

Brand characteristics

The impression we want customers to take away after any experience with Neofect.

Credible	we provide science-backed content
Friendly, Approachable	we're delightful, surprising, and interesting
Encouraging, Validating	we speak with respect and empathy
Impactful	we create clear value for our users
Innovative, Easy	we make behavior change easy
Clean, Slick, Modern	we keep our presentation simple
Unique, Different	expect more from us than other rehabilitation experiences

Conversational style

Write as if you're speaking *with* someone, not at them. The user should feel like they have an empathetic, friendly expert in their pocket.

MENTAL HEALTH

Meditation

By: Clarice

Meditation has specifically been studied in people with stroke and has been shown to improve balance, fatigue, depression, and disability.	One hypothesis about why meditation helps us is that it gets us out of the automatic responses we have. By stepping back and being aware of what we're feeling in our body in a non-judgemental way, different areas of our brain light up.	Before your stroke, most of the things you did were probably on auto-pilot. You didn't have to think about it. Now all of a sudden, you're forced to think about it. There are little things that were easy and now seem out of reach. It's common to bombard ourselves with judgments.	While self-judgment is a very typical response, it's probably not the healthiest for our overall well-being and recovery.
Meditation is about observation and awareness. It's not about emptying the mind. When those negative or distracting thoughts come up, we acknowledge them and allow ourselves to return to the breath.	The breath is our anchor. It is something that no matter where we are, we always have with us. It returns us to the present. It's this ability to return to the present that makes meditation so powerful.	It's an intentional practice that needs time to develop, but you'll find that you can begin to take these tools with you throughout your day. Mindfulness-Based Stress Recovery programs by John Kabat-Zinn have been used in stroke research and are a great place to start.	20 minutes of daily meditation is the recommended dosage, but if you're new to meditation, aim for 5 minutes a day and increase as you feel the benefits.

Body Scan

Written by: Clarice

Today, we're going to do a body awareness and mindfulness exercise. It's good practice for everybody, but it might not be something you've done before. Don't worry, we'll make it simple.	Your body is different after stroke in so many ways. It can be hard to even put your finger on all the ways your brain is communicating differently with your body. By bringing attention and awareness to that side of the body, our brain can better process where it is in space, which is an important piece of the relearning process.	We'll start with sitting upright in a chair with your feet supported. Think about stacking your shoulders over your hips. Imagine a string attached from the top of your head to the ceiling. It gently pulls your head upward, lengthening your neck and spine. Tuck your chin a little.	Start to become aware of your breath and begin counting your inhale and your exhale. As you inhale, slowly increase the number of seconds up to 4. As you exhale, slowly increase the number of seconds up to 6. Try to have a longer exhale than inhale.
Keep the rhythm of your breath, as you begin to scan your body from the crown of your head to the bottom of your feet. You can close your eyes or keep a soft gaze.	Notice the differences between the two sides of your body. Can you describe how they are different? Is it numbness? Is it a sharpness? Is it an absence?	Don't try to change anything. Just become aware. Notice the different parts of your body that might need a little more attention and a little more tenderness.	The goal of this exercise is just to start becoming aware of the signals that are coming from the muscles and joints into the brain. We'll be exploring different ways to increase that information and help your brain process it better in the weeks to come.

Why me?!?!

You can read about the risk factors and chalk your stroke up to genetics or life factors, but does it matter? Does it make you feel better to know why? Even if there is something clear you can point to (it's never one thing), it probably feels incredibly unfair! Nobody deserves to have a stroke. If there was ever a time to throw a tantrum on the ground and cry and wail, it wouldn't be without just cause after a stroke.	It's okay to feel sad and mad and have all the feels, but in order to prevent spiraling down into the abyss of self-pity, let's chat about what to do and what not to do when you have that nagging question, "WHY ME?????"	DONT: Don't fuel the fire by playing the comparison game. Whether it's a moral comparison: "I'm a better person than that person, I don't deserve this" or an effort comparison: "I work harder than they do and they're getting faster results", does it ever actually make you feel better? Probably not. Comparisons don't serve us. Our lives are made up of what is seen and unseen, and there are no comparisons that help understand why you had a stroke or how you were affected by the stroke over someone else.	DO: Find an anchor. Some people have a phrase, a prayer, or a breathing practice to help stabilize them before they sink into the depths. Gratitude is a great anchor. The serenity prayer is a great anchor "God grant me the serenity to accept the things I cannot change..." Hugs from loved ones can be anchors. Phone calls with friends can be anchors. A beloved object you can hold in your hand can be an anchor.
DO: Allow yourself to think small, and then challenge yourself to THINK BIG. What is the bigger picture? You might never make sense of the why, but what can you do with it anyway? No matter who you are, life throws its punches. No one is immune to life's challenges, and for better or worse, this is yours. And not to put a damper on things, but unexpected and undesirable things are going to happen to you again. You're building a toolbox of strategies to manage life.	DO: Be proud of your resilience! Resilience is the ability to recover from difficulty. Happiness is tied to resilience and could be the key to a long and happy life. You are a stroke survivor. You are not lines on graphs and charts. You are not a data point. You are a warrior, a bright star in a dim world. You've defied the odds and you can be proud!		

Support

Written by: Clarice Torrey

Do you want to know the secret to recovery after a stroke? If you've ever read any inspiring stories about people after a stroke, they all have something very important in common.	Is it their grit, determination, and sheer willpower? This is often hailed as the key, but it's not.	Is it the area of the brain that was affected? Was it the number of symptoms they had after the stroke? Was it the money they had or the expensive intervention not covered by insurance? Nope, nope, and highly unlikely.	It's a universal human need: support We weren't made to do life alone, and as much as our society praises independence, we all need people in our lives to help us in our journey! And the stroke journey is no exception.
The stroke journey comes with a different set of twists and turns than "typical" life. You lost something. You were able to do something that you can't do after a stroke. Grieve that. Be with someone who can be sad with you. Have a friend that will get mad with you. Have a family member who will search the internet with you far and wide to find answers. Find a support group that can laugh with you when you drop something and then help you pick it up.	Needing help doesn't mean you're weak. You can't force your hand to move or your feet to walk. Athletes have coaches, academics have mentors, singers have producers, and writers have editors. Why then do we think we need to do it on our own?	Stroke recovery is no different: You need support. That's why we're here. You might find your definition of recovery changes over the years, but what doesn't change is that the happiest people didn't do it alone.	

My community now vs. my community back then

By: Clarice Torrey

Everything changes after a stroke. Your abilities. Your perspective. Your relationships. Maybe you had a strong support system going into rehabilitation, maybe you didn't. Either way, likely, you might not have a single person in your life who has had to manage as big of a life change as a stroke.	No doubt well-meaning friends and family will try to provide encouragement and advice at a time when that's exactly the <i>last</i> thing you need. We're all guilty of it. Hearing someone's painful story and wanting to fix it by looking at the "bright side" or being the "hero" that provides the answers to all their woes.	It turns out that this approach can actually backfire. When we're at our darkest, what we really need is to be understood. We need someone to sit with us in our pain, sadness, and grieving. Friends like this are rare. Diamonds in the rough. They're typically people who themselves have been through something tragic and sad and know that you have to feel it in order to move past it.	We reassess our lives after a stroke. We have to identify what's important to us and <i>who</i> is important to us. Relationships change and evolve over time, but they're even more volatile after a stroke. Perhaps the people that you thought had your back have disappointed you, and others surprised you with their compassion and support.
After a stroke, many things are completely out of your control, but how you manage your relationships doesn't have to be one of them. It's not easy to recognize what you need and seek that out, nor is it easy to set boundaries with people who bring more harm than good in your life.	But you don't have to walk alone. So, when you're ready, find ways to limit the toxicity in your life, and embrace building a community of like-minded people. You are a resilient warrior and you deserve a tribe that has your back!		

EAT RIGHT, MOVE MORE, SLEEP WELL

Sleep

Written by: Clarice Torrey

Raise your hand if you've ever skimped on a full night's sleep before. 🙋 Does it make you feel groggy and foggy the next day? Is it hard to think and focus? Absolutely! Even when we think we're functioning just fine with a little sleep, it will eventually catch up with us.	The brain actually requires sleep to detoxify proteins that are built up during waking hours. It also helps solidify working memory. After a stroke, when we're in the process of building new neural connections, sleep is essential for recovery.	Sleep problems are really common after a stroke, so don't beat yourself up about it if it doesn't come easy. Let's talk about some habits to try first. Later we'll talk about specific sleep disorders and what can be done for those. Good sleep habits are called sleep hygiene. Just like washing our bodies and brushing our teeth, these are habits to keep us healthy!	GOOD SLEEP HABITS: • Try to wake up and go to bed at the same time every day • Get outside every day for some light and fresh air • Include some form of exercise or movement in your routine every day • Try to avoid screens for 30 minutes before bed • Limit caffeine intake • If possible, avoid eating or watching tv in bed, so your brain knows when you're in bed it's sleep time
STRATEGIES FOR FALLING AND STAYING ASLEEP: • Have a bedtime routine • Try a sleep meditation before bed • Keep the room dark with blackout curtains • Try earplugs or a white noise machine	Don't feel overwhelmed with doing them all. Changing habits can be hard. Try one or two and see if it helps. Look how far you've come with creating new habits. You're showing up here every day and together we're creating a happy, healthy life.		

Get that heart pumping

By: Clarice Torrey

It's common for people who have had a stroke to become deconditioned. They may have limited movement and may struggle with depression. Aerobic exercise is important for stroke because it improves the function of the heart and lungs, which can reduce the risk of heart disease and future strokes. Aerobic exercise has also been shown to boost mood and improve cognition in people post-stroke, specifically information processing and motor learning tasks.	So what is aerobic exercise? Aerobic exercise is cardiovascular training. You might know it as just "cardio". The word cardio means heart and the word vascular refers to the blood pumping. So cardiovascular training is training your heart to pump blood at higher rates, so it can practice recovering to a "normal" or resting rate.	Strength training is different. It's targeted at building muscle and doesn't require as much effort from the heart, which is why it's important to do both. Think of aerobic exercise as working out your heart muscle. Each person is at a different level, so you have to find where you're at and go from there. The 2 things you want to look for are: • increased rate of breathing • increased heart rate Start slow. You don't want to overdo it. Always check with your physician before starting an exercise program.	The American Heart Association recommends people with stroke participate in aerobic exercise for 20-60 minutes, 3-5 days a week. The recommended method is treadmill training, if able. If you're unable to safely use a treadmill or walk outside, there are several other ways to get the heart pumping and increase the rate of breathing. Remember those are the key ingredients in aerobic exercise. A recumbent bicycle, hand bicycle, or rowing machine are a few options. You might also try a punching bag or chair aerobics.
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KNOWLEDGE OF STROKE

Spasticity

Written by: Clarice

Let's talk about spasticity. About 30% of people experience spasticity after a stroke. If you don't know what I'm referring to, you might not have it. But if you do have it, it can be incredibly frustrating!	Spasticity is an involuntary muscle tightness at rest. It might look like a clenched fist, a bent elbow or wrist, a stiff knee, or a pointed foot. It might seem as though your brain is sending too many signals to that side of the body, but that is actually the opposite of what is happening.	The tight muscle is essentially an overactive reflex, and it's our brain's inability to stop the reflex that's the problem. Reflexes all happen below the level of the brain, which means it's unintentional movement. Typically, our reflexes are there for self-protection.	For instance, if you touch a hot stove, your arm automatically retracts to get it out of danger. Your brain doesn't have time to tell it what to do, it just does it. Once your brain realizes the arm is safe, it can move it to a better place in a more coordinated manner.
After a stroke, the brain is struggling to send signals to the affected arm or leg to relax, and the spastic muscle stays in a position of protection.	Of course, the next question is "What can I do about it?" We'll talk about it soon!		

Difference between a right and left-sided stroke

Written by: Clarice

It's time for a little "knowledge is power" reading. After a stroke, there are probably symptoms you didn't even know were related to your stroke. Some of these can be explained by understanding how the left and right side of the brain works.	You've probably heard that the right side of your brain controls the left side of your body, but there are other differences as well. Every stroke is different, but we'll talk about common difficulties depending on the side of the brain that was affected.	STROKE ON THE LEFT SIDE OF THE BRAIN: ● Weakness on the left side of the body ● Speech and swallowing problems ● Difficulty with sequencing, judgment, and critical thinking ● Difficulty seeing out of the right eye and/or right visual neglect	STROKE ON THE RIGHT SIDE OF THE BRAIN: ● Weakness on the right side of the body ● Difficulty recognizing objects or faces ● Difficulty recalling the names of objects ● Difficulty paying attention ● Difficulty transitioning or switching ideas (perseverating) ● Visual-spatial difficulties, such as identifying distance, size, and position
You may have some or none of those symptoms. Regardless of the areas of the brain that might be affected, knowing that these areas of your life might be affected will allow you to find ways to manage your day-to-day. And if you've forgotten, we're in this with you.			

Why is hand function one of the hardest things to get back after a stroke?

Depending on the area of the brain affected, you might have difficulty walking, talking, swallowing, and using your hand. When a person is in the hospital after a stroke, the highest priority is typically the ability to get out of bed to go to the bathroom!	This motivation drives the person to work toward weight bearing on their affected leg and to use it to relearn walking and mobility. Weight-bearing sends a lot of sensory signals to our brain about where our body is in space. Also, the more often we practice the better we get, and mobility is something we automatically do every day.	And then there's that stubborn hand. Many patients curse directly at their hand. It becomes an uncooperative character that's attached to their body, that doesn't feel like their own. They might think, "Gah! My leg came back, but why won't my hand work!"	One of the reasons hand and arm function is hard to get back is that you can live a completely independent life with just one hand. Think about amputees. Unlike your legs, which you need both to walk, you can get away with just using one hand and finding adaptations or avoiding hard things. But we know in stroke we need to "Use it to improve it". If you're only doing 15 minutes of exercise with your affected hand a day and going about your life using only your non-affected hand, it's going to be really challenging to make progress.
Another reason hand rehabilitation is hard is that we often don't appreciate the complexity of what the arm and hand are able to do. It's incredibly complicated. There are 20 joints in the hand alone, and the joints of the arm are able to move in over 40 different directions. Add in the degrees of freedom of each joint, the coordination required to grade movement, the alignment of joints, and the exertion of force and you've got a very complex physical system you're trying to repair after a stroke!	That doesn't even take into account all the other requirements of a task, such as your visual perception, your sensation, and your understanding of where your body is in space. Movement of the joint is also frequently affected by muscle spasticity or muscle tightness, which makes movement even more difficult!	So, if we know that hand function is hard to practice in our daily lives, and we know that the hand is an incredibly complex system, how do we improve?!?!? The best way to get in your repetitive hand exercises is to incorporate it into your daily life.	Now, this is going to be hard work. Neurologically we're wired to complete an activity in the easiest way possible, so just having the desire to incorporate it into daily tasks isn't enough. That's where mental imagery and mindfulness practices come in. That's where the Find What Works video tutorials come in. Let's find ways you can practice with everyday objects in and around your house. Don't worry, we'll do it together!

Fatigue, the struggle is real

By: Clarice Torrey

Do you ever feel ridiculously tired? Sure, you have those days when you have back-to-back therapy, the day is full and you're exhausted. But what about those days when you feel tired, but it doesn't feel as though you've done very much?	Well, guess what? There is something called "stroke-related fatigue". It's an actual symptom after stroke! As if you don't have enough to deal with. 😞 Well, don't despair. There are strategies that help you save energy so you don't feel depleted during the day and miss out on the things that are important to you, like a birthday party or playing a game with friends.	The strategy is called energy conservation. It's really a fancy way of trying to spread your energy throughout the day. If our energy is finite, then we want to make sure we use a little here and a little there, instead of using it all at once and tuckering out before noon. Let's learn some tips and tricks.	MAKE A PLAN: Make a list of the activities you need to do throughout the week. Include things like: • Dressing • Bathing • Meals • Laundry • Cleaning • Activities that bring you JOY (⇨ this one is so important!)
ASK QUESTIONS: Do you need to bathe every day? Are there services available and within my budget to help with meals, laundry, and cleaning? Do I have more energy in the morning or at night? Do I get enough sleep? Is it possible to spread out responsibilities?	TAKE IT EASY: Sit when you can (use a shower chair and sit while bathing, get all your clothes together and sit down to get dressed, put your underwear and pants on your feet before standing up, sit when doing food prep or folding laundry).	PACE YOURSELF: You don't have to do it all at once. Take breaks. If showering is exhausting, rest before putting your clothes on. Make sure you save enough energy to do the activities that bring you JOY!	Give yourself some applause. You had a lot of things added to your plate after recovery AND your body is working so hard to recover you have less energy than you did before. Every day is an achievement and every small task is a win.

REHAB

Finding meaning in your rehab exercises

Written by: Clarice

Well hello again, Today we're going to talk about home exercise programs. If you've ever been in therapy before, you've probably been given a printout of stretches and exercises that you need to do at home.	This is good in theory. Yes, completing daily exercises is essential for our well-being and recovery. What happens in real life, is that we might do the exercises once or twice and then stop. We might forget how to do them, not have time for them, or not be motivated by them.	Sometimes, we might feel shame for not doing what we're "supposed" to do, which actually creates a stress response in our bodies. Your body will figure out a way to avoid this stress response in any way possible. What might feel like a lack of willpower, is actually our body's built-in self-protection to avoid stress. Our bodies really are amazing!	If we know we need to use our affected side in order to improve it, but we can't seem to make a list of exercises that work in our lives, what can we do? There is hope!
One of the most effective treatments in arm and hand rehabilitation after stroke is something called: Task-specific practice What is task-specific practice? There are 3 key components: • Tasks that are meaningful • Using everyday objects • Repetition	Find things that make you happy How much better is therapy when you add a little meaning to it? Think about the things you want to get back to. Think about your past leisure activities and why you enjoyed them. Find an activity to practice that has meaning and purpose behind it.	Use everyday objects Good news! You don't need a bunch of fancy exercise equipment to do therapy. You probably have many things all around your house for "therapy"	Repetition, repetition, repetition As you well know, repetition is the key to neuroplasticity. But when you combine it with a meaningful task, the brain builds stronger pathways. It's more fun and it's better for your brain?! Yep, It's a win-win!

Managing Spasticity

Written by: Clarice

We've discussed what spasticity is, and now we'll dive into what you can do about it. Let's divide it into 2 categories: pharmacological and nonpharmacological	Essentially, pharmacological treatments are trying to tackle the problem at the root, by stopping the muscle from tightening in the first place. There are oral medications and injections that can be given to reduce the amount of spasticity. These are temporary solutions, often need to be repeated, and don't always work for everyone.	There are also surgical interventions that your doctor might consider, but sometimes the candidates and the results for surgery are limited. If you have spasticity, you should check with your physician if any of these options would be beneficial for you.	Other treatments that directly affect the tight muscle, such as TENS or thermal interventions need to be overseen by a trained occupational or physical therapist. Maybe you've talked to your doctor and your therapist and they haven't recommended any of those things. What can you do?
It's important to note that not all spasticity is bad. Some people use their muscle tightness to hold onto objects or even help them stand. If you take the spasticity away, they lose that ability.	On the other hand, muscle tightness can get in the way of function or may cause problems to your muscles and joints. One practical thing you can do is remove any noxious stimuli. You might notice your muscle tightness increases in response to certain things. Start to be aware of those things and avoid them.	Your muscles might get tighter if you develop an ulcer or have a urinary tract infection. It's important to be aware of our positioning and take care of our overall well-being when managing stroke. And look at you, you're already doing a great job taking care of yourself by educating yourself and participating with us!	Another practical thing to do is make sure our joints are moving. Spasticity causes our muscles and ligaments to be in a shortened state. If they are never lengthened, then they can develop movement restrictions. We'll keep providing you with daily stretches and exercises to keep those ligaments lengthened!

Mirror therapy

By: Clarice

Mirror therapy is a sort of voodoo-seeming approach that has a lot of scientific evidence to back it up. It essentially tricks your brain into thinking your affected hand is moving. You position a mirror to reflect your non-affected hand while hiding your affected hand. Any movement of your non-affected hand will be reflected in the mirror and make it seem as though you are actually moving your affected hand.	The approach is centered around mirror neurons, which fire in your brain when you <i>see</i> your arm move. Typically, we think about motor neurons being sent from the brain to the muscle, but we don't realize that mirror neurons are connected to the motor neurons.	After a stroke, you lose the ability to access your motor neurons, but not your mirror neurons. By accessing your mirror neurons through <i>seeing</i> your movement (even if the movement is fake), you are tapping into the network between the neurons.	It's like trying to reconnect with an old friend on Facebook by finding the friends they're connected with. It might not be the most direct approach in a real-life situation, but in stroke rehab, that friend of a friend might be your strongest connection.
Mirror therapy is a good option for people with little movement in their fingers. You might be too advanced to benefit from mirror therapy if you are already able to pick up and release an object fairly easily.			

Mental practice

By: Clarice

Mental practice, sometimes called motor imagery or mental imagery, is a training method for improving your hand and arm function without moving a muscle! Ok, that's only partially true, but we'll get to that in a minute.	Mental practice is typically done by listening to pre-recorded audio that describes in detail the motor movement of a specific task. The listener imagines their hand and arm moving in a "typical" way, and the instructor provides cues to extend their arm or open their fingers, as well as the entire sensory experience of the task.	If you're wondering why this works, brain scans show that similar parts of the brain are activated whether the movement is actual, observed, or imagined. It's a separate area of the brain that's responsible for actually triggering the muscle movement (darn!), but it goes to show that there's a lot more required of the brain to complete a task than just sending a signal to the muscle.	The good news is that mental practice has been shown to improve arm movement and functional use in patients after stroke at all levels of abilities AND as a treatment approach for people months or years after stroke!
But...and this is where the half-truth comes in. While it's true that you can do mental practice on its own, it's best combined with physical practice immediately following. So close your eyes and imagine yourself using both hands to bake some cookies and then practice it! Don't forget to share your cookies and your successes!			

A spastic muscle is a strong muscle

Written by: Clarice

Myth or Fact: A spastic muscle is a strong muscle	Answer: Myth A spastic muscle might be able to generate force in order to hold an object, but it's related to muscle tone, not strength. What's the difference?	Muscle tone is the amount our muscle is contracted at rest. Yes, your muscle is slightly contracted even when you're not moving. Every person has a different "normal" for their resting muscle tone.	Strength on the other hand is your muscle's ability to actively contract and hold in a position. Muscle tone and strength are highly influenced by each other, but they're different.
Let's break it down in another way: spasticity and muscle tone are involuntary and strength is voluntary. What we see when we take away the spasticity in a muscle by a botox injection, is that without the spasticity, the muscle is incredibly weak.	Each joint movement requires two groups of muscles: one that does the moving and one that relaxes. Take the muscles of the elbow. Some muscles make it bend (biceps), but in order to bend, the muscles that make it straighten (triceps) have to relax.	If we believe our spastic muscle is strong and we just needed to strengthen the muscle that pulls it in the opposite direction, we're missing a key ingredient in strength training. Turns out they're both weak muscles and we need to strengthen both the spastic and their opposing muscle.	We'll keep learning about and providing strength training exercises to manage the effects of spasticity. We got this!

Upper body dressing

By: Clarice Torrey

Jackets and t-shirts and undergarments, Oh my! Depending on your arm function and how far along you are in your stroke journey, you've probably developed one of two strategies for upper body dressing: Adapted methods or Avoidance of difficult clothing	Both are valid strategies, but let's talk about both. You can decide if the "easy" button is the right choice for you, or if you want to make getting a particular fashion item a goal!	The "easy" button: choose loose-fitting clothing that doesn't have buttons, zippers, or other fasteners. Pullover bras are easier than bras that fasten in the front or back.	If tighter clothing and items with fasteners are important to you, there are several adaptations you can use to be successful. The most common one-handed dressing life hack is putting your affected arm in first to put a jacket or shirt on and take your affected arm out last when taking off. First on and last off.
Adaptive Aids can be found online or sometimes in medical supply stores. <u>Dressing sticks</u>: if you just can't seem to reach around to get the second sleeve of your jacket, dressing sticks can help give you an extended reach. They can also be used in a lot of lower-body dressing tasks.	Button hooks: there are many different versions of these (some that require no grasp at all) and allow you to button and unbutton a shirt. Zipper pulls: there are specially made zipper pulls that assist in pulling a zipper up, but you can also attach a keychain ring around the pull tab, instead of buying something fancy.	Velcro: some people replace their button shirts with velcro, and some companies even make adaptive clothing with velcro fasteners that look like buttons on the outside! Bra Angel: if you're keen on wearing your favorite back hook bra, but can't manage it, there's a device that acts like a second hand and makes putting a bra on a much more pleasant and easy task.	Whether you take the easy button and avoid difficult clothing or decide to try some adaptive methods, take a moment to recognize what you've done. The act of looking at your values and making a decision to live into what's important to you is a beautiful thing. You should be proud of yourself. I know we are!

Laundry

By: Clarice Torrey

Until we reach the futuristic world of <i>The Jetsons</i> where robots do our chores, or in the odd turn of events we invent single-use-compostable clothing, we'll be stuck doing laundry. Whether you're going to the laundromat or doing it from the comfort of your home, it is a time-consuming and sometimes dreaded task. If you actually like laundry, it's probably become more difficult after your stroke. Let's talk about ways to make it easier and ways to make it therapy!	Ways to make it easier: • Have someone do it for you (rarely is this possible and it might be a good 2 handed activity for you to practice, so choose this after careful thought). • Choose divided laundry hampers that allow you to pre-sort clothes. • Set up your laundry hamper near the washer and dryer or already loaded on a wheeled cart for the laundromat. • Use pods or squeezable soap containers to make adding detergent easier.	Ways to make it therapeutic exercise: • Grab large piles of laundry with both arms. Challenge yourself to pick up the biggest pile of clothes from the dryer to the couch. • If you're practicing opening and closing your hand, use the opportunity to alternate hands when pulling clothes from the washer to the dryer one or a few items at a time. • Folding! Use a table to lay out the clothes flat and practice incorporating your affected hand in any way, even if it's just to hold the clothing still.	Those seemingly mundane tasks that we already "have to do" can be opportunities to rehab our affected side. It just depends on how you look at them. We gotta sort out one load of tasks at a time or it will just spin us right round, baby, right round.	
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