

# Daily rehabilitation activities for stroke patients

## 中風病人日常復健活動-中英

Stroke is the main factor causing acquired disabilities in humans and is also one of the top ten causes of death in Taiwan. Stroke patients often need a long period of rehabilitation to resume some activities. Although the death of the central nervous system is irreversible, some body functions can still be restored through rehabilitation and natural brain repair. Therefore, there are correct The concept of rehabilitation is very important.

腦中風是造成人類後天殘疾的主要因素，同時也是台灣十大死因之一。中風病人往往要經過長時間的復健才能恢復部分的活動，雖說中樞神經的死亡是不可恢復的，但透過復健及腦部自然修復，還是可以找回部分的身體功能，因此有正確的復健觀念是非常重要。

### I. The purpose of rehabilitation 一、復健的目的

Through repeated rehabilitation exercises, exercise can induce movements, and lost movements may be restored. Stroke patients receive intensive high-intensity rehabilitation in the hospital during the acute phase, which can help restore basic mobility, mobility, balance, cognition, language functions and daily life functions.



透過反覆的復健運動，運動能誘發動作，失去的動作可能會因此恢復。腦中風病人急性後期住院接受密集的高強度復健，有助於基本活動力、行動力、平衡感、認知、語言功能和日常生活功能恢復。

### II. When does rehabilitation begin? 二、復健什麼時候開始？

Clinical studies indicate that high-frequency and aggressive early ambulation intervention within 24 hours after stroke may cause harm, but early rehabilitation within

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48 hours after stroke can reduce mortality; stroke within 24 to 72 hours after stroke The center then begins to implement early out-of-bed activities, which can help increase mid- and long-term motor function performance and short-term walking independence.

臨床研究指出在中風後 24 小時內高頻率且積極地早期下床活動介入可能會造成危害，但是在中風後 48 小時內執行早期復健能降低死亡率；中風後 24 至 72 小時內於腦中風中心便開始執行早期下床活動，有助於增加中長期的動作功能表現及短期內行走獨立性。

### III. Where is the best place for rehabilitation? 三、復健在哪進行比較好？

Generally, if the condition is stable and there is no need for additional nursing care, the rehabilitation physician will be notified as soon as possible for assessment and can be carried out in the ward; if there is a need for post-acute care (PAC) and rehabilitation after assessment, the team will evaluate and transfer to the chronic ward of the rehabilitation department in addition, after discharge from the hospital, there are also options such as rehabilitation department outpatient service or long-term care home rehabilitation.

一般若病況穩定，無須加護照護，會盡快照會復健科醫師評估，可於病房進行；若評估有急性後期照護復健需求（Post-Acute-Care，簡稱：PAC），經團隊評估會轉至復健科慢性病房；另外出院後也有復健科門診或長期照護居家復能等選擇。

### IV. What does rehabilitation include? 四、復健運動包括哪些？

1. Physiotherapy: large body movements such as turning over, turning, changing posture, walking and other mobility.  
1.物理治療：身體大動作，如：翻身、轉位、變換姿勢、行走等活動能力。
2. Occupational therapy: fine body movements, improving the ability of daily life, such as self-care ability such as picking up objects and putting on clothes.  
2.職能治療：身體細部動作，增進日常生活能力，如：拿取物品、穿衣服等自我

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照顧能力。

3. Speech therapy: Facial massage, cheek muscle rehabilitation exercises, and swallowing movement training.

3.語言治療：臉部的按摩、臉頰肌肉的復健運動、吞嚥動作的訓練。

### V. Precautions for rehabilitation 五、復健注意事項

1. Although the sooner the rehabilitation starts, the better, but you still need to consider whether you are still in the advanced stage of stroke and your vital signs are still unstable (such as: fever, low blood pressure).

1.雖然復健越早開始越好，但仍需考慮本身是否還在中風進展期、生命徵象仍不穩定（如：發燒、血壓太低）。

2. Brain injury is still a big challenge for the body. Each patient has different rehabilitation goals, and the expected functional recovery is also different. If the pre-morbid state cannot be restored, the goal is to avoid muscle contracture or other complications.

2.腦部損傷仍然是身體一大挑戰，每位病人復健目標不同，預期功能恢復也不同，若未能恢復致發病前狀態仍需以避免肌肉攣縮或其他合併症為目標進行。

3. The first rehabilitation must be accompanied by someone or a family member. If you are not accompanied by someone, do not do activities alone to avoid falls or other unexpected injuries.

3.首次復健務必有人或家屬陪同，若無人陪伴切忌單獨進行活動，避免跌倒或其他非預期之傷害。

4. During the activity, it is necessary to pay attention to whether the patient is uncomfortable at any time, so as to avoid another stroke.

4.活動過程中須隨時關心病人是否有不舒服，避免發生再次中風。

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