

# Stroke Rehabilitation

Jack Chapman AAI (Instructor in Neurological Injury Rehabilitation Training) is currently training in advanced clinical massage at the Jing Institute in Brighton.

His passion for fitness and knowledge of muscles and the body stems from his bodybuilding days in his early 20s, and his role as a qualified weight training instructor: 'I've seen it all, blood sweat and tears - train hard to see good progress.' This has clearly helped him in his development as a therapist. Jack has trained in a variety of massage styles already, including holistic, seated acupressure, elderly and disability, pregnancy, Korean hand and foot, Indian head and hot stone. He also does reiki, and has studied psychic development, counselling and psychotherapy. Owner of Therapy Heaven Pain & Holistic Therapy Clinic in Welling, Kent, Jack has worked as a clinical massage therapist since 2010. He is now a stroke rehabilitation instructor working in his local community, treating stroke survivors and clients with chronic pain conditions.

Jack trained at the ARNI Institute (Action for Rehabilitation from Neurological Injury), based in Surrey. He did his dissertation on face massage therapy and how it affects stroke survivors' speech and language. Jack has combined all of his skills to create effective treatments for his clients, using many techniques to see them through their rehabilitation. After the usual six weeks of physiotherapy prescribed by doctors, stroke patients usually still have a long way to go in their rehabilitation. Jack often sees stroke patients over the period of one year, usually for one-hour



sessions. Progress can be slow, but the approach is patient, methodical and takes into account the importance of psychological factors, encouraging and supporting patients as much as possible, to help them regain their independence.

The therapy focuses on restoring range of movement and neurological responses through a number of exercises, including task-related functional movement, stroke-specific resistance training, balance training, building up muscle strength and physical coping strategies. The age range of clients is wide, so obviously each treatment is adapted to the individual, and what their bodies can cope with. Props are used where appropriate, including squeeze balls and cones.

Jack has already helped many stroke sufferers to recover: 'Working both as a massage therapist and stroke rehabilitation instructor is so rewarding and challenging, both trying to get a client out of pain and finding working muscle pain patterns. Not only are you their stroke instructor, but their mentor and guide on both physical and emotional levels. The key is to strike a balance: work hard but be kind and sympathetic to their thoughts and feelings.'



## Case Study: Stewart Kay

### Initial Recovery

Working over the past six months with Stewart Kay, a 57-year old stroke survivor, has been an enjoyable and rewarding experience. He is a down to earth and very chatty, willing to learn, ask questions and work hard both with me and in his own time to make improvements to his body movement and recovery.

Before long he was going from strength to strength, from hand and arm exercises in his wheel chair to quad stick walking around the house several times with squats and step work. His confidence was growing and his posture was becoming proud as he stood 5.9 ft.

Balance was a big hurdle and falling over is the biggest fear a stroke survivor has to face everyday. This was overcome by working on his balance with slow Tai Chi and balance exercises, and the local team that would pick him up once or twice with their air inflated emergency lifting cushion.

Cardio and strength training is another big step forward for stroke survivors as many suffer from chronic fatigue; although their mind is willing to work, the body has other ideas. Trying to build cardio endurance can be challenging.

### Next Problem: Arm Immobility

Although Stewart was up on his feet now, the left arm still lay dead and dormant and hung by his side. Stewart's arm had flaccidity (low tone) but his hand had spasticity (high tone), which meant most of the time it was held in a tight fist, although his hand had a little movement. What more could he do to move his arm other than the conventional exercise that we had been working on with a bar, stretch band, wheel and mirror box, trying to get the neurological pathways to play their part again in remembering he still had an arm?

Stewart had no sensation of heat or ice, no pain reaction to even a pinch. My only guide, helped by good communication and energy work, would be the feel of his skin texture, palpating the tissues for changes. I was thinking results would be hard to achieve, then one day towards the end of a session, I tried some myofascial stretching and trigger point work. I focused on his outside shoulder, working around all major muscles including the trapezius, latissimus dorsi, deltoid and pectoral muscles, stretching his shoulder for him afterwards. A few days later we worked on this again, this time working on muscles in more detail including all four rotator cuff muscle areas, while his heavy arm lay on my shoulder, again stretching out the shoulder afterwards while he leaned on a table.

Then the inevitable happened: I asked Stewart to knock on the table like knocking on a door - an exercise we had tried a few times before without success - and he lifted his arm quite naturally and knocked. We both looked so surprised, stunned and then came the smiles and the cheers. Stewart can now move his arm a lot more now, lifting it over the arm of his wheel chair, taking the brake on and off and lifting the arm back on to his lap.

As I left Stewart that day lots of questions entered my thoughts: Would his shoulder stay unlocked? Were we moving too quickly in the treatments before his neurological pathways had time to process this new change? What else could I unlock with Stewart? Luckily for Stewart his leg and knee could already bend and move, so the 'key to the knee' was already unlocked. But what about the elbow, wrist and ankle?

### The Elbow

One of my big concerns had been to re-think the body and how to unlock different areas: Would the techniques that are used to unlock the knee joint work with the elbow? Again I worked over a couple of sessions with Stewart on the elbow area, combining the techniques I already knew to deal with elbow sports injuries with new techniques that I took from knee work. After trying to achieve muscle balance after stretching out the arm, I asked Stewart to raise his hand and forearm, keeping the shoulder still. Very slowly he raised his hand from the elbow with a huge smile.

'I like this unlocking business!', Stewart said to me one day. Although I said it still does not mean you should stop your rehabilitation exercises and stretching, which is still a big part of fitness and stroke rehabilitation.

Since working with Stewart he has made huge progress and can move both shoulder and elbow. We are now getting down to working on the ankle and wrist joints.



#### Jack Chapman

Occupational therapists, chiropractors and hospitals are among those who refer patients to Jack. Apart from stroke patients, Jack treats people with a wide range of injuries and conditions at his clinic. He also visits his elderly and disabled clients at their homes and at residential homes. And the exercise sessions that he offers help a variety of people, including those with sports injuries, arthritis and Parkinson's disease.

W: [www.jackchapman.info](http://www.jackchapman.info)

T: 07860 227774

E: [therapy.heaven@yahoo.co.uk](mailto:therapy.heaven@yahoo.co.uk)

To find ARNI-trained therapists in your local area, see the website: [www.arni.uk.com](http://www.arni.uk.com)