

INFORMATION FOR PATIENTS

Assisting hand and arm recovery (after a stroke)

Positioning your arm

When your arm is affected by a stroke it is important to protect it from injury and to try to keep it in a normal position, especially at the shoulder. Good positioning can help prevent stiffness in the joints, muscles and soft tissues in your arm, which can sometimes lead to pain, less movement and slow down recovery.

Shoulder subluxation is a partial dislocation of the arm at the shoulder joint that occurs in many people after a stroke. The upper arm bone (humerus) moves down out the shoulder joint. This is caused by muscle weakness around the shoulder preventing the muscles holding the weight of the arm in the joint. A shoulder subluxation is not painful in itself; however, it can make your shoulder more prone to injury, stresses and strain.

When resting, your arm can be kept in positions that reduce subluxation. Also:

- Never allow your arm to hang at your side unsupported as this can increase the chance of subluxation and may cause pain.
- Never lift your arm up from your hand only, try to support the entire arm when taking its weight.



You may find that tucking a pillow under your knee and arm is a comfortable and safe position in bed.

When sitting in a chair your arm should be supported on a pillow, cushion, lapboard or table. It is especially important that the elbow is supported, not just the hand. Keep your upper arm close to your body. Ensure your hand is palm down on the pillow, and try to keep your fingers fairly straight rather than in a fist shape. A rolled towel placed under your hand can help maintain a good position of the wrist, hand and fingers

Although it is good to protect your arm whilst moving, do not hug your arm across your lap as this can sometimes make your shoulder become stiff and painful. This can then make it difficult to move away from your body for washing and dressing. .

The therapists on the ward can show you how to position your arm.



When sitting in a chair place a pillow under your arm for support. Try and keep your fingers as straight as possible.

Assisting movement and sensory stimulation

During rehabilitation, therapists will help you regain movement and function in your arm where possible. However, you can also do gentle range of movement exercises as well to help to keep the muscles and joints moving, reduce swelling and help activate the affected limb. If the feeling in your arm has been altered these exercises can also help normalise sensation. With your agreement family and carers can carry out these exercises, to compliment your rehabilitation alongside therapy. These exercises should be continued on discharge from hospital. Your therapist will advise you which of the techniques you should use and how often you should do them.

If you have any concerns during or after the exercises, please speak to a member of the therapy team.

General tips:

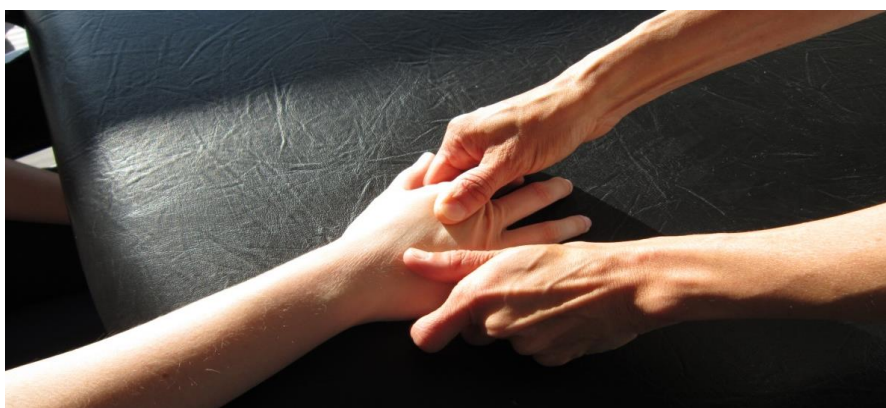
- Follow the positioning advice.
- Look at your arm and hand during exercises and stretches.
- A carer can help encourage recovery by gently massaging your hand and fingers; you can also use your unaffected hand to rub and massage your affected hand and arm.
- It is important to keep your hand used to being touched and handled; lack of stimulation to your hand can cause it to become over sensitive to touch and movement.
- Rub a towel or flannel over and around your hand and fingers to stimulate the sensation.
- With your hand flat down on a smooth surface, a carer can trace around your hand with a pen to provide sensory stimulation.

Sensory stimulation



Apply firm pressure from the base of the thumb to the tip.

Repeat on all fingers.



Apply firm pressure from the middle of the hand along the web space between the fingers.

Repeat on all fingers.

Stretching



With the hand supported on a pillow, gently stretch across the palm from the tip of the thumb to the tip of the little finger.

Active assisted movements



With the arm on a pillow, support the arm and the hand. Gently bend the arm at the elbow so the hand moves towards the shoulder, then straighten it at far as is comfortable or until it is straight.



Holding the fingers and the thumb, gently bend the hand at the knuckles keeping the fingers straight, then fully open the hand.



To assist movement of the wrist, with the forearm supported, gently lift the hand up bending at the wrist.

Try to join in with the active assisted movements – even if you only have a small amount of movement. Moving little and often is the most effective.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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