

Arm, hand and shoulder after stroke

What you need to know

- › Stroke can affect your shoulder, elbow, wrist, and hand.
- › You may have changes to your strength, movement and feeling.
- › Your treating team can work with you to develop a rehabilitation program.
- › Stroke recovery is a gradual process.

Arm, hand and shoulder changes and treatment

After a stroke, your shoulder, elbow, wrist and hand may not work like they used to. It's usually only on one side of the body, but it can be on both. This will depend on what part of your brain has been injured.

It takes time to recover after stroke. Your treating team can include doctors, physiotherapists and occupational therapists. These health professionals can test your upper-limb strength, movement and feeling. They can work with you to develop a rehabilitation plan based on your needs and goals.

Weakness or paralysis

Your muscles may be weak, loose or floppy. This is called **hypotonia**. Weakness on one side of the body is called **hemiparesis**.

Paralysis is when you can't move at all. Paralysis on one side is called **hemiplegia**. Your arm may be paralysed completely, or your shoulder, elbow, wrist or hand may be weak.

Your treating team may suggest:

- › Repeating a movement or task over and over. Your team will tell you the number of repetitions to aim for. You also need to do it at the right level of difficulty. You need to be able to do it accurately, but it also needs to be challenging.

- › Exercising with weights. This helps strengthen your muscles. The amount of weight will increase as you improve.
- › Constraint-induced movement therapy (CIMT). This can work for people with mild to moderate weakness. You wear a mitt or sling on your unaffected hand or arm. This makes you use your affected hand more.
- › Video games to help you practise arm movements.
- › Electrical stimulation. A low-level electric current helps strengthen muscles.
- › Mirror therapy. A mirror is placed between your arms on a table. When you see your non-affected arm move in the mirror, it tricks your brain into thinking your affected arm is moving.

Touch and sensation

You may feel touch less in your arm, hand or shoulder.

You may feel touch more. This is called **hypersensitivity**.

You may have pins and needles, tingling or other strange sensations.

Your treating team may suggest feeling different materials, objects and textures. This can help retrain your senses.

Planning movement

You may have difficulty planning movements, even if your arm is not weak. This is called **apraxia**.

Your treating team may suggest you talk about and practise the steps of moving. They will guide your movements if needed.

Muscle spasticity

Your muscles may feel stiff and tight. Your muscles resist movement. They may not work like you want them to. This is called **muscle spasticity**.

- › Talk with your team about any changes to your muscles.
- › Read our [Muscle spasticity after stroke](#) fact sheet.

Subluxation

Changes in the muscle may make your arm bone sit slightly lower in your shoulder socket.

Your treating team may suggest:

- › Exercises or electrical stimulation to help strengthen your muscles.
- › A sling to help support your arm.
- › Ways to move your arm safely.

Swelling

If your hand or arm does not move as well as it used to, fluid can often build up. This is called **oedema**.

Your treating team may suggest:

- › Regular, gentle exercises help your circulation.
- › Gentle massage or raising your arm may help drain the fluid.

Pain

Muscle changes, spasticity and subluxation can cause pain. Changes in your brain may also cause changes in sensation and make you feel pain even if you are not injured.

Your treating team will work with you to find what's causing your pain.

- › Medicine and other treatments can help with pain.
- › If the pain does not improve, you may need a specialist pain management doctor or clinic.
- › Read our [Pain after stroke fact sheet](#).

Living with changes to your arm, hand and shoulder

- › You may need to use equipment. You may need to protect your arm from injury. Your treating team can provide advice on the best equipment and strategies for you.
- › For one-handed hints and hacks, visit irebound.enableme.org.au
- › Find new ways to move your body, or talk with your treating team about ways to adapt the things you did before your stroke.
- › Consistency is key. Keep exercising and using your affected arm. It can help to join an arm exercise group. You can involve family and friends in practice sessions.

More help

StrokeLine

StrokeLine's nursing and allied health professionals can give you information, advice and support. StrokeLine is a free, confidential and practical service.

Open Monday to Friday, 9am to 5pm Australian Eastern Time. StrokeLine is closed on national public holidays.

Call **1800 787 653**

Email strokeline@strokefoundation.org.au

If you need to see a **physiotherapist** or **occupational therapist**, talk with your GP. StrokeLine can tell you about the different ways to go about it, and help you find the best way for you.

To find a **physiotherapist**:

Australian Physiotherapy Association
Visit choose.physio

To find an **occupational therapist**:

Occupational Therapy Australia
Visit otaus.com.au

EnableMe

EnableMe can help with your stroke recovery. Get the information you need. Connect with other survivors, families and carers.
Visit enableme.org.au

About us

Stroke Foundation partners with the community to prevent, treat and beat stroke. We do this through raising awareness, facilitating research and supporting survivors of stroke.

Contact us

 **StrokeLine 1800 787 653**

 strokefoundation.org.au

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