

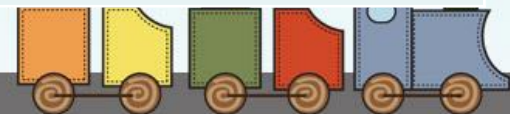
Risk Factors

NONMODIFIABLE RISK FACTORS

1. Age
2. Gender
3. Race
4. Ethnicity
5. Heredity

MODIFIABLE RISK FACTORS

1. Hypertension
2. Management of cardiac diseases
3. Management of diabetes and glucose metabolism
4. Cigarette smoking
5. excessive use of alcohol
6. Use of illegal drugs,
7. Lifestyle factors



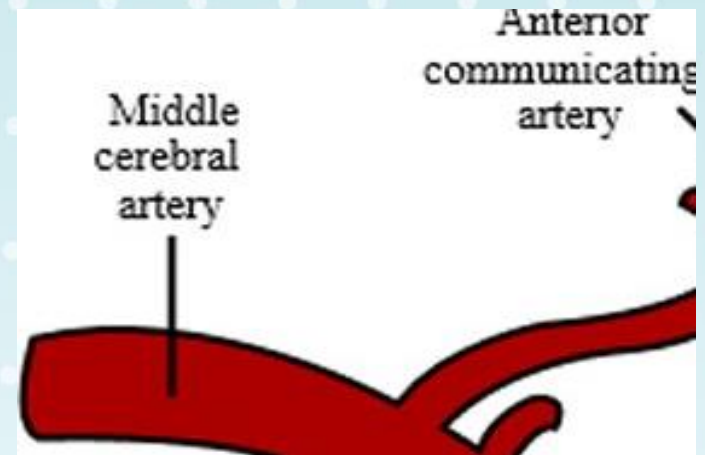
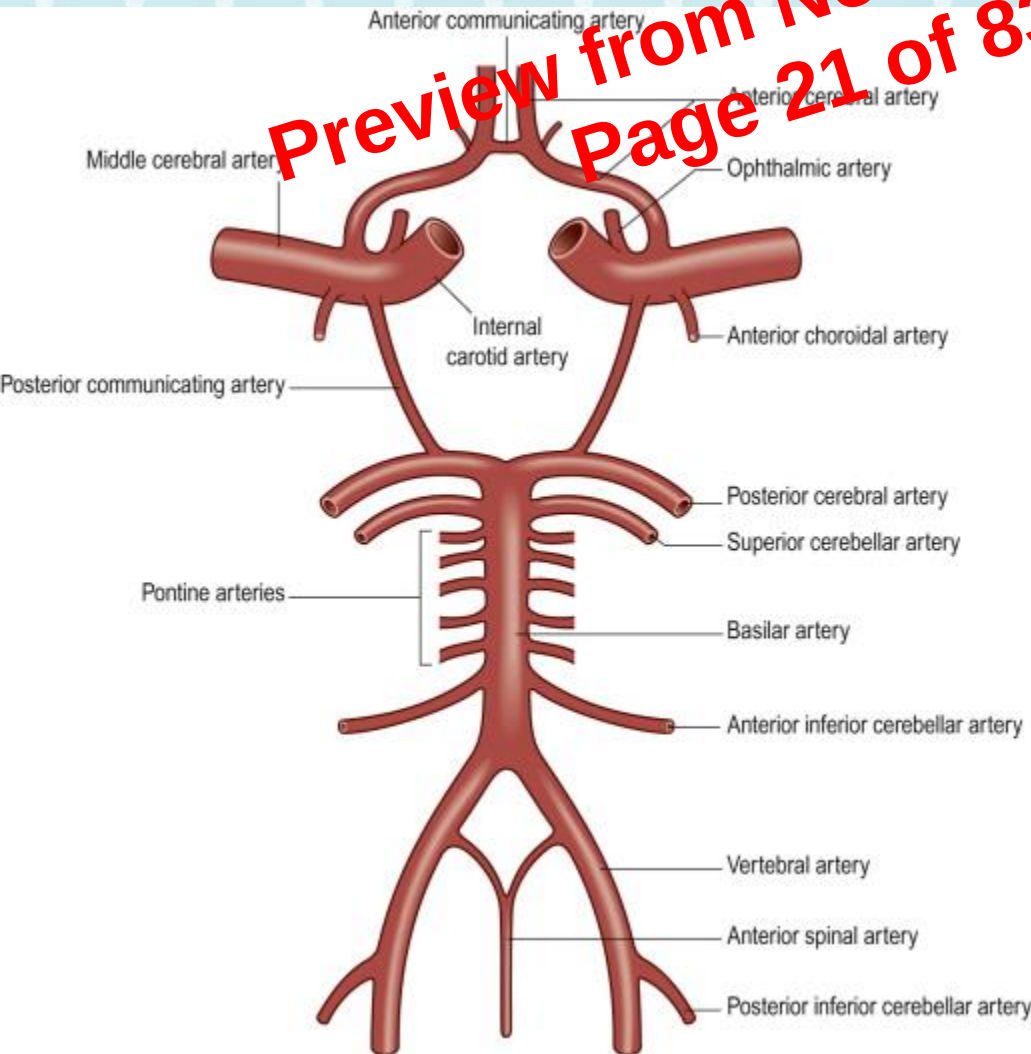
INTERNAL CAROTID ARTERY

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Artery	Location	Possible Impairments
Internal carotid artery	Combination of the middle cerebral artery distribution and anterior cerebral artery	Impairments related to dysfunction of the middle and anterior cerebral arteries as listed in previous sections
Anterior choroidal artery, a branch of the internal carotid artery	Globus pallidus, lateral geniculate body, posterior limb of the internal capsule, medial temporal lobe	Hemiparesis of the face, arm, and leg Hemisensory loss Hemianopia



MIDDLE CEREBRAL ARTERY



POSTERIOR CEREBRAL ARTERY

- two posterior cerebral arteries (PCAs) arise as terminal branches of the basilar artery and each supplies the corresponding occipital lobe and medial and inferior temporal lobe
- also supplies the:
 - upper brainstem
 - Midbrain
 - posterior diencephalon
 - including most of the thalamus



CEREBELLAR ARTERY SYSTEM

- OCLUSION.

- ipsilateral ataxia
- contralateral loss of pain and temperature sensitivity
- ipsilateral facial analgesia
- dysphagia and dysarthria caused by weakness of the ipsilateral muscles of the palate, nystagmus, and contralateral hemiparesis



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Cerebrovascular Dysfunction in Noncortical Areas



- Anterolateral thalamus

- EITHER SIDE

- Minor contralateral motor abnormalities
 - Long latency period
 - Slowness

- RIGHT SIDE

- Visual neglect

- LEFT SIDE

- Aphasia

- Lateral thalamus

- Contralateral hemisensory symptoms

- Contralateral limb ataxia

- Bilateral thalamus

- Memory impairment

- Behavioral abnormalities

- Hypersomnolence



Evaluation and Intervention Procedures for Clients Who Sustained a Stroke

- location of the stroke is determined by:
 - CT or MRI
- acute stage
 - exhibit little to no contralateral motor function (hemiparesis or hemiplegia) because of:
 - severe weakness
 - no response to contralateral sensory stimuli
 - severe attention deficit
- first 3 to 6 months after a stroke is the most crucial time and that the greatest improvement



Functional Limitations Commonly Observed after Stroke

- Inability to Perform Chosen Occupations While Seated
- Inability to Engage in Chosen Occupations While Standing
- Inability to Communicate Secondary to Language Dysfunction
- Inability to Perform Chosen Occupations Secondary to Neurobehavioral/Cognitive-Perceptual Impairments
- Inability to Perform Chosen Tasks Secondary to Upper Extremity Dysfunction
- Inability to Perform Chosen Tasks Secondary to Visual Impairment



Inability to Engage in Chosen Occupations While Standing

- Impaired upright control

- Ankle Strategies

- used to maintain the center of mass over the base of support when movement is centered on the ankles

- Hip strategies

- used to maintain or restore equilibrium

- Stepping Strategies

- used when ankle and hip strategies are ineffective or are perceived to be ineffective



Inability to Perform Chosen Occupations Secondary to Neurobehavioral/Cognitive- Perceptual Impairments

- **Degrees Of Transfer Of Learning**

- **Near Transfer Of Learning**

- transfer between two tasks that have one or two differing characteristics

- **Intermediate Transfer**

- transfer of learning to a task that varies by three to six characteristics

- **Far Transfer**

- task that is conceptually similar but has one or no characteristics in common

- **Very Far Transfer**

- spontaneous application of what has been learned in treatment to everyday living



– Upper Extremity Complications after Stroke Subluxation

• Types:

- inferior (head of the humerus below the glenoid fossa)
- anterior (head of the humerus anterior to the fossa)
- superior (head of the humerus lodged under the acromion-coracoid)

• Treatment

- support the flail shoulder in bed
- wheelchair
- upright position



– Maintaining Soft Tissue Length

- 24-hour regimen
 - resting postures during waking hours
 - teaching the client and significant others appropriate ROM procedures
 - daytime and nighttime positioning programs
 - staff and family education
 - Prolonged static positioning

