



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Personalised Stroke Recovery Passport

Rehabilitation information for patients,
relatives, and carers

Name: _____

For more information, please contact:

Acute Stroke Ward, York Hospital
Wigginton Road
York, YO31 8HE
Telephone: 01904 722023

White Cross Court Rehabilitation Hospital
Wilson Drive
York, YO31 8FT
Telephone: 01904 724215

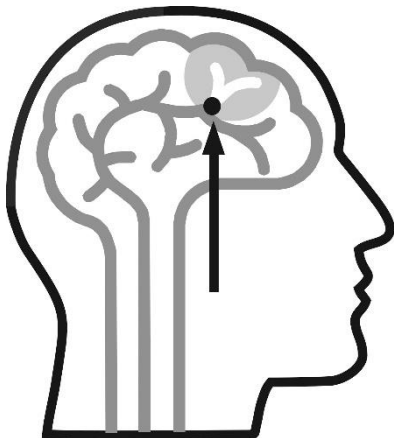
Waters Ward
Bridlington Hospital, Bessingby Road
Bridlington, YO16 4QP
Telephone: 01262 423106

Type of Stroke and Treatment

What Type of stroke did I have?

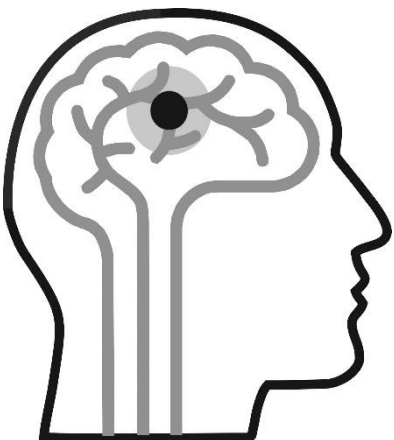
Please tick a box below

There are two main types of stroke.



Ischaemic

Caused by a blocked blood vessel in the brain.

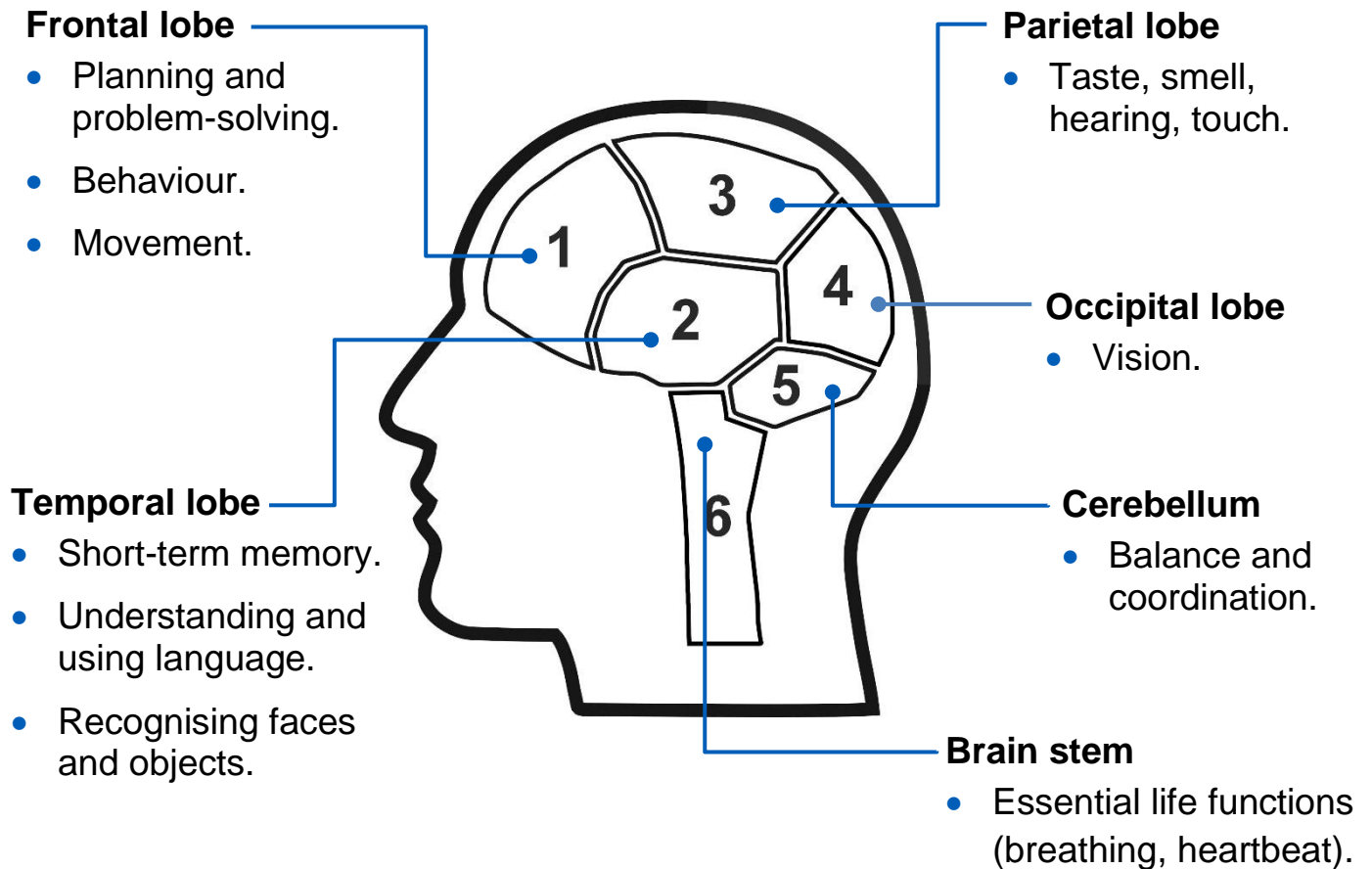


Haemorrhagic

Caused by bleeding in or around the brain.

Where in the brain did the stroke happen?

Colour the area in the brain where the stroke happened.



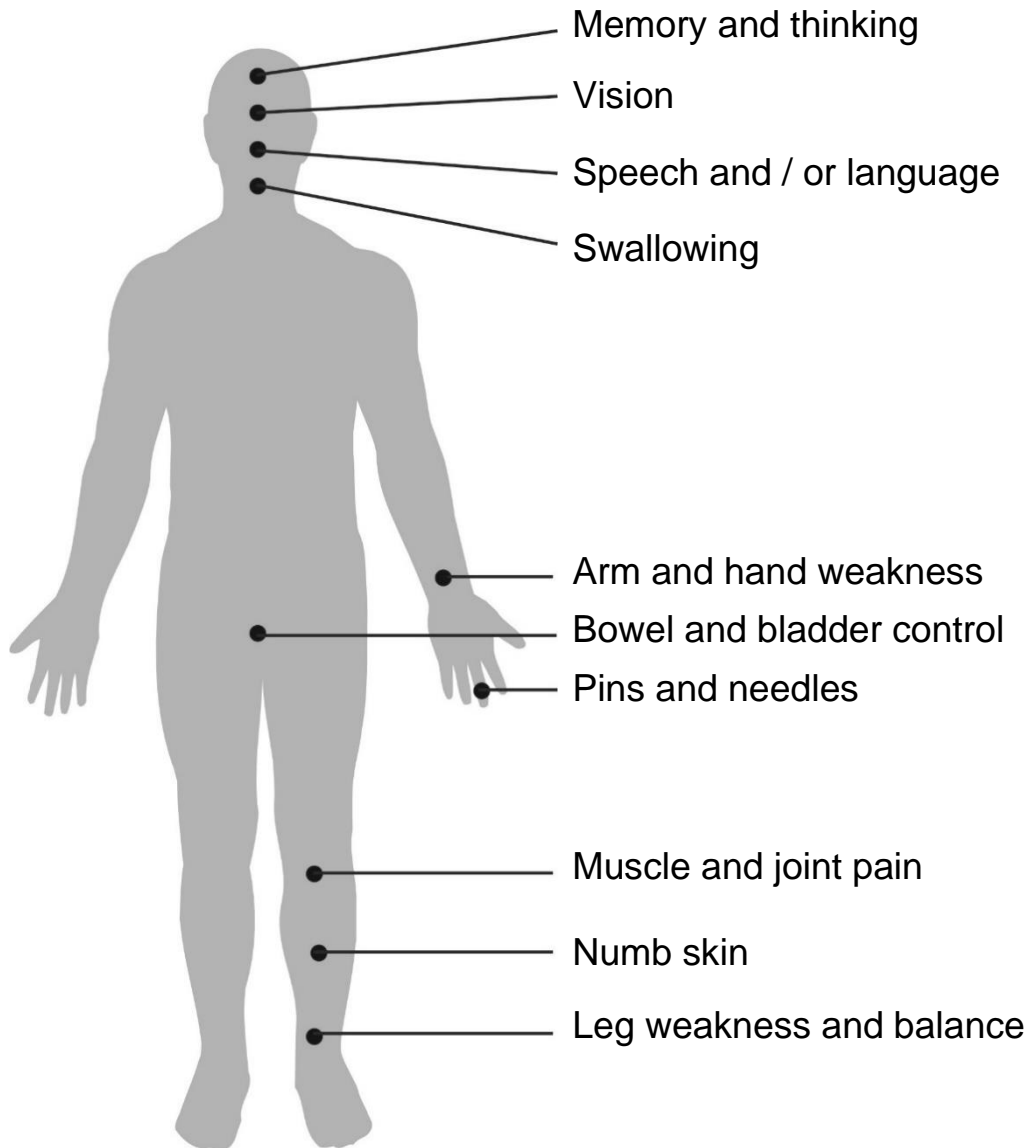
Did the stroke happen in the left or right side of my brain?

Left: ☐

Right: ☐

How has this stroke affected me?

Circle any effects on the body outline below



Hidden effects of stroke

Some effects of stroke are not visible.

Stroke can make you feel very emotional, sad or worried.

Some people feel they are less confident.

Family and friends can also be affected when someone close to them has a stroke.

Many people have:

- Fatigue (feeling very tired).
- Problems with communicating.
- Problems with memory and thinking.
- Problems noticing things on one side.

For more information about the effects of stroke visit the Stroke Association or Different Strokes online. There are links to these organisations at the end of this book.

Am I experiencing any other hidden effects of stroke?

I would like to speak to a healthcare professional about:

Stroke risks and Lifestyle changes: how to manage them

Stroke risks

Some stroke risks are out of our control. If we are older, have a family history of stroke, or have had a stroke before, we are at greater risk of having another stroke. Gender and ethnicity also affect our risk of stroke.

Secondary Prevention

Secondary Prevention is a collective term used for lifestyle changes and medications that can help to reduce the risk of having another stroke in the future.

Your healthcare professionals may talk to you about the following areas of secondary prevention:

- Blood pressure.
- Cholesterol.
- Diabetes.
- Diet and nutrition.
- Activity and exercise.
- Heart health.

Blood Pressure

High blood pressure (hypertension) is the biggest single risk factor for a stroke. If you have high blood pressure after a stroke you may need to take long-term medication and make some healthy lifestyle changes.

Blood pressure is a measure of how strongly the blood passes against the walls of your blood vessels. This can vary over the course of the day depending on whether you are resting, calm, active or stressed.

Your current blood pressure reading is _ _ _ _ _

Your post stroke secondary prevention blood pressure target is _ _ _ _ _

If you have a home blood pressure monitor, keep monitoring your blood pressure at least once a week. Aim for a target of _ _ _ _ _ and if your blood pressure remains stable, then reduce monitoring to monthly.

If your blood pressure is persistently over _ _ _ _ _ for more than a week, please take your readings to your surgery for your GP to review.

You are currently taking the following anti-hypertensive medications to reduce your blood pressure:

1. _ _ _ _ _
2. _ _ _ _ _
3. _ _ _ _ _
4. _ _ _ _ _

If you have been started on an ACE inhibitor (ramipril, enalapril) or an ARB (losartan, candesartan) you will need your kidney function checking in one to two weeks. Please arrange this with your GP.

Cholesterol

High cholesterol does not usually have any symptoms, but it is a major risk factor for stroke as it can damage the blood vessels. This is measured by an N-HDL reading which will be checked on admission.



Your current N-HDL reading is - - - - -

Your target N-HDL is - - - - -

Your doctor may recommend you start a **statin** to manage your cholesterol.

You are currently taking the following drugs for cholesterol lowering:

1. - - - - -

2. - - - - -

Monitoring

It is important you get your N-HDL rechecked in three to six months, as further treatments can sometimes be needed.

You will need a blood test to check your liver function in two to four weeks. Please arrange this with your GP.

It is important that you let your GP know if you get side effects from the statin, as different types or doses of statin may be used.

Diabetes

When you are admitted to hospital, we will check your HbA1c levels. This monitors levels of sugar in your blood over time and can be used to diagnose diabetes.

Diabetes can damage the blood vessels in the brain.

If you have newly diagnosed diabetes, your GP practice will need to know as there are other areas of your health that may need to be monitored.

An **HbA1c reading over 48** indicates **diabetes**, and medication is recommended.

An **HbA1c reading of 42 – 48** indicates **prediabetes**, and lifestyle changes are recommended.

Your current HbA1c level is _ _ _ _ _

Your target HbA1c (usually 48 or 52) is _ _ _ _ _

If your HbA1c rises above 58, we will usually recommend a medication change.

HbA1c is a personalised target. There may be reasons your target is higher.

Reasons your HbA1c target is higher _ _ _ _ _

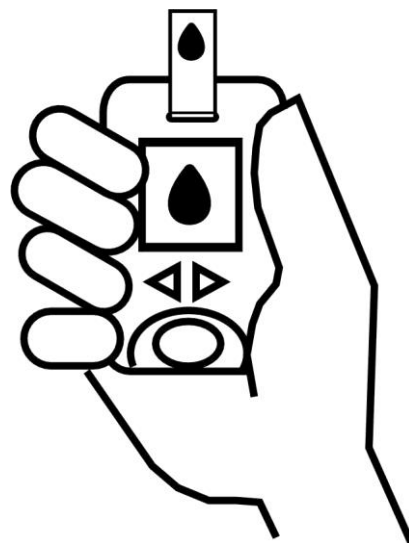
You are currently taking the following drugs for diabetes:

1. _ _ _ _ _

2. _ _ _ _ _

3. _ _ _ _ _

If you would like more information about medication that you take for diabetes or cholesterol, please discuss with your stroke consultant or GP.
Information on reducing stroke risk and medications can be found at the website www.stroke.org.uk.



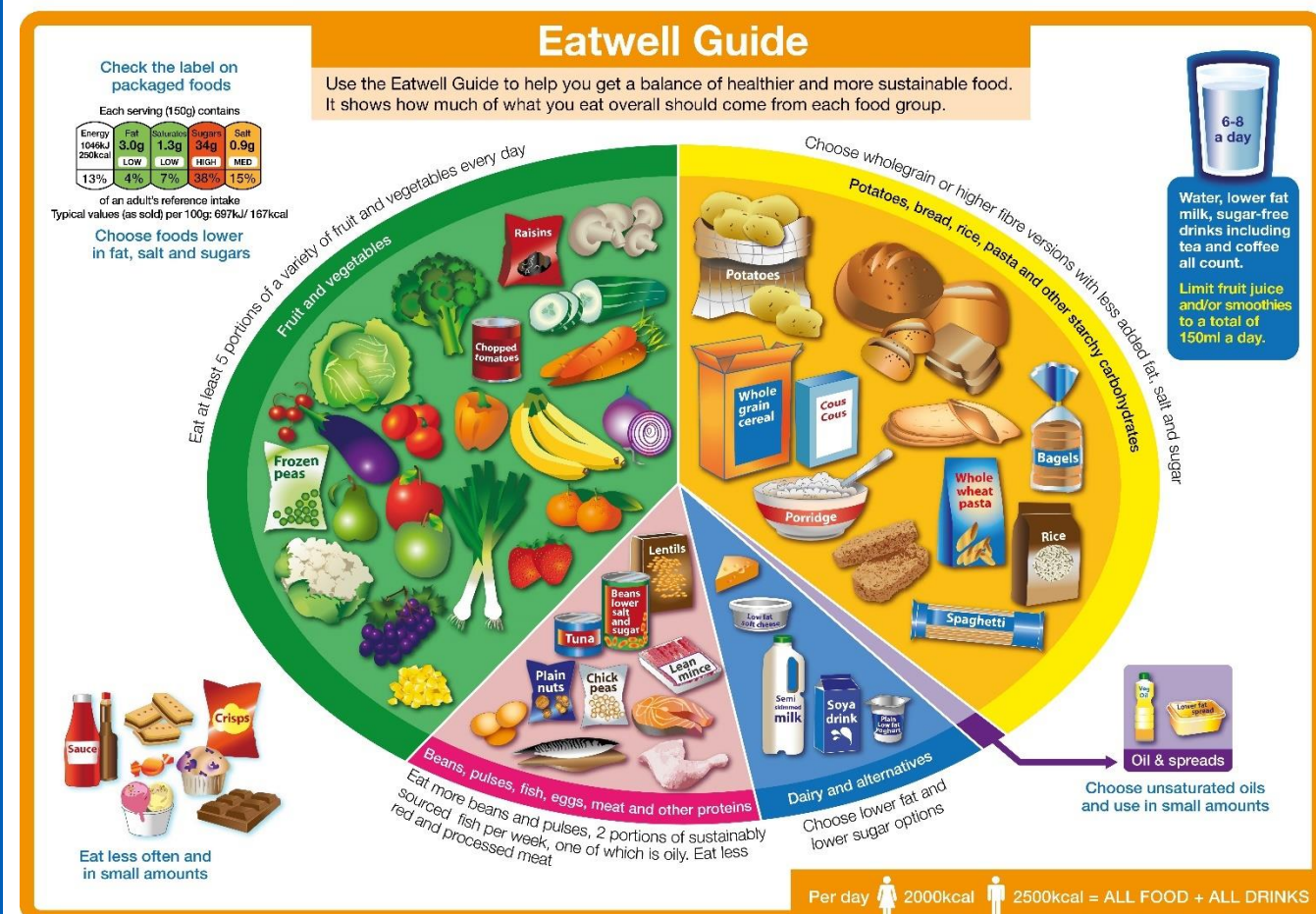
Nutrition and diet

After having a stroke, you may have a smaller appetite or feel differently about food. Both can lead to you eating less. When you do not eat enough, the body will use up its fat and muscle, causing weight loss and weakness. It is important for your general health that you try to stay at a healthy weight. If you are having problems eating, or you are losing weight unintentionally, contact your GP surgery or stroke team. They may refer you to a dietitian, who can support you and provide information about how to avoid unintentional weight loss.

For example, eating foods that are smaller in portion size and easy to eat, but higher in calories. If you are losing weight, eating food that you enjoy is important.

Healthy Eating

Eating a healthy, well-balanced diet can reduce your risk of stroke and reduce your blood pressure and cholesterol.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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- Eat lots of fruit and vegetables, aim for five portions of fruit and vegetables a day.
- Eat more fish including a portion of oily fish each week (for example salmon, mackerel, sardines, trout, whitebait, pilchards, fresh tuna, herring).
- Cut down on saturated fats and sugar (biscuits, cakes, pastries, hard cheese, butter and foods containing coconut or palm oil all tend to be high in saturated fats).
- Use low-fat dairy products, and replace butter, ghee and lard with products based on vegetable and plant oils.
- Limit red meat intake, especially fatty cuts and processed meat.
- Try to reduce your salt intake and avoid salty and processed foods. Avoid adding salt to food at the table and use little or no salt in cooking. Instead try to replace salt with pepper, herbs and spices to add flavour to your dishes.
- Aim to drink six to eight glasses of fluid every day. This can be water, lower fat milk and sugar-free drinks including tea and coffee.

For more information see **Your guide to eating well after a stroke** from the Stroke Association.

<https://www.stroke.org.uk/resources/healthy-eating-and-stroke>



Or the **Eatwell guide** from Public Health England

https://assets.publishing.service.gov.uk/media/5ba8a50540f0b605084c9501/Eatwell_Guide_booklet_2018v4.pdf



Maintain a healthy weight






Being overweight can increase your risk of high cholesterol, stroke and type 2 diabetes. If you feel you need support with losing weight, you can consider contacting your GP or accessing the **NHS Weight Management programme**.


Alcohol

Alcohol can increase your risk of stroke, as it contributes to several medical conditions that are risk factors for stroke.

UK Government guidelines state that you are safest to drink no more than 14 units per week and that, if you do drink more, you should spread this evenly across the week. Consider accessing drinkaware.co.uk

What does 1 unit of alcohol look like?

76ml	218ml	25ml	250ml	250ml
				
Standard 13% wine	Standard 4.5% cider	Standard 40% whiskey	Standard 4% beer	Standard 4% alcopop (275ml)

 You shouldn't regularly exceed **14 units** per week

One unit is approximately:

- Half a pint of ordinary strength lager, beer or cider
- A pub measure of spirit
- A small glass of wine (125ml)
- One bottle of 'alcopop' is between 1.5 and 2.7 units depending on the bottle size and alcohol strength.

Smoking

Smoking greatly increases your risk of stroke. Consider speaking to the **Tobacco Dependency Treatment Advisor** who regularly visits the ward or speak to your GP about reducing or stopping smoking.

Recreational drug use

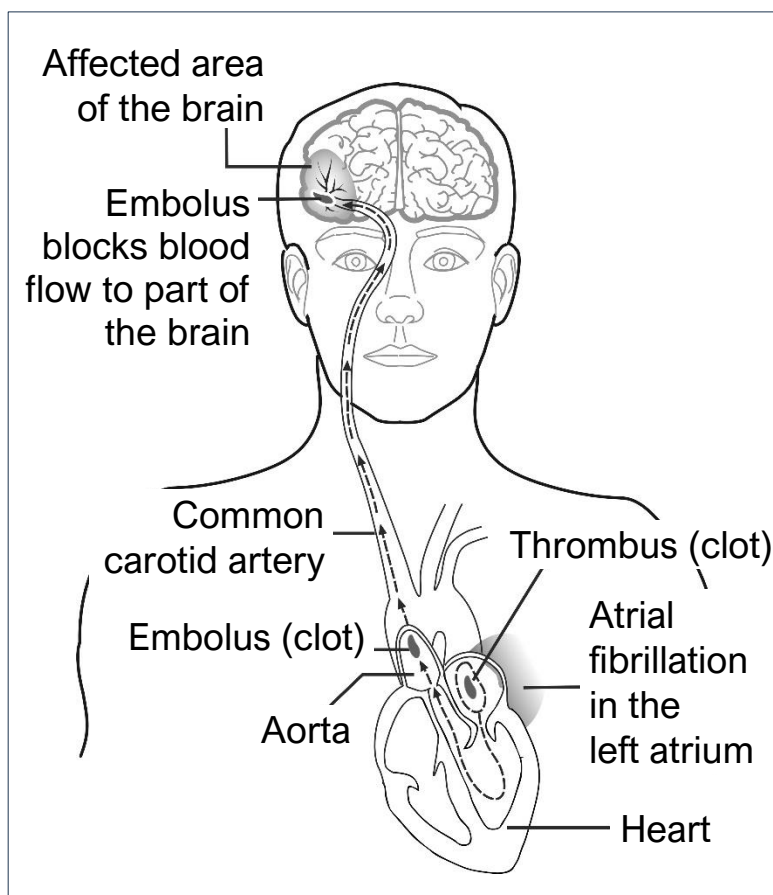
Some recreational drugs can greatly increase the risk of stroke, for example by affecting blood pressure.

Atrial Fibrillation (AF)

Normally, blood flows into the heart and gets fully pumped out every time the heart beats.

With atrial fibrillation, not all of the blood gets pumped out with every heartbeat. This means that if you have atrial fibrillation, blood can pool inside the heart. A clot can form in the blood and then travel to the brain and block blood flow, causing a stroke.

A **thrombus** is a blood clot in a blood vessel. An **embolus** is a thrombus that has broken loose from the blood vessel and flows in the bloodstream.



Anticoagulants

Anticoagulants are medications that thin the blood and reduce clotting. They are often given to people with heart conditions like atrial fibrillation or a metal heart valve replacement.

There are several different types of anticoagulants which work at different stages of the clotting process. Although they work in slightly different ways, they all reduce the risk of clot formation.

The most common type of anticoagulants are direct oral anticoagulants (DOAC). These include apixaban, dabigatran, edoxaban, and rivaroxaban. Another common type of anticoagulant is warfarin.

You have been started on _ _ _ _ _

It is important that you take this every day.

If you are taking anticoagulants, you will have a follow-up check after one month. After that, check-ups may be around three to six months apart depending on your age and health.

The check-ups look at side effects including bleeding, and any help you need with taking your medication. You should also have an annual kidney and liver function blood test. Please arrange this with your GP.

Some other medications can affect the way blood-thinning medications work.

This can put you at greater risk of a stroke or excessive bleeding. These include some types of:

- Antibiotic.
- Antidepressant.
- Steroid.
- Epilepsy drugs.
- Non-steroidal anti-inflammatory (NSAID) such as ibuprofen.
- Some supplements and herbal medicines, such as St John's Wort and some other alternative or non-prescribed medicines.

Contact your GP immediately or go to your nearest accident and emergency (A+E) department if you have:

- Blood in your wee, poo or vomit.
- Severe bruising.
- Prolonged nosebleeds.
- Chest pain.
- Wheezing or difficulty breathing.
- Had a blow to your head.

Antiplatelets

Platelets are small, sticky cells in your blood. They are an important part of the clotting process. Platelets clump together at the site of a wound, such as a cut on your skin to protect the wound and stop bleeding. But if platelets clump together inside an artery and form a clot, it can travel to the brain and cause a stroke.

Antiplatelet medications make it harder for the platelets to stick together, so that a clot is less likely to form.

Antiplatelet treatment is often used after a stroke or TIA if you have atherosclerosis (a build-up of fatty material inside your arteries).

You have been started on:

1. _____
2. _____

If prescribed, you take the high dose aspirin for two weeks, then switch to clopidogrel for the rest of your life. You take the combination of aspirin and clopidogrel for _ _ _ _ _ days. Then take clopidogrel life long.

Contact your GP immediately or go to your nearest accident and emergency (A+E) department if you have:

- Blood in your wee, poo or vomit.
- Severe bruising.
- Prolonged nosebleeds.
- Chest pain.
- Wheezing or difficulty breathing.
- Had a blow to your head.

What do I need to know about my medications?

We will give you a list of your medications in your Discharge Summary when you leave hospital.

You need to continue taking these medications until a medical professional tells you otherwise.

- Taking your prescribed medication is important to help stay healthy.
- Your stroke nurse, GP or pharmacist can give you help and advice about your medications.
- If you have any side-effects, do not stop taking your medications. Ask your GP or pharmacist for help.
- Ask for help if you have difficulties taking your medications.

My recovery

How does recovery happen?

- Recovery is fastest in the weeks and months after a stroke, but it can carry on for years. Strokes affect everyone differently, and your recovery is unique to you.
- Your brain is amazing! After a stroke it can rebuild connections between brain cells. This lets you regain some abilities after a stroke.
- Practising rehabilitation activities helps with your recovery.
- Thinking about what is important to you in your life can help you decide aims for your recovery. Think about the things you like doing, the things you do not like doing and the things you want to be able to do.

What are my goals for my recovery?

If I need support, who can I speak to about my rehabilitation and independent practice?

What else do I want to know?

High Intensity Repetitive Task Training

High intensity stroke rehabilitation can improve the quality of life for adults who have had a stroke and is recommended in the stroke guidelines. The improvements that you can expect to achieve depend on your health and abilities before and after the stroke, the severity of the stroke, and the intensity of the rehabilitation therapy. The more practice that you can do, the better the recovery is likely to be.

Research shows that following a stroke, people who do repetitive task training, experience greater improvements in their functional abilities. It is considered an important component of rehabilitation, and should be completed independently to help maximise recovery, in addition to engaging in sessions with your therapy team.

Why should I do repetitive task training?

Repetitive task training consists of intense repetition of a series of movements, with the aim of being able to perform the functional task the person wishes to achieve. Evidence has shown that hundreds of repetitions are required to be able to make positive changes.

Repetition is key to stimulate neuroplasticity. Neuroplasticity is a process that happens within every brain. It involves building new neural connections and reorganising or reinforcing existing connections to allow learning of new skills and refinement of current skills.

There is a helpful video provided by the StrokeEd collaboration which explains neuroplasticity further and explains how this can be applied to stroke rehabilitation:

The Brain that Changes: Neuroplasticity and stroke rehabilitation - StrokeEd

(<https://strokeed.com/the-brain-that-changes-neuroplasticity-and-stroke-rehabilitation/>)



How does repetitive task training work?

- **Targeted exercise:** Tasks are specifically focused for your needs.
- **Progressive difficulty:** Exercises become more challenging as you improve.
- **Individualised approach:** Tasks are customised to your own abilities and personal goals.
- **Consistency:** Regular practice is the key for lasting recovery .

Challenges and tips

- Frustration and fatigue are common after stroke. Take breaks when you need to.
- Consistency is key, so try to get into a routine to do your exercises.
- Be patient. Progress takes time.

If you have any questions about high intensity repetitive task training, please speak to your named therapists. They will be able to give advice about what exercises or activity practice you can do independently or with support from family or friends.

Thinking about your goals

Functional Criteria for Discharge: (What do I need to be able to do to leave hospital / go home?)

As part of your stroke journey, you will set your rehabilitation goals, with support from your therapists if required. This will help you to work toward things you want to achieve that are **important to you**.

It is important that you take responsibility for and participate in your rehabilitation. With support from the stroke team, you will practice tasks to work toward the activities you want and need to do.

Things I would like to be able to do	Steps to achieve this	By when	Review

*How well can you do this now?

1



Much worse

2



A bit worse

3



same

4



A bit better






5



A lot better

Things I would like to be able to do	Steps to achieve this are:	By when:	Review:

*How well can you do this now?

1	2	3	4	5
				
Much worse	A bit worse	same	A bit better	A lot better

Advice and Activities – Physiotherapy



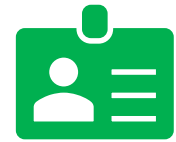
My Physiotherapist is: _ _ _ _ _

What I can do to help myself

These pages are for:

- Advice for you, your family and / or carers and / or volunteers.
- Activities for you to continue to work on in your own time (in between therapy sessions).

Advice and Activities – Occupational Therapy



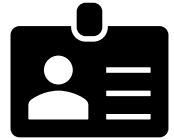
My Occupational Therapist is: _ _ _ _ _

What I can do to help myself

These pages are for:

- Advice for you, your family and / or carers and / or volunteers.
- Activities for you to continue to work on in your own time (in between therapy sessions).
- Advice on driving after a stroke.

Advice and Activities – Speech and Language Therapy



My Speech and Language Therapist is: - - - - -

What I can do to help myself

These pages are for:

- Advice for you, your family and / or carers and / or volunteers.
- Activities for you to continue to work on in your own time (in between therapy sessions).

Advice and Activities – Dietitian



My Dietitian is: _____

What I can do to help myself

These pages are for:

- Advice for you, your family and / or carers and / or volunteers.
- Activities for you to continue to work on in your own time (in between therapy sessions).

My Activity Log

For family and friends to complete:

Type of Activity	Activity Duration	Completed Independently (please tick)	Assisted by

Type of Activity	Activity Duration	Completed Independently (please tick)	Assisted by

Type of Activity	Activity Duration	Completed Independently (please tick)	Assisted by

What happens next?

- During your stay in hospital, the stroke team will monitor your progress and recovery.
- Along with you and your family, the stroke team will plan your discharge from hospital.

Everyone's Stroke journey is different.

Not everyone will need ongoing specialist support.

This is what **you** can expect at the end of your time on the stroke or rehabilitation ward:

- ☐ Return home and be able to care for yourself.
- ☐ Return home and receive ongoing therapy.
- ☐ Return home but need some extra help and support (e.g. Care).
- ☐ Live somewhere new e.g., a relative's home or a nursing home.
- ☐ Further rehabilitation at a more specialist placement.

Useful Contacts:

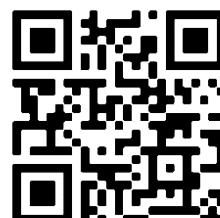
- Stroke Secretaries 01904 725932
- Stroke Nurse Specialist
 - o York Hospital: Michael Keeling 01904 726522
 - o Bridlington Hospital: Carol Brown 07557 075850
- Clinical Specialist Therapists
 - o Physiotherapy and Occupational Therapy
 - York Hospital 01904 724443
 - Bridlington Hospital 01262 423118
 - o Speech and Language Therapy
 - York Hospital 01904 725768
 - Bridlington Hospital 01723 342250
 - o Dietitian 01904 725269

If you have any questions whilst in hospital, please approach the team.

Community Stroke Team Contact Details

If referred, you will be seen by one of the Community Stroke Teams following discharge from hospital. Which team you see depends on the location of your GP. Please find the contact details below for the different teams:

- York Community Stroke Team (Vale of York GP) 01904 725382
For more information on this team, scan the QR code or visit <https://qrco.de/bfJY3G>.
- Humber Community Stroke Team (Scarborough and East Coast GP) 01653 609609
- Hull and East Riding Community Stroke Service (Hull or East Riding GP) 01482 303669



Where to get more help and information

Help available from the Stroke Association

Stroke Association Connect - talk to us.

Our Stroke Helpline is for anyone affected by a stroke, including family, friends and carers. The helpline can give you information and support on any aspect of stroke.

Call us on 03033033100, From a textphone 1800103033033100.
Or email helpline@stroke.org.uk

Read our information

We provide detailed information about all aspects of stroke, with practical tips on recovery and finding support.

Read online at stroke.org.uk

My stroke Guide

The Stroke Association's online tool My Stroke Guide gives you free access to trusted information and support 24/7.

My stroke Guide connects you to our community, to find out how others manage their recovery. Log on to **www.mystrokeguide.com** today.

Talk to others affected by Stroke

There may be a stroke support group in your local area where you can meet other people affected by stroke.

You can meet people on our My Stroke Guide online chat forum mystrokeguide.com, and through our **Here For You** telephone support service stroke.org.uk/finding-support/here-for-you

Call our Helpline or visit stroke.org.uk/support for more information on stroke support groups and other face-to-face support.

Help with health and everyday living

Help for carers

The Stroke Association has information about caring for someone after a stroke. Visit **www.stroke.org.uk/caring** or call the helpline for printed copies. For individual advice on funding and support for carers, contact Carers UK (helpline **0808 808 7777**, website **www.carersuk.org**).

In some parts of the UK, it can be hard to get all the therapy and support needed by stroke survivors and carers. For information on getting the support you need, contact the helpline.

Request a post-stroke review

- You should have a review of your needs after the stroke, usually at about six months. If this does not happen, ask your GP to arrange it.

Legal and money advice

- For free, confidential advice about money, legal and employment issues, contact Citizens Advice **www.citizensadvice.org.uk**
- Adviceline **0800 144 8848**

Help with communication difficulties.

Visit **www.stroke.org.uk/communication-problems** to learn more and find support for problems including aphasia, dysarthria or apraxia of speech.

Reducing your risk of a stroke

Find more information and practical tips at **www.stroke.org.uk/prevention**.

Blood Pressure UK

- Website: **www.bloodpressureuk.org**
- Helpline: **020 7882 6218**

Diabetes UK

- Website: **www.diabetes.org.uk**
- Helpline: **0345 123 2399**

Heart UK, the cholesterol charity

- Website: **www.heartuk.org.uk**
- Helpline: **0345 450 5988**

Heart Rhythm Alliance

- Website: **www.heartrhythmalliance.org/aa/uk**
- Telephone: **01789 867 501**

Sickle Cell Society

- Website: **www.sicklecellsociety.org**
- Telephone: **020 8963 7794**

NHS Quit smoking

- Website: **www.smokefree.nhs.uk**

Help with funding and benefits.

GOV.UK government services and information

- Website: **www.gov.uk**

Independent Age

- Website: **www.independentage.org**
- Helpline: **0800 319 6789**

Turn2Us

- Website: **www.turn2us.org.uk**

Help with the effects of a stroke.

Brain and Spine Foundation

- Website: **www.brainandspine.org.uk**
- Helpline: **0808 808 1000**

Different Strokes Support for younger stroke survivors and their families.

- Website: **www.differentstrokes.co.uk**
- Information Line: **0345 130 7172**

Stroke of Luck Advice and access to exercise-based stroke recovery

- Website: **www.astrokeofluck.co.uk**
- Contact number: **0300 111 1519**

Signs of Stroke

It is vital to know how to spot the signs of stroke in yourself or someone else.

The **F A S T** test can help you recognise these signs.

Suspect a Stroke?

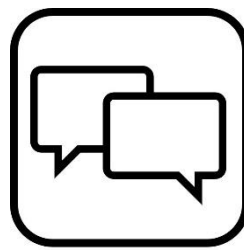
Act **F A S T** and call 999



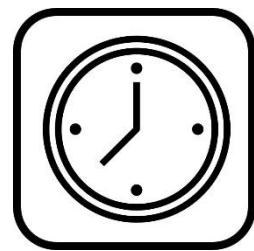
Facial
weakness



Arm
weakness



Speech
problems



Time
To call 999

The **F A S T** test helps to spot the three most common symptoms of stroke.

There are other signs that you should always take seriously.

These include:

- Sudden weakness or numbness on one side of the body, including legs, hands or feet.
- Sudden difficulty finding words or speaking in clear sentences.
- Sudden blurred vision or loss of sight in one or both eyes.
- Sudden memory loss or confusion, and dizziness or a sudden fall.
- A sudden, severe headache.

For more information about the signs of stroke visit www.stroke.org.uk/fast

Tell us what you think of this leaflet.

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Senior Therapists, Richard Wakefield or Rebecca Nicholls, telephone 01904 724443 or email r.wakefield@nhs.net or rebecca.nicholls12@nhs.net.

Teaching, training, and research

Our Trust is committed to teaching, training, and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends, and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services. PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net. An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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