

Information for patients and relatives

How to look after your arm following a stroke



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Occupational Therapy Department
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Based on information from Chest, Heart and Stroke:
Positioning for People Affected by Stroke.

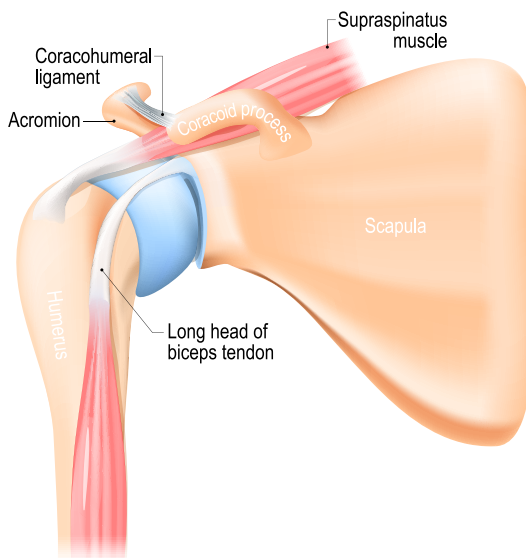
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Introduction to upper limb care

After a stroke, it is important to take care of your arm to help manage the effects of the stroke. The diagram below shows the main bones of the shoulder. To ensure all the joints are kept stable, the muscles surrounding them must be strong and not altered in length.

Shoulder joint



By following the advice in this booklet, you and your relatives can learn how to look after your arm, preventing further problems.

Individual comments from your therapist

Upper limb complications post stroke

A stroke can cause various complications, affecting your arm in various ways. These can include:

- **Weakness** – Muscle weakness can reduce the movement and function in your arm, wrist or fingers.
- **Change in muscle tone** – This may be described as low (when muscles are floppy) or high (when muscles are tight).
- **Change in sensation** – For example, your arm may be sensitive to touch, or you may notice numbness or pins and needles
- **Inattention/neglect** – Some people may have poor awareness of the arm. This can mean it is difficult to know where the arm is and can lead to forgetting to use or position it correctly.
- **Subluxation** – When the head of the humerus (shoulder) is pulled away from the socket. This is caused by the weight of the arm pulling downwards.
- **Swelling** – Fluid can collect in the hand if there is reduced movement because the muscles are not able to pump fluid away. You should consider removing jewellery such as rings.
- **Pain** – This can often be due to poor positioning, subluxation or tightening of the muscles.

How to hold, move and position your arm



Preventing shoulder subluxation is one of the most important goals of arm care after a stroke. To prevent pain and loss of function, you must protect your arm at the shoulder joint (Please see next session for appropriate positioning of your arm).

If others are assisting you with standing or walking, ensure no one pulls on your arm, suggest they support you from your unaffected side.

If you are able, try and put weight through your affected arm. This can be done while sitting or standing, and involves setting your affected forearm or hand on a flat surface and putting some weight through it.

When using your unaffected arm to help move your affected arm, be gentle. Move your arm slowly and gently, providing as much support as possible.

Moving your arm should not cause pain.

Things to remember

- Each person's arm recovers differently. Some people make a full recovery, others regain some movement, and others do not regain any movement at all. If recovery is limited, your Occupational Therapist can suggest adaptive techniques to help you engage in activities that are important to you.
- Your Occupational Therapist and Physiotherapist will advise on exercises/activities to prevent your arm from becoming stiff.
- Visualisation or mental practice helps your brain form new connections to your arm. Even if you can't move your arm, you can still visualise practising a physical task.
- Without sensation, movements may lack precision and control.
- Take adequate periods of rest throughout the day to aid recovery.
- The reduced sensation can be common, you may experience hypersensitivity or numbness. Remember not to apply more force than is necessary and regularly observe the skin for damage.
- After your stroke, it is important to start trying to engage your arm in daily tasks when safe to do so. Your Occupational Therapist can provide adaptive ways to do so.
- Remember to pay attention to the quality of your movements. Practising good quality movement patterns is essential for recovery.

Lying on your back



Place three pillows supporting both shoulder and head.

Place the affected arm on a pillow.

Use optional pillow beneath the affected hip.

Ensure feet are in a neutral position.

Position when sitting



Sitting well back in the centre of chair or wheelchair.

Place arms well forward onto two pillows on the table.

Feet flat on the floor or footrests.

Knees directly above feet.

Lying on your affected side



One or two pillows for head.

The affected shoulder is positioned comfortably.

Place the unaffected leg forward on one or two pillows.

Place pillows in front and behind.

Lying on your unaffected side



One or two pillows for head.

Affected shoulder forward with the arm supported on a pillow

Place the affected leg backwards on one or two pillows

Place a pillow behind your back.

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