



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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Myth Busting: Stroke 5 Perception Issue

Myth 1: The impact of stroke is always obvious

Our brain interprets the information we receive through our senses including our vision, smell, hearing, touch, and taste. This is called 'perception' and it's the way we understand our



surroundings. Perceptual problems can occur after a resident has had stroke. Caregivers often have trouble noticing perception problems. Unlike mobility or communication problems and swallowing challenges, perception problems cannot be seen. Since perceptual problems are not so obvious, they are often referred to as "invisible barriers". Perception problems change how residents gather information through their senses and how they understand the world around them. Because their perception problems are invisible, care providers, family and friends may unintentionally expect too much of the resident or become frustrated because the resident doesn't seem to be

Did you know?
Perception problems increase residents' risk for injury or falls

doing things their usual way. Care providers can support residents by educating the resident's family and how they can help them.

Myth 2: Perception problems are not serious

There are many different perception problems that may occur from a stroke. Perception problems have a major impact on how well residents can are able to do activities and handle their surroundings. Some perception losses can lead to serious safety risks. The most common perceptual impairments following stroke are in the table to the right. It is important to be aware of different perception problems and how they may impact the resident to assist them better with their needs.

Perception Problem	What is it?	How does it affect the resident?
Time Awareness	How we see time passing.	The understanding of how time passes may change. They may expect it to be dinner soon after they have finished their lunch.
Spatial Awareness	Difficulty understanding what they see and how objects are related to each other.	They may misjudge the height of steps, knock items over or miss the chair when sitting down. Spatial awareness problems can put the person at risk for falls and injury.
Visual Neglect	Being less aware of their body and surroundings on the affected side of their body.	They may bump into things on the affected side or may not see food in front of them on the affected side. Visual neglect can put the resident at risk for falls and injury, especially to their affected arm.
One-sided Body Neglect	Decreased awareness or failure to pay attention to the affected side of the body.	They may forget to dress the affected arm or wash the affected side of their face.
Apraxia (making movements)	Difficulty making purposeful movements even though the resident has the physical ability and knows how to do the task. Messages from the brain to the muscles are not being processed properly. Apraxia can affect how the movement is planned for both sides of the body, not just the affected side.	They may have trouble performing simple, everyday tasks like hair brushing or getting dressed. It can also affect their ability to speak
Perseveration	Repeating a word, phrase, action, or idea and not being able to stop	When this happens, the resident cannot move on to the next activity or thought. They may seem to get "stuck". Example: they keep repeating the same word or they may wash their face over and over.
Visual Problems	Double vision, partial loss of vision in one or both eyes, blurred vision and visual field loss. Residents must learn to adapt to them.	Visual problems can put a resident at risk for falls. Resident may bang into the walls as they walk.

More information on This and Other Best Practices

• **Contact** your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. **Find them at:**

• www.rnao.org
Click on Nursing Best Practice Guidelines and select LTC BP Initiative

• **Check out** Long-Term Care and Geriatric Resources at www.the-ria.ca & www.rgpc.ca

• **Surf the Web** for BPGs, resources and sites are listed on pg 2.

• Review back issues of the BP Blogger for related topics
www.the-ria.ca
www.rgpc.ca
www.seniorshhealthknowledge.network.ca



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rgpc.ca or shrtm.on.ca

Myth 3: Its better to do for residents

It is important to encourage or assist the resident rather than doing a task for them. Encouraging the resident to practice and repeat activities can help improve their perceptual abilities by retraining the brain. Talk with your team about the best strategy or assistive devices to use. You can better plan care to meet the needs of the resident by understanding the perceptual problems a person with stroke may have which are listed below:

Time Awareness

- Strategies**
- Link events to other events, not to specific times. For example, *Bingo will start after lunch, rather than Bingo is in an hour*
 - Maintain a consistent schedule
 - Listen to the resident, but let the resident know the reality: *I know it seems like I left you for hours, but I have only been gone for 15 minutes*



Visual neglect Courtesy Andy Beecroft RegOT

Spatial relations

- Strategies**
- Provide a non-spill cup, fluorescent tape at the edge of steps and on the lip of the bathtub.

Visual Neglect

- Strategies**
- Arrange the environment to provide stimulation on stroke-affected side.
 - Approach the resident from the unaffected side then move to the affected side to speak.
 - Use visual cues such as placing a line of red tape at the edge of a table on the affected side.
 - Encourage the resident to scan the environment. One strategy is called the *Lighthouse Strategy** (imagining the eyes as beams of light sweeping from side to side)



Unilateral Body Neglect (One-sided)

- Strategies**
- Use the affected arm or leg in daily activities
 - Position the affected arm so the resident can see it and encourage them to help position the affected limb.
 - Use cues to draw attention to the affected side. For instance, ask the resident "Where is your arm?"

Apraxia

- Strategies**
- Use short and simple instructions to limit confusion
 - Break the task into simple steps. Use these steps every time the task is performed
 - Use repetition and provide hand-over-hand guidance if necessary.

Perseveration

- Strategies**
- Plan the task with the resident and provide clear, step-by-step instructions.
 - Help the resident stop if they get "stuck" and assist them to start the next step.
 - Provide hand-over-hand guidance and cueing

Vision Problems

- Strategies**
- Encourage the resident to use some of the following**
- The *Lighthouse Strategy*
 - Visual cues such as a sign on the door saying "bathroom" to help the resident find the way
 - Reference points - red tape on the edge of a table
- For visual field loss, encourage the resident to**
- Turn their head to the affected side
 - Place items on affected side to increase the resident's awareness of that visual space
 - Use prescribed eye patch or prism glasses

Did you know?
 Practice and repeating activities can improve perceptual abilities by retraining the brain.

Ontario
Stroke System
Fewer strokes. Better outcomes.

Check out these Best Practices, Guidelines & Websites
 And find out more!

Strokengine <http://strokengine.ca/>

Canadian Stroke Best Practices www.strokebestpractices.ca

Ontario Stroke Network www.ontariostrokenetwork.ca

Canadian Best Practice Recommendations: Lindsay MP, Gubitz G, Bayley M, et al. *Recommendations for Stroke Care (Update 2010)* On behalf of the Canadian Stroke Strategy Best Practices and Standards Writing Group. 2010. Ottawa, ON Canada. www.strokebestpractices.ca

Evidence-Based Review Stroke Rehabilitation www.ebrsr.com

Heart & Stroke Foundation of Ontario. (2010) *Tips and Tools for Everyday Living: A Guide for Stroke Caregivers.*

www.heartandstroke.on.ca/site/c.pv13IeNWJwE/b.5385217/k.EBDF/HCP_Tips_and_Tools.htm

Reach Community & LTC Coordinators at local Regional Stroke or Enhanced District Stroke Centres or go to www.ontariostrokenetwork.ca

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