



Nebraska State Stroke Association

Visit us today at . . .
www.nebraskastroke.org
www.strikeoutstroke.org

Spring Issue 2009

The Nebraska State Stroke Association Welcomes New Executive Director

The Nebraska State Stroke Association is pleased to announce that Ann Ames has been selected to serve as the agency's new Executive Director.

Ames comes to the Nebraska State Stroke Association with more than six years experience in the not-for-profit sector; primarily in fund development and grant writing.

A Nebraska City native she attended the University of Nebraska – Lincoln and Concordia University. She has worked for several other non-profit organizations including leading the fund development effort in Nebraska for National Audubon Society and most recently as the Development Director for YWCA Lincoln.

Ann, a graduate of Leadership Lincoln Class XX is involved in a variety of community organizations including board memberships on the Foundation for Lincoln City Libraries and Community Services Fund of Nebraska where she serves as Board Chairperson. She is also a member of Leadership Nebraska Class Three.

"I am very excited to have the opportunity to work with the Nebraska State Stroke Association and help make a positive impact on the overall health of our state", Ames stated.

Please stop by and visit her in our newly renovated office on the St. Elizabeth campus.



Quick Facts . . .

- Every 45 seconds an American has a stroke.
- Every 3 minutes an American dies from a stroke.
- Stroke is the third leading cause of death in Nebraska.



What's Inside:

Madonna Minute	2
Upcoming Important Dates	3
Vitamin D Staves Off Stroke	4
The Caregiver's Role	5
News You can Use	6
Care Scholarships	6
Oktobeerfest	7
Under Construction News	8

Stroke Warning Signs

(most common)

SUDDEN numbness, weakness or paralysis of the face, arm or leg, usually on only one side of the body

SUDDEN vision changes in one or both eyes; includes lost, blurred or double vision and/or abnormal eye movements

SUDDEN difficulty speaking, reading, writing or understanding others

SUDDEN confusion, dizziness, loss of balance or coordination

SUDDEN severe headache with no known cause

If you, or someone you are with, experience any of these warning signs, look at the clock, remember the time and

Call 911 Immediately!
Stroke is a Medical Emergency!

MADONNA MINUTE

The Role of Task-Specific Training in Stroke Rehabilitation:

Recent evidence suggests that task-specific therapy regimens can increase the use and function of the affected limbs of stroke patients. Studies and outcomes have shown that the best way to relearn a given task is to train specifically for that particular task. However, repetition alone, without usefulness or meaning in terms of function, is not enough to produce increased motor cortical representations.

For people recovering from stroke, less intense, but task-specific regimens with the more affected extremity can produce cortical reorganization and associated meaningful, functional improvements.

Recent advances in neuroscience have demonstrated that task-specific training strategies, such as treadmill training, functional electrical stimulation (FES), and forced limb use can promote brain plasticity and functional changes both in animals and humans. These findings support the theory of the nervous system's potential for recovery following stroke-related brain damage.

Madonna's stroke program integrates many unique specialty treatment techniques to achieve optimal outcomes for its patients with stroke. The primary goal behind incorporating these technological interventions into treatment is to help people with stroke avoid learned nonuse of the affected limb and to discourage the development of inappropriate compensatory movement patterns.

Body weight support treadmill training (BWSTT) is one example of a task-specific training strategy used to treat patients with stroke-related mobility deficits. One of the major disabilities after stroke is the inability to walk. Approximately 40% of stroke survivors will require assistance with walking and for those who are able to walk independently, 60% will be considered limited in community ambulation.¹ The greatest predictor of community ambulation is walking speed according to Perry et al.² Studies suggest retraining gait with BWSTT results in improved walking ability, over ground walking speed, endurance, balance, and lower limb motor recovery.

Functional electrical stimulation (FES) combined with repetitive task training has been shown to improve upper extremity function and motor recovery in patients with stroke. Upper extremity dysfunction after stroke is a significant determinant of disability and loss of independence. As many as 30-60% of stroke survivors will sustain some degree of residual UE motor deficits, which may be due in part to the inability to integrate ADL or task-specific hand functions into daily therapeutic techniques/interventions.⁴

A new approach to FES is the use of a neuroprosthetic device called the NESS H200 to improve specific functions or ADLs such as eating, grasping, and performing self care tasks. There are many benefits to the use of electrically induced neuromuscular stimulation of the hemiparetic upper extremity following stroke, including: decreased spasticity, increased ROM, increased muscle strength and improved motor control/motor recovery. The use of FES has also been shown to minimize a patient's risk for shoulder subluxation and upper extremity pain. The NESS H200 can be used to activate the affected wrist and hand and allow the patient to practice grasping and releasing objects or perform ADLs. Intensive, task-specific training can begin in the acute phase of stroke rehabilitation, providing valuable feedback to the central nervous system with cortical re-organization and assist in facilitating brain plasticity for improved motor recovery.

Most recently, Madonna acquired another revolutionary FES neuroprosthetic device called the NESS L300 to assist patients with foot drop regain lost mobility and facilitate gait recovery following stroke or other neurological injuries. The wireless NESS L300 delivers electrical stimulation to the common peroneal

THINK FAST

FACE
Does the face look uneven?
ask the person to smile.

ARM
Does one arm drift down?
ask the person to raise both of their arms.

SPEECH
Does their speech sound strange?
ask the person to repeat a simple phrase, such as, "the grass is green."

TIME
If you notice any of these signs, it's time to call 9-1-1!
call 9-1-1 if any of these signs are observed.

Madonna Minute (continued) . . .

muscles, facilitating ankle dorsiflexion throughout the swing phase of gait thus improving foot drop. The NESS L300 has been effective in increasing gait speed, stability and symmetry for patients experiencing foot drop after stroke.³ It can also be used for neuromuscular reeducation, to prevent/retard disuse atrophy, to maintain or increase joint ROM and to decrease spasticity.

Both the NESS H200 and L300 can be used to improve motor recovery for patients with stroke in the acute phase and continue as patients transition through the continuum of care to outpatient therapy. Both of these devices are available for use at home to assist in promoting continued motor recovery and enable patients to complete daily ADL and mobility activities with increased independence.

¹ Jorgensen HS et al. Recovery of walking function in stroke patients: The Copenhagen Stroke Study. *Arch of Phys Med Rehabil* 1995;76:27-32.

² Perry J et al. Classification of walking handicap in the stroke population. *Stroke* 1995;26:982-989.

³ Ring H, et al. The immediate effects of a new FES Neuroprosthesis on gait stability and symmetry, 15th European Congress of Physical and Rehabilitation Medicine, Madrid Spain, May 2006 (conference proceedings).

⁴ van der Lee JH, et al. Forced use of the upper extremity in chronic stroke patients: Results from a single blind randomized clinical trial. *Stroke* 1999;30:2369-2375.

Upcoming Important Dates!

June 13, 2009
Strike Out Stroke Night at the Lincoln Saltdogs

October 1, 2009
Oktoberfest
Sponsored by Sertoma Clubs of Lincoln

May is National Stroke Awareness Month so watch our website for special events!



Vitamin D Supplements May Stave Off Stroke

Vitamin D Supplements May Stave Off Stroke, by Dr. Patrick Massey

Can vitamin D prevent stroke and death? A German study shows low vitamin D levels may be associated with a significantly increased risk of stroke-related death.

A stroke happens when the brain cells do not get enough blood. The most common type - an ischemic stroke - occurs when an artery in the brain is blocked by a blood clot. Almost 90 percent of strokes are ischemic. In contrast, hemorrhagic strokes occur when an artery in the brain ruptures.

According to the American Heart Association, about 500,000 people have a new stroke each year. Strokes are the leading cause of long-term disability and the third leading cause of death in the U.S.

Risk factors for stroke include high blood pressure, cardiac disease, a sedentary lifestyle and smoking. Low vitamin D levels may also be a risk factor, but more importantly, may forecast a fatal stroke.

Recent medical research from the Synlab Center of Laboratory Diagnostics in Heidelberg, Germany, concluded people with low vitamin D levels are at increased risk of dying from a stroke when compared to people with higher levels of vitamin D.

For the study, vitamin D levels were measured in more than 6,000 people. The participants were then followed for seven to eight years. During that time, 769 participants died, 42 from strokes. The majority of those who died from stroke were in the group with the lowest vitamin D levels.

The research suggests that not only could vitamin D levels predict risk of fatal stroke but that supplementation could prevent stroke. This is an important clinical finding because the risk of stroke increases with age and very low vitamin D levels are common in the elderly, especially those living in nursing homes.

There is ample clinical research suggesting that vitamin D is important for bone health, reducing cardiovascular disease, preventing cancer and even curtailing the risk of dementia.

However, there is scant evidence proving vitamin D will truly prevent disease and it will be decades - or longer - before definitive studies are done.

I am not sure I want to wait that long. Overall, the health benefits of vitamin D are impressive, and toxicity, even with robust doses, is vanishingly rare. I'll take the chance and add a healthy dose of vitamin D to my daily vitamins.

Although our bodies can make vitamin D with sun exposure, in sun-starved northern latitudes like Chicago, the sun is not strong enough for most of the year.

Good dietary sources of vitamin D are cod liver oil, sardines and a number of other fish.

However, most Americans do not eat enough fish to get a healthy dose of vitamin D, and fortified foods like milk and cereal simply do not provide enough of this important vitamin.

Therefore, vitamin D supplements may be the best option.

• Patrick B. Massey M.D., Ph.D. is medical director for complementary and alternative medicine for Alexian Brothers Hospital Network.

**WE NEED YOUR
SUPPORT**



Don't forget to mail the enclosed envelope back to the Nebraska State Stroke Association and enclose a check. If you want your donation to be a memorial to a friend or loved one, please add that information.

THE CAREGIVER'S ROLE (PART ONE)

Reprinted from Stroke Connection Magazine

Everyone Deserves a Break

The role of caregiver is a very important role in our society. We all know that we would rather have our family or friends remain in their own home instead of being institutionalized if at all possible. Caregiving often allows them to remain at home. Caregiving benefits not only the individual, but also the government who has the challenge of covering the health and long-term cares expenses. However, caregiving is often not an easy role. Caregivers can become overwhelmed with the added responsibilities. Figuring out what services are available and how to access them can seem overwhelming as well. Knowing where to go when you need help can make all the difference in the world.

Find an opportunity to break the routine, to leave your caregiving responsibilities in other competent hands is essential. Taking a break is considered by many to be the most important thing a caregiver can do to sustain the ability and desire to care for an individual. It's called respite care, or taking time out.

You have the right, and many will say even a responsibility, to take time out to get away from your caregiving activities. You need time for yourself. Time to spend with friends or alone. Time to spend relaxing, on a vacation, or engaging in a favorite hobby or sport.

Sometimes you may think you have good reasons for not taking a break. You may feel it's your duty to take total care of your family member: that it is your duty to respond to their every need because they can't for themselves.

You may think no one else understands the person's needs or behavior, that no one can provide the same quality of care. You may believe the impaired person will not allow anyone else to provide the care. In some cases these may all be true. Certainly the disabled person does require special attention and care. But a balanced

evaluation will show that others can also do an adequate job, at least for a short period of time.

You'll be better able to continue providing care when you're rested, refreshed and invigorated after other activities and interacting with other people.

With proper planning, respite care almost always works. You may not be able to locate an appropriate respite care service immediately, and it may take a few tries to iron out all the bugs. But with repeat attempts, an orderly and satisfying respite arrangement is usually possible.

Benefits for both

Isolation can be a danger to your well-being. If you do not allow anyone to help in the caregiving, your friends may drift away and your social contacts may shrink. Feelings of loneliness, sadness and grief may be exposed. Anger at the impaired person or the world could follow. Eventually guilt about even being angry may develop. It's not a nice process.

Also, often care receivers want more than just one single person involved in their care.

So be specific in your requests for help. Consider small things each individual might easily provide, like spending a few hours a week playing cards or watching TV with your family member or just staying in the house while you're gone. Also be realistic about how long you'll need this help. You might try a "trial period" so all parties can see how an arrangement works.

Medical experts and groups representing the disabled also generally agree that handicapped or disabled people should be encouraged to do as much for themselves as possible. Involvement with others is an excellent way to spur interest and work towards independent activity.



Nebraska State Stroke Association Board of Directors

Anglea Lisec
HDR, Inc.

Donna Hammack
St. Elizabeth Foundation

Eric Dinger (Chair)
Thought District

Eric Hammerschmidt
Orthotic and Prosthetic Solutions

Jane Oullette
BryanLGH

Marica Matthies
Community Volunteer

Miechelle McKelvey
University of Nebraska – Kearney

Mitzi Ritzman (Secretary)
University of Nebraska – Omaha

Perry Pirsch
Attorney, Berry Law Firm

Rich Mendenhall
New York Life

Steve Meradith
Windstream Communications

Theresa Parker
Southeast Community College

Tom Klein (Treasurer)
First National Bank

Toni Morehouse (Vice-Chair)
University of Nebraska – Lincoln

NEWS YOU CAN USE . . .

NSSA Partners with Orthotic and Prosthetic Solutions to Offer Care Scholarships

The Nebraska State Stroke Association is pleased to announce that it has partnered with Lincoln based firm Orthotic & Prosthetic Solutions, Inc. to offer care scholarships for stroke survivors in need that meet eligibility guidelines. This program was created to reach out to stroke survivors who may not have access to the post-stroke care and rehabilitation that is often needed, free of charge. In the inaugural year of the program twelve scholarships will be awarded and will be based on the applicant's need.

This new partnership will enable the NSSA to further reach out to stroke survivors and offer a necessary service. Applications for the care scholarships can be found at the NSSA website: www.nebraskastroke.org or by calling the office at (402) 484-8131.

"We are so excited about our partnership with Orthotic & Prosthetic Solutions, Inc and are delighted to be able to help twelve survivors that have rehabilitation needs that might not otherwise be met", said Ann Ames, NSSA Executive Director.

Ames also stated that the generosity of clinic owners Eric Hammerschmidt and Eric Bjorkman is "remarkable and extremely appreciated, these two individuals will be giving back more than \$90,000 worth of care to members of our community that might otherwise go untreated".

Orthotic & Prosthetic Solutions, Inc was incorporated by Eric Bjorkman and Eric Hammerschmidt who created the company after collaborating on patient care for four years prior as two separately functioning yet adjacent clinics. An orthotic and prosthetic company providing joint services along with physical therapy input was created with strong reasoning. At the core of their philosophy is the belief that the partnership of these two professions gives an improved quality of patient care. Their mission is to provide medically-based, patient-centered care that values strong morals and ethics.

For more information about the care scholarships, application or the services, visit the website at www.nebraskastroke.org or call 888-808-5678. For more information about the services provided by Orthotic & Prosthetic Solutions please visit their website at: www.orthoticandprostheticsolutions.com or call (402) 476-6575.

Life is a Bowl of Cherries . . .



Though gout brings to mind Dickensian characters nursing swollen tootsies, its toxic source--high uric acid levels in the blood--portend a future [heart attack](#) and [stroke](#). Preliminary 2003 research found that after 10 women ate 45 sweet [cherries](#), their blood uric acid levels plummeted by 15 percent.

"It seems the anthocyanins that impart the lovely red color to [cherries](#) decrease blood urate, so they may help lower [heart attack](#) and [stroke](#) risk," says Robert A. Jacob, PhD, author of the USDA/University of California study. Jacob says canned or dried [cherries](#), tart [cherries](#), and cherry juice contain the same anthocyanins as fresh sweet [cherries](#). One serving a day should have some benefit to your heart.

(Reprinted from Prevention Magazine)

Very Cherry Salad

Ingredients

- 2 tablespoons olive oil
- 4 teaspoons white wine vinegar
- 1 tablespoon minced shallot
- 1 teaspoon prepared horseradish
- 1 teaspoon sugar
- 1/8 teaspoon salt
- 1/8 teaspoon pepper
- 1/2 pound fresh sweet cherries, pitted
- 4 cups mixed greens, such as shredded Napa cabbage, torn romaine, and/or torn spinach
- 3 tablespoons slivered almonds, toasted
- 1/4 cup small fresh basil leaves or larger basil leaves, shredded

Directions

For dressing, in a screw-top jar combine oil, vinegar, shallot, horseradish, sugar, salt, and pepper. Cover and shake well; set aside.

Halve cherries, if desired; set aside 1/4 cup of the cherries. In a large salad bowl combine the greens and remaining cherries. Toss with dressing.

Top salad with almonds, basil, and reserved 1/4 cup cherries.

OKTOBEERFEST

Sponsored by Greater Lincoln Sertoma District

More than 700 people attended the 15th Annual Oktoberfest sponsored by the Greater Lincoln Sertoma District for the benefit of the Nebraska State Stroke Association.

Held at the Lancaster County Event Center this year's event featured more than 150 kinds of beer to sample and food from 16 local vendors.

The Greater Lincoln Sertoma clubs have taken on the beerfest as one of their largest signature events and what originally started out as a project of the Gateway Gateway Sertoma club has grown into a community wide event. Not only did the event feature a wide variety of beer, food and exciting entertainment but patrons could bid on more than 100 unique and collectible items through the silent auction.

This year's event raised more than \$12,000 for the Nebraska State Stroke Association thanks to the hard work of the Lincoln Sertoma Clubs, Chairperson Jim Krysl, Co-Committee Chair Darlene Berks and all the fantastic committee members. Their dedication to this project is paramount to the success of the NSSA and our ability to provide programming and services free of charge.

We are excited about the 2009 Oktoberfest and know that it will be bigger and better than ever. Be sure to mark October 1, 2009 on your calendar for an evening of good food, good beer and good friends all working together to support a great cause!



NSSA Board Members Mitzi Ritzman and Marcia Matthies working the NSSA booth at the 2008 Oktoberfest.

Save The Date . . .
Thursday, October 1, 2009
16th Annual Oktoberfest

NSSA Board Member Toni Morehouse (middle) works at the registration table with Sertoma members who volunteered for the event.





Under Construction!



We are in the process of updating our donor records and implementing a new electronic donor database. We will be back in our next newsletter with a complete and updated list of our donors!

Also, please look for donor, volunteer and corporate spotlight features in our upcoming editions!

6900 L St. Suite 1B
Lincoln, Nebraska 68510

Toll-free: (888) 808-5678
Local: (402) 484-8131
nebraskastroke@gmail.com

www.strikeoutstroke.org or
www.nebraskastroke.org

The Mission of the Nebraska State Stroke Association is:

- The prevention of stroke through education
- To maximize quality of life for stroke survivors and their families

Strike Out Stroke contains general stroke information and suggestions for stroke survivors and their families. It is not intended to be a substitute for care by a physician or a therapist. The Nebraska State Stroke Association recommends that readers consult their physicians or therapists before following suggestions offered in this publication. If you know of any individuals who would like to receive this publication, please mail their names and addresses to the Nebraska Stroke Foundation office. All contributions to the Nebraska State Stroke Association are tax deductible under 501(c)(3).

★ Please recycle this newsletter by sharing it with someone.

Returned Service Requested

6900 L St. Suite 1B
Lincoln, Nebraska 68510

Concerned about you and your community

Nonprofit
Organization
U.S. Postage
PAID
Permit #430
Lincoln, NE