

What does physical rehabilitation consist of?

Your physical therapy program after a stroke will vary depending on your specific needs. A typical program includes mobility training, mild exercises, and stretching to improve your strength, coordination, range of motion, and balance. A complete physical rehabilitation program should also include cardiovascular ("cardio") exercise to improve your overall health and fitness.

When you begin a physical therapy program, you will work with your physical therapist to design an exercise regimen that addresses your weaknesses and helps you to reach your recovery goals. The result should be a written exercise plan that you follow every day. This may be a combination of things you do at home and things you do a few times a week at an outpatient rehabilitation center. Many stroke survivors can perform the at-home exercises alone, but you should start out doing them with a helper nearby for safety reasons. As your physical abilities improve, you can also incorporate other activities you enjoy into your physical rehabilitation plan, such as swimming.

Your rehabilitation program will include training and exercises designed to address the limitations that are having the largest impact on your daily life. For example, if you are having problems with spasticity, you may focus on range-of-motion exercises, stretching, and sometimes splinting or casting. If weakness or lack of coordination in your hand or arm is preventing you from doing everyday tasks, you may do strengthening exercises combined with *constraint-induced movement therapy*

. In this therapy, the use of your good hand will be constrained (for example, by wearing a soft mitt most of the time) to force you to use your affected hand for most tasks.

To help regain your mobility after stroke (more than half of stroke survivors are unable to walk on their own at first), you may undergo training such as walking on a treadmill with most of your body weight supported.² Gradually the amount of your weight you carry is increased until you are able to support your full body weight and move on your own.

As with learning any motor skill, when relearning movements and skills after stroke, "practice makes perfect." Only by repeated practice can you start to gain back some of the abilities you have lost.

Why is regular exercise important after a stroke?

In addition to working to overcome your physical limitations after a stroke, regular [exercise](#) to improve your cardiovascular health is an important part of your physical recovery.

Physical activity places more strain on the heart and blood vessels of a stroke survivor than on a healthy woman, and most stroke survivors also have some form of heart disease. Depending on how much the stroke has affected your movement, even simple activities such as walking can take up to twice as much energy in a stroke survivor.³ A study of women who survived a stroke found that much more energy than normal was required to carry out even common household tasks, such as bed making and vacuuming.

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Stroke survivors who take part in aerobic exercise programs just 3 days a week for 10 weeks improve their ability to carry out daily tasks, their physical endurance, their blood pressure response to activity, and their motor function.⁵ Stroke survivors should exercise 3 to 7 days a week, for 20 to 60 minutes per day. All exercise plans should be developed with your doctor and rehabilitation specialist to be sure you don't start too quickly (which can lead to another heart attack or stroke). Typical exercises for physical conditioning for stroke survivors include walking (free or on a treadmill), a stationary bike or step machine, stretching, and coordination and balance activities.

Exercise programs as a part of physical rehabilitation also play an important role in easing you back into an active lifestyle after your stroke: regular exercise in stroke survivors has all the same health benefits as exercise in adults of the same age who have not had a stroke, including preventing future strokes and heart problems.⁶

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