

Anne Copeland's Review

The Volunteer Stroke Scheme is now in its 15th year. Since 1983 the organisation has continued to grow in size and strength. Most people come to know us when they themselves or a family member suffer the devastation of a stroke. Support is offered at many levels.

The VSS relies on the generosity of the volunteers to carry on the work of the organisation. We have a network of about fifty volunteers. Most of our volunteers have been with us since the very beginning, participating in the weekly activities. The stroke people through our clubs receive psychological help and also continue with their physical recovery. We also have volunteers who visit with persons in their homes on a weekly basis.

May I thank all of you on behalf of the VSS, for all of your wonderful dedication. We constantly need drivers for club meetings. If anyone reading this could make time for any of this work we would be delighted to hear from them.



F.R.C.P.I., Dr. Morgan Crowe
F.R.C.P.I., Dr. Mark Delargy
F.R.C.P. (Glasgow), F.R.C.P.I.,
Mr. Vincent Keaveney
F.R.C.S.I., F.R.C.S. [Ed], F.A.C.S.
We are extremely grateful for their support. They all live very busy lives but still give their time with great generosity.

Our previous patrons served fifteen years with us and supported us at all stages of our growth. A great big thanks to all of them.

I wish everyone involved in VSS the best for the next year.

This year we are setting up a scheme where the stroke persons can receive technical aids on loan from the VSS. Sometimes there is a long waiting list for such aids from the Health Board. For this reason we are making an appeal for such items. Some families may find they have no further use for them. These items could include Kitchen or Bathroom items, aids for dressing, walking aids or wheelchairs. We can be contacted through our office on the Crumlin Road.

Patrons are very special people within any organisation. This year we are delighted to have four new patrons. They are Dr. Angela McNamara

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Puzzle Page

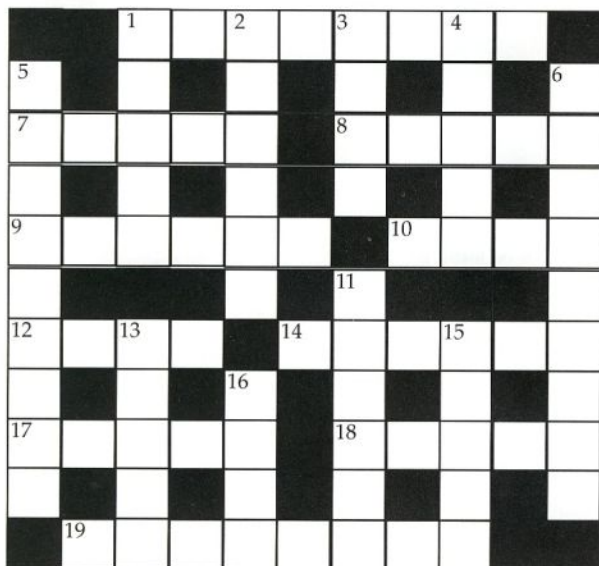
Crossword

Across

- 1) A type of red wine which lends its name to a deep red colour (8)
- 7) Sweet smell (5)
- 8) A contract given to a tenant (5)
- 9) An advisor or counsellor (6)
- 10) The largest continent (4)
- 12) Found in the middle of your face (4)
- 14) A red root vegetable
- 17) An immense sea (5)
- 18) A machine which ties hay and straw into oblong bundles (5)
- 19) A small organ in the body which is sometimes removed surgically, also found at the back of a book (8)

Down

- 1) A colour obtained by mixing red, yellow and black (5)
- 2) An excuse or justification (8)
- 3) Opposite to beautiful (4)
- 4) He shares out the playing cards (5)
- 5) A game played with shuttlecocks (9)
- 6) Opposite to arrive (9)
- 11) Poked roughly or stabbed (6)
- 13) Woolly animal (5)
- 15) Opposite to tense (5)
- 16) Less than twice (4)



Solution

- 16) ONCE
 15) RELAX
 13) SHEEP
 11) JABBED
 6) DEPARTURE
 5) BADMINTON
 4) DEALER
 3) UGLY
 2) REASON
 1) BROWN
 Down
 19) APPENDIX
 18) BALE
 17) OCEAN
 14) CARROT
 12) NOSE
 10) ASIA
 9) MENTOR
 8) LEASE
 7) AROMA
 1) BURGRUNDY

Across

Stroke - The Big Three Risk Factors

T.V.Keaveny, Vascular Surgical Department, St. Vincent's Hospital, Elm Park, Dublin 4.

The most common cause of stroke is interruption in the blood supply. This may arise from blockage or clotting of the small arteries of the brain. This clotting may arise in the blood vessels themselves or occur as a result of a lodgement of particles from the large blood vessels or heart.

Damage to the brain may also occur as result of bleeding from arteries which have been weakened by high blood pressure [hypertension]. Since the problem arises in the arteries it is clear that patients with evidence of arterial disease elsewhere are at a higher risk of stroke. The other major areas affected are the legs and coronary disease of the heart. When legs are affected the patient has painful restriction of walking, a condition called claudication. Much information has been gained as a result of investigating patients with any of these conditions. It has been found that apart from generic considerations, there are three main risk factors. These are; smoking, diabetes and high blood pressure.

Smoking

Smoking through its component nicotine releases many active chemicals in the nervous system. In addition to psychological responses these chemicals affect the heart rate and strength of the heart, and also cause narrowing of the smaller blood vessels. Other toxins or poisonous substances released affect the lining of blood vessels to promote hardening of the arteries. When patients with disabling symptoms in the legs require surgery the results of surgery or angioplasty are much worse in those who have continued to smoke. Similarly patients who smoke are much more likely to have severe narrowing and roughening of the carotid arteries in the neck which supply the brain. When these particles are released into the circulation the patient is likely to suffer small repetitive strokes known as T.I.A. or visual blurring when the eye is the target. Because the beneficial effects of stopping smoking are not immediate, many patients become discouraged. However, all should be counselled to stop smoking and many hospitals provide support facilities to assist smokers. Many of these arterial conditions are quite rare in non-smokers, and when they do occur, are usually associated with inherited factors.

Diabetes

Diabetes results in disease of blood vessels at an earlier age and in a more severe form than in non-diabetic patients. There is a higher death rate in these patients as a result of premature damage to coronary, brain and lower limb arteries. There is a higher incidence of high blood pressure and also raised blood fat levels. Recent research has focussed on the effect of drugs called Statins in relation to their lowering of blood lipids or fat substances. Furthermore, research has shown that even in young patients without obvious established disease in blood vessels there is an increased stickiness of the white blood cells. It is probable that in future treatment it may be possible to prevent progression by reducing this tendency to adhesion of certain of the blood cells to the arterial wall. Other agents are called Oxidants or Free Radicals are implicated in progressive damage to the lining of the arteries. There is great interest at present in the use of drugs to neutralise the harmful effects of these circulating agents.

Hypertension [High Blood Pressure]

Hypertension is a condition requiring urgent control to prevent severe damage to the arterial system in general or in the brain in particular. The treatment must be carefully controlled. The drug used must be carefully selected in order not to aggravate problems in other parts of the vascular system. There are newer drugs available with very selective modes of action which will make life more comfortable for many people. Diabetic patients in particular require very careful blood pressure control. Among the other harmful effects, alcohol abuse also contributes to increasing blood pressure. When a stroke occurs in the presence of raised blood pressure it is as a result of bleeding into the brain. The more common form of stroke is due to the deprivation of the blood supply to the brain from blocking of the arteries. It is obviously extremely important to distinguish which form of stroke has occurred as the immediate treatment dif-

fers. Furthermore, in patients who are considered for surgery for disease of the carotid arteries, high blood pressure is also a recognised risk factor as in some patients it may be quite difficult to control.

Diseases of the arteries and vascular system accounts for half the total mortality annually in Ireland. This includes a significant mortality from stroke, but of even greater consequence to the community is the morbidity which occurs as a result of stroke. Since patients with disease in any one area of the vascular system are likely to have similar problems in all areas, there is a great opportunity for stroke prevention. This would involve complete examination of the patient, use of diagnostic equipment especially ultrasound, controlling blood pressure and checking for blood lipids.

Furthermore, the possibility of diabetes must always be considered especially with a family history. Following on this, appropriate treatment can be applied which is usually medical, but in some selected patients surgery is offered.

This involves correction of the diseased area on the carotid arteries, thereby reducing the source of circulating particles or emboli to the brain and eye. In all the recent reports the value of regular exercise has been continually stressed. It has been emphasised that this need not be vigorous and challenging. Regular modest exercise a few times a week has been shown to have a dramatic effect in reducing the risk of serious events from the vascular system.

The Story of my Stroke

Horst Babel

The stroke happened over three days, 1st, 2nd and 3rd of September 1996. The local doctor was called on the 1st day and on the 2nd day. On the 3rd day he called an ambulance and I was admitted to the casualty department of the local hospital at 7p.m. The casualty doctor suggested a lot of procedures which would be done to me, but nothing was done until 1a.m. the following day when I was admitted to a ward and there put into a bed. What all the dilly dallying was in aid of, I am still wondering.

I am of the opinion that in a case of a stroke there should be NO time wasted. The first night I did not sleep a wink. The ward I was in was on the top floor and the lifts were going all night. I spent one month of rehabilitation in the same hospital receiving physiotherapy and occupational therapy, and another month in another hospital receiving the same treatment.

When I was discharged, my daughter and her husband VERY KINDLY took me into their home as I would not be able to look after myself. As a day hospital patient I am receiving further Physiotherapy once a week. It is now the end of January 1997. I can walk about the house up and down the stairs without a stick and outside on the footpath about 200 yards with a stick. I sincerely hope that a bit of more strength will return soon.

Readers will be glad to know that Horst continues to make progress. -Ed.



Betty, Peig and Teresa at the Southside Club



Alex Tuohy at a Christmas Party in 1996

Monday and Wednesday- The Best Days of the Week.



Erica O'Mara, North Dublin Supervisor

The Monday and Wednesday Clubs are doing fine with our excellent attendance figures. The atmosphere can be good to electrifying depending on who is almost winning at darts or skittles. Even the card playing can be rowdy. Those involved in Scrabble or board games tend to be a little more dignified but one thing is certain - all are enjoying themselves, members and volunteers alike. Over the months we have some new Club members and thankfully some new drivers. They are all most welcome.

Our Summer Outing for both Clubs took place on 29th July 1996. Our coach took us first to Ardgillan Castle and while we left Dublin in the rain, the sun came out just as we approached Ardgillan and we enjoyed our short visit to the lovely gardens.

Then it was on to the Windmill Restaurant in Skerries where a lovely welcome awaited us along with a truly gorgeous meal. The music was great and it was one of the best outings ever. Paddy Merrigan recorded it all on video and everyone's enjoyment came across vividly.

The Wednesday Club's 6th Birthday was celebrated in October with a Birthday Cake and lots of goodies. We had an Art Exhibition with oil paintings supplied by Evelyn Halpin, Mary Clarke and Peter Birmingham. Mary who is 84, told us she only took up painting at 79 !! The exhibits were incredible and very individual in style. Evelyn Halpin and John Burke were presented with Club Person of the Year Awards.

The Christmas Party for both Clubs was held in the Hollybrook Hotel, Clontarf, which is a really good venue. It is spacious and comfortable and the meal was excellent. The tables filled up quickly with everyone set to have a good time. The musician was very lively and not only were toes tapping but many took themselves out onto the floor. A raffle had been organised and lots of people went home with prizes.

We were sorry that our Wednesday Club Physiotherapist, Anne Sheehan, had to leave us for family reasons, but after a gap of several months we were all very glad to welcome our new Physiotherapist, Grainne McKeown. Grainne settled into our Wednesday Club very quickly and has given a lot of her own time as well. Thanks for

that Grainne. We hope you are with us for a very long time.

We had a Valentine's Day celebration in the Monday club, making three couples by a drawing of names. The proceedings started with Albert Gannon singing "Some Enchanted Evening" for his wife Imelda and the rest of us. At the end of this beautifully sung tribute to more than 50 years of marriage someone asked how he had met Imelda. So we were off on a trail of romance and laughter and as far as the "Couples" went a mix-um-gatherum of fact, fiction and fun.

On similar lines a set of colour photographs with questions to jog the memory have been greatly popular in both Clubs. We discovered a lady thought to be a Dub had reared chickens in Wexford. At the next question - Why does a chicken sometimes stand on one leg? Our bold Tom Lynch shouts out - because it had a stroke!

Apart from long term memories there are many that span the 11 years of the Monday Club and the 6 years of the Wednesday Club. Conversations inevitably start with "Do you remember?". These are the memories that are shared because they were made together, either on ordinary Club mornings or on special occasion days - like when Paul kissed the President of Ireland or when our Christmas Panto had been short of rehearsal time and the cast read from their scripts on the night and one player hadn't got her glasses and had to get someone to read to her. Remember the year we did Blind Date and another year we did This is your Life with Anne Copeland as the subject or victim - we might do an up-date, you never know. Cinderella might even do a comeback!

Many of our memories are of great friends who died during the last twelve months. May we say to their families that we will always remember these our friends:

Margaret Fitzgerald	Pat Flynn
Bernie Horan	Maggie Cooke
Robbie Murray	Paddy Kelly
Brendan Farren	Bridie Leonard
Seamus Wearan	Beatrice McLoughlin

MAY THEY REST IN PEACE

Once again this year we had some of the girls from the Transition Year in St. John of God's Secondary School. As always they have a lot to offer us and also enjoy themselves. During the last year the pupils made a quilt and then raffled it - presenting us with a cheque for £91. Thanks again girls.

Four Carers' Groups were held during the year with several unofficial ones including a picnic for those Carers with younger children. Such contact is helpful to Carers and provides much needed support.

In May '96 we had a Volunteer's Night. Many of the Volunteers have been with us for over 10 years in the Monday Club and for over 6 years in the Wednesday Club. Most of our Volunteers and Drivers providing transport as well as giving their time in Club or on Home Visits. Their friendship and caring support is so invaluable and appreciated by all our stroke people. I would like to say a heartfelt thanks to each and every volunteer and driver. A special thanks as always goes to Sr. Margaret always unfailingly cheerful and supportive to us. During the year we had Fr. Jack and Fr. Gerry from Kilmore Parish and Fr. Gerry Kane and Fr. Kieran from Coolock Parish to say Mass for us in the Club - to give thanks for the life of a club member who had died or to celebrate Christmas. Each one made the Mass very special for us and we thank you for all that.

In the coming year may we be caring and supportive of each other, whether in joy or sadness and ready to extend the hand of friendship to newcomers. SLAINTE.

Hon. Secretary's Report

Theo Davis



Each year when I have to look at my diary to pick out items of interest for the VSS Newsletter report, it gives me a great lift to see the scheme surviving and going from strength to strength.

The video and booklet which were launched last year have been received extremely favourably. The fact that the video can be got free of charge for a night from any Xtra Vision store in Ireland is a great help to people. I get lots of appreciative letters of thanks from recipients of the Information Pack which is sent out on request. This costs £3.00 at present to cover our costs including post and packaging.

It was decided to have a cross reference in the telephone directory under STROKE and THE VOLUNTEER STROKE SCHEME. This will enable people to find us more easily. We purchased some newly released books covering different aspects of stroke. Also some new aids and games to encourage therapy for all our clubs. These proved beneficial.

Articles by other contributors will cover events held by the VSS during the past year. Great credit is due to everyone involved with the Scheme. The Committee, our two Supervisors, and Volunteers are a tireless group of hardworking dedicated caring people who give generously of their time and energy resulting in a great rapport in all the Clubs. The stroke people themselves contribute to the success of things by their sheer courage and participation in all the activities arranged at each Club session and home visit. It is always a pleasure for me to see the hive of activity and especially the happy atmosphere whenever I drop in to any of the Clubs. Everyone can take a bow.

As in previous years, I would like to pay tribute to Mr. Mike Glynn and all his staff in the Irish Epilepsy Association who afforded us office space and pass on any messages to me on the days when I am not manning the office. A special word of thanks to their Receptionist Ms. Cora Kearney who is of particular help to me.

The answer phone continues to prove its worth as I can pick up messages at any time by phoning the office number and dialling a special code.

I conclude by wishing all our readers a sunny carefree Summer.

The News from South Dublin

Eileen Murtagh, South Dublin Supervisor



The past year in the South Dublin Stroke Club has been busy and eventful. We have ongoing contact with speech and Language Therapists and other Medical personnel who have referred people to us. Many new members started in our club during the year and are finding the contact with others invaluable. The club activities help people to communicate and because they are doing an activity together, speech appears to come more easily.

Our first trip was in April to the State Apartments Dublin Castle. The guide gave us the history of each room and of the paintings and furniture. St. Patrick's is where the President was inaugurated. We finished off with lunch in the restaurant.

In June our second outing was to the Royal Hospital, Kilmalmain. Fr. Joe Kennedy, Mount Argus, helped with the transport. We got a guided tour of the exhibitions and staff were helpful. Although there was a lift, the fact that the mens toilet was upstairs and the restaurant downstairs caused a little difficulty.

We had to vacate our club premises during July to facilitate a new roof going on. However, our group were invited to two different homes during that time and we thank former supervisor, Marie O'Brien and volunteer, Bridie Lyons, for the use of their homes and gardens.

On 11th our outing was to Marie O'Briens's home in Walkinstown for a barbecue. This was a lovely outing with deck chairs out in the garden. Everyone got chicken, hot dogs and lots of desserts afterwards. When it got chilly, all went inside for a sing song. Our hostess sang "Sonny don't go away".

On 17th July, the outing was to a barbecue at Bridie Lyons' home in Ballyteale. This was another beautiful day and our group were able to stay outdoors all day. Bridie and her daughter, Claire had prepared delicious food and we did not want to leave.

On 24th July, our final summer outing was to the Ardenode Hotel, Ballymore Eustace. We hired a coach and all travelled together. Our meal was lovely and we sat out in the patio afterwards and enjoyed a drink while others explored the gardens. In December, our Christmas dinner was held once more in the Evergreen Hall, Terenure. It was an enjoyable evening with a lovely dinner cooked by Tony Campbell. Volunteer Michael Launders had organised the entertainment and we had an excellent pair in Declan Deveraux and Joe O'Reilly who, once more, gave their services free for the occasion.

We did not know it then but Michael Launders was to die in April 1997 - tributes to his great contribution to VSS appear elsewhere in this edition of VSS News.

We had Brenda Donoghue from R.T.E.'s Health File programme to our club last April. Two of our members, Barbara Clarke and Stephen Kerr featured on the Tuesday morning programme which was broadcast a few weeks later. Some of our carers participated in last year's Womens Mini Marathon and sported the VSS logo on their tee-shirts. Club members also took sponsorship cards for it.

There were visits from student nurses from the Adelaide Hospital during the year as part of their module on Social Awareness. The visits were of benefit to us because of the keen interest the nurses took in the Stroke members during their morning with us. Fr. Joe Kennedy celebrated Mass in our club when we returned after the August break. During the year, our club has lost two members, Marion Wayne and Tony Kelly. Two members receiving Home Visits, May Mulvey and Tom Hand passed away also. May they Rest in Peace.

Our club has got a new Physiotherapist, Jane Culligan. Her input every fortnight has already got members up and about much more. Thanks to Joan Monahan, Speech Therapist, for organising the Training Course for volunteers. It was particularly useful to new volunteers. Our volunteers are our lifeline and I wish to thank each and every one of them for their individual contributions, including driving people to and from the club and to outings, organising club activities and taking time to listen with people in club and on home visits.

Lastly, the Irish Council of People with Disabilities has now been set up. Their address is - Con Colbert House, Inchicore Road, Dublin 8. The phone no. is - 4732254/8. The VSS is represented on in Panel C of their South County Dublin Network. The Council will act as a lobbying group for people with disabilities.

Best wishes to all.

VOLUNTEER S

THE NORTH AND SOUTH CLUBS AT THE



Paul Fitzpatrick cutting the Birthday cake



L-R Rosaleen Kelly, Anne Copeland, Teresa Doyle, Erica O'Mara, T. Harrington, Nancy Carroll at Erica's Christmas dinner in The Hollybrook Hotel



*Front L-R Kay Brennan, Paddy Brennan, Eileen Connor.
Back L-R Bridie Kenneally, Margaret Tobin, Nancy Carroll*



Nancy Connell and Rosaleen Kelly



Tess and Sr. Margaret



Erica with John Burke and Frank Murphy

TROKE SCHEME

IR MANY FUNCTIONS DURING THE YEAR



*Singsong after the barbecue in Marie O'Brien's
Eileen Girvin, Stephen Kerr, Barbara Clarke, Phil Kerr and Liam Corrigan*



*Ben Grant and Gerry Keogh
"Two men smoking their pipes"*



*Liam Corrigan, George Long and Tony Walshe
at the Andenods Hotel July 96*



Ester, Billy Buckley and Maura Byrne at Christmas Party 1996



*May Mulvey (R.I.P.), Catherine Hanlon,
Mary Hanlon and Paula Hanlon*



Ester, Billy and Gerry Palmer

Glimses of my Stroke

Teresa Tobin

In August I became ill and my symptoms baffled doctors. My head was troubling from a headache, the worst I had ever experienced. My voice was barely audible and I was retching and running a slight fever. The first doctor diagnosed me as having flu and prescribed antibiotics. Dr. B. agreed with the first doctor that I had flu and to continue with the medication. I remember struggling from the bed to the bathroom and I noticed that my right leg was going from under me. I had difficulty breathing.

Meanwhile a friend of mine, Sheila Flynn, came up from Cork. She noticed I could barely speak. When she saw me she was dumbfounded. I became so thin from not eating. Sheila and my son, Colm, decided to get my own doctor who had now returned from holidays to visit me right away. He told me later he did not know what was the matter with me but he knew I was very ill. I didn't have high blood pressure which would be a symptom of a stroke. The only physical sign was a small herpes sore on my chin.

Hospitalisation in St. Vincent's

My doctor afterwards said I suffered a stroke on the way to hospital in the ambulance. Sheila and Colm followed the ambulance by car. When I finally got a bed I was on a drip and a catheter. I was perfectly conscious all the time. My stroke was diagnosed as encephalitis or inflammation of the brain caused by a virus. My speech was completely gone at this stage and I was paralysed down my right side. I had a lumbar puncture done shortly after going to St. Vincent's when they took some fluid from my spine.

My son Sean was in Italy. He had just arrived there and returned immediately. My daughter Maighread was touring in Ireland and was not contactable. Feargal at the time was working in London. He came over to see me as soon as he could. Maire was a medical student in U.C.D. and she was in Spain teaching English. Padraig had started work as an engineer with Motorola in Cork. I could not have survived without the heartfelt prayers and support of my family and friends. What made it so much worse was that I could not communicate with them and they didn't know if I would recover. They used come in to see me in hospital and try to put on a brave face in my presence. When the drip was removed, I went over to St. Anthony's (a part of St. Vincent's hospital) every day. Hilary was my speech therapist and she was always cheerful and patient. I was in my wheel-

chair and could not even take a few steps. I really had no sound at all. A veil descended on me and I had lost a vital part of myself. At times I would cry for no reason. Then at other instances I had what I thought was a good reason to cry. My appetite was good all this time and sometimes the family used to come in to see me during their dinner hour.

It was at this time I refused all food as I was constipated. They were very worried as I wasn't able to eat and I couldn't tell anyone, showing what a disability it was to be speechless. Eventually the nurse gave me a laxative. As well as speech therapy, Hilary decided to teach me to write with my left hand. I started off making "A"s in a special headline copy, and to fill the page of "B"s and so for the whole alphabet. Then I had an exercise joining all the letters together. I used write with my right hand, but it was powerless.

Our Lady of Lourdes Hospital, Rochestown Avenue.

The Christmas of 1990 was a very memorable one to me. I was allowed home having spent 4 months in St. Vincent's. I was so happy to be with my family again and to be reacquainted with my little white and brown Jack Russel terrier, Cara.

My home has two stories but I could no longer manage to go upstairs. My sons brought down a bed for me. Luckily, I have a toilet downstairs. In spite of my best efforts my physiotherapist and the gallant efforts of Hilary (Den Hollender) as a speech therapist, I could not walk or talk and tired easily.

After Christmas holidays, early in January 1991 they had a vacancy for me in Our Lady of Lourdes Hospital. It was a very big ward, about 20 beds. We had all separate timetables depending on our needs and problems. Thankfully the very full timetable left me no time to feel sorry for myself. First, there was morning Mass for anyone who was willing and able to go. Then there was speech therapy for half an hour morning and afternoon.

I was assigned to Ms. Joan Monaghan, so gentle

and caring. My timetable included occupational therapy. We learned about all the useful aids available to people with various disabilities. We also learned to cook with our disability. I loved the relaxation therapy also the graded crosswords to help us recall.

I had hours of physiotherapy each afternoon. I went to the gym in my wheelchair, and was soon out to do various exercises. One of the programmes used was electrodes on my weak arms and leg. This treatment lasted for about twenty minutes. I had this programme each day for about 3 months. Unfortunately for me it was to no avail.

The speech lessons I got were varied and graded as I improved. By pressing a computer key on the special computer, there were short stories. Then questions were asked. The answers were mainly yes or no and you got a score at the end. This was for memory training. When leaving, Joan gave me reams of lessons to practise in pronunciation and memory training. Most of us who lived in Dublin, if we were able, went home for the week-end. Our country cousins had to stay in hospital if they had no relatives or friends to take them out.

When the great day came in May 1991 I was discharged from Our Lady of Lourdes Hospital. Except for one elderly lady, I was the longest stay patient in my ward having spent 8 months between the two hospitals. The family arranged a full time nurse for me, Patricia. As I improved with Patricia, speaking and walking, I was able to put my name down for a day centre. I was accepted. Initially it was one day a week. Then it increased to two days. I had Patricia now 3 days a week.

Like many others I miss driving. I live outside the catchment area for transport to Park House day centre. I could never go to Park House without my volunteer drivers. I was lucky enough to meet Noel through the Parish Priest. Noel drives and collects me and we do my weekly shopping on the way home. On another day an old friend Cathal or his wife Vera drives me to Park House day centre and I am collected by Michael who lives near me,



on his way home from work. This is not a once off but continuous week after week by all. I am extremely grateful for their caring and self sacrifice in making my life more wholesome and fulfilled. No doubt they will have their reward. I am giving you some idea of how I manage to make a new life for myself after a stroke with the help of very sincere friends.

It was through Park House day centre that I got a chance of going to Lourdes in 1993 with ACROSS, a company based in England, who have their own chalets in Lourdes. After the pilgrimage my speech improved considerably.

I commenced a writing course which was organised by the Irish Wheelchair Association and Vocational Educational Committee for disabled people. I was very nervous at first wondering if I would manage with my damaged memory and my paralysed right hand, but to my surprise my memory improved with each lesson and Susan Byrne has great patience with giving me time to write down my thoughts. Of course with home work we are encouraged to read and write our own stories and it is amazing how this improves our imagination. I certainly recommend it to anyone trying to improve their memory or recall. Of course I could never get to these classes without transport cheerfully supplied by Mary Kelly. I never realised there is so much to learn about writing fiction. Susan is a terrific tutor for stories, plays, radio dramas, novels and poetry.

It must be useful to others to learn that life exists after a stroke. Now I can do the normal things again like walking (with a stick except in the house), going around shopping centres with Noel for my weekly shopping. Marie brings me to Mass on Sunday. As I mentioned I also go to writing classes. I have art and physiotherapy in the Day Centre. As I live alone now I cook for myself and give dinner parties for friends and family still in Ireland. I have travelled to London and the United States alone.

Neurological Physiotherapy - A New Perspective



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Rehabilitation of neurological conditions requires Specialist Physiotherapy. Historically these disabling conditions were treated with the aim of regaining function as quickly as possible at the expense of the affected limbs. One major problem associated with stroke is excessive muscle stiffness in the affected limbs (known as spasticity). Using this treatment approach spasticity in the affected limbs was often increased and movements made more difficult. With time functional loss and eventual immobility were often the result.

Management of stroke was originally based on the concept that damage to the brain was irreparable. Recovery of the affected side was therefore not a consideration. Treatment was often directed towards strengthening the good side to compensate for the loss of function of the affected side. No attempt was made to influence spasticity as a means of facilitating recovery.

The 1940's and 1950's saw the development of new treatment approaches in the management of neurological conditions. This initiated specialization in Neurological Physiotherapy. Among the numerous approaches in use to-day the "Bobath" concept has been shown to be very beneficial.

The principle of treatment is to restore 'normal movement'. This involves treating the affected and unaffected sides to improve normal daily functions.

Recent evidence suggests there is considerable potential for recovery of the brain following a stroke. This supports the concept that change can occur. Patients have the ability to learn to move more normally and unwanted spasticity can be influenced.

Historically it was thought that following a stroke recovery continued for up to two years post injury. This time scale is unfounded. Recovery may continue for many years after a stroke. However, rehabilitation in the initial phase post stroke will have the most significant effect. Indeed many long term strokes (1 year +) develop problems as time progresses. This may include pain, stiffness, func-

stiffness, functional deterioration and often immobility all of which may benefit from treatment.

Physiotherapy

Physiotherapy aims to restore a person to their optimal functional potential within the limits of his/her abilities and needs.

Physical problems associated with a stroke are:

- Paralysis
- Excessive muscle stiffness
- Pain, for example in the shoulder
- Balance impairments
- Sensory loss
- Functional loss

Modern Physiotherapy approaches to those problems include treatment techniques which relax muscles when tight and stimulate muscles when weak. The physiotherapist through her handling of specific bodily parts influences the muscles and guides the patient through a particular movement e.g. learning to sit, turning in bed or standing up. In time the patient may learn to carry out a movement with better control and less assistance.

A thorough understanding of normal movements is necessary when analysing why abnormal movements present in a stroke patient may cause difficulty with a particular function.

Disability resulting from stroke is variable in each individual. Research indicates that following a stroke most individuals regain the ability to walk. However many are slow and may never walk outside. This means a comprehensive assessment is essential for planning an effective rehabilitation program. This includes detailed examination of:

- **Body movements**
- **Muscle Tone**
- **Sensation**
- **Balance**
- **Function**
- **Activities of daily living**

From this a specific management program is devised which may include:

- **An intensive "hands on" rehabilitation programme.**
- **Specific home exercises regime.**
- **Education and support of the patient, family and carers.**
- **Postural management and seating assessment.**
- **Liaison with other members of the hospital and community teams.**

Goals are set by the therapist and patient/ carer which include functional tasks relevant to lifestyle. Rehabilitation begins on the day of the stroke. This initially consists of positioning and passive stretches to maintain muscle and joint range, together with close liaison with medical staff. Early mobilisation of the patient is encouraged as soon as possible when the medical condition allows.

An essential role of the Physiotherapist is to impart appropriate handling skills to family and carers. This ensures that continuity carries over into the daily routine.

As the ultimate aim of rehabilitation is for the individual to experience as normal a life as possible then rehabilitation does not stop at discharge from hospital but continues after the patient has returned to the community.

A critical stage of personal development is the initial few weeks following hospital discharge when a person experiments with their environment e.g. shopping, meeting friends. Many barriers may limit the disabled person access to buildings,

limit the disabled person e.g. access to buildings, crowds of people, embarrassment with their disability. A lack of confidence to tackle such barriers and eventual avoidance can lead to isolation and depression. The individual may become less active both physically and socially, reducing the opportunity for further recovery. Lack of resources and limited out-patient and community stroke programmes may result in therapy being withdrawn too early. This leaves the patient feeling abandoned and thinking there is no further chance of recovery. Guidance and encouragement is therefore needed to resume community activities.

Stroke rehabilitation should therefore take into consideration social and psychological outcome, as well as physical function when planning a management programme enabling a person to return to an active lifestyle and not merely an existence.

The Northside Group and Physiotherapy

Grainne McKeown BSc. M.I.S.C.P., M.C.S.P.

I am delighted to be involved with the northside VSS following my initial approach last year. Fortnightly we have an exercise class followed by individual treatments for those people who are experiencing particular problems. This appears to be working very well. I have recently become a member of the VSS committee and help out regularly on a voluntary basis.

My background has been specializing in neurological Physiotherapy for seven years. Having initially worked in the acute hospital setting, treating stroke patients on medical wards or specialized stroke units I then became involved in outpatient and community rehabilitation for the acute and long term stroke sufferer.

I have recently established a rehabilitation service at the Dublin Physiotherapy Clinic based in Santry specializing in neurological disorders. Treatment is provided either in the clinic or in a person's home depending on individual needs.

Westmeath Stroke Scheme

*Peter Cunningham, PRO, Westmeath Stroke Scheme,
Moyvoughley, Moate, Co. Westmeath.*

Westmeath Stroke Scheme had a very busy and successful 1996. We cater for over 100 members and throughout the year we organised different social events as well as hospital and home visits to them all.

In June we had our Summer outing to the Rustic Inn, in Abbeyshrule, Co. Longford. Teddy McGoe and staff served up a lovely meal and everybody enjoyed the music and many great artists afterwards.

In July we had a holiday trip to Knock for eight members and their carers. We would like to thank the Volunteers who accompanied them for the duration. In September one of our members travelled to Lourdes with the Meath Diocesan Pilgrimage.

Our Christmas Party was held in the Bloomfield House Hotel, Mullingar in early December. After a beautiful meal we had a visit from Santa with presents for all. A pleasant evening of music, song and dance followed which everybody enjoyed.

Our clubs in Mullingar and Drumraney meet on a monthly basis and we thank our volunteers and drivers who collect members and bring them to these meetings.

On the fund raising front we again had a runner in

the Dublin City Marathon, Jim Langan from Kiltbeggan.

John Harte organised a very successful pub function for us in Rahugh and our Church gate collection again proved a very successful source of income.

We thank our runner and our collectors and all who helped in the financial side of things during the year.

Fifteen of our members passed to their eternal reward during the year. We extend our sympathy to their relatives and friends. May they Rest in Peace.

On 8 June 1997 we celebrate the 10th Anniversary of our organisation in Westmeath with a function in the Bloomfield House Hotel at 3p.m. and we hope all our members, carers and all concerned with Westmeath Stroke Scheme will make a big effort to attend and make our celebrations a day to remember.

Tributes to a Volunteer

By Eileen Murtagh

Michael Launders, our longest serving Volunteer, in the South Dublin Stroke Club, died on the 1st of April 1997 following a short illness. Shortly after the Club was set up in 1988, Michael became involved as a driver bringing his brother - in - law who had a stroke to the Club when it was in Mount Street. When the Club changed premises in 1990 to its present location in Lower Kimmage Road, Michael continued to drive people in his car and he became very much involved, helping at all three Club activities.

Since I met Michael Launders in September 1994, he has welcomed, assisted, advised, reminded and supported me and all the new volunteers and members who started in the Stroke Club.

Michael was very involved until his illness in Mid-March. He was the volunteer who introduced art to our club members. During the first attempts he guided them slowly until many of his group became good at mixing colours and produced their first masterpieces. In September last, he helped me on the Respite Break in Trabolgan and continued to bring his two passengers, Ester and Kay, each week to the club until his illness. He had a great sense of fun, and each year, he organised the entertainment for the Christmas Party. He always contributed a good song at the party as well. When in Trabolgan, it was discovered he was also good at "grooving with the band". Often demonstrated in a friendly hug, his welcoming nature was a joy to us all. Everyone spoke of his kindness and outgoing personality.

Michael will be missed by members and volunteers in the Volunteer Stroke Scheme. May he Rest in Peace.

By Marie O'Brien

Michael joined our VSS Club as a driver soon after his brother - in - law, Des Kavanagh suffered a Stroke. When the Club moved to The Mount Argus Community Centre Michael was one of its first volunteers. As the club grew in strength so did Michael's contribution. His good humour, affection, and kind heartedness became a hallmark of his weekly attendance.

As an Organiser I found his support and input a very much appreciated asset. I will remember Michael always with much affection and respect.



Money Matters

John L'Estrange Reports



We had a good year on the financial front in 1996.

The Eastern Health Board gave us £16,000 for 1996 - we express our grateful thanks.

A Table-Quiz was held in UCD, Belfield on 4th March 1997. It was organised by a committee which included Anne Kelliher, Gerry Horgan, Moore McDowell and John L'Estrange. The Quizmaster was Moore McDowell and he did a marvellous job. Gerry's sons, Gerry and David, worked very hard keeping the teams up to date. It wasn't easy as there were 30 tables a record. The Microbiology Department won First Prize, while a team from the Mathematics Department came second.

A painting presented for auction by Maureen Belton (UCD retired) was the highlight of the evening. Anne Copeland, Chairperson of VSS, spoke and thanked all those who attended.

A wide range of commercial firms helped us once again, e.g. Banks, Building Societies, Insurance Companies, Manufacturing Firms and Retail outlets. We have listed below, in alphabetical order, the main companies who have helped us. We are grateful to them for their generosity.

The principal companies who have helped VSS in 1996 were:

Abbot Laboratories
Aer Rianta
Allied Irish Banks
Amdahl Computers
An Bord Bainne
Arnotts
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Bank of Ireland
Becton Dickinson
Bristol-Myers Squibb Co.
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Irish Cement
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Jet Oil
Jurys Hotel
Killiney Court Hotel

Marks and Spencers
McCormacks
National Irish Bank
New Ireland Assurance
Odlums
PMPA
Quinnsworth
Rhone-Poulenc Rorer
Roches Stores
Royal Insurance
Sealink
Siemens
Slender Health Club
Smurfits
Stena Line
Stillorgan Bowling Club
Telecom Eireann
Ulster Bank
Unidare
Zoological Gardens

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Secretary : Theo Davis

Treasurer : Anne Tuite

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Organisations requiring copies of

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Phone: 01 - 4559036,

between 10.00 am and 12.30 pm on Monday,
Wednesday or Thursday.

More **volunteers** and **drivers** are required by
the VSS.

Contact us at the number given above or
write for further information.

Aims of the Volunteer Stroke Scheme

1. *To help people who suffer from speech and allied problems as a result of a stroke.*
2. *To offer each patient a volunteer who will visit singly for about an hour at a time on a regular weekly basis.*
3. *To provide a club where patients can meet and be further helped.*
4. *To provide outings from time to time.*
5. *To create a greater awareness and understanding of stroke through effective and relevant publicity.*

Subscription £ 5.00 a year

This issue of VSS News has been typeset by Alex Tuohy.
Alex has had a stroke himself and is well known in the VSS.

I wish to subscribe to the Volunteer Stroke Scheme and I enclose £ 5.00 for 1997.

Name: -----

Address: -----

Phone: -----

Cheques should be made payable to the
Volunteer Stroke Scheme.

Signed: -----

Date: -----