

Marin County

Stroke Resource Directory

For Everyone Touched by Stroke

www.strokeinfomarin.org

A Project of



MarinLink

**Tenth Edition
2012**

Acknowledgments

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Glossary

This glossary of terms is not all-inclusive, but is an attempt to provide some understanding of words heard frequently about the stroke survivor's condition, diagnosis, and tests.

ABBREVIATIONS: See definitions under longer names.

ADL	Activities of Daily Living
AFO	Ankle-Foot Orthotic
CVA	Cerebral Vascular Accident
CVD	Cerebral Vascular Disease
OT	Occupational Therapist or Occupational Therapy
PCP	Primary Care Provider (your family physician)
PT	Physical Therapist or Physical Therapy
ROM	Range of Motion
RT	Recreational Therapist or Recreational Therapy
ST	Speech Therapist or Speech Therapy
SLP	Speech Language Pathologist
TIA	Transient Ischemic Attack

ACTIVITIES OF DAILY LIVING (ADL): Activities of daily hygiene (washing, brushing teeth, etc.), as well as dressing, grooming, eating and drinking; sometimes locomotion or mobility activities such as standing up, sitting down, walking and calisthenics are included.

AGNOSIA: Loss of ability to recognize objects or symbols through a particular sensory channel (vision, hearing, touch, smell, taste). Patient may not, for example, know what to do with a bar of soap, or a pair of glasses.

AMBULATION: The act of walking with or without assistive devices or braces.

ANEURYSM: The ballooning of the wall of an artery due to either congenital defect or weakness of the wall of the artery. One of the leading causes of stroke in younger people.

ANGIOGRAM: An x-ray picture of blood vessels after a dye has been injected which is used by a physician to assess the functioning of the blood vessels.

ANKLE-FOOT ORTHOTIC (AFO): Brace used to support weak or paralyzed ankle and foot muscles to simulate normal joint movement, enhance walking ability, and prevent further injury.

APHASIA: A loss or impairment in the ability to use and/or understand language. This loss may manifest itself in various ways — speaking, writing, reading and understanding.

APRAXIA: Loss of ability to carry out purposeful, voluntary movements without the presence of paralysis, muscular weakness, or an impairment of sensation. Can be found in speech, sensory, oral and motor activities.

ARTERIOGRAM: X-ray to determine whether an artery is open or blocked, weak or damaged.

ARTERIOSCLEROSIS: “Hardening of the Arteries.” Caused by the ongoing process of atherosclerosis.

ATHEROSCLEROSIS: Caused by gradual build-up of lipids, cholesterol, proteins and calcium, which together form plaques in arteries. This build-up may eventually result in complete blockage of the artery (occlusion).

BRAIN DAMAGE: Injury to the tissue of the brain as a result of illness, trauma, birth defect or disease.

CAROTID ARTERY: Principal artery in the neck responsible for carrying blood to the brain.

CT ANGIOGRAPHY: A computerized x-ray of the blood vessels of the brain after dye has been injected. A physician uses this to assess the functioning of the cerebral blood vessels.

CT SCAN: Computerized X-ray techniques to assess effective functioning of various parts of the body.

Glossary

(continued)

CEREBRAL VASCULAR ACCIDENT (CVA): Damage to the brain caused by an accident in the vascular system (blood vessels). This vascular damage may be manifested as thrombosis (clot), embolism (blockage), or hemorrhage (bleeding).

CEREBRAL VASCULAR DISEASE (CVD): Condition of chronic or progressive restriction of the circulation in the brain, resulting in recurrent TIA's; precursor of stroke or CVA.

COGNITIVE RETRAINING: Also referred to as Cognitive Remediation, Cognitive Rehabilitation, and Cognitive Therapy. Refers to systematic, individualized retraining in specific thinking skills lost or damaged through brain injury. These specific skills may include memory, thought organization, problem-solving, mathematics, and/or language arts. Computer-assisted learning may be part of a cognitive program. Professionals involved in cognitive retraining may be neuropsychologists, speech-language pathologists, and/or occupational therapists.

DYSARTHRIA: Impairment in articulation. Speech will be slurred with distortion, substitution or omission of sounds. May be accompanied by drooling and facial weakness.

DYSLEXIA: Impairment in the ability to read and understand the written word.

DYSPHAGIA: Impairment in swallowing.

EDEMA: Swelling of body parts due to excessive fluid in the tissue spaces.

ELECTROENCEPHALOGRAM (EEG): Recording of energy or activity generated from nerve cells in the brain.

ELECTROCARDIOGRAM (EKG): Graphic tracing of electric current produced by heart muscle.

EMBOLISM: The sudden blocking of an artery or vein by a clot carried by the blood stream from one part of the body to the point of obstruction; one cause of stroke.

EMOTIONAL LABILITY: Emotional response of greater magnitude than situation warrants. Usually manifests as excessive or inappropriate laughing or crying.

GAIT: Manner of walking; normal gait cycle has a swing phase and a stance phase for each lower limb. Gait training: specific therapeutic neuromuscular techniques used by a physical therapist on trunk and limbs combined with instructions to the patient for enhancing muscle responses for improved walking pattern.

HEMIPARESIS: Weakness on one side of the body; may include head and neck, trunk and limbs.

HEMIPLEGIA: Paralysis, or loss of voluntary motion, on one side of the body; may include head and neck, trunk and limbs.

HYPERTENSION: High Blood Pressure. A condition in which a person has a higher than normal blood pressure. Hypertension makes people very susceptible to stroke.

ISCHEMIA: Lack of oxygen in localized area of body, such as in part of brain in stroke.

JARGON: Speech that makes little sense and is difficult to understand. Speech is frequently a combination of real words and made-up vocabulary.

MFT: Marriage and Family Therapist. Mental health practitioners educated and trained to help with relationship difficulties, the diagnosis and treatment of mental disorders and the emotional problems of individuals, couples, families and groups.

MOTOR: Refers to movement generated by messages from the brain, resulting in smooth interaction of nerves and muscle.

MRI: Magnetic Resonance Imaging is computer-facilitated imaging of various parts of the body for diagnostic purposes.

Glossary

(continued)

NEGLECT: The problem, often seen after a stroke, of ignoring the paralyzed side.

NEUROPSYCHOLOGY: Neuropsychology is the study of the behavioral expression of brain injury. A neuropsychologist is a licensed clinical psychologist with special expertise in brain function. He/she evaluates and treats the cognitive, behavioral, emotional and social consequences of brain injury. The neuropsychologist can also help the stroke survivor's family to understand and better cope with associated changes.

OCCLUSION: Blockage or obstruction.

OCCUPATIONAL THERAPY (OT): Occupational therapists evaluate and treat the skills needed for independent daily living. These include: grooming and hygiene, eating, upper body strengthening, fine motor coordination, visual perceptual and cognitive skills. In addition, they assist with adaptive homemaking skills, community re-integration and pre-vocational assessment. When indicated, they will conduct home and/or workplace evaluations.

ORTHOTICS: Orthotics are braces made or fitted especially for you that will assist in your mobility. The most common are AFOs (Ankle-Foot Orthosis) and KFOs (Knee-Ankle-Foot Orthoses). They require a prescription from your physician to order. Your Physical Therapist together with the Orthotist can assist in recommending the best orthotic for you. Medicare and Medi-Cal cover orthotics in most cases. Private insurance companies give approval on a case-by-case basis.

PARESIS: Weakness of a muscle or group of muscles due to disease or injury to the neuromuscular system.

PASSIVE EXERCISES: Movement of a paralyzed limb to keep muscles in good condition and facilitate possible return of movement. Supervised by a physical or occupational therapist.

PERSEVERATION: Impairment resulting in continued repetition of a movement or a word, which no longer is appropriate for the situation; common problem after stroke.

PHYSIATRIST: Physician specialist in physical medicine; member of rehabilitation team who cares for medical complications during rehabilitation.

PHYSICAL THERAPY (PT): Physical therapists evaluate physical abilities and treat muscle tone, strength, endurance, balance, coordination, and joint flexibility. They provide posture and gait training, therapeutic exercise, wheelchair and assistive device management.

RANGE OF MOTION (ROM): Amount of movement in limbs and joints. Included are active and passive exercises performed under the direction of a physical therapist to stimulate movement.

RECREATIONAL THERAPY (RT): The use of recreational or leisure time activities as a therapeutic part of the rehabilitation process.

SENSORY: Pertaining to the functioning of the five senses: smell, touch, hearing, vision and taste. Messages are received through the sensory channel.

SPASTICITY: A state of increase over normal tension (tone) of a muscle, resulting in continuous resistance to stretching.

SPEECH THERAPY (ST): Speech-Language Pathologists (SLP) evaluate and treat communication and swallowing disorders resulting from stroke. Treatment may address speech production, language comprehension and expression, reading, writing, gestural communication, and cognitive functions such as memory and reasoning.

SPONTANEOUS RECOVERY: Refers to the gradual early recovery from the stroke, usually in the absence of professional help. May be the result of the reduction of brain swelling, reabsorption of blood, reduction of inflammation, and influence of environment.

Glossary

(continued)

SUBLUXATION: Incomplete dislocation, usually of shoulder joint after stroke.

TRANSFERS: Movement from one position to another, usually from one seat to another, such as from bed to chair, wheelchair to car, etc.

t-PA: Tissue Plasminogen Activator, a “clot-busting” drug that can be used in the treatment of acute ischemic stroke when there is no evidence of intracranial hemorrhage and patients can be treated within three hours of symptom onset. If administered intra-arterially, t-PA can be administered within six hours of symptom onset.

TRANSIENT ISCHEMIC ATTACK (TIA): A brief or temporary episode of neurological symptoms (such as blurred vision or speech, numbness or weakness, or loss of balance), which may disappear.

VISUAL FIELD DEFECT: Refers to impaired vision affecting outer half of one eye and the inner half of the other. Similar to a “blind spot.”

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