

NAME _____

Stroke and TIA

What You Need to Know



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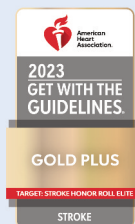
Valley's Stroke Center: Providing Comprehensive, High-Quality Care

Our Stroke Center is the first in the tri-state area to be certified as a Primary Stroke Center by The Joint Commission, our nation's leading organization for the accreditation of hospitals and healthcare organizations. In 2023, we became certified as an Advanced Thrombectomy-Capable Stroke Center. This certification is designed for hospitals that meet rigorous standards for performing neurovascular stroke procedures and providing post-procedural care. Valley offers advanced neurosurgical procedures, including thrombectomy, craniotomy, and coiling. This certification recognizes that the stroke program provides a quality of care for simple to complex stroke patients that meets or exceeds the performance of other thrombectomy-capable centers.

We are also proud to be recognized by the American Heart Association/American Stroke Association for our accomplishment in the Get With The Guidelines quality program. Our Gold Plus Achievement Award recognizes Valley for having reached an aggressive goal of treating stroke patients with 85 percent or higher compliance to core standard levels of care for 24 consecutive months. As part of this program, Valley also received a Target: Stroke award for rapid treatment of acute stroke with clot-busting medication.

The Valley Hospital was also named among America's 100 Best Hospitals for Stroke Care by Healthgrades.

With all these awards, you can rest assured that you are in good hands being cared for by our stroke team here at Valley.



Preparing for Your Future

You've been given this booklet because you have experienced a stroke or transient ischemic attack (TIA). We know that this can be very scary for both you and your loved ones. This booklet is your guide to learning about your stroke or TIA and what you can do to prevent a future stroke.

Know the Signs of Stroke

Were you prepared for your stroke? Knowing the warning signs can lead to faster treatment and better outcomes. The words **B.E. F.A.S.T.** can help you remember and recognize signs of a TIA or stroke:

Balance loss

Eyes with lost or blurred vision

Facial droop

Arm or leg weakness on one side


Speech difficulty

Time to call 9-1-1!

A person having a TIA or stroke needs to be seen by a medical provider immediately. These are medical emergencies that need immediate treatment. Some medicines and treatments work best if given within a few hours of a stroke. Early treatment can decrease the long-term impact of stroke, **so call 9-1-1 immediately.**

SPOT A STROKE

LEARN THE WARNING SIGNS AND ACT FAST



B







E

F

A

S

T

BALANCE
 LOSS OF BALANCE,
 HEADACHE
 OR DIZZINESS


EYES
 BLURRED VISION

FACE
 ONE SIDE OF THE
 FACE IS DROOPING

ARMS
 ARM OR LEG
 WEAKNESS

SPEECH
 SPEECH DIFFICULTY

TIME
 TIME TO CALL
 FOR AMBULANCE
 IMMEDIATELY

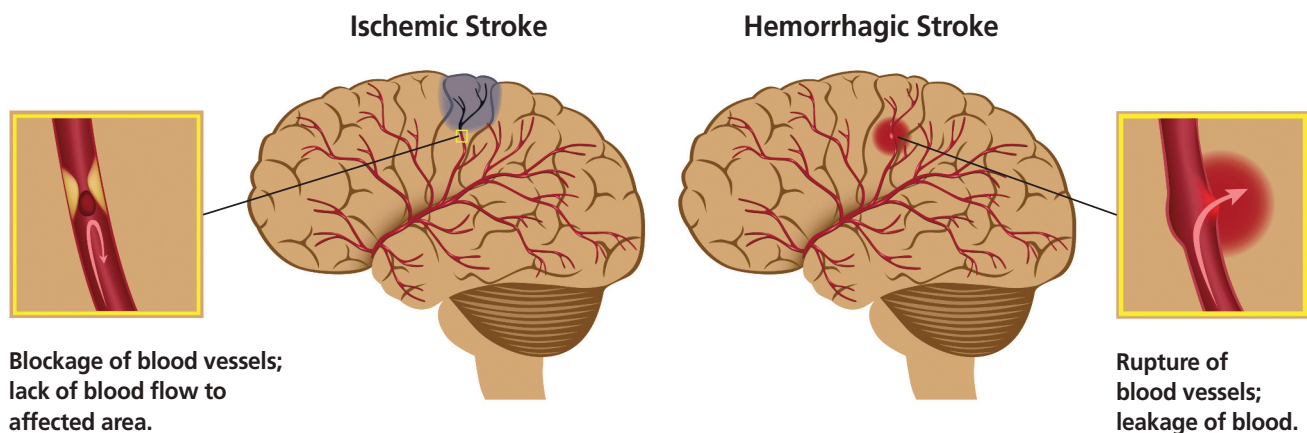


CALL 911 IMMEDIATELY

What Happens During a Stroke?

The brain constantly needs blood flow. During a stroke, blood circulation to part of the brain stops, or blood leaks into the wrong place. Brain cells in the affected area are damaged, and this part of the brain may no longer be able to function. No one can tell exactly how much function will return, but the greatest amount of recovery occurs within the first three to six months after a stroke.

Types of Strokes



What is an ischemic stroke?

An ischemic stroke occurs when blood flow to part of your brain is blocked. The blockage is usually caused by a blood clot that gets stuck in a narrow blood vessel. When oxygen cannot get to an area of the brain, tissue in that area may get damaged. The damage can cause loss of body functions controlled by that area of the brain.

What is a transient ischemic attack?

A transient ischemic attack (TIA), or mini stroke, happens when blood cannot flow to part of the brain. A TIA lasts minutes to hours and does not cause lasting damage. It is still important to get **immediate medical care** for a TIA. A TIA may be a warning sign that you are about to have a stroke.

What is a hemorrhagic stroke?

A hemorrhagic stroke happens when a blood vessel tears or bursts. Blood that leaks out of the vessel can create pressure that keeps oxygen from flowing to the brain, leading to brain injury.

Intracerebral hemorrhage (ICH) is a type of hemorrhagic stroke that happens when blood collects within the brain tissue. ICH is often associated with high blood pressure, blood thinner medication, blood clotting disorders, and blood vessel abnormalities.

Subarachnoid hemorrhage (SAH) is a type of hemorrhagic stroke that happens when blood collects in the subarachnoid space. This space is under the protective tissues that cover the brain. SAH is most often associated with an abnormal blood vessel that has burst. This abnormal blood vessel often has an area of weakening called an aneurysm.

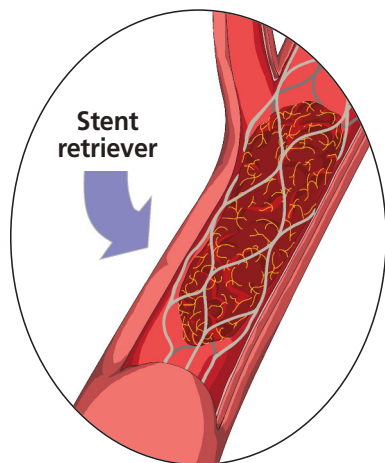
What type of stroke did I have?

Stroke Treatment

Ischemic Stroke Emergency Treatment

Only certain patients are eligible for these emergency treatments. The most important thing you can do to be eligible for these treatments is to call 9-1-1 at the first sign of a stroke.

tPA (tissue plasminogen activator) is an IV medication that helps break down blood clots and improve blood flow to the brain. If given within up to 4.5 hours in certain eligible patients, tPA improves the chances of recovering from a stroke.



Thrombectomy is a minimally invasive procedure that removes blood clots. During the procedure, a catheter is threaded through an artery in the groin up to the brain. A wire-caged device called a stent retriever is inserted into the catheter. The stent reaches past the clot, expands to stretch the walls of the artery, and is pulled backward to remove the clot and restore blood flow. Thrombectomy has been shown to reduce disability after stroke.

Surgical & Procedural Treatment

- Neurosurgical treatment may be used to treat hemorrhagic strokes and some large ischemic strokes. A craniotomy – the removal of part of the skull bone – may be done to control bleeding and decrease pressure in the brain, or to treat an abnormal blood vessel.
- Coiling is a procedural treatment for SAH caused by an aneurysm. Coiling closes off blood flow into the aneurysm by packing it with coils.



How Stroke Affects You

Your symptoms depend on the part of the brain that was injured during the stroke.

Left Brain

The left side of the brain controls the right side of the body. A stroke on the left side of the brain can cause:

- Right-sided paralysis, weakness and/or numbness
- Personality changes
- General disorganization
- Slow, cautious behavior
- Vision problems
- Memory loss and difficulty concentrating
- Speech and language difficulties

Right Brain

The right side of the brain controls the left side of the body. A stroke on the right side of the brain can cause:

- Left-sided paralysis, weakness and/or numbness
- Lack of awareness of the left side of the environment and/or the left side of the body
- Impulsive behavior
- Lack of or poor judgment
- Vision problems
- Memory loss
- Emotional changes

Occipital Lobe

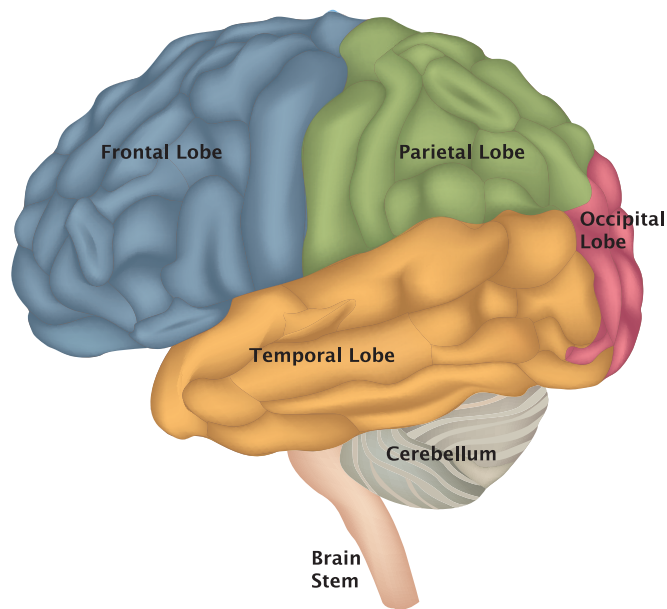
An occipital lobe stroke happens in the back of the brain. A stroke in the occipital lobe often results in visual changes, such as:

- Partial vision loss
- Blindness
- Visual hallucinations

Cerebellum

The cerebellum controls voluntary and involuntary movements as well as balance and eye movement. A stroke in the cerebellum can cause:

- Coordination and balance problems
- Dizziness, nausea, and vomiting



Brain Stem

The brain stem controls bodily functions such as breathing, swallowing, heart rate, blood pressure, and consciousness. A stroke in the brain stem can cause:

- Paralysis in one or both sides of the body
- Difficulty swallowing

Deep Brain Structures

Structures that lie deep within the brain, including the thalamus, basal ganglia, and internal capsule, can also be affected by stroke. Strokes in these areas can cause:

- Weakness on one side
- Numbness, tingling, or burning on one side

What part of my brain was affected?

Your Hospital Team

Attending provider – This may be either your primary care doctor or a hospitalist, who specializes in caring for hospitalized patients. Your attending provider will admit you to the hospital, coordinate your care with specialist providers, including a neurologist, and discharge you from the hospital.

Specialist Providers – May include a neurologist, neuroradiologist, neurointerventionalist, neurosurgeon, cardiologist, physiatrist, and other specialists as needed.

Nurses and Patient Care Associates (PCAs) –

Nurses provide 24-hour bedside care that includes monitoring your condition for changes, giving medications, and addressing physical and emotional needs. PCAs perform tasks to assist the nurses to meet basic patient needs.

Rehabilitation Therapists – Physical, occupational, and speech therapists will help you improve the function that was affected by your stroke. They will assess difficulty with strength, daily activities, speech, and swallowing and design a rehabilitation program individualized to meet your needs.

Care Coordination – The nurse case manager and social worker collaborate to identify the best discharge plan for you. Based on your resources and recommendations from members of the healthcare team, they will work with you to make sure you receive rehabilitation or nursing services as necessary after your discharge.

Neuroscience Nurse Navigator – Assists patients after neurosurgical treatment by guiding them through their hospitalization and beyond.



Testing

- **Computerized tomography (CT)** is performed to detect a hemorrhagic stroke. It can also show ischemic stroke, but only six to 12 hours after onset.
- **Cerebral angiogram** is the most definitive way to view blood vessels in the brain. For this test, a small catheter is placed through an artery in the wrist or groin and moved through the main blood vessels in the chest and neck. Dye is injected, and x-ray images are taken to create a 3D view of your vessels.
- **Vascular studies**
 - ◆ **Carotid ultrasound** is a blood flow test that provides information about the carotid and vertebral arteries in the neck that supply blood to the brain.
 - ◆ **Transcranial doppler ultrasound** is a test that measures blood flow in the brain.
- **Magnetic resonance imaging (MRI)** is a test that produces very accurate pictures of the brain and its arteries without x-rays or dye. This test is useful for detecting a wide variety of brain and blood vessel abnormalities and can usually determine the area of the brain damaged by ischemic stroke.
 - ◆ During an MRI, you will lie on a table, which will be moved into an open space in the middle of the machine. It is normal to hear knocking, thumping, or clicking noises. An MRI of the brain will take approximately 45 minutes.
- **Echocardiogram (Echo)** is a test that uses sound waves to create a picture of the heart. It can provide pictures of the heart's valves and chambers and help evaluate the pumping action of the heart.
 - ◆ **Transesophageal echocardiography (TEE)** uses sound waves from a transducer that is placed in the esophagus to produce a very detailed picture of the heart, especially the back of the heart.
- **Cardiac monitoring (telemetry)** is used to monitor the electrical activity of your heart. The recordings taken during monitoring show healthcare providers if there are problems with how your heart beats. Telemetry monitoring is usually kept in place throughout your hospital stay.

Learn About Your Risk Factors

Some risk factors, like being over age 55 or having a family history of stroke, are things you can't change. Other risk factors, like some health conditions and your lifestyle, can be managed. Check off the boxes that apply to you. Then, use this booklet to learn about your risk factors and how you can make changes for the better.

Ischemic Stroke Risk Factors

- | | |
|---|---|
| <input type="checkbox"/> Sedentary lifestyle or obesity | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Arterial disease (carotid stenosis, peripheral vascular disease) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Blood clotting disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obstructive sleep apnea |
| <input type="checkbox"/> Atrial fibrillation | |
| <input type="checkbox"/> Heart disease or heart attack | |

Hemorrhagic Stroke Risk Factors

- ☐ High blood pressure
- ☐ Blood thinner medication
- ☐ Abnormal blood vessel
- ☐ Heavy alcohol intake
- ☐ Illegal drug use
- ☐ Smoking

Sedentary Lifestyle and Obesity

Having a sedentary lifestyle, being overweight or obese, or both can increase your risk for stroke. A sedentary lifestyle means that you are active for less than 150 minutes per week.

High Cholesterol

High cholesterol is one of the major controllable risk factors for stroke. Cholesterol is not inherently “bad,” but too much cholesterol contributes to a higher risk of heart disease and stroke.

High Blood Pressure

High blood pressure (HBP) is a major risk factor for stroke. Uncontrolled HBP can lead to stroke, heart attack, heart failure, or kidney failure. It causes damage to the inner lining of the blood vessels. This can narrow arteries and lead to ischemic stroke. This damage also strains blood vessels, which can lead to rupture and hemorrhagic stroke.



Diabetes

Diabetes, also called diabetes mellitus, is a condition that causes blood sugar to rise. This elevated blood sugar increases a person's risk for stroke. Over time, excessive blood glucose can result in increased fatty deposits or clots in blood vessels. These clots can narrow or block the vessels, cutting off blood supply, and causing a stroke.

Atrial Fibrillation

Atrial fibrillation (AFib) is a heart rhythm disorder. In AFib, a clot can form in the heart and travel to the brain, causing a stroke. If you have AFib, your doctor will discuss with you the need for blood thinner medication to prevent stroke and TIA.



Heart Disease or Heart Attack

People who have heart disease or heart failure are at higher risk of stroke than people who have healthy hearts. An enlarged heart (cardiomyopathy), heart valve disease, and some types of congenital heart defects can also raise the risk of stroke. With these heart conditions, it is important to follow up with your doctors for management.

Smoking

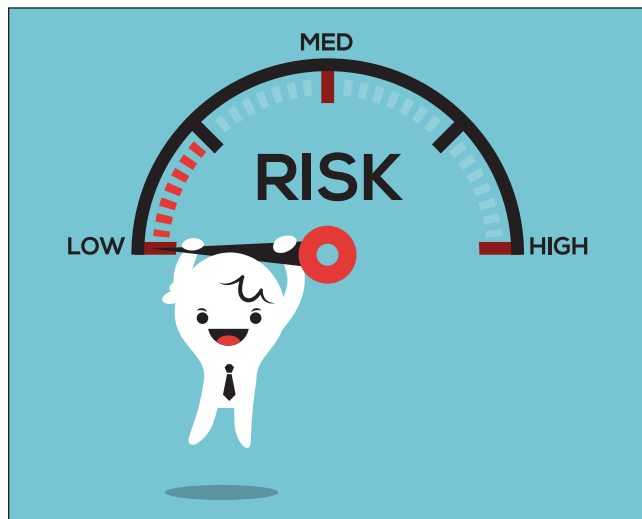
Smoking is a major cause of stroke and heart attack. Cigarettes, e-cigarettes, and tobacco products contain many dangerous toxins, such as nicotine and carbon monoxide. These chemicals can damage blood vessel lining, leading to thickening and narrowing. They can also make blood sticky and more likely to clot which can block blood flow to the heart and brain.

Arterial Disease

Arterial disease is a problem in which narrowed arteries lead to reduced blood flow. In carotid artery disease, vessels in the neck that carry blood to the brain are affected. In peripheral vascular disease, arteries that carry blood to the arms and legs are affected. The narrowing results from atherosclerotic buildup, also known as plaque deposits of fatty materials like cholesterol and calcium. Over time, plaque narrows the arteries and decreases blood flow.

Blood Clotting Disorder

People with blood clotting disorders (hypercoagulopathy) have an increased risk of blood clots developing in the blood vessels. These clots can block blood flow, leading to heart attack or stroke. Clotting disorders can be caused by certain gene mutations and are also associated with oral contraceptive use, hormone replacement therapy, pregnancy, and cancer.



Obstructive Sleep Apnea

Sleep apnea is a condition in which breathing is interrupted repeatedly during sleep. It is usually characterized by daytime sleepiness (or fogginess), loud snoring, and episodes of breathing pauses or gasps. Sleep apnea is common in stroke patients, and, if untreated, can negatively affect recovery. Diagnosis and treatment of sleep apnea after stroke is especially important, as having sleep apnea increases the risk for future stroke. Risk factors for obstructive sleep apnea include obesity, large neck size, hypertension, airway abnormalities, and family history.

Blood Thinner Medication

Blood thinner medication can increase the risk of bleeding in the brain and lead to a hemorrhagic stroke. But these same medications may be necessary to prevent an ischemic stroke, especially if you have atrial fibrillation or a blood clotting disorder. If a blood thinner is prescribed for you, take your medication regularly and carefully review the information about anticoagulants in the medications section of this booklet.

Abnormal Blood Vessel

Aneurysms and arteriovenous malformations (AVMs) are two types of abnormal blood vessels that can rupture causing a hemorrhagic stroke. An aneurysm is a ballooning of a weakened region of a blood vessel. An AVM is a cluster of abnormally formed blood vessels.

Heavy Alcohol Intake

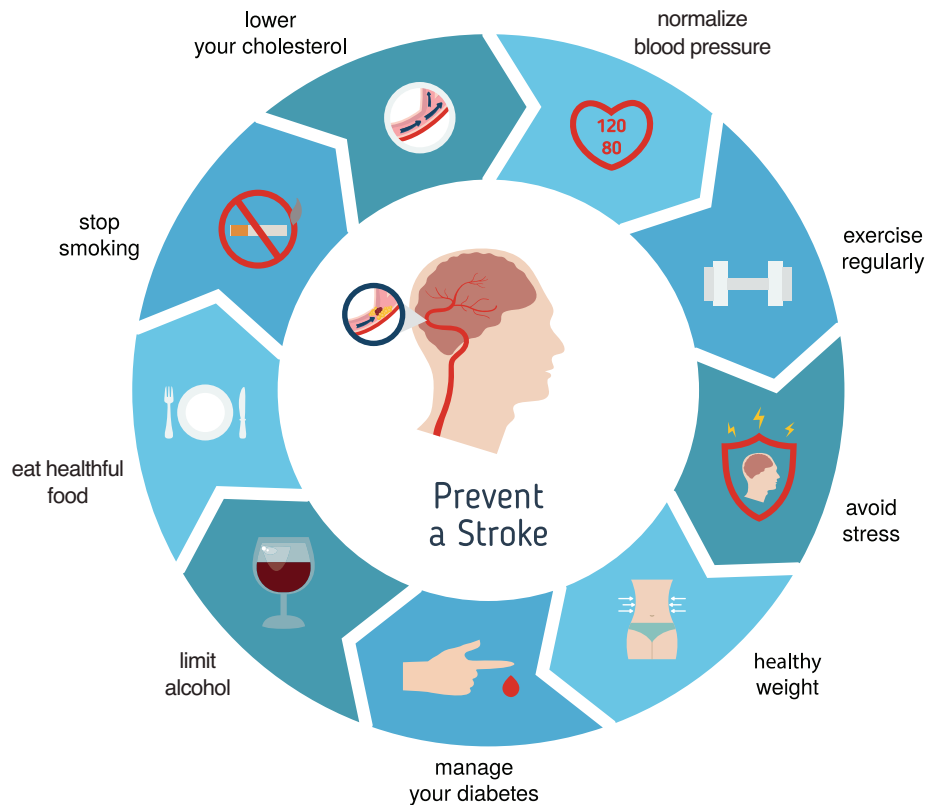
Chronic alcoholics have decreased concentrations of clotting factors. Chronic alcoholism may also cause high blood pressure. Impaired clotting and high blood pressure increase the risk of hemorrhagic stroke in alcoholics.

Illegal Drug Use

Most illegal drugs can have adverse cardiovascular effects, ranging from abnormal heart rate to heart attack or stroke. The most commonly abused drugs, including cocaine, amphetamines, and heroin, have been associated with an increased risk of hemorrhagic stroke.

Healthy Behaviors

Adding healthy behaviors to your lifestyle is an important part of your plan to prevent another stroke. Read on to learn what you can do to reduce your stroke risk.



Eat Healthful Food

Eating healthy foods can help you to lose weight, lower cholesterol, and keep blood pressure controlled. Choosing the right foods means eating more vegetables and fruits while limiting fat and salt. Drink water or low-fat milk with meals and avoid sugary sodas and salty vegetable juices. At least half of your plate should be vegetables and fruits, and you should limit fatty toppings, such as butter, salad dressing, and sour cream. No more than one-quarter of the plate should be meat or other protein. Fish, beans, tofu, and lean cuts of poultry are best. Bake or broil instead of frying. About one-quarter of the plate can be grains, such as rice, bread, pasta, and tortillas. Whole grains, such as brown rice or whole-wheat bread, are best.

Exercise Regularly

Being active can help prevent stroke and heart attack, lower high blood pressure, and recover lost skills. It's best to be active for at least 30 minutes each day. This activity can become a part of your regular routine. Activities that you might try include yardwork (raking), housework (vacuuming), playing with children or grandchildren, using the stairs instead of the elevator, and parking further away from your destination. Walking is great exercise and is easy to get started with. With whatever activity you choose, build up to at least 150 minutes of exercise each week.

Healthy Weight

Excess body weight and obesity are linked with an increased risk of high blood pressure, diabetes, heart disease, and stroke. If you are overweight, losing as little as five to 10 pounds can make a significant difference in your risk. Even if weight control has been a lifelong challenge, start by taking small steps today to manage your weight.

Normalize Blood Pressure

If you have high blood pressure or take blood pressure medication, check your blood pressure regularly, write it down, and bring your numbers to your doctor visits. This helps your doctor to know whether your medications are working. Even if your blood pressure readings are normal, don't stop taking your medication without speaking with your doctor.

Manage Your Diabetes

If you are diabetic, check your blood sugar regularly, write it down, and bring your numbers to your doctor visits. This helps your doctor to know whether your medications are working. Even if your readings are normal, don't stop taking your medication without speaking with your doctor. Talk with your doctor about your A1C test results. This test shows your average blood glucose levels for the past three months.

Limit Alcohol

Drinking alcohol can raise blood pressure and increase the risk of stroke. Alcohol can also react with certain medications. Ask your doctor if it's safe for you to drink alcohol.

Stop Smoking

If you smoke, now is the time to quit! Smoking raises blood pressure and damages arteries, which can lead to stroke. Our social worker will meet with you to create a plan to help you quit. Get started by making a list of reasons to quit today.

Avoid Stress

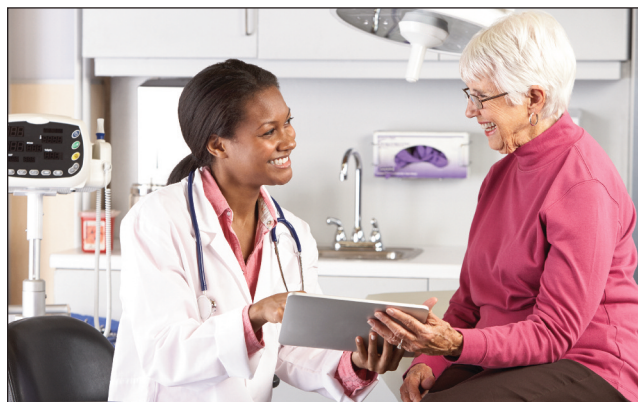
Acknowledge that the mind, body, and spirit act as one and try to incorporate practicing resilience when faced with adversity or daily annoyances. Resiliency allows one to recover from setbacks and reduce stress. Stress can make your heart work harder and raise blood pressure. Make sure to get proper rest. Finally, don't be embarrassed to ask for help when you need it.

Take Your Medication

Taking your medication regularly as prescribed can greatly reduce your chances of another stroke. To keep on track, create a routine to take your medication at the same time each day. Take all your medications because some medications work best when used with others. Plan ahead and refill your prescriptions before they run out. Never change your dosage or stop taking your medication without first talking to your doctor. Tell your doctor if you experience any medication side effects.

Follow Up with Your Healthcare Provider

After a stroke, it is important to follow up with your medical team. You can help improve the care you receive at follow-up appointments by talking with your healthcare team about your concerns, asking questions, and getting the facts. Take part in decisions about your treatment, follow the treatment plan you and your doctor agree on, watch for problems, and become actively involved in solving them to reduce your risk of stroke.



Medications

Antiplatelets

Antiplatelets keep blood clots from forming by keeping blood platelets from sticking together. These medications can help prevent ischemic stroke and heart attack. Aspirin is the most commonly prescribed antiplatelet. Some patients are prescribed two antiplatelet medications to be taken together for up to three months. Examples of this second antiplatelet medication include clopidogrel (Plavix®) or ticagrelor (Brilinta®).



Anticoagulants

Anticoagulants, known as blood thinners, are medicines that delay the clotting of blood. They are used to prevent ischemic stroke in patients with certain health conditions, such as atrial fibrillation. Examples are apixaban (Eliquis®), rivoraxaban (Xarelto®), dabigatran (Pradaxa®), and warfarin (Coumadin®).

It's important to follow these tips while on anticoagulants:

- If you take warfarin, have regular blood tests so your healthcare provider can tell how the medicine is working. Discuss your diet with your healthcare providers. Food rich in Vitamin K can reduce the effectiveness of warfarin.
- Never take aspirin with anticoagulants unless your doctor tells you to.
- Always talk to your healthcare provider before taking any new medicines or supplements.
- Make sure all your healthcare providers and your family know that you're taking an anticoagulant.
- Always carry your emergency medical ID card.

Know the side effects of anticoagulants and tell your doctor right away if:

- Your urine turns pink, red, or brown. This could be a sign of urinary tract bleeding.
- Your stools turn red, dark brown, or black. This could be a sign of intestinal bleeding.
- Your gums bleed.
- You have a very bad headache or stomach pain that doesn't go away.
- You get sick or feel weak, faint, or dizzy.
- You often find bruises or blood blisters.
- You have an accident, such as a bump on the head, a cut that won't stop bleeding, or a fall of any kind.

Statins

People with high cholesterol are often prescribed medications to help lower their cholesterol. The most common cholesterol-lowering drugs are called statins. Statins disrupt the production of cholesterol in the liver, causing less cholesterol to be released into the bloodstream. Statins also reduce the inflammatory process caused by elevated cholesterol within blood vessel walls. Examples of statins include atorvastatin (Lipitor®) and rosuvastatin (Crestor®).

Stroke Self-Management Action Plan

What is the ONE risk factor you would like to address to improve your health? (Goal)

What is your action plan?

Please select the best action plan that applies to your goal:

- | | |
|---|---|
| <input type="checkbox"/> Improve food choices | <input type="checkbox"/> Take medications regularly |
| <input type="checkbox"/> Stay more physically active | <input type="checkbox"/> Limit alcohol intake |
| <input type="checkbox"/> Weight reduction | <input type="checkbox"/> Cut down or avoid smoking/vaping |
| <input type="checkbox"/> Disease management (monitor blood pressure; monitor blood sugar; regular follow-up with healthcare provider) | <input type="checkbox"/> Reduce stress/take time to relax |

How will you do it? (Describe ways to carry out the plan)

When will you do it? Start date:

What is your time frame:

Who do you designate as your support person?

On a scale from 1 to 10:

How important is this to you?

How confident are you that you can achieve your goal?

Things that could make it difficult for you to reach your goal:

What will you do to overcome these difficulties?

Checking your progress towards reaching your goal is important for your success.

Our plan to follow-up with you is two weeks after you are home on (Date):

Phone # to reach you:

Secondary Contact #/email address:

Patient Signature:

Print Name:

Rehabilitation

Rehabilitation after hospital discharge may include:

- Training to improve mobility and ability to do daily tasks
- Access to cognitive/engagement activities
- Speech therapy
- Eye exercises
- Balance training
- Adaptive strategies to help you function within a “new normal”

Rehabilitation Settings

Based on your needs, you may receive rehabilitation therapy in your home, at an outpatient rehabilitation center, in an acute or subacute inpatient rehabilitation setting, or in a long-term care/skilled nursing facility.

Homecare – Homecare includes registered nurses, physical and occupational therapists, speech-language pathologists, and nursing assistants who provide care under the direction of your primary care provider. An individualized homecare program is developed by the registered nurse. Homecare is provided to patients who live at home but are unable to travel for treatments.

Outpatient Therapy – The outpatient therapy team is made up of physical and occupational therapists, speech-language pathologists, and a physiatrist. Our therapists collaborate to provide each patient with a goal-oriented plan of care to maximize function. Outpatient therapy is for patients who can live at home and travel to get their appointments. Patients may attend therapy sessions two to three times a week.



Acute Inpatient Rehabilitation – In an acute rehabilitation setting, patients receive 24-hour medical care and comprehensive therapy for up to three hours per day. To be admitted to acute rehabilitation, patients must meet specific criteria and be able to participate in intensive therapy. The length of stay will depend on your goals and progress.

Subacute Inpatient Rehabilitation – These settings provide daily nursing care and therapy to medically stable patients who are unable to return home and are unable to participate in intensive therapy. Therapy may be provided for one to two hours per day up to five days per week.

Long-term Care/Skilled Nursing Facility – These settings provide care for patients who have daily skilled nursing care needs.

Follow-Up Care

Primary Care Provider

You will need to see your primary care provider to help manage your care, monitor your recovery, and prevent another stroke.

Neurology

You will also have a follow-up appointment with a neurologist to create a plan to prevent another stroke.

Cardiology

You may also need to visit a cardiologist if you have specific cardiac risk factors for stroke.



Driving after stroke

Driving is a complex skill that requires coordination, which may be affected by changes after a stroke. Your doctor will help you decide when you may be ready to drive.

Stroke Support Every Step of the Way



Lauren Lombardo, Support Group Coordinator; Eileen Gornell, Stroke Coordinator; SoMie Choo, Support Group Facilitator; and Joan Legaspi, Stroke Nurse. Valley supports your recovery from hospital care to the community by providing individualized risk reduction counseling, post-discharge phone calls, and a caring support group.

Valley Resources

Home Care | 201-291-6000

Valley Home Care provides professional medical care to those who are recovering from a stroke in the comfort of their home. This care includes physical therapy, occupational therapy, speech therapy, skilled nursing care, medical social work, and nursing assistance.

Outpatient Rehabilitation | 201-447-8131

Valley Hospital Outpatient Rehabilitation can continue to help you recover from your stroke with physical, occupational, and speech therapy services offered at three convenient locations. Our seasoned therapists can help you with neuromuscular strength, gait, balance, activities of daily living, and cognitive disorders while also targeting any speech or swallowing deficits.

Nutritional Counseling | 201-634-5371

Schedule a one-on-one meeting with a registered dietitian as part of the treatment for your stroke or TIA. Individualized meal plans are tailored to your lifestyle. We take a preventive approach to excellent health and provide you with a simple and practical plan for a healthier you. We have daytime, evening, and Saturday hours and offer telehealth nutrition.

Valley Health *LifeStyles* | 201-389-0839

LifeStyles is a full-service fitness center featuring a lap pool, group exercise studios, a rock-climbing wall, and state-of-the-art fitness equipment. Fitness assessment and an exercise prescription are available to help you achieve and maintain the healthy lifestyle that's right for you.

Diabetes Support Group | 201-291-6213

Our support group meets virtually each month to discuss topics related to diabetes through a facilitator led discussion. To join the group, call 201-291-6213 to request an electronic invite to join the meeting.

Center for Diabetes Management 201-270-4593

The Diabetes Center offers comprehensive care for patients with diabetes and is staffed by nurse practitioners who are also certified diabetes educators.

We work collaboratively with your primary diabetes care provider to offer individualized lifestyle management counseling, including nutrition, medication management, in-office hemoglobin A1C and blood sugar assessments, retinal screenings, lab work, and vaccines based on the American Diabetes Association standards. We also offer assistance scheduling appointments with other key programs and services depending on your needs.

Snyder Center for Atrial Fibrillation 201-447-8392

The Snyder Center for Comprehensive Atrial Fibrillation is at the forefront of innovative and effective ways to treat and manage atrial fibrillation through comprehensive, team-based clinical care and research. If you have been diagnosed with atrial fibrillation, please call for a new patient consult.

Center for Sleep Medicine | 201-251-3487

The Center for Sleep Medicine provides advanced diagnosis and treatment for a variety of sleep disorders, including sleep apnea. Services offered by the center include sleep studies, home sleep apnea testing, patient education, and therapy management.

Smoking Cessation Group | 201-447-8673

Quitting smoking is the single most important step you can take to improve your health. No matter how long you've smoked or how often you've tried to quit, it's never too late to try again. Take the first step and join the group, which offers face-to-face counseling with a customized approach to quitting.

Stroke and Aneurysm Support Group 201-389-0205

We want to help you and your loved ones recover from the life-changing effects of stroke. Join us for our monthly support group, which will offer you guidance and support in navigating the road to rebuilding your life. For more information or to register, please call or email strokesupport@valleyhealth.com.

NOTES

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Section 1557 – Notice of Nondiscrimination

The Valley Hospital complies with applicable Federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, please visit ValleyHealth.com/Nondiscrimination.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 201-447-8169 (TTY: 711).

注意：如果您使用繁體中文，
您可以免費獲得語言援助服務。請致電
201-447-8169 (TTY: 711)。



The Valley Hospital Patient and Family Advisory Council has reviewed and approved this material to ensure that the patient and family perspective has been included.

**The Valley Hospital
Stroke Center**
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