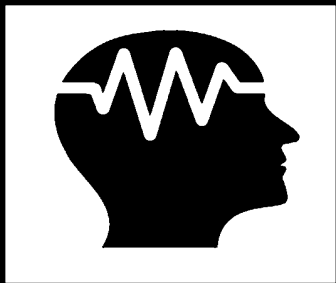


# Stroke Recovery News

Volume 11, Issue 2

Winter/Spring 2011



*Welcome to the  
Stroke Recovery News  
A publication produced  
by the  
Stroke Recovery  
Association NSW*

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## **ANITA ROSENBERG, OAM 1944 – 2011 A TRIBUTE**

In founding the Stroke Recovery Association, Anita Rosenberg has left a legacy of continuing hope and immeasurable value to thousands of stroke survivors and their families throughout NSW.

Over more than three decades and into the future, her efforts have given and will continue to give meaning to the lives of people who have to live with disabilities following a stroke.

She provided a backbone that enables families and friends to support these stroke survivors.

Information, community awareness, publicity about warning signs and preventive measures, a flotilla of mutual support clubs for stroke survivors, and involvement of representatives of stroke survivors in service policy planning have all developed in this state due to Anita's drive and insight.

She was a living example that life can be full of achievements after a stroke.

The story began in 1975 when Anita, in her early thirties and with three young children, collapsed suddenly one morning when getting breakfast for the family.

Rushed to hospital, unconscious, she remained in a coma for a week. When she woke she couldn't speak, couldn't use her right arm, right hand, right leg. She had no idea what had happened to her. And she thought what had happened to her had never happened to anyone else before.

Months of physiotherapy and speech therapy followed. But when that rehabilitation treatment ended, she was on her own. She had learned to write with her left hand but her speech was still very impaired. There was no community support for stroke survivors after their period of rehabilitation.

She thought that if she could get together a group of stroke survivors for regular meetings at their homes, then perhaps speech therapists would be prepared to attend to help.

With the help of her ever-supportive husband Allen, she approached the speech therapists' professional body and won its co-operation.

From a small start the size of the group grew and split into two, servicing the Northern and Western Suburbs of Sydney. Providing mutual support and speech practice, the meetings became known as the Straight Talk Clubs.

....continued on page 2.....

Originally the groups included people with speech loss through other causes, such as after car accidents.

Publicity followed due to Anita's efforts and the number of clubs grew. Her own speech improved as time went by but never completely recovered. But she didn't let that deter her from addressing large groups of health professionals or appearing on radio and television to publicise the issues.

Within two years there were a dozen clubs, by now meeting in spaces provided at no cost by RSLs and other community clubs and centres.

Allen and Anita visited country towns at weekends, often staying in nurses' quarters at hospitals, to set up stroke clubs in

**Anita took a proactive role in all areas and was the President of the Board of the Association for its first ten years.**

rural and regional centres. On these occasions their children stayed in Sydney with other family members so Anita and Allen could press on with this major task.

Ultimately, the name was changed to Stroke Recovery. Perhaps only about half the people who have a stroke are left with speech difficulties, but all need to look forward to recovery and benefit from mutual support.

Through a lot of hard work on Anita's part the movement became an incorporated association in 1977. It is remarkable that all this was achieved within two and a half years of the stroke that left Anita with continuing speech impairment and significant paralysis affecting her right arm and leg.

The Association's services included phone counselling and support to families of people who had had a stroke, distribution of information kits on all aspects of stroke survival, publicity about the warning signs and causes of stroke, and liaising with health professionals to promote the interests of stroke survivors, compilation and distribution of newsletters to members, and statewide publicity programs during the annual Stroke Awareness Week which she had set up. One year Anita arranged for the Association to bring Hollywood star and stroke survivor Patricia Neal to Sydney to tell her story of stroke.

A major task was the continuing support of existing stroke recovery clubs and the establishment of new ones. Another was setting up a stroke support scheme pairing volunteers with individual stroke survivors for private speech practice. Anita took the proactive role in all these areas and was the President of the Board of the Association for its first ten years.

Behind the scenes she and Allen turned their home into a collection point for donations of goods for fund-raising stalls they held on a regular basis with help from volunteers. Allen organised well-attended corporate lunches held during Stroke Awareness Week. These publicised all aspects of stroke among Sydney's business leaders as well as raising money for the Association.

Submissions to the State Government led to some financial support. The Association was able to fund some part-time staff supported by many volunteers.

There was so much work to do in the early days in organising accommodation for the Association headquarters, drawing up a constitution, arranging for an auditor for the accounts, writing material on stroke for distribution to family members and friends seeking information, preparing brochures on warning signs and preventive measures, raising money to pay for it all.



Anita Celebrating the Association's 30th Birthday in 2007 with co-founding members Ros Oliver and Dorothy Brennan

**Anita was also supporting groups in other states to set up their own stroke recovery organisations.**

Anita was also supporting groups in other states to set up their own stroke recovery organisations.

By the time she ended her formal association with the Association there were some 50 clubs statewide. Anita's personality was important in achieving all these goals.

She was a born leader. She paid attention to detail. She was very motivated. She was a lateral thinker, far-sighted, imaginative. She was warm and relaxed and never deterred by obstacles. She was gently persuasive, usually by warmly encouraging people to do what she saw was necessary for the development of clubs and the Stroke Recovery movement. She was loved and admired by those who worked with her as volunteers. She was the sort of person who was so nice it was hard to say no to her.

**Anita was  
awarded the Order  
of Australia Medal  
in 1993**

She stayed involved with Stroke Recovery all her life, continuing her participation in her local group, the Rose Bay Stroke Recovery Club, until the cancer that claimed her life in June made it impossible to attend.

For Anita, the most important word in the Association she founded was 'Recovery'. Out of meetings to practice speech with other stroke survivors grew a realisation that mutual support was an equally important outcome and 'Recovery' is an ongoing objective.

Anita was awarded the Order of Australia Medal in 1993 for the outstanding contribution she made. She was an inspiring person and truly a great Australian.

*This tribute to Anita was written by Kate Rich, former Board member and widow of John Rich who was a stroke survivor and former President of the Stroke Recovery Association. Kate met Anita through the Rose Bay Stroke Recovery Club over twenty years ago.*

## **Anita – An Inspiration As Time Went By . . .**

In this issue paying tribute to Anita Rosenberg, one story is worth re-telling.

There is a myth that a survivor will improve as much as is possible in the first six months after a stroke. Anita disproved that.

About 20 years after her stroke, her daughter Karen, by now grown up and married, rang from Israel where she lives, to say she was expecting a baby; she hoped Anita would come and help her when the baby arrived.

A little while later she rang again. She said the doctor had told her that she was actually expecting twins.

Anita panicked a bit, although I'm sure she didn't let on to Karen at the time. She was worried that her weak right arm might let her down. She didn't want a baby to slip out of her arms.

She contacted the physiotherapy school at Sydney University with her problem. They set up an intense repetitive exercise program aimed at strengthening her arm and developing her control of it. There were weeks and weeks of sessions totalling hundreds, probably thousands, of repetitive exercises.

They even arranged for two dummy babies to be made, the same weight and size as real babies, so that Anita could practise holding and bathing them.

And the result?

Anita did gain more use and strength in her arm. And she was able to go with much more confidence to help Karen when the twins arrived.

So don't ever be told that the first six months' improvement is all that's achievable.



## Finding the Words continued.....

supports that recovery.”

With this in mind, Dr. Fridriksson and his team wondered if they could do anything to further spark these damaged yet functioning brain regions into action.

In a paper that appeared in the June 2010 issue of Stroke, Julie Baker, Ph.D., who was working on her dissertation under Dr. Fridriksson, used transcranial direct-current stimulation (tDCS)—a low-current stimulation technique that is safe, non-invasive, and barely detectable to the wearer—to attempt to further stimulate areas of the brain that are already activated during word retrieval. Studying 10 patients with aphasia, Dr. Baker compared tDCS to a placebo technique while participants were engaged in a computer program to improve their ability to name objects. For five consecutive days, 20 minutes per day, participants would receive either the real tDCS or the placebo as they took part in the computerized treatment. After a one-week break, they resumed with 5 more days of treatment and the other stimulation technique, real or placebo. Dr. Baker then compared the number of words participants could name before and after treatment.

Dr. Baker found that, for all of the patients enrolled in the study, the numbers of correctly identified names following tDCS stimulation were higher than those following the placebo, not only for words they had worked on during the treatment, but for other words as well. Dr. Fridriksson says that the stimulation technique could possibly be customized to address a patient’s needs, no matter where the lesion is located and no matter what type of aphasia he or she may have.

“Animal model studies show clearly that if you apply low-current stimulation to neural tissue it increases the amount of neurotransmitters that promote brain plasticity,” he said. “I don’t think there’s any reason why this brain stimulation should be specific to anomia. I think you could apply it to pretty much any therapy for aphasia.”

Dr. Fridriksson acknowledges that more clinical research is needed to understand how tDCS might be used to treat aphasia, and his plans are to apply for a grant to conduct a clinical trial on the technique. In the meantime, he’s also working to determine the ideal length of time to stimulate the patient during treatment. He is also using fMRI to determine how, specifically, tDCS activates the brain in people with aphasia.

*This article is reproduced with permission from the website of one of the (American) National Institutes of Health, the National Institute on Deafness and other Communication Disorders (NIDCD). It and other information of interest can be viewed at: <http://www.nidcd.nih.gov/news/releases/10/100610.htm>*

## RHYTHMIC GYMNASTICS FOR OVER 60S

Rhythmic Gymnastics is a sport which combines apparatus handling and body movement to music. Gymnastics NSW is developing a program for people in their 60s and above, which aims to provide an exercise program that can help to improve flexibility, mobility, balance and strength in a fun environment. The workout incorporates standing and seated exercises using hand held apparatus and can be adapted for all different skill levels. It is never too late to start exercising and it is essential in maintaining balance, joint movement and prolonging independence. For more information contact Naazmi Johnston at [rg@gymnsw.org.au](mailto:rg@gymnsw.org.au) or 8116-4117



# STROKE AWARENESS WEEK 2011

The Stroke Recovery Association in collaboration with Stroke Services NSW is in full swing with the planning and preparation of Stroke Awareness Week 2011. Stroke Week, September 12<sup>th</sup> – 18<sup>th</sup> will be the busiest week of our year with events planned throughout NSW.

## **Creating Connections– A Community Forum:**

SSWAHS & the Stroke Recovery Association's annual Stroke Awareness Information Day for Stroke survivors, carers and families, Creating Connections, will be held on Tuesday 13<sup>th</sup> September 2011 at Burwood RSL Function Rooms Level 2 from 9:00 am to 3:30pm. Speakers from Stroke Services NSW will provide practical information on Stroke and the recovery process. It is expected that over 60 people will come along and enjoy a great day. Last year this event was sponsored by various drug companies and rehabilitation services, and we are relying on their assistance again in 2011.

## **Tartan Ribbon Campaign:**

In 2011 we will continue with the fundraising campaign featuring a tartan ribbon, a similar idea to the pink ribbon concept for breast cancer. Tartan was chosen to convey the complexity of Stroke signs and symptoms and its long term effects on people's lives. A ribbon was chosen to represent the collaboration and partnership between Stroke survivors and the Stroke services accessed during an individual's recovery.

Wednesday 14<sup>th</sup> of September has been set as "Tartan Ribbon Day", on which volunteers from our Association and NSW Health will be selling ribbons in various locations throughout the city. The ribbons have been made by members of Stroke Recovery Clubs and volunteers from the staff of Stroke Services NSW.

## **Stroke Awareness Week Launch:**

The launch of Stroke Awareness Week will take place at an early evening cocktail party at Parliament House on Wednesday 14<sup>th</sup> September. The Honourable Jillian Skinner, Minister for Health, has been invited to be the guest of honour on this occasion. This event provides the Stroke Recovery Association with the opportunity to acknowledge the great work clinicians working in Stroke provide to the Stroke Community. The event will be attended by some members of our Association, as well as clinicians who work in both the acute and rehabilitation hospitals. We are expecting approximately 80 people to be in attendance on the evening.

## **Bridge Tournaments:**

With the generous support of the NSW Bridge Association fundraising will once again take place at bridge clubs all over NSW. Each of the State's 155 Bridge Clubs is encouraged to hold a red point game during Stroke Awareness Week, with proceeds going to the Stroke Recovery Association. The NSWBA has been very supportive of the Association over many years, for which we are grateful.

## **Information Displays:**

The Stroke Recovery Clubs and various community and health organisations throughout NSW undertake displays of information material during Stroke Awareness Week. These are often in local shopping centres with the aim to distribute information as broadly as possible about prevention of Stroke. Last year there were over 100 displays throughout the State.

For more information about Stroke Awareness Week and how you could become involved please ring Michelle Sharkey, Executive Officer of the Stroke Recovery Association, on 1300 650 594.

**Tartan Ribbon Day '11**  
**Wed 14 Sept – Buy a 'Stroke' ribbon**

**Support Stroke Awareness Week**  
**12-18 Sept 2011**



# FOOT CARE FOR STROKE SURVIVORS

In our last issue of Stroke Recovery News, we published an article on action words from the newsletter of StrokeSurvivor.com. They recently also published some excellent foot-care advice from Dr Marc D. Klein, a Doctor of Podiatric Medicine.

*One of our friends had trouble cutting his toenails, and his family doctor suggested visiting a podiatrist every 6-8 weeks. The podiatrist cut his toenails and examined his toes and feet. We wanted to write about the importance of good foot care and prevention, so we asked Paul's high school & college friend, Marc Klein, who practices podiatry in Massachusetts, just north of Boston*

Paul & Stephanie asked me to write an article on foot tips for stroke survivors from a podiatric point of view. Hopefully the following is helpful, interesting, and educational.

**Tip 1: Keep your feet clean and dry;** I know that this a "Duh" statement but it needs to be said.

**Tip 2: Dry well between toes after bathing;** Fungus thrives in a moist, dark, warm environment. The fungus that causes athlete's foot (tinea pedis) is often the same one that causes thick, discolored, ugly and hard to cut toenails (onychomycosis). The fungus will spread from skin to nails and vice versa. Prevention is cheaper than treatment and avoids potential pain and drug interactions as both tinea pedis and onychomycosis may require oral medication to resolve.

**Tip 3: Socks and Shoes;** The average pair of feet sweat approximately 1/2 pint of fluid per day. That sweat is absorbed mostly by shoes as socks have a limited ability to absorb much moisture. It takes a leather shoe about 30 hours to dry out. So, have at least two pairs of shoes and alternate them. If you have really sweaty feet, cotton/wool/polyester blends have traditionally been recommended as old studies show these absorb the most moisture. Pure cotton absorbs well but quickly mats down preventing further absorption. Adding wool and polyester to the cotton gives buoyancy and allow for more wicking action.

The classic military sock absorbs the most sweat, wicking the moisture away from the skin. However, a newer product (Drymax socks) is even better at keeping the skin dry and preventing blisters.

**Tip 4: Smelly feet;** Sometimes associated with sweaty feet (called hyperhidrosis) is smelly feet (bromhidrosis). This is due to the breakdown of the oils in sweat by the bacteria that normally inhabit your skin. Bromhidrosis can be treated by removing the sweat as discussed above, preventing the sweat by use of foot antiperspirants, or by use of an over the counter product called Hibiclens which bonds to the skin, kills the bacteria and remains active in the presence of sweat. So you too can have sweet smelling feet.

**Tip 5: Wear shoes that fit;** If you have any insensitivity in the stroke-affected leg make sure that a professional fits your shoes.

**Tip 6: Protect your feet and examine them daily;** Your stroke-affected leg is probably thinner and the atrophy (smaller and weaker) is not limited to the muscles. The arteries can also be affected so that you may have developed peripheral arterial disease (PAD, poor circulation) in the affected extremity. So, how do you protect your feet from damages? First, see 1, 2, 3, 4 and 5 above. Also, if you need a brace, use it. If you have foot-drop, don't walk around letting your foot slap or flop: it can be injured or you can fall and break something. Again, prevention is so much easier, cheaper, and less annoying than treating a problem that should have been avoided in the first place.

**Tip 7: Exercise;** Weight bearing exercise has been shown to help prevent osteoporosis. And since bone can atrophy along with other tissues in the stroke affected leg, it is important to exercise regularly to support the bones that support you. Exercise also helps control blood pressure; hypertension is another risk factor for stroke.

**Tip 8: Prevent another stroke by control of weight, and not smoking;** (One cigarette constricts the arteries for hours), and dietary and/or pharmacologic control of serum lipids—cholesterol plaques are a major risk factor for stroke.

I want to thank Paul and Stephanie for inviting me to write this article. This was an interesting endeavour as there seems to be relatively little on this very general subject in the professional literature. Most articles examine single issues, usually a small part of a single issue. I hope this was helpful and a little entertaining.

*Paul Berger and Stephanie Mensh are speakers and authors. To find out more about their programs and services, visit [www.StrokeSurvivor.com](http://www.StrokeSurvivor.com) or call (US) 703 241 2374*

## THE NDIS - A NATIONAL DISABILITY INSURANCE SCHEME

Have you heard about the NDIS proposal, for a National Disability Insurance Scheme?

When someone is in a car accident or injured at work, they are covered by Third Party Insurance (CTP) or WorkCover. But what about people who have had a Stroke or other injuries or illnesses which lead to long-term disabilities? People in this situation have to fight tooth and nail for access to rehabilitation services and funding for carers and access to services that those covered by WorkCover or CTP are immediately able to get. That's not fair!

EVERY AUSTRALIAN COUNTS is a campaign for the introduction of a National Disability Insurance Scheme, a medicare-like plan to assist people with disabilities who currently miss out on funding and support. Their plan is that an NDIS will revolutionise the way people with a disability, their families and carers are supported in this country. They want the NDIS to be a new support system for people with a disability, their families and carers, that will transform the way services are funded and delivered, ensuring people are better supported and enabling them to have greater choice and control.

The Every Australian Counts public awareness campaign sets out to remind everyone that people with a disability, their families and carers in this country deserve better and that it's time for change. They want every Australian to say that people with a disability, their families and carers are Australians too, and that their hopes and dreams count. That they are part of our community, and that they count.

You can join the campaign for a National Disability Insurance Scheme in a number of ways. If you have internet access, visit <http://everyaustraliancounts.com.au/> to learn more. If you are not a computer user, you can contact the NSW State Coordinator Daniel Kyriacou on 02 9256 3106.

You can also spread the word about why we need a NDIS, with ten reasons listed on the next page.....

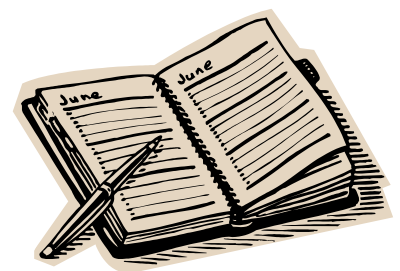
## DATES FOR YOUR DIARY

### Thursday 8 November 2012 - Sunday 11 November 2012

On the pages following you will read about the 2011 AGM, to be held in Liverpool this year. But you may not know that 2012 is a special year for the Stroke Recovery Association. Next year marks the Association's 35th year of service! The Board and staff are keen to make the 2012 AGM bigger and better than ever to recognise this important milestone, so we are combining the AGM next year with a Conference and Spring Fling Weekend. The Great Lakes and Manning Stroke Recovery Club, affectionately known as "GLAM", and based in Forster-Tuncurry, has kindly agreed to host the AGM and help organise the weekend's events. This club has a great track record with organising a wonderful weekend. Their 2010 Winter Escape was a roaring success, with whale-watching, music theatre, a lunch cruise and of course a glamorous ball on the Saturday night. Add a conference and AGM this time and we're all set to have an action-packed but fun weekend. Between now and then surely we can even think up a few 35th birthday ideas (and cake)!

So mark your calendars and keep that long weekend free:

8th to 11th November 2012.



# TEN REASONS FOR A NDIS

## Ten Reasons Why We Need the NDIS

1. The support system for people with a disability, their families and carers is in crisis. If you, or someone you love, is born with a disability or acquires one later in life, you all run the risk of falling through a huge hole in Australia's safety net.

2. People with a disability and their families and carers want to participate in the social, economic, and cultural life of the nation. But there are many barriers to their full inclusion.

3. Lack of support and services means families are primarily responsible for meeting the needs of their family member with a disability. Many families are struggling with high rates of physical, emotional and financial stress.

4. The current situation is inequitable – people receive different levels of support depending on how, when and where their disability was acquired.

5. An economic crisis is looming. The number of people with a disability is increasing and the number of people willing and able to provide unpaid care is falling. This means the cost to government is expected to escalate dramatically in the future.

6. A National Disability Insurance Scheme would provide people with a disability and their families and carers with the regular care,

support, therapy and equipment they need. As a Medicare-type scheme, it would provide a secure and consistent pool of funds for these services and support.

7. It would be fair, efficient and effective. It would focus on early intervention and delivering those supports which produce the best long term outcomes. It would maximise opportunities for independence, participation and productivity.

8. It would be individualised and person-centred. Support would be based on the choices of the person with a disability and their family.

9. The scheme would reframe support as investment rather than charity. Timely interventions, appropriate aids and equipment, training and development would become investment in individual capacity rather than welfare. The scheme would therefore lead to more positive results for people with a disability, their families and carers as well as being fiscally responsible.

10. All Australians would benefit from this scheme because disability can affect anyone, anytime. Everyone will benefit from building a more inclusive, more diverse community.



**NDIS** | revolutionising disability services



# **Annual General Meeting 2011**

## ***Notice of Meeting***

The Annual General Meeting  
Stroke Recovery Association NSW

Will be held

on

**FRIDAY 4 NOVEMBER 2011**

at

Liverpool Catholic Club  
Cnr Joadja & Hoxton Park Roads  
Liverpool West

At

**11 am**

## **Agenda**

1. Minutes of Previous AGM - 5 November 2010
2. President's Report 2010/2011
3. Treasurer's Report 2010/2011
4. To consider and, if thought fit, to adopt the accounts of the Association for the financial year ended 30 June 2011
5. To elect Directors in accordance with *Clause 8* of the Constitution of the Association
6. To appoint Hill Rogers Partners as the Honorary Auditors for 2011/2012

After the meeting we will adjourn to the Club Bistro for lunch

Cost of meals is approximately \$15.00

**RSVP: 18th October 2011**

**Contact: 1300 650 594 or (02) 9807 6422**

**Proxy Forms and Postal Voting are available for those unable to attend.  
Please contact the Association offices for details.**

# Annual General Meeting 2011

## *Nomination of Director Form*

Fill out this form if you would like to nominate someone for the Board of Directors. A nominee must be a financial member of the Association and also consent by signing the form below.

There are seven members on the Board, four of whom must be Stroke survivors. They are elected for one year and are eligible for re-election for future years.

I, \_\_\_\_\_ Name

of \_\_\_\_\_ Address

Suburb \_\_\_\_\_ P/C: \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_/\_\_\_/11

**hereby nominate the following member as a Director of the  
Stroke Recovery Association Inc for 2011/2012:**

Member's Name \_\_\_\_\_

Member's Address \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

### **ACCEPTANCE BY PERSON NOMINATED**

(Nominee to sign if willing to accept nomination as a Director)

I, \_\_\_\_\_ (please print full name) accept nomination as a  
Director of the Stroke Recovery Association Inc.

Signature of Nominee \_\_\_\_\_ \_\_\_/\_\_\_/11

**(A biography/ description of the candidate of up to 100 words should be sent with the  
nomination. This will be provided to members who are voting at the meeting.)**

### **NOMINATIONS FORMS MUST BE RECEIVED AT:**

Stroke Recovery Association

PO Box 3401

PUTNEY NSW 2112

**BY FRIDAY 7th OCTOBER 2011**

## LOCAL AREA HEALTH NETWORKS: HOW IT WORKS

In November last year the Director General of NSW Health, Professor Debora Picone, announced the next step in the transition to Local Health Networks with the establishment of three Clinical Support Clusters and the appointment of their Chief Operating Officers.

Each Clinical Support Cluster will be linked to and support the Local Health Networks in a defined geographic area.

To be known as Northern, Southern and Western Clinical Support Clusters, each will be linked to and support a group of Local Health Networks to provide ongoing, high level clinical support, expertise and advice.

NSW's Clinical Support Clusters will have three main roles:

1. Support and assist Local Health Networks to start up on 1 January 2011, and progressively transition to full operation;
2. Preserve and support ongoing development of clinical networks. This was a recurring theme of the consultation

process. Clinicians requested that we ensure the new structure preserved highly successful clinical networks and that the networks continue to be developed within the new Local Health Network structure;

3. Provide access for Local Health Networks to the best expertise and technical support available in the NSW public health system. This 'clustered' approach enables NSW to comply with the National Health Reform Agreement (Clause A15) that stipulates there should be no net increase in the number of health bureaucrats, despite the transition from eight Area Health Services to 17 Local Health Networks.

For more information about your Local Health Network visit:

<http://www.health.nsw.gov.au/services/lhn/>

(the source of this article)

or call NSW Health on 02 9391 9000

## PUBLIC SPEAKING TIPS (YES YOU CAN!)

A common effect of Stroke is difficulty speaking. This can make communication difficult, often causing frustration and misunderstandings, and therefore can be a blow to confidence. Speech pathology is very helpful, but of course getting practice is also vital to improvement. Public speaking in particular can seem daunting, even intimidating. But a sensible staged approach can make a real difference. Plan ahead and be well prepared, and you may find that you can indeed do it.

- 1) Choose an understanding audience and a non-threatening topic or subject. A small speech to toast the Birthday Boy, for example. Or a short 'about me' introduction to a support group.
- 2) Several days beforehand, list the important points. Order them from most to least important, so if you have to cut some out, it's the non-critical things that are left out.
- 3) Put the points into sentences and try reading them with a timer going, to get an idea of how long it might take. Edit the points/sentences if needed. If a particular word gives you trouble you can practice it, or you might think of an easier one to substitute.
- 4) Print the sentences onto paper, to be cut into large palm cards. Use a large font and double-spacing to make them easier to read. Tape the cut papers onto note cards or cardboard so they are easy to hold and don't become crinkled or floppy with practice.
- 5) Practise, practise, practise!!!
- 6) Make sure someone takes a photograph of you giving your speech on the big day. Put it up on the bathroom mirror or on your bedside table, as a reminder for yourself of what you have achieved. You may even find yourself willing to try another challenge after that success!

## HORMONE IMPROVES LONG-TERM RECOVERY

Insulin-like growth factor I, IGF-I, is a hormone that is found in the blood and contributes to, among other things, growth and bone mass. The levels of this hormone are higher in people who exercise regularly and those with good health. Scientists at the Sahlgrenska Academy have shown for the first time that high levels of this hormone are associated with better long-term recovery after a stroke. The study has been accepted for publication in the *Journal of Clinical Endocrinology and Metabolism*, a publication of The Endocrine Society.

"This study is interesting for two reasons. The first is that we show that a hormone is associated with improved long-term recovery, and thus there is still the prospect of improvement - even after three months after the stroke. The second is that levels of this hormone are known to be elevated in those who exercise often", said David Åberg, associate professor at the Sahlgrenska Academy and lead author of the study. "It is, however, important to add that the levels of IGF-I are controlled also by other factors such as other growth hormones, heredity and nutrition."

The study is based on 407 patients who are participating in the SAHLISIS study at the Sahlgrenska Academy, in which people aged 18-70 years who are affected by stroke are followed up for two years after the event. SAHLISIS is an acronym for "The Sahlgrenska Academy Study on Ischemic Stroke".

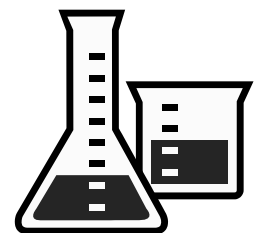
Scientists have measured the levels of IFG-I in these 407 patients and seen that increased levels are associated with better recovery, when the degree of recovery is determined between 3 and 24 months after the stroke. Previous research (Bondanelli et al) has also shown a positive effect of high IGF-I levels in the early phase after a stroke, while the

scientists at the Sahlgrenska Academy have now demonstrated that the positive effects on recovery remain long after the stroke event.

"Our results may explain why patients who exercise more actively, with physiotherapy and physical exercise, demonstrate better recovery after a stroke," said Åberg. "Unfortunately, we do not know how much our patients exercised after the stroke. This means that we need to carry out further studies in which we measure both the amount of physical activity and the levels of IGF-I, in order to understand the exact relationships better."

These results pave the way for further studies on whether drug treatments that raise IGF-I levels can improve long-term recovery after stroke. David Åberg believes that two avenues are open: either to treat with IGF-I, or to treat with the better known growth hormone (GH). This can stimulate the body's own production of IGF-I.

"Of course, these possibilities must be tested in carefully constructed clinical trials, so that we discover any undesired effects that must be considered. This is particularly true during the acute phase of a stroke, while treatment during the recovery phase is probably easier and has greater benefit", said Åberg. *This article first appeared online at [www.medicalnewstoday.com](http://www.medicalnewstoday.com) and is reprinted here with kind permission .*



## OUR CITY TO SURF HEROES

On Sunday August 14th a brave bunch took on the 14 Km City to Surf challenge. And we are happy to report that not only did they all complete the entire course (yes, all 14Km) but they also managed to raise several thousands of dollars to assist the Stroke Recovery Association in its endeavours to support people who have had a Stroke, their families and carers. Money raised by City to Surf participants has been earmarked to help set up the inaugural State-wide Stroke Olympics, in which members of our Stroke Recovery Clubs from all over NSW gather to compete in dominoes, putting, quoits and other disability-friendly pursuits. The Stroke Olympics have been run in the Hunter area, for Hunter clubs, for 20 years now and it's time to get the rest of our 50+ clubs involved. How very apt that the challenge undertaken in the City to Surf this year will help establish these Olympics!



(Left) Some of the team just before the starting gun. From left, John Garbutt, Michelle Sharkey, Eileen Leather, Wentworth Wood and Celia Frost. John marked his eighth year post-stroke just a week before the City To Surf. He still attends physio and rehab at John Hunter Hospital in Newcastle, and continues to improve his gait and fitness. Wentworth is also a Stroke Survivor. He improved on his 2010 C2S result by 22 minutes. Wentworth's sister Celia accompanied him on the walk, while Eileen and Michelle walked with John most of the course (The very brave Michelle chose to tackle Heartbreak Hill solo).

(Right) John, Michelle and Eileen were in last place for much of the 'race'. Here are Michelle and John on New South Head Road in Double Bay, just past the three kilometre mark. Note the prestigious escorts for the last-place walkers: the police car behind Michelle and the street-sweeper behind John. We also had our very own ambulance for much of the time we were able to walk on the roadway. We made it to the top of Heartbreak Hill before they opened the roads behind us, but had to contend with locals on bicycles and scooters, partying homeowners and Smurfs, and trucks packing up. Interestingly, in the final results overall, Eileen and John still managed to beat five people to the finish line. What a great day it was!



## MEMORIAL GIFTS & BEQUESTS

A bequest is a gift for the future; please consider putting us in your will.

For information about how to include The Stroke Recovery Association in your forward planning, please contact the office on (02) 9807-6422 or 1300-650-594, or email [info@strokensw.org.au](mailto:info@strokensw.org.au).

We can also supply 'In Memoriam' donation brochures with pre-paid addressed envelopes for use at memorial services.

## AMENDMENT – CALL FOR RESEARCH PARTICIPANTS

Recruitment for the following research project has changed since the last newsletter. There is now no age restriction on study participants and the researchers have approval for extending the area of recruitment.

Sandra Lever, a Clinical Nurse Consultant in Rehabilitation and the Coordinator of the Royal Rehabilitation Centre Sydney Sexuality Clinic would like to invite you to participate in a research study about **FEMALE SEXUALITY FOLLOWING STROKE**.

### DO YOU:

Live in metropolitan Sydney or the Central Coast, Illawarra Shoalhaven or Nepean Blue Mountains Local Health District?

Are you a female stroke survivor?

Are you able to participate in a conversation in English either verbally or through a communication aid?

### IF SO:

Sandra Lever would love to hear from you. Your participation in this research study would involve one or two interviews of about one hour in length in a location of your choice.

**The purpose of this research** is to explore the sexual concerns of females following stroke. This may include issues such as intimacy, body image, self-concept, roles and relationships. You will also be asked to identify strategies that you have used (successfully and unsuccessfully) to address these concerns and whether there is any information or strategies that you think would be useful for other people in a similar situation as yours. This research will help us understand female sexuality concerns following stroke specifically from the stroke survivor's perspective and the outcomes of this research has the potential to provide guidance for health professionals in addressing sexuality concerns for females following stroke.

Involvement is voluntary and everything you share is **confidential**.

**If you would like to participate or learn more, please contact Sandra Lever on  
(02) 9808 9347 or [sandra.lever@royalrehab.com.au](mailto:sandra.lever@royalrehab.com.au)**

## ENERGY ASSISTANCE GUIDE HELPS THOSE THAT HELP OTHERS

A new guide recently released makes it easier for community sector employees to provide information and assistance to households seeking help managing energy costs and dealing with retailers.

Assistance for energy customers includes:

- \$145 Energy Rebate for pensioners and Centrelink health care card holders
- \$145 Medical Energy Rebate for eligible customers with certain medical conditions
- Up to \$605 a year for customers on certain life support machines through the Life Support Rebate (rates vary depending on the machine)
- Energy Account Payment Assistance (EAPA) vouchers
- The Home Power Savings Program to cut consumption and power bills
- A free price comparison service. Go to [www.myenergyoffers.nsw.gov.au](http://www.myenergyoffers.nsw.gov.au) to find the best energy deal or call 1300 136 888

Anyone needing a hand to pay their energy bills is encouraged to contact their retailer and discuss payment assistance options. The Energy Assistance Guide is at [www.industry.nsw.gov.au/energy](http://www.industry.nsw.gov.au/energy).



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***We're on the web!***  
***[www.Strokensw.org.au](http://www.Strokensw.org.au)***

The Stroke Recovery Association  
wishes to thank  
NSW Health  
Department of Ageing, Disability and Home Care  
for their financial support.

### The Board of the Association

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## MEMORIAL DONATIONS

The passing on of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam.

These donations, which assist us continue our valuable work, are a wonderful remembrance of the person who has passed away. It honours their memory to help someone in the present, more completely than flowers ever can. And the benefits will last far longer than any blooms.

All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased, and the amount of the donation is not disclosed.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

### DISCLAIMER

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