FREE CAREGIVER GUIDE

Helping Safely After a Stroke

Denise, MS, OTR/L · Occupational Therapist

1 Your Most Important Rule

Affected arm means the arm changed by the stroke. A transfer means moving between a bed, chair, toilet or other surface. Follow the stroke survivor's individual care plan. Ask the OT, PT, nurse or other treating clinician how much help is needed for transfers, walking, bathing and dressing. If you are unsure whether the assistance level has changed, ask before trying a new method. Encourage the person to safely do the parts of an activity they can do. Avoid taking over tasks unnecessarily.

2 Protect the Weaker Arm

Support the weaker arm when sitting, resting or moving if the person cannot control it well. Never pull on the weaker arm to help the person sit up, stand, transfer or reposition, and do not lift under the armpit. Keep the hand and arm from becoming trapped under the body, wheelchair, bedrail or bedding. Report new or worsening shoulder/arm pain, swelling, redness, skin injury or loss of movement to the healthcare team.

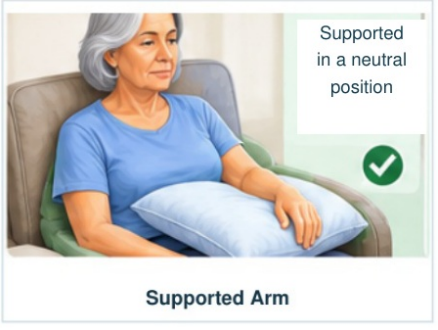
3 A Simple Caregiver Goal

Help enough for safety while allowing the stroke survivor to participate as much as safely possible.

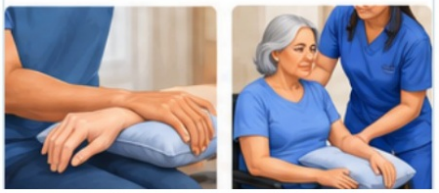
4 Everyday Example — Fictional; Follow Your Care Plan

The person is slower getting dressed after a tiring morning. Prepare the supplies and use the setup taught by the therapist. Allow time and the prescribed help. Note what was difficult for the next visit. Sudden new weakness, speech or vision change needs emergency help, not a routine change in the day's plan.

5 Questions for My Care Team / What Helped Today

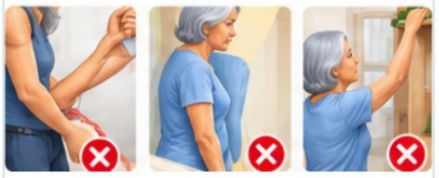


Supported Arm



Support at elbow and wrist.
Keep the arm close to the body.

Safe Handling



Unsupported / forceful positions

Function Participation Independence

At home

Follow your care plan.
Ask for a demonstration.
Check the help needed.

Practical Tools for Confident Stroke Care

FUNCTION
PARTICIPATION
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Transfers, Dressing & Daily Care

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1 Moving and Transfers

Follow the individual care plan. Ask the care team to show you any unfamiliar task or equipment. Use only the transfer method, assistance level and equipment that the care team has taught you. Do not improvise a new transfer technique or change equipment setup if you have not been trained. Before a transfer, clear the area and follow the taught setup for the wheelchair, walker, footwear, brakes, footrests and other equipment. Do not pull on the weaker arm. If you have not been trained to perform the transfer safely, ask the therapy or nursing team for hands-on caregiver training.

2 Eating, Bathing and Toileting

Follow all prescribed swallowing, food-texture and liquid-consistency instructions exactly. Do not change them without guidance from the treating team. Use recommended bathroom equipment only as instructed and fitted for the person's needs. Wet floors, rushing, fatigue and nighttime bathroom trips can increase fall risk. Food or liquid can enter the airway without coughing. Follow the prescribed swallowing plan even when no obvious difficulty is present.

3 Dressing and Grooming

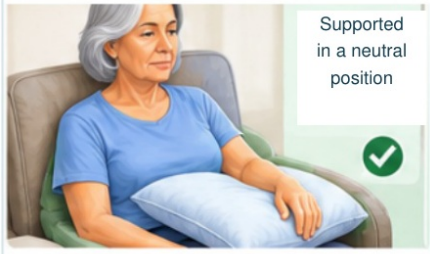
Give the person time to try the task. One common dressing strategy is to put the weaker arm into the sleeve first; the OT may recommend a different method. Use short reminders rather than taking over immediately. Set out only the needed items if too many choices are confusing.

4 Safety First

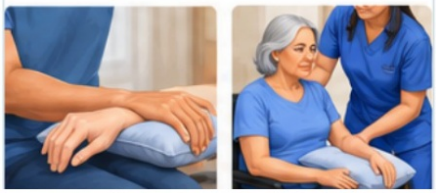
If a transfer feels unsafe or the person's ability is noticeably different from usual, stop and obtain appropriate assistance rather than trying to complete it alone.

5 Everyday Example — Fictional; Follow Your Care Plan

The person can hold a spoon and asks for a regular drink instead of the prescribed consistency. Keep the current swallowing plan and contact the team about reassessment. Better hand use does not mean swallowing is safe. Do not test with water or change the diet on your own.

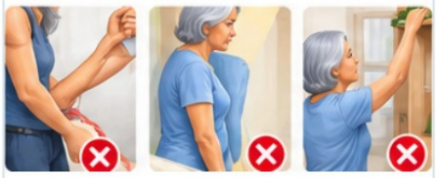


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Communication, Thinking & One-Sided Inattention

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1 Make Communication Easier

Neglect means difficulty noticing one side of the body or surroundings. Follow the scanning method taught by your therapist. Speak in a normal adult tone. Use short, clear sentences and discuss one idea at a time. Allow extra response time. Gestures, pictures, writing or showing the actual object may help. A person with aphasia may know what they want to say even when speaking or understanding language is difficult. Language difficulty does not automatically mean reduced intelligence.

2 If Attention or Thinking Is Difficult

Reduce background noise and distractions. Give one direction at a time when needed. Keep routines consistent. Written or picture reminders may help with sequencing and memory. Do not assume the person is safe with medications, cooking, finances or other complex activities until these abilities have been assessed.

3 If One Side Is Being Missed

Some stroke survivors have neglect/inattention and may not notice people, objects or even part of their own body on one side. Use the scanning method taught by OT: pause, turn the eyes/head toward the missed side and systematically scan the whole area during meals, grooming, reading and mobility.

4 Be Patient with Processing Time

Allow time to understand, respond and correct an error before repeating the instruction or completing the task for the person.

5 Everyday Example — Fictional; Follow Your Care Plan

The person cannot find the word for what they want. Reduce background noise, allow time and offer the agreed picture or gesture choices. Confirm the message before acting. Difficulty speaking does not by itself mean the person cannot understand or choose. Ask the speech-language therapist for further guidance.



Stroke Signs



Medical Review



Interview

At home

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Home Safety & When to Get Help

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1 New Stroke Warning Signs

Follow the individual care plan. Ask the care team to show you any unfamiliar task or equipment. Call 911 immediately for sudden new weakness, speech or vision change, severe imbalance or severe unexplained headache, even if symptoms improve. Do not drive yourself. Note when the person was last known to be well without delaying help.

2 Make the Home Easier to Use

Keep walking paths clear, improve lighting and remove or secure trip hazards. Place frequently used items where they can be reached safely. Use the mobility device and bathroom equipment recommended for the individual. Check with the care team before substituting equipment. Plan rest breaks. Post-stroke fatigue can be significant, and rushing when tired can increase errors and fall risk.

3 BE FAST: Know Possible Stroke Warning Signs

B - Balance: sudden loss of balance or coordination. E - Eyes: sudden vision loss or change. F - Face: sudden facial droop. A - Arm: sudden weakness or numbness. S - Speech: sudden speech difficulty. T - Time: Call 911 immediately for new or sudden stroke symptoms. Note when the symptoms started or when the person was last known to be well. Do not wait to see whether symptoms improve.

4 Other Important Changes

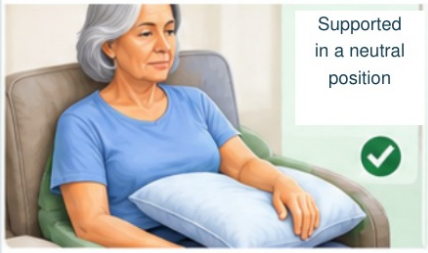
A sudden or marked change in confusion, alertness, strength, walking or function can signal a medical problem and deserves prompt medical attention. For repeated falls, significant new pain/swelling, inability to manage safely at home or other concerning changes, follow the discharge plan or contact the appropriate healthcare professional. Call 911 for an emergency.

5 Keep This Information Handy

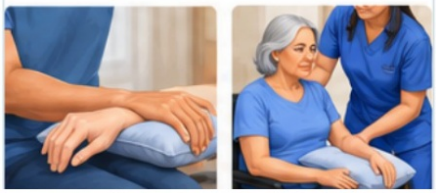
Keep the current assistance level, mobility device, swallowing/diet instructions, medication list, emergency contacts and therapy recommendations readily available. Update the list when the care plan changes.

6 Everyday Example — Fictional; Follow Your Care Plan

The discharge list recommends equipment, but you are unsure who will fit it. Ask the team who will supply and demonstrate it, what help is required and whom to contact. Practice with the actual equipment before relying on it. Keep current medicines and follow-up instructions accessible.

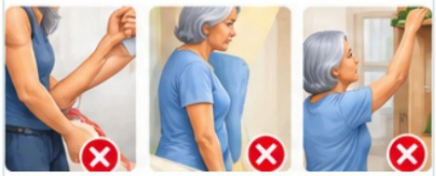


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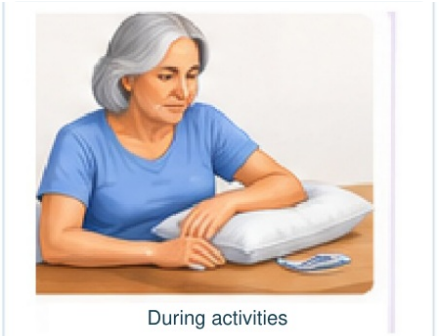
General education only. Follow the individual care plan and ask the treating team to demonstrate unfamiliar techniques or equipment. This guide does not replace medical advice, swallowing instructions, mobility instructions or emergency care. U.S. emergency numbers are used; outside the U.S., use local emergency and crisis services.

4 Images & Printing

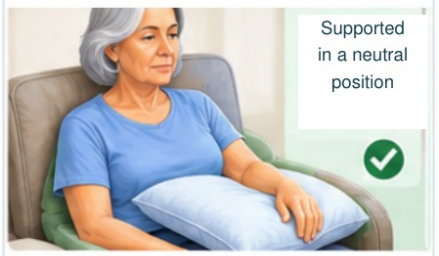
Images illustrate care settings. They are not step-by-step handling or exercise instructions. Print on US Letter paper. Use Actual Size or Fit to Printable Area and check a test page. Grayscale printing is suitable. Explore the complete Stroke Caregiver Toolkit: 12 practical topics in a 13-page PDF, including its license page. © 2026 Denise, MS, OTR/L • OT Practical Guide. All rights reserved.



Interview



Activity Support



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