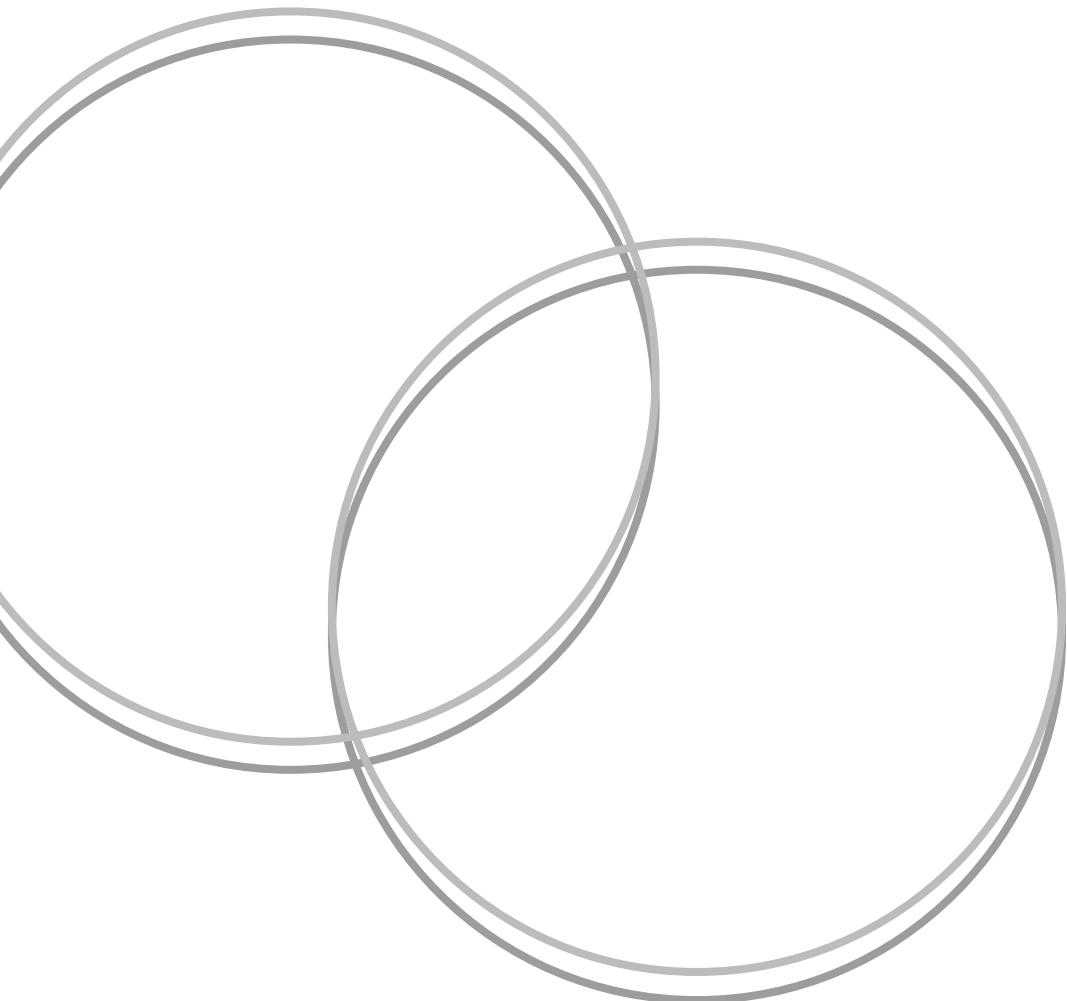


# Therapy on the Hyper Acute Stroke Unit

**Information for patients**



## Introduction

The Stroke Unit has a team of Occupational Therapists (OT), Physiotherapists (PT), Speech and Language Therapists (SLT), Dietitians and Therapy Assistants (TA) to assess needs, set goals, and provide specialist management and rehabilitation.

Therapy will be delivered as frequently as possible. Sessions may take place in various areas, and the length of sessions adjusts according to the patient's individual requirements.

Family members can join but may be asked to step back if needed to limit distractions. Patients are encouraged to do as much as possible independently as part of their recovery.

If you need this information in another format, please ask a therapist. There is also a space to make notes on pages 9-10.

## **Admission to John Radcliffe**

- Specialist stroke medical review and ongoing treatment.
- Swallow screen (oral intake if safe)
- Initial therapy assessment (mobility, seating, identifying difficulties, and discharge planning)
- Daily nursing duties.

## **Acute Rehabilitation**

- Daily nursing duties, including sitting out in a chair.
- Regular OT, PT, SLT and Dietitian input (if needed)
- Ongoing medical reviews and investigations (if needed)
- Ongoing discussions and updates about discharge plans.
- Set up with exercises to complete independently or with family/therapy assistants.
- Patients may be placed on a different ward due to bed availability but will still receive the same treatment.

## **Discharge**

The length of stay varies based on care and rehab needs.

- **Option A:** Early Supported Discharge (ESD) team
  - for patients who can manage care and rehab at home, with possible care package.
- **Option B:** Oxford Stroke Rehab Unit (OSRU), Abingdon
  - inpatient unit for therapy before discharge to home or another facility.
- **Option C:** Alternative pathways, discussed individually, for non-stroke-specific care.
- **Option D:** Home with no care or therapy as a sufficient recovery has been made.

# How might a stroke affect an individual?

## **Physical Effects:**

- Weakness (often on one side)
- Fatigue (extreme tiredness even after rest)
- Balance and coordination problems
- Difficulty swallowing (affecting eating/drinking)
- Numbness or altered sensation
- Pain
- Vision problems (blurriness, double vision, or vision loss)
- Loss of appetite
- Change in taste or smell.

## **Thinking Skills:**

- Memory problems (forgetting or trouble learning)
- Difficulty concentrating or making decisions.
- Trouble processing or understanding information.

## **Speech Impairment:**

- Slurred speech or difficulty finding words.
- Difficulty understanding and responding.

## **Behavioural and Social Impact:**

- Mood swings or personality changes.
- Difficulty with daily activities (work/social life), requiring support from family, carers, or professionals.
- Change in feelings towards food.

# **Therapy**

## **Physiotherapy**

- Assess the impact of the stroke on strength, coordination, mobility, and balance.
- Explore movement strategies to improve physical ability.
- Assess and improve balance in sitting, standing, and walking.

## **Occupational Therapy**

- Assess impact on daily activities (e.g., getting out of bed, dressing, meal prep)
- Advise on maximising independence in meaningful tasks.
- Assess thinking skills and provide helpful strategies to manage daily tasks.
- Discuss care and equipment needs.

## **Speech and Language Therapy**

- Assess swallowing and communication post- stroke.
- Support safe eating and drinking.
- Help patients communicate effectively with staff and loved ones.

## **Dietitian Input**

- Assess nutrients in current diet.
- Monitor fluid and food intake to help prevent dehydration and malnutrition (over or under nutrition).
- Helps meet nutritional needs through hospital meals, snacks, or tube feeding if needed.

# **What can patients do to help with their recovery?**

## **Follow recommendations**

- Complete prescribed exercises regularly.
- Attend therapy sessions.
- Get dressed and sit out in the chair daily if possible.
- Patients should try to do as much as they can.

## **Stay positive and motivated**

- Progress may be slow, but small steps add up.
- Patients should think about a goal or activity that they would like to work towards.

## **Ask for help when needed**

- Speak up if something is hard or confusing – support is available.
- Ask questions!

# How can family members support recovery?

## **Encourage and support independence**

- Let the person try things on their own.
- Take your family member/friend outside in a wheelchair (if appropriate, check with nurses and therapists first).

## **Be involved in therapy sessions when possible**

- Join therapy sessions to learn exercises to complete alongside sessions if recommended.
- Bring in familiar items (clothes, shoes, toiletries)

## **Be patient**

- Recovery can be frustrating—offer support and reassurance.
- Avoid rushing or doing tasks for them too quickly.

## **Ask questions!**

# **Charities and associations who can support with stroke recovery**

## **Stroke Association**

[www.stroke.org.uk](http://www.stroke.org.uk)

## **Headway**

[www.headway.org.uk](http://www.headway.org.uk)

## **Think Ahead**

[www.think-ahead.org.uk](http://www.think-ahead.org.uk)

## **Different Strokes**

[www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)

## Notes

## Notes



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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