

# Johns Hopkins Bayview

Health and Wellness News



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# Life After Stroke

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# Life After Stroke

Stroke Center helps patients regain their lives, one day at a time

By the time you finish reading this article, six people in the United States will have had a stroke. One of them will die.

Each year, about 795,000 people in the U.S. have a stroke; it's the third leading cause of death in this county. And half of these strokes could have been prevented if people took the right steps.

Stanley Roseborough was dancing at a neighborhood party in Glen Burnie in June 2008 when he had his stroke. He was just 54 years old. "My whole left side was off balance, and I bumped into my sister," he remembers. Roseborough thought he was going into a diabetic coma. Friends sat him down and immediately called an ambulance. After a short hospital stay, he was transferred to Johns Hopkins Bayview Medical Center.

**When all the strikes are against you** Occupational therapist Dana Alonzi, OTR/L, first met Roseborough after his stroke. He could not stand or walk, had no control over his posture, and was difficult to understand. Johns Hopkins Bayview's Terrace Rehabilitation Unit sees many patients like Roseborough in its Stroke

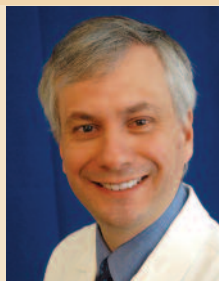
Rehabilitation Program. Patients undergo three hours a day of physical, occupational and speech therapy to try to return as closely as possible to the lives they knew before. "The first thing we do when we meet a patient is find out who they were before the stroke," says Alonzi. "Because that's exactly who they still want to be."

Roseborough was a truck driver for the Baltimore City Department of Public Works before his stroke. He loved to dance, bowl, and spend time with his two sons and their children. He greatly valued his independence, and was desperate to regain it after

his stroke. For seven weeks on the Terrace Unit, a team of therapists worked with Roseborough to strengthen his left side—including his oral muscles, trunk muscles, arm and leg, practice balance and walking, and work on

daily life skills. "We lay the foundation for everything that comes in later months of stroke recovery," says Alonzi. By the fifth week, Roseborough was able to walk with a cane under supervision, prepare a light meal, and shower with minimal assistance. The final milestone to discharge was an outing to the mall, where

Rafael Llinas, M.D.  
Director of the  
Stroke Center



he was able to endure the necessary walking and enjoy a meal with fellow Terrace patients.

## Not a moment to spare

The Terrace Unit is an integral part of the care in the Stroke Center, but when a stroke occurs, the most critical work takes place within the patient's first few moments in the emergency department. A CT scan is done within five minutes of arrival to help doctors determine the type of stroke and appropriate treatment. There are two kinds of stroke: ischemic, in which a blockage of blood flow to the brain causes damage to the neurons, and hemorrhagic, in which the damage is due

## Safeguard Yourself Against Stroke

*Stroke patients aren't always older people with unhealthy lifestyles. Dr. Llinas says that about five percent of the stroke patients he sees are young people, and a large number are people in their 50s or 60s.*

**You can help reduce your risk of stroke by taking the right preventative steps:**

- Reduce your blood pressure. Hypertension is the most significant risk factor for a stroke.
- Stop smoking. Cigarette smokers have two to three times the risk of stroke.
- Manage your diabetes. Your risk of ischemic stroke triples if you have diabetes.
- Lose weight. Obesity increases the risk of stroke by 50 to 100 percent.
- Eat right. Consume more fruits and vegetables, watch your salt intake, and add baked or broiled fish to your diet.
- Be active. Aim for 30 minutes of physical activity at least five days a week.

to bleeding in the brain. These two types of stroke have the same symptoms, but require completely different treatment.

Rafael Llinas, M.D., director of the Stroke Center, says his multidisciplinary team of in-house neurologists and neuro-trained nurses can quickly deliver expert care when every moment counts. "We don't have to send anyone anywhere else," he says. "We offer everything right here." Depending on the severity of the stroke, patients may be moved to the Neurosciences Critical Care Unit or the Intermediate Care Unit, located just a few feet from one another. The same physician will oversee an individual patient's care every step of the way.

The Stroke Center also is involved in continuing research on the prevention and treatment of stroke. Currently, Dr. Llinas is working on several studies, including one to learn about patients' views on medication to reduce their risk of secondary stroke, and another comparing the long-term recovery of stroke patients who have been treated with a "clot-buster" medication called tPA.

## Back on a roll

Today, Roseborough enjoys the independence that he had feared would be lost after his stroke. He lives by himself in Baltimore, walks without assistance, drives himself to the store, is back at the bowling alley, and does all of his own cooking and cleaning. He's working on a business plan to start his own trucking company. "I worked as hard as I could to gain back some of me," he says. "I didn't allow the stroke to take me down to nothing."

—Sara Baker



Stanley Roseborough is back on the bowling lanes after his treatment at the Stroke Center.

The Johns Hopkins Bayview Stroke Center is certified by the Joint Commission as a Primary Stroke Center. The Stroke Rehabilitation Program is accredited by the Joint Commission, and the Commission on Accreditation of Rehabilitation Facilities (CARF) as a Stroke Specialty Program.

## Know the Warning Signs

*Quickly recognizing the symptoms of a stroke is essential for a favorable recovery. If you or a loved one experiences any of these signs, call 911 immediately:*

- Sudden weakness or numbness in the face, arm or leg on one side of body
- Sudden loss or blurring of vision
- Confusion, loss of memory or consciousness
- Slurred speech, loss of speech or problems understanding others
- A sudden, severe headache with no apparent cause
- Unexplained dizziness, drowsiness or incoordination
- Nausea and vomiting, especially when accompanied by any of the above symptoms

The Johns Hopkins Bayview Stroke Center holds a support group, Inch by Inch, on the third Thursday of every month at 7 p.m. to provide free education and support to stroke survivors and their families and caregivers. Call 410-550-7793 for more information.

For more information about the Stroke Center and the Department of Neurology, call 410-550-0592.

If you have had a stroke and would like to know if you are eligible for one of our stroke studies, call 410-550-1045.