

Centre for Neuro Skills Presents a Case Study: The Headache That Was a Stroke

A self-proclaimed workaholic, D.L. had been putting in long days at her job as a set designer. She began having severe headaches, which she suspected was caused by mounting stress. As the pain and intensity increased, she decided to seek help from her chiropractor, who administered a cervical spine manipulation.

All seemed fine. But while driving one day, she experienced weakness on her left side to the point that she could no longer handle her car. She pulled over and tried to get out, fell to the ground, and laid in a gutter until emergency personnel arrived and rushed her to the hospital. Initially D.L. was diagnosed with left-sided hemiparesis, left-sided neglect, and left facial droop.

Patient Profile

Injury/Diagnosis:
Stroke

Deficits: Decreased judgment and safety awareness, impaired processing, diminished cognitive endurance

Employment: Set designer in the film industry

Discharge Status:
Returned to work

Living Skills and Cognition Steadily Improved

Physicians also made a key distinction – the “headaches” she endured were actually a right internal carotid artery stroke. The stroke left her with many deficits: a left visual field cut, decreased judgment and safety awareness, impaired processing skills, decreased attention to detail, and diminished cognitive endurance. Suddenly this accomplished woman was confined to a wheelchair and had to use an upper extremity sling to support her left side.

After admission into Centre for Neuro Skills’ (CNS) modified inpatient program, she participated in occupational and physical therapies, as well as cognitive rehabilitation during the day. At night and on the weekends, neurorehabilitation specialists assisted D.L. in her home with activities of daily living such as cleaning, cooking, and organization. Her living skills and cognition steadily developed and improved.

While the goals of acute rehabilitation are to medically stabilize the patient, postacute rehabilitation involves getting the patient as independent as possible and integrating him or her back into the community. This was the objective for D.L. CNS developed a tailored treatment plan to rebuild her life skills so she could return to work and productivity.

Back to Work, Volunteering at Church, and Driving Safely

After nine months of intense rehabilitation in all therapeutic disciplines, D.L. was transitioned to CNS’ supported living program. Again, the program focused on occupational and physical therapies but also included outpatient counseling to help her adjust to life after a stroke. Her progression was impressive. D.L. was able to return to set designing with the help of a personal assistant. Another nine months passed, and she demonstrated vast improvement while in the supported living program.

Today she can drive with modifications and is able to walk using an ankle foot orthotic. D.L. now volunteers at a local church and returned to her hectic eight hour day on the set.