

What is occupational therapy for stroke?

The main goal of occupational therapy is to enable you to be independent in as many ways as possible. This is accomplished by helping you relearn the skills required to perform "activities of daily living"—such as grooming, dressing, using the restroom, preparing meals, and managing a household or job. The term "occupational therapy" refers to the goal of giving you the skills needed for "the job of living." An occupational therapist (OT) can also recommend modifications to your home to ensure your safety and help you be more independent, and give you advice and instruction on assistive devices that can make your life easier.

Occupational therapy and [physical therapy](#) often overlap because they share many common goals, but both are important parts of every stroke rehabilitation program.

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While physical therapy is mainly directed towards improving your physical ability to perform tasks, occupational therapy is focused on the practical aspects of the tasks themselves. Occupational therapy also deals with more complicated issues such as learning to drive again, returning to the workplace, and compensating for decision-making, reasoning and memory problems in daily life.

What stroke problems can occupational therapy help with?

Occupational therapy can help you to overcome or work around many of the effects of stroke and improve your long-term ability to live on your own and socialize in the community.² Below are some common stroke-related problems that occupational therapy can help with:

- **Movement:** Weakness, spasticity, paralysis, and poor coordination can make many simple tasks, such as grooming and getting dressed, very difficult. Occupational therapy can help you relearn the skills you lost or find new ways of doing things that work around your disabilities. Balance problems are common after stroke; your OT can help you change your environment to minimize the risk of falls.
- **Thinking and Memory:** Stroke can damage the areas of the brain responsible for memory, learning, attention, and awareness. This can cause you to have problems remembering things and carrying out tasks with multiple steps. OTs will work with you on developing coping strategies to minimize the impact of these limitations on your daily life, such

as making lists and placing reminders around the house.

- **Restroom:** Stroke can also damage the part of the brain that controls the muscles of the bladder or bowel, resulting in incontinence or constipation. While this usually improves with time, occupational therapy can teach you ways to prevent these problems from interfering with your life and social relationships and increase your peace of mind. Your doctor will also be able to help you deal with constipation, incontinence, and other bowel or bladder problems. Be sure to let your doctor know if you are having problems.

- **Vision:** Stroke can damage areas of the brain responsible for vision and other senses. Occupational therapy can teach you how to accomplish tasks with limited vision on one side, and how to make your environment safe.

- **Eating:** Problems with appetite and with chewing and swallowing food are common after stroke. Physical rehabilitation can help you retrain your swallowing muscles; occupational therapy can teach you how to prepare food that is easier to eat and how to make food more appetizing.

- **Driving:** Mobility in the community is an important part of many people's sense of well-being. Occupational therapy can help you determine if you can still drive safely after a stroke and recommend assistive devices or behavioral changes to help limit the risks. If you are unable to drive, your OT can help you identify and learn to use other ways of getting around.

[Next: What does occupational therapy consist of?](#)

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