes and instructions offered by my PT, OT, ST, and RT for how to best continue my therapies on returning home, and before my initial Out-Patient Therapies were schedule and conducted.

Contacts / Organization of Details

It proved very valuable to have collected and recorded the complete contact information for:

ACUTE PHYSICIAN.	ACUTE THERAPISTS.
REHAB PHYSICIAN (Outpatient).	PRIMARY PHYSICIAN (Outpatient).
PHYSICAL THERAPIST (Outpatient).	OCCUPATIONAL THERAPIST (Outpatient).
PHARMACY OF RECORD (Kaiser).	

These Contact Records included:

Name
Title
Location (Address)
Office Telephone
WEB Contact Address
Professional eMail Address
Name of Assistant(s)

Recovery Plan

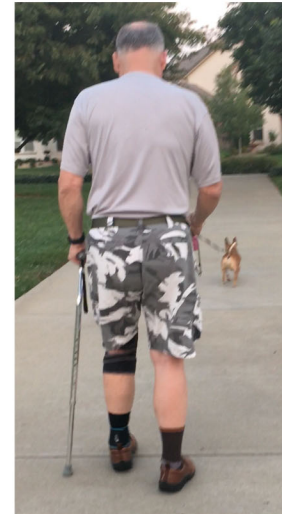


Planning For Recovery - OUTLINE

Stroke Recovery was faster, safer, and more productive with a plan to follow. The following is an outline of my Stroke Recovery Plan as it developed over the initial 6 months of my recovery with the assistance of my wife, sisters, son, Rehab and primary physicians (and there MA s) and my Out-patient Physical Therapist. These lists of planning topics were of our own design and development.

Goals

Movement
Strength
Standing
Walking
Weight
Sleep Times / Hours - Restful
Dietary Adjustments
 No Salt /Low Fat Diet
 Hydration and Alcohol
Exercise



Insurances / Benefits

Filing
Follow Up and Reporting



At Home Inventory

Vehicles
Bedroom
Bathroom
Kitchen
Pantry

Nutrition

Cares and Concerns
Diet Plans
Shopping Lists

Nutrition Facts	
4 servings per container	
Serving size	1 cup (227g)
Amount per serving	
Calories	280
% Daily Value*	
Total Fat 9g	12%
Saturated Fat 4.5g	23%
Trans Fat 0g	
Cholesterol 35mg	12%
Sodium 850mg	37%
Total Carbohydrate 34g	12%
Dietary Fiber 4g	14%
Total Sugars 6g	
Includes 0g Added Sugars	0%
Protein 15g	

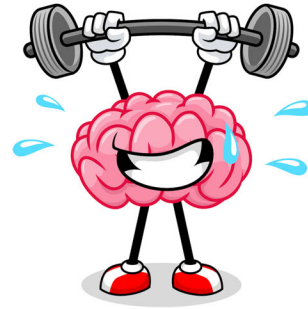
Recovery Plan



OUTLINE (Continued)

Exercise

Brain / Body
3 months / 6 months
Types, Sets and Durations
Equipment
Setting



Medications

Daily Schedule
Rx List
Drug Name
Dosage
Refills / Quantity
Special Instructions
Side Affects
Travel



Vitals

BP (2 x Daily)
Heart Rate - Resting
% of Oxygen
Sleep Stats - Daily
Recording / Reporting



Budgets & Finance

Income (SDI)
Additional Expenses
Reserves

OMB No. 1545-0116	
2021	Form 1099
1 Nonemployee compensation	
\$	2 Player made direct sales totaling \$5,000 or more of consumer products to recipient for resale
3	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you.

Caregiving / Caregivers

Availabilities
Scheduling
Rewards / Respite

Skip's Recovery Caregiving Schedule

Week of **OCTOBER 25**

M T W T F S S

Roberta ✓ ✓

Twinkle ✓ ✓ ✓ ✓ ✓

Michelle OFF

Recovery Planning

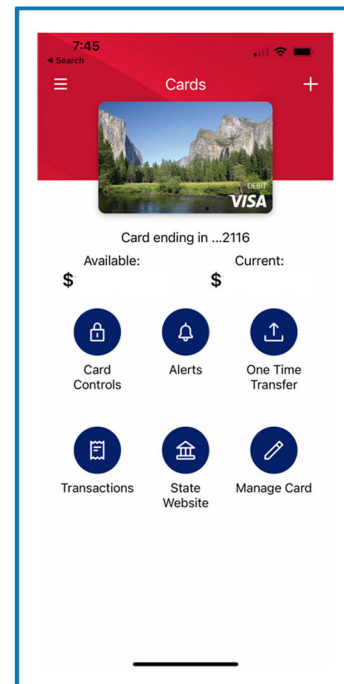
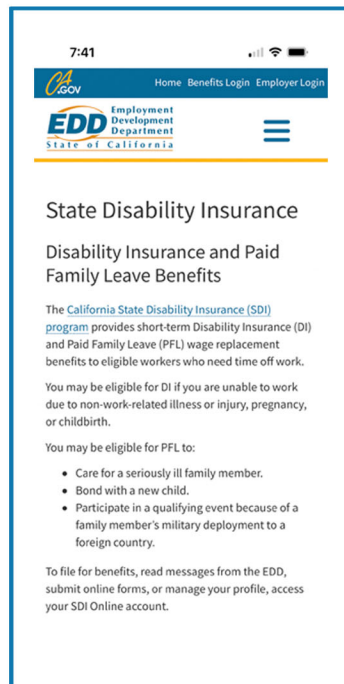


Setting / Tracking Goals

Aside from my very personal goals in the hospital, my rehab goals and keeping track of them were pretty much the responsibility of my Hospital and Acute Rehab Team leaders. It wasn't until I got home that the personal responsibility for setting and tracking my recovery goals started to come into focus.

Insurance Benefits

By the second day in the Kaiser Stroke Unit my employer had assisted us in submitting my claim for SDI benefits with the State of California. My application gave the exact date of my Stroke event. This early submission assured us that our benefits would be calculated from that date and would be processed with all dispatch. We are glad we acted so quickly, as there was no unnecessary delay in receiving my first payment.



The State of California's **Employment Development Department - EDD** is, for the most part, easy to work with. Once you have been given a CLAIM NUMBER, it is fairly easy to navigate their SDI website. I keep a watch out for eMail messages alerting me to communications from the state. I regularly receive their request to UPDATE my account with questions about my WORK STATUS and the continuation of my "disability" as is communicated directly to SDI each time my Work Status has been extended by my Rehabilitation Physician.

I received a DEBIT CARD from SD to which they regularly credited my disability benefit dollars. This works incredibly well, with clear records of all debits (purchases) and is especially reassuring with

**bi-weekly deposits - so long as my claim is keep current
with the submission of mandatory electronic reports.**

Roberta and I will forever been in grateful for the attentions of our Stroke Angels at Home Depot, Kristina and Darleen for their help in securing this very important benefit.

Recovery Planning



At Home Inventories

Even before I was discharged from Acute Rehab, my wife and sisters were taking stock of just how prepared we were, and were not, to receive a Stroke Survivor returning home to begin his recovery.



Our home inventory was guided by two considerations. First, was providing an environment conducive to my comfort. Then, the preparedness of my Caregivers to deliver the care necessary in the spaces available. This started with the vehicle that would see me home without too much discomfort. My wife's 4 door compact was used to bring me home and still serves us well during my extended recovery. The master bedroom was selected because it keep me close to my wife, and the guest room was being occupied by my sisters in their weekly rotation. The master bedroom was also more accommodating for my walker and transfer chair. There was ample light and a ceiling light/fan to help keep me cool. Plus, I was only a few steps to the bathroom. The assessment of my recovery home spaces, and their features, included:

Vehicle	Bedroom	Bathroom	Kitchen	Pantry
Suitability	Bed	Shower	Room for Chair	Salty Foods
Availably	Space	Toilet	Proximity	Salty Condiments
Accessibility	Proximities	Urinal	to Bedroom	Saturated Fat Foods
Trunk Space	Lighting	Proximity to Bedroom	Lighting	

then, after a inventory of our pre-stroke pantry, we retained only those foods agreed were healthy (no/low salt, low fat). We were shocked at the sodium levels we found in foods we once thought of as innocent.



Aioli Mustard
Invited to Stay



Dark Soy Sauce
Banished From Our Pantry

Recovery Planning

Medications

Our hospital experience made it abundantly clear that the most dangerous thing that could happen to me in recovery was a **SECOND STROKE** ! And, we were indoctrinated with the belief that our first line of defense was the regime of prescriptions given us to keep my blood pressure and cholesterol levels in check. My wife Roberta took the lead in planning for the administration of my prescriptions. This included planning to keep track of dosages and times, refills and reporting to my Kaiser Rehab and Primary Physicians.



Managing Vital Readings

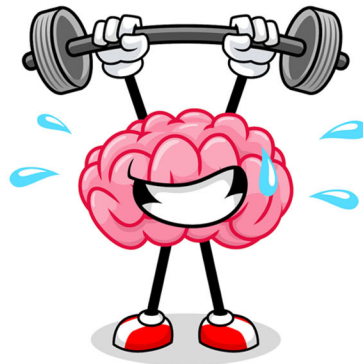
Being wary of a second stroke, kept us very vigilant with regards to taking and recording my blood pressure, with the same regularity, as was promoted in the hospital. For the first three months we took it 4 times each day. We had to plan our daily routine around these times, synchronizing each reading with my taking one blood pressure pill 4 times each day. These reading were recorded for reporting to my Physicians.



Recovery Planning

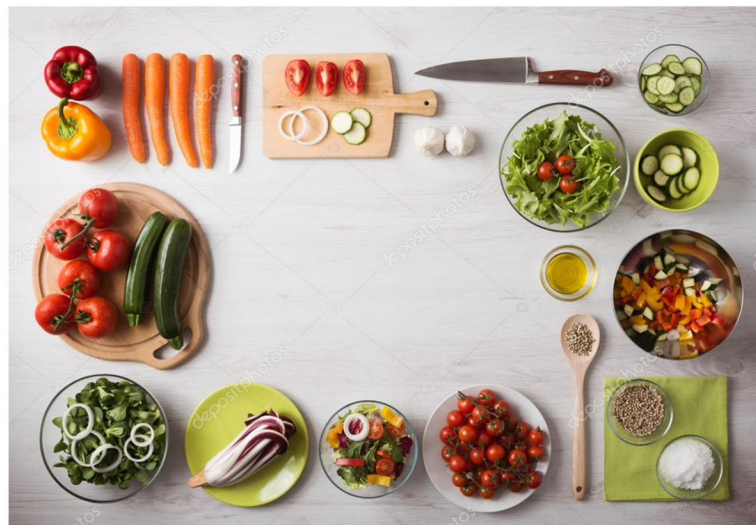
Exercise

Beginning in the hospital, even before going to Acute Rehab in Vallejo, I had begun to plan for getting myself back in shape. I had planned to do everything I could accomplish while still bedridden. And, then to work with their Physical and Occupational therapists to plan sessions I could accomplish at home and share with my Out-Patient Physical Therapist, Michael. While still in the hospital I was researching techniques and equipment that would support my “home grown” exercise routines and objectives.



Nutrition

We left Acute Rehab in Vallejo with with a healthy respect for the part salt, saturated fat, and too much drinking had in contributing to my Stroke. We were equally respectful of knowing that we would have to have a plan in place if we were to avoid my having a second Stroke. Our plan was to first go through or refrigerator, cupboards, and pantry examining every single food label. We threw out those items that were over salted, and had to much saturated fat. Then we researched alternatives in food choices, labels and purveyors with which we could develop a new, much healthier plan for feeding me, and my Caregivers.



Dr. Michael Merzenich, PhD, in his book *SOFT-WIRED*, shares his theory on the part exercise (optimal blood flow to all parts of the human body - including the BRAIN; and Nutrition play in the function of the brain and its ability, or inability to maintain or re-wire the millions of neurons necessary to perform the simplest functions - like walking. I found Dr. Merzenich's book, and BLOG enlightening and helpful in my home team's understanding of Plasticity in the brain - and importance in all of our lives.

Recovery Planning



Caregiving and Caregivers

Again, I was extremely lucky to have a Caregiving Team with lots of bench strength, including my wife, son, and sisters. Planning for my Caregivers was especially important given the fact that my wife had just returned to work (after a pandemic break). And, more importantly, my son and sisters had to come from “out of town” to make their valuable contributions to keeping me healthy and safe. Our caregiving schedule needed to be well planned and constantly reviewed against my progress in recovery, and their individual availabilities and needs. We had to plan for that day when I could be left alone during the day and my faithful sisters could be “retired” from their caregiver roles. It became very important that we developed a forecastable schedule for my son’s one weekend a month homecoming to give his mom some much needed relief (and male bonding for me).



Changes

I was fortunate to have the kind of progress that presented significant changes in my life along the journey to Stroke Recovery. Going from hospital to home care was a major change. Thankfully there was my wife, son, and sisters to join me in planning for this change even before I was out of the hospital. The changes in my ability to stand on my own, and actually walk without help was huge. It became the center of my existence and one we could actually envision and plan for in advance. There were many changes that we could, and would, anticipate in our planning. Basically, they can be divided into two categories - those things that effected me very personally in my recovery, and those other things that effected how my recovery would change in my environment, routines and supporters of my Recovery.

PERSONAL

Toileting
Going Out
Abilities
Attitudes
Walking
Staying Alone

SUPPORTIVE

Caregiving
Equipment
Recreation
Transport
Therapy
Going Out

Anticipating these changes in advance helped to reduce the stress of performing these new responsibilities for me, but especially for my wife, son, and sisters, God Bless ‘Em !