

# Mobility and exercise after stroke



## What you need to know

- › **A stroke can affect how well you sit, move, balance, stand and walk.**
- › **Your physiotherapist will work with you to set goals and develop a rehabilitation program to meet your needs.**
- › **Exercise will improve your fitness, your general health and reduce your risk of having another stroke.**

## How a stroke can affect mobility

After a stroke, you may experience:

**Weakness.** Your foot and leg may be paralysed completely or they may be weak. Paralysis on one side of the body is called hemiplegia. Weakness on one side of the body is called hemiparesis.

**Planning or coordinating problems.** You may have difficulty planning leg movements. This is called apraxia. You may also have difficulty coordinating movements which makes them feel slow or clumsy. This is called ataxia.

**Changes in the muscles.** You may have high tone which makes your muscles stiff and tight. This is called hypertonia or spasticity. Alternatively, your muscles may be floppy or loose. This is called low tone or hypotonia.

**Balance.** You may have difficulty keeping your balance, feel unsteady or dizzy.

**Contracture.** If your muscles are tight or weak, they can become shorter. This can result in the joint becoming fixed in one position.

**Changes in sensation.** You might lose feeling, have pins and needles or have increased feeling (hypersensitivity).

**Swelling.** If your leg or foot does not move as well as it used to, fluid may build up (oedema).

**Fatigue.** You may feel very tired after walking even a short distance. This is made worse because as you may have to concentrate hard on even simplest movements.

**Pain.** You may experience pain in your leg after a stroke, most often in the hip. This can make walking more difficult.

## Treatment and recovery

Mobility difficulties affect everyone differently. Your physiotherapist will assess how well you move, sit, stand and walk. They will then work with you to set goals and develop a rehabilitation program to meet your needs.

Your rehabilitation will focus on your specific difficulties. You may need to relearn how to:

- › Roll over in bed.
- › Move from sitting to standing.
- › Move from a bed to a chair or a toilet (transferring).
- › Walk.

## Exercises

Specifically prescribed exercises can improve your strength, coordination, balance, sensation or fitness. Often this can be done during daily activities such as standing or walking. This is known as task-specific activity and is the most effective way to improve.

Repetition is key to improvement, so you may do movements many times. Movement and exercises can help to reduce muscle stiffness and pain.

Electrical stimulation may be used to strengthen weak muscles. Equipment such as treadmills may also be used as part of your rehabilitation program. Your therapist may also recommend video games to help you practice.

Weakness and contracture can cause 'foot drop'. This is when the foot or ankle drops down when you lift your leg to take a step. A plastic brace known as an ankle-foot orthosis (AFO) may be used for foot drop. These braces support the foot and ankle to help minimise tripping and reduce fall risks.

While you may make the most improvement in the first six months, regular activity will help

you to continue your recovery. If you have been experiencing fatigue, depression or pain since your stroke regular exercise may help. Exercise improves your fitness, your general health and reduces your risk of having another stroke.

You could join a fitness centre or an exercise group at your local community health centre. Talk to your doctor or physiotherapist before beginning or changing an exercise program.

## Falls

After a stroke, you may be at increased risk of falling. Wear comfortable, firm-fitting, flat shoes with a low broad heel and soles that grip. Don't wear poorly fitted slippers or walk in socks.

Your therapists can assess how safe you are in different situations, such as going up and down stairs and walking outdoors. Your physiotherapist may advise you to use a walking frame, stick or wheelchair, and will make sure you are using it safely. Your occupational therapist may assess your home for hazards and suggest equipment to prevent falls, such as a handrail or shower chair.

## More help

The health professionals at **StrokeLine** provide information, advice, support and referral. StrokeLine's practical and confidential advice will help you manage your health better and live well.

Call **1800 STROKE** (1800 787 653)

Email [strokeline@strokefoundation.org.au](mailto:strokeline@strokefoundation.org.au)

Join Australia's online stroke community with videos, fact sheets, resources and support for stroke survivors, their family and friends. [enableme.org.au](http://enableme.org.au)

Find a physiotherapist:  
Australian Physiotherapy Association  
03 9092 0888 [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

Find an occupational therapist:  
Occupational Therapy Australia  
1300 682 878 [www.otaus.com.au](http://www.otaus.com.au)



The Stroke Foundation partners with the community to prevent, treat and beat stroke. We do this through raising awareness, facilitating research and supporting stroke survivors.

Contact us

 **StrokeLine 1800 STROKE (1800 787 653)**

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