

# Stroke Recovery News

## Stroke Recovery News



### MY PATH TO RECOVERY

By Lisa Hooker

**JANUARY/FEBRUARY  
2011  
INSIDE THIS ISSUE**

LISA HOOKER'S STORY: MY PATH TO RECOVERY	1
NEW DRUG APPROVED FOR ATRIAL FIBRILLATION	2
WARFARIN VS. DABIGATRAN: TWO DRUGS FOR STROKE COMPARED	3
FIRST BANQUET/AUCTION A SUCCESS	4
SSAO'S BENEFIT AUCTION IN PICTURES	5
REHABILITATION AFTR STROKE FOR ARM AND HAND PARALYSIS	6
2010 MEMBERSHIPS ARE DUE	6
STROKE RECOVERY NOTEBOOK: - OTTAWA SITE FOR 2011 STROKE CONGRESS -NEW GUIDE FOR STROKE CARE AND RECOVERY	7
PRESIDENT'S NEW YEAR MESSAGE	9
JANUARY SSAO CALENDAR	9
WRESTLING WITH ANGELS	10
FEBRUARY SSAO CALENDAR	10
NOELLA AND ANNETTE . . . VOLUNTEERS EXTRAORDINAIRE	11
PROGRAMS AND SERVICES	12



ON SEPTEMBER 18, 2009, I had a massive stroke in one of my carotid arteries. According to the neurologist it happened four days before when I was mountain biking and by accident ran full on into a tree.

I cannot really remember the morning my poor husband Riley and 6 year old son Brent had to pack me into the ambulance to get help at the Hull hospital, but a day or two later, on my husband's birthday, I started to wake up to my concerned family and friends.

The only part that had lost its sensitivity (but not movement) was my right hand. Luckily I could still walk and my left side was okay. I'm pretty sure my age of 43 years and the tPA protein I was given to prevent blood clots really helped keep my symptoms down.

On paper my rehabilitation centre, "La Resource", was ideal. It was newly built and located right next to the Hull hospital. In real life, unfortunately, it was not. Only two of my counsellors could speak English comfortably – a special problem when I was could barely even speak my own language. But slowly, week by week, I began to get better.

#### Almost Wanted to Die

I was lucky on that front, but not so fortunate when depression set in a month after the stroke. Sleep is enormously important to someone post stroke, but I couldn't sleep. I was so nervous I could not sit down, I couldn't eat, I almost wanted to die. Luckily I was still in the hospital's care for 5 days a week. They assigned me to a psychologist. But the psychologist also spoke only in French, so my favourite counsellor, Sylvie, had to sit in and translate for us.

*(continued on p. 8)*

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## New Drug Approved for Atrial Fibrillation

HEALTH CANADA has approved a new blood-thinning drug for the prevention of stroke in patients with atrial fibrillation (AF), a condition that affects an estimated 250,000 Canadians a year.

The new medication, Dabigatran etexilate, has been developed by Boehringer Ingelheim and is marketed under the trade name Pradax. Until its approval warfarin, marketed as Coumadin, has been the only significant blood thinner available in Canada

Approval of the new drug was based on findings from RE-LY, a global study involving more than 18,000 patients in 44 countries which compared dabigatran against warfarin for their effectiveness in controlling stroke.

Dr. Stuart Connolly, head of the cardiology division at Hamilton's McMaster University, was one of the principal investigators for the RE-LY study. The study concluded that the recommended dose of dabigatran reduced the risk of stroke and systemic embolism by 35 percent beyond the reduction achieved with [warfarin](#), the longtime standard of care. The new drug reduced the rate both of total and of life-threatening bleeding compared with warfarin.

### "Dabigatran will save lives"

"Dabigatran will prevent more strokes and save lives", Dr. Connolly said. "This is the first new blood thinner to come to the market in Canada. It's a major new advance."

As well as being more effective than warfarin, dabigatran does not require monitoring or related dose adjustments, is not affected by food, and its dosage does not need adjustment for many common co-medications used in patients with atrial fibrillation.

Other Canadian stroke experts have also welcomed the approval of dabigatran. New guidelines in stroke and cardiac care recommend the use of dabigatran for most patients with AF, said Dr. Stephen Phillips, a Halifax neurologist who helped develop the recommendations for the Canadian Stroke Strategy.

### Atrial Fibrillation Defined

In atrial fibrillation (AF), heart beats start becoming irregular. The heart muscles in the atria, the upper chambers of the heart, do not work correctly. and are unable to force all the blood out of these chambers properly. The result is that blood that is left in the atria becomes "sluggish" or "pools" and blood clots can form. Those blood clots can be pumped directly up to the brain where they can block the artery and cause a stroke. Strokes from AF tend to be major.

"Let us hope that our experience with this drug will be even more positive when it has been in wide use for a number of years. So far so very good", said Dr. Antoine Hakim, CEO and Scientific Director, Canadian Stroke Network.

### My Experience

By Janet McTaggart

My mother and I went to a nearby hospital and came out being told she had atrial fibrillation which was not related to her initial problem. We were shocked as she had been admitted into a local hospital six months earlier for another severe condition and was never told then that she had AF. Three to five percent of people over 65 have AF but most don't know they have it!

I later found out through research that 15% of all strokes occur in people with atrial fibrillation and that the likelihood of developing atrial fibrillation increases with age.

The table opposite outlines some of the researched differences between warfarin and dabigatran. More information, including a CBC report on dabigatran and an extended report from [medicalnewstoday.com](http://medicalnewstoday.com), is available at: [www.strokesurvivors.ca](http://www.strokesurvivors.ca).

## Stroke Recovery News

### Warfarin vs. Dabigatran:

# Two Drugs for Stroke Compared

By Janet McTaggart

Warfarin	Dabigatran/Pradax
If admitted to the hospital for a procedure the patient must stop the pills in order to take the warfarin injection. If the procedure is cancelled, then the patient starts the process again taking pills & checking for INR levels* until they have a new date for procedure.	Surgery – Patient stops use of the drug at least 24 hours prior to surgery, with the duration depending on his or her actual condition. If the procedure is cancelled, then the patient starts taking the pills again.
Monthly blood tests create a problem for older patients since they have poor blood circulation and poor veins which make drawing blood a challenge. Getting to hospital for the tests is also an issue for the elderly.	Regular blood tests for INR* not required, although tests for other conditions relating to stroke may still be needed. Easier to use day to day
Higher risk of bleeding into the brain	Big drop in the risk of life threatening bleeding into the brain
If other medications are being used, people need more blood tests every week to monitor INR levels.*	Few medication interactions, and none that involving adjustment of dosage for stroke prevention where there is an indication of AF**. Only one medication is contraindicated.
Some food restrictions with medication	No conflict with foods
No stomach problems	Stomach upset/slight risk of bleeding
Patients often have to phone their doctor's office to check their INR test results; may find the office failed to arrange for an adjusted dose or told patient not to change dose when there should be a change.	No calls required regarding INR results. Saves money on the medicare system
Taking time off work/phoning doctors office for family members	More peace of mind
Restriction on people's quality of life	Better quality of life
Use of this medication is complicated.	Easy to use - Take pill twice a day
Cost: Approved under the provincial lists for insured drugs where a patient is covered. Medication cost per month in Canada is substantially lower than that of dabigatran, but there are additional costs for the required monthly blood tests.	Not yet covered under the Ontario Drug Benefit program. Cost from drug company to hospitals and drug stores: \$3.20 per day.

\*The INR or 'International Normalized Ratio' blood test, is used to monitor how well a patient's blood thinning medication is working. \*\* AF = Atrial Fibrillation.

## Stroke Recovery News

### SSAO's First Dinner/Auction A Success, Raises \$15,000

Members and friends of Stroke Survivors of Ottawa filled an elegant banquet salon at St. Elias Hall near Mooney's Bay on Nov. 17 for SSAO's first annual Benefit Dinner and Auction. The banquet raised \$15,000 for SSAO after expenses and helped raise the profile of SSAO in Ottawa's stroke community.

The evening was devoted to fun and fundraising. It included a silent auction with 50 items, a Treasure Chest raffle with \$1,000 worth of items, and a 50/50 draw. The main event after the grilled Chicken Viola dinner was the live auction of 35 items ranging from Senators' tickets and hotel packages to a flight over Ottawa, a cruise for four through the Thousand Islands, two cords of firewood, a day of renovation and a pendulum stepper for home use from NeuroGym Ottawa.

Auctioneer for the evening was legendary fundraiser Dave Smith, now retired from his career as proprietor of Nate's Delicatessen on Rideau St. The MC was children's entertainer and TV personality Suzanne Pinel, who began her career as a nurse and has been honoured as a Member of the Order of Canada for her work in promoting bilingualism and as an ambassador of French-Canadian culture.

NeuroLogic Physiotherapy was corporate sponsor for the benefit dinner. The Canadian Stroke Network, NeuroGym, and KS on the Keys restaurant had corporate tables and health professionals from the Regional Stroke Program in Ottawa filled two tables.

Thanks to hard work over the summer by the event committee—Gail Gill, Betty McKay, Leo Vanderlaan, Nicole Bisnaire, Blair Stannard, Lorraine Meredith and Dale Lynch - , plus many volunteers on the night, the evening was a success.

"We are delighted at the response to this first dinner and auction from our members and friends, from the stroke community, and from the individuals and businesses that donated items for the live and silent auction," Dale said. "Special thanks go to Janet McTaggart, who devoted many volunteer days to recruit sponsors and send out invitations."



"This year is just the beginning. We learned a great deal and we look forward to making next year's dinner an even greater success now the word has gotten out how much fun the night was."

Proceeds from the auction will help support the activities of SSAO over the coming year. Funds for its activities and services are drawn exclusively from its members, sponsors, and corporate contributors, and fund-raisers activities like the dinner.



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# SSSAO Benefit Dinner & Auction 2010



## Rehabilitation for Arm and Hand Paralysis after Stroke

By Carly Bassett, OT, Neurogym Rehabilitation

If a person has arm or hand paresis – partial paralysis – after a stroke, it is useful to first understand the process of rehabilitation, then to identify the most relevant tools and technologies that can be used. Breaking down the types of interventions into categories can be helpful to understand how all the types of rehabilitation for the hand and arm work together.

**Active rehabilitation:** includes interventions in which the client consciously and deliberately contracts the affected muscles to optimize active movement. A return to independent movement and a permanent change in spasticity can only be achieved with active training of appropriate intensity and training time. Following are tools and concepts to enhance active training:

- **Strengthening** i.e., moving the arm, wrist and fingers against sufficient resistance in the different directions of each joint.
- **Dynamic splints** worn on the wrist and fingers keep them in extension (hand is open) but allow for flexion (closing hand). The Saebo Flex (pictured) is a training brace that enables grasp



**Saebo Flex**

and release for someone with pronounced spasticity in their hand. With the aid of springs that pull fingers back, the hand is held in extension until the person decides to flex their hand in order to grasp an object, essentially enabling grasp and release to take place independently.

- **Assisted movements** of the arms using Saebo Flex or an arm bicycle allow the affected limb to make movements it could not otherwise perform.
- **Biofeedback games** that monitor the movement of an upper limb or the contraction of muscle and give the player feedback information about that limb.

Passive **rehabilitation** includes interventions in which the client's affected arm is helped by an external agency to maintain the range of motion of the joints of the arm and hand. Tools and concepts in this category include:

- **Stretching**, where an external force brings the joint through its full range of motion.
- **Resting splints** worn on wrist and hand to ensure fingers and wrist are kept outstretched.
- **Medications** to reduce spasticity can be taken on a long-term basis or, in the case of botulinum toxin, can be injected directly into a spastic muscle with short term effects.

A rehabilitation program for each person's affected upper limb would be different and appropriately graded in order to push them beyond their current capabilities. To achieve change in the function and spasticity level, active training and repetitive practice are essential. To maintain the range of motion in the upper extremity passive techniques are needed as well.

**Spasticity** – A prolonged increase in muscle tone that most often occurs in the legs and arms. Spastic muscles may stay contracted for long periods. If untreated, the muscle may become permanently shortened.

### Full-Service Gas? Hurry Before It's Gone!

Gasoline once cost 25 cents a gallon, and with luck you'd have two attendants to pump your gas and clean your windshield. Not any more – it's \$1.12 a litre and full-service gas stations are mostly a memory, a real concern for stroke survivors who find it hard to pump gas on their own.

Ottawa now has only four full-service gas stations- a Shell station at 2498 Bank St. at Albion, Kavanaugh's Esso at 222 Beechwood Avenue in Vanier, Island Park Esso at Richmond Road, and the Riverside gas station at Riverside and Bank. Petro-Canada has no full-service gas stations in Ottawa.

Shell Canada's website states that staff at self-serve only stations 'will make every effort to help customers displaying disabled parking permits with refueling'. Across Ontario, many small communities have no full service gas stations at all.

## Stroke Recovery News

### SRN Notebook:

### **Ottawa Chosen to Host 2011 Stroke Congress**

Ottawa has been chosen as the site for the second Canadian Stroke Congress which will be held at the capital's new convention centre Oct. 2-4, 2011. The Congress will be co-hosted by the Canadian Stroke Network, Heart and Stroke Foundation of Canada and the Canadian Stroke Consortium. Preliminary information on the congress will be made public shortly. The first congress was held in Quebec City last June.

### **'Snow GO' Lends Helping Hand**

With more than eight feet of snow falling in Ottawa every winter, snow clearing is a particular challenge for stroke survivors and people with mobility issues. However some help is at hand:

- The city's **Snow Go Program** helps people with disabilities and seniors find reliable snow removal services. Residents pay contractors directly.

- Ottawa's **Snow Go Assist** program will pay 50% of the cost of clearing walkways and driveways for eligible low-income seniors and people with disabilities to a maximum of \$250. For information, contact the City at 3-1-1 or visit [www.ottawa.ca/snowgo](http://www.ottawa.ca/snowgo).

### Members' Meeting January 13

### **How Three Oceans Shaped Our Nation**

Canada is the most aquatic of nations, a fact that few of its citizens realize. We front on three oceans, have the most lakes and longest coastline in the world, and have been shaped by the sea and our exposure to it in remarkable ways.

Author and historian Victor Suthren, a former director of the Canadian War Museum, will be guest speaker at the SSAO Members' lunch meeting on Thursday Jan. 13 from 11.30 a.m. to 1.30 p.m. He will address the issue of how our interaction with the sea has shaped us and our First Nations ancestors from the distant past and from colonial times.

The meetings are at Our Lady of Fatima Church, 153 Woodroffe Ave. at Richmond. Newcomers are welcome. For information call 613-237-0650. Family Physio will make a presentation on 'Seniors at Risk of Falling' at the next meeting on Feb. 10.

### **Make Gains on your Pain**

Dr. Hillel Finestone and two colleagues will lead a information session on various ways to manage pain - from cold lasers to 'The Pain Detective'. Tuesday, March 1 12-3:30pm, Canterbury Recreation Complex, 2185 Arch Street. To attend call 613-723-1033 x234.

### **New Guide for Stroke Care and Recovery**

The Canadian Stroke Network has produced a Patients' Guide to accompany the latest update of its Best Practice Recommendations for Stroke Care, which were developed by stroke experts across the country. The guide - a brief six pages - provides patients and their families with practical information drawn from the recommendations, focusing on emergency response, stroke care in hospital, rehabilitation, prevention, and education.

For long-term recovery, the CSN has produced a second and more substantial guide, *'Getting on with the Rest of Your Life After Stroke'*. This guide deals with basic questions of medication, exercise, eating and stress but also includes work-sheets for setting long-term goals and practical advice for being creative and exercising the brain. Both guides can be accessed at [www.strokebestpractices.ca](http://www.strokebestpractices.ca).

### **ICE your cell phone, paramedics urge**

Ottawa paramedics are urging people to try a new way of storing emergency phone numbers in their cell phones. They want residents to create a contact entry in their phone directory called "ICE," which stands for "in-case-of-emergency".

The idea for ICE came from a British paramedic after the London subway bombings in 2005. It allows emergency responders to quickly identify someone's contacts if the person is unconscious or unable to speak. Some cell phones will list the ICE entry at the top of the contact list if a dot is added before the acronym.

### **Heart-Wise Exercise Programs Opened to Stroke Survivors**

Ottawa's Heart Institute and the Champlain Regional Stroke Program have launched a pilot project in Ottawa and Pembroke to extend the region's Heart Wise Exercise programs to stroke survivors. The target group is persons who have had Transient Ischemic Attack (TIAs) and mild, non-disabling strokes. The program encourages regular, daily aerobic exercise with progressive options to increase intensity while allowing participants to exercise at a safe level.

Pilot sites for this new program are being established by Ottawa Parks and Recreation, the National Capital Region YMCA-YMCA and Best Western Fitness in Pembroke. Exercise leaders from these sites have received training in the special skills required to work with stroke survivors. Information is available from Anna Fuite at 613-799-0012 or at [www.ottawa.ca](http://www.ottawa.ca) under 'Heart Wise'.

## Stroke Recovery News

(Continued from p. 1)

The psychologist prescribed some medicine that helped me, and I was able to leave La Resource two months after I went in. Unfortunately my husband was working away from Ottawa on weekdays as I tried to get back to being the working wife and mother I had been before the stroke. It did not work and I again became depressed.

This time my husband and I decided to go to the Civic Hospital, where I could be treated in English and have access to the best psychologists. I also began seeing an English counsellor each week. I had to go back to the Civic on an emergency basis three times before I received some medication that helped.

### Waited and Grieved

My family doctor told me to be patient, but the medication took a long time to work. So I waited, and grieved that I had had to leave my job as a book-keeper for four clients. It was hard to keep on as a mother and wife to my wonderful son and husband while being depressed.

One day I decided to attend the coffee meeting for stroke survivors run by John Lipsett at the Bruyere Centre near the Byward Market. I was still so nervous I couldn't really drink coffee, but finally met people who spoke English and who had the same experience as me. I also learned a lot from the Heart and Stroke Foundation pamphlet "Let's Talk About Stroke" I found there.

Two people I really related to were Dale Lynch and Nicole Bisnaire, who were close to my age when they had their strokes 12 years ago. "Don't worry," said Nicole. "We all went through what you're going through now. You're going to be alright!" Later, at another meeting, I heard Dale say that the funding had changed for the "Stroke Survivors Association of Ottawa" and money needed to be raised.

I have heard that the date of your stroke is called a re-birthday. For my re-birthday I decided to give some money to the Stroke Survivors Association. Since my parents own "Beaver Tails" Pastry in the Byward Market, I asked them if I could work at the counter on September 18, 2010, the date of my re-birthday, and could they give my earnings plus a donation to the Stroke Survivors. I wore a red ribbon for strokes, enjoyed serving people again . . . and raised \$750 for SSAO.

I still have to get back to work but I am finally enjoying being a mother and wife again. I now realize that this "disease or condition" known as stroke has taught me patience, and that it can hit anyone at any age. Finding other people who are affected brings much strength and courage to everyone.

Thank you SSAO for all the good stuff you put on my path and how it made me better. We met partway down the road to my recovery from stroke, but you truly helped me. I pray that you will always continue to help stroke sufferers and their families and friends.

## Early Physiotherapy Intervention is often key for Stroke Survivors.

Stroke survivors who often times suffer from hemiplegia, hemiparesis or other impairments that cause problems moving will most likely benefit from Physiotherapy. Physiotherapists (PTs) use exercises and physical activities to strengthen and retrain the body. Before developing an individualized treatment plan, the PT will evaluate strength, endurance, range of motion and assess for gait abnormalities and sensory deficits.

Several decades of scientific research now show that stroke rehabilitation is critical for optimal stroke recovery. The benefits come from helping the brain to reorganize itself with physiotherapy, which in turn helps the stroke survivor to recover functions lost after brain injury. Below you will find important information about the process of physical therapy and rehabilitation and about its potential to help you regain your mobility freedom after a stroke.

Stroke rehabilitation is the process by which a stroke survivor works with a team of health care providers, with the aim of regaining as much of the function lost

after a stroke as possible. By joining a comprehensive physiotherapy rehabilitation program immediately after leaving the hospital, stroke survivors can maximize their chances of recovery, and in most cases they can regain a substantial portion of the functions they lost as a result of their stroke.

A Physiotherapist will assist Stroke Survivors by implementing a best practice program of care that will focus on gait re-training, active and passive range of motion enhancement exercises, core strength exercises, and progressive resistance exercises just to name a few care options available by working with a Physiotherapist. Family Physiotherapy Centre prides itself in being able to provide physiotherapy intervention to Stroke Survivors through any one of its 10 local Wellness Centres.

Please visit us at [www.familyphysio.com](http://www.familyphysio.com) in order to locate a Wellness Centre nearest you.



family  
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### Wrestling with Angels

“And who is my neighbour?” Luke 10—25-36

I was moved as I listened to Rick Tobias, from the Yonge Street Mission in Toronto, as he reflected on the gospel story of the Good Samaritan. The parable of the Good Samaritan is a story that Jesus told in order to explain what it meant to love your neighbour as yourself. It's a story about a man who was once robbed and beaten along the road.

Many people passed by, including some religious leaders, but they chose to attend to their own business and left him lying in the ditch. It was a Samaritan - an outsider – who stopped to help and even took extra steps to make sure the injured man was cared for.

After Jesus told the story, he asks: “Of all the people on the road, who was a neighbour to the man who fell into the hands of robbers?” The answer is obvious. It wasn't the busy leaders who failed to stop. Rather, it was the social outsider - the Samaritan, who proved to be a real neighbour.

Rick Tobias reframed the story to consider our own lives, offering a litany of the same question over and over: “Who is our neighbour?” Is our neighbour the single mom living on fixed income trying to make ends meet? Is our neighbour the guy on the street with mental illness? Is our neighbour the immigrant family struggling to find affordable housing?

And then Rick asked, “Is the disabled person our neighbour?”

As Rick continued to speak, something inside me was moved. Whenever I heard the parable of the good Samaritan before, I had always felt somewhat guilty about its message. I tended to identify with the religious leaders who were too busy or uncaring to be a neighbour. In a better moment, sometimes I could identify with the Samaritan, the good guy.

But as Rick Tobias offered his litany, for the first time I identified with the man lying in the ditch. It came to me that the story isn't just about helping others, as important as that may be; but that the parable also conveyed that God's presence, the very heart of God was in the good Samaritan. As I listened to Rick Tobias, I realized in a personal way, that throughout our various experiences of brokenness, God is on our side.

Rick Tobias made the point that everybody is our neighbour. The real question that we are left with is, “Who do we choose to be neighbour to?” As stroke survivors, we sometimes feel that we have been robbed and beaten up by stroke. Sometimes we feel abandoned. Through the SSAO, we are reaching out to one another to offer caring and support as we heal. In a word, we are seeking to be neighbour to one another. The Scriptures teach that such caring for others brings fullness of life to us all.

Rev. Jim Lee

## JANUARY 2011 SSAO CALENDAR

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
			Peer to Peer Visits, Civic Hospital, 10:30-12:30, Bruyere Coffee Pot, 1:30-3:30 The Cock and Bull Supper Social 6-9 pm			
9	10	11	12	13	14	15
			Peer to Peer Visits, Civic Hospital	Members Meeting 11:30 – 1:30 PM Our Lady of Fatima Ch. 'The Oceans and Canada'		
16	17	18	19	20	21	22
			Peer to Peer Visits Civic Hospital			
23	24	25	26	27	28	29
			Peer to Peer—Civic Drop-in, at The Westwood 1:30-3:30 pm Call 613 237-0650 to confirm	Rehab Coffee Pot Lounge C 1:30-3:30		
30	31					

### Happy New Year!

AS we welcome in the New Year it is time to reflect on 2010. Throughout the year we made new friends, supported each other through the many social events and provided comforting words in times of tribulation. We had two successful fundraisers, the Stride & Stroll then the inaugural Dinner / Auction in November.



Thanks to Janet McTaggart, we have formed partnerships and sponsorships that help us with our programs. The Living with Stroke is getting rave reviews. Amazingly, this course is given by people who are stroke survivors, led by Marleen Cruickshank. We had several people join our volunteer Peer Connections program, giving hope and encouragement to Stroke Survivors.

This September I was reminded of how important all our work is. A few weeks after I became SSAO's president, I fell and hit my head on the bumper of a car. It was not a stroke, but the trauma to the brain left me paralyzed and my speech was again affected. I went from being the mentor back to being the patient.

I spent three weeks at the Civic. There was something comforting in knowing the professionals on the 7<sup>th</sup> floor where we do our peer visits. Even I looked forward to my peer visits each week! Next, I was transferred to La Resource, the Rehab in Quebec. At first, I was uncomfortable with the French (I lost my French with my stroke in 1998). It is so important to have someone to talk to in your own language. I took note of that! We have to get more French support in SSAO.


My continuing Rehab made me appreciate the information I have acquired from Stroke Survivors. I lost my license ... the frustrations of not driving & I live in the country! Fortunately, I have been fast tracked for driving assessment. My hand was so spastic Rehab gave me Botox. So many things I am experiencing! The road ahead is still long.

There are many challenges ahead for SSAO too. Our Volunteers are doing a terrific job. We have to watch for burnout. We have to strengthen our board. We have to plan our activities wisely to help as many Stroke Survivors & caregivers as possible. We have to continue fostering partnerships & sponsorships. So if YOU are reading this please think about HOW CAN YOU HELP? and send me a message at [dalelynch@yahoo.com](mailto:dalelynch@yahoo.com) or let SSAO know!

**WELCOME 2011!**

**Dale Lynch**

### FEBRUARY 2011 SSAO CALENDAR

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
			Peer to Peer Visits, Civic Hospital, 10:30-12:30, Bruyere Coffee Pot, 1:30-3:30 The Cock and Bull Supper Social 6-9 pm			
6	7	8	9	10	11	12
			Peer to Peer Visits, Civic Hospital	Members Meeting 11:30 - 1:30 PM Our Lady of Fatima Ch. 'The Oceans and Canada'		
13	14	15	16	17	18	19
		Peer to Peer Training 4-6 p.m. Info p. 12	Peer to Peer Visits Civic Hospital			
20	21	22	23	24	25	26
			Peer to Peer—Civic Drop-in, at The Westwood 1:30-3:30 pm Call 613 237-0650 to confirm	Rehab Coffee Pot Lounge C 1:30-3:30		
27	28					

## Stroke Recovery News

### SSAO Volunteers with an Unmatched Record of Service

Noella Wilkinson and Annette Hoy are volunteers with an unmatched record of service to the Stroke Survivors Association of Ottawa for almost 20 years.

Together over that period they have organized and served lunches and coffee to as many as 50 members and friends who attend the Association's monthly meetings at Our Lady of Fatima church on Richmond Rd. at Woodroffe.

Before the association's annual pot luck last December 9 they served the turkey and provided generous helpings of stuffing, gravy, cranberry sauce and salad along with some deserts. The turkey and trimmings had been cooked by Gail Gill. Members pitched in with cookies and cakes to make the seasonal feast complete.

#### Lunches a Tradition for 20 Years

Noella and Annette began volunteering at Our Lady of Fatima with their sister Louise Desjardins in the 1990s, following a tradition that their mother and aunt had begun years before. One could say the Stroke Survivors of Ottawa had its origins in these monthly meetings, which have featured a wide range of speakers on subjects relating to stroke and stroke recovery.

"We enjoy helping and meeting new people and we are very well appreciated," Noella says, and Annette agrees.



SSAO's Star Volunteers Noelle and Annette

The sisters have worked together with four leaders or directors of SSAO over the years – Janet McTaggart, Sharon Anderson, Sue Wright, and Roy Hanaman. - and say they will continue volunteering as long as they are able. They are also regular volunteers at Branch 480 of the Royal Canadian Legion in Westboro.

Annette retired in 1995 after 40 years working as a secretary and support for the dentists at Ottawa Civic Hospital. Noella began work at Bell Canada back in the days of manual switchboards and spent 32 years there before retiring in 1984. Their husbands have died, but they each have one son and a grandson. They volunteer out of good will – there was no stroke in their families.

Stroke Survivors owes a tremendous debt of gratitude to these two loyal volunteers for their years of support, of service, and of good eating.

#### 2011 MEMBERSHIPS

### ORDER YOUR SSAO MEMBERSHIP OR MAKE A DONATION NOW!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### SELECT YOUR MEMBERSHIP TYPE:

SINGLE ANNUAL MEMBERSHIP \$40/YEAR \_\_\_\_\_

FAMILY ANNUAL MEMBERSHIP \$50/YEAR \_\_\_\_\_

PLEASE SEND MY NEWSLETTER BY E-MAIL: YES \_\_ NO \_\_

I WOULD LIKE TO DONATE AS WELL \$ \_\_\_\_\_

#### SELECT YOUR PAYMENT METHOD:

CARD: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRY \_\_\_\_ / \_\_\_\_

PLEASE MAIL COMPLETED FORM TO  
STROKE SURVIVORS OF OTTAWA  
UNIT 72, 323 COVENTRY ROAD,  
OTTAWA, ON., K1K 3X6.TEL. 613-237-0650

### PROGRAMS AND SERVICES

#### **VOLUNTEER HELP WANTED!**

Stroke Survivors Association of Ottawa is one of the most active local stroke support organizations in Canada. We are now reorganizing to maintain our programs and services including monthly meetings, drop-ins, public education, advocacy, fund-raising, this newsletter, and our popular website at [www.strokesurvivors.ca](http://www.strokesurvivors.ca).

SSAO welcomes help in all these areas - from survivors, caregivers and friends. Please call us at 613-237-0650 or come to one of our events or meetings to offer your help.



#### **SUPPER SOCIAL . THE COCK AND BULL**

Jan. 5 & Feb. 2d , 6-9 p.m

DART BOARD BOOKED IF YOU  
CHOOSE TO PLAY

**3791 Richmond Road**  
(Bells Corners)

Interested? Call 613 237-0650

Or Ron Dexterr at 613-733-6068

#### **DROP IN**

Date: Wednesday January 26 and February 23

Location: The Westwood, 2374 Carling Ave.

Time: 1:30 – 3:30 PM.

**(CALL 613-237-0650 to confirm)**

Revera Inc., owners of the Westwood Retirement Home, is sponsoring our Monthly Peer to Peer Drop In. Reasons to come: visit, spark up new friendships or listen to other stroke experiences. Coffee, tea and snacks will be served.

**We are in need of a Volunteer to help on this day and to encourage attendance.**

Stroke Recovery News is published by the Stroke Survivors Association of Ottawa.

Please send comments, suggestions and articles to: Mike Cassidy, Editor, [mkcassidy@sympatico.ca](mailto:mkcassidy@sympatico.ca), or call 613-829-4231. To reach SSAO please call 613-237-0650.

#### **NEXT MEMBERS' MEETINGS**

Where: OUR LADY OF FATIMA CHURCH  
153 Woodroffe Avenue  
(Richmond Rd & Woodroffe)

Dates: January 13 & February 10,  
11:30 AM TO 1:30 PM

Jan. 13 - How Three Oceans Shaped Canada

Feb. 10 - Seniors at Risk of Falling

Stroke Survivors, Partners, Caregivers, Guests all welcome

*Sponsored by **TRAC Group Inc.***

#### **'LIVING WITH STROKE' CAREGIVER & SURVIVOR EDUCATION MARCH 1, 2011**

This is a popular 6-week course of special interest to stroke survivors and family members just beginning to learn about stroke. Six weekly two-hour morning sessions will be offered beginning **March 1, 2011** at the Hampton Inn on , Coventry Rd. near the Vanier Parkway and the Queensway.

Living with Stroke is a program given by trained volunteer Stroke Survivors. It helps stroke survivors and their caregivers gain confidence in managing the challenges of living with stroke. The program allows participants to develop new skills and make new friends.

The meetings are highly interactive, focusing on building skills, sharing experiences and lending support. Program topics include: Understanding stroke; physical changes and challenges; nutrition, cognition, communication, emotions, activities, relationships, and reducing the risk of stroke.

To inquire or to register please contact course leader Marleen Cruickshank at [pmcruickshank@rogers.com](mailto:pmcruickshank@rogers.com) or call the Stroke Hotline at 613-237-0650.

#### **PEER TO PEER TRAINING**

**SSAO has been a pioneer in training survivors and care partners to be Peer To Peer Volunteers. These volunteers provide vital support for stroke survivors in Ottawa hospitals while they are just beginning their recovery. The next Peer to Peer training is February 15<sup>th</sup> 4:00–6:00 PM**

**Call to enrol today! Call 613-237-0650**

Unfortunately, SSAO does not have the resources, staff or training to provide assistance for personal care during our functions. We ask for your cooperation in planning for your personal care needs when you attend member's events. If you need assistance in finding attendant care, please contact the SSAO.