What is a stroke?

Act FAST:

FAST is an easy way to remember and identify the most common symptoms of a stroke. Recognition of stroke and calling the emergency services will determine how quickly someone will receive help and treatment. Getting to a hospital rapidly will more likely lead to a better recovery.

FACE: Ask the person to smile. Does one side of the face droop?

ARMS: Ask the person to raise both arms. Does one arm drift downward?

SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

TIME: If you observe any of these signs, call for help immediately.

Ischemic stroke is similar to a heart attack, except it occurs in the blood vessels of the brain. Clots can form in the brain’s blood vessels, in blood vessels leading to the brain, or even in blood vessels elsewhere in the body and then travel to the brain. These clots block blood flow to the brain’s cells. Ischemic stroke can also occur when too much plaque (fatty deposits and cholesterol) clogs the brain’s blood vessels. About 80% of all strokes are ischemic.

Hemorrhagic strokes occur when a blood vessel in the brain breaks or ruptures. The result is blood seeping into the brain tissue, causing damage to brain cells. The most common causes of hemorrhagic stroke are high blood pressure and brain aneurysms. An aneurysm is a weakness in the wall of the blood vessel.

How does Life Rehabilitation fit into this?

According to the World Health Organization, rehabilitation is “a process aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides tools for people with disabilities, to attain independence and self-determination.” In short we will do our very best to work with you to recover and become physically, emotionally and mentally stronger.

How does Life Rehabilitation fit into this?

If you have a medical aid:
1. Get a referral letter from your doctor (and supportive documentation – brain scan reports or therapy letters)
2. Contact unit of choice (see map of facilities)
3. A Rehabilitation Admission Consultant will contact you and an assessment will be arranged free of charge (telephonically/in-person)
4. A motivation for rehabilitation will be sent to your medical aid
5. Once approved, admission will be scheduled – please refer to brochure or more information on what to expect once admitted

If you are paying privately:
1. Get a referral letter from your doctor (and supportive documentation – brain scan reports or therapy letters)
2. Contact unit of choice (see map of facilities)
3. A Rehabilitation Admission Consultant will contact you and an assessment will be arranged free of charge (telephonically/in-person)
4. Quotation for private admission will be issued
5. Once payment is received, admission will be scheduled – please refer to brochure or more information on what to expect once admitted

What happens after rehabilitation?

1. Assessment of all members of the interdisciplinary team
2. A specific rehabilitation plan will be designed for each patient
3. 1:1 therapy sessions
4. Therapy as needed - individual and group (maximum 4 patients)
5. Pain management
6. Practicing skills learnt in therapy in the ward environment supervised by nursing staff
7. Discharge planning
a. Care identification and training
b. Assistive devices medication
5. Home-activity recommendation or referral
6. Out-patient follow up
a. Referral or uplift to continue as out-patient at facility (if possible)

What happens after I am admitted?

1. The rehabilitation process begins with an initial assessment by all members of the interdisciplinary team. This assessment will determine the individual needs of each patient and develop a personalized treatment plan.
2. The treatment plan will be reviewed regularly to ensure it is effective and appropriate for the patient’s needs.
3. Therapy sessions will be conducted in one-on-one or small group settings, with the goal of improving physical, cognitive, and emotional function.
4. Pain management strategies will be implemented to help patients manage pain and improve their quality of life.
5. The patient will be encouraged to practice skills learned in therapy in the ward environment, with the supervision of the nursing staff.
6. Discharge planning will be initiated to ensure a smooth transition from inpatient to outpatient care.
7. Outpatient follow up appointments will be scheduled to continue the rehabilitation process.

Patient success stories
Outpatient care
Management of mobility
Links to NGOs and support groups
Links to resourceful sites

A FAMILY MEMBER, FRIEND OR I HAVE HAD A STROKE - what now?