Left Hemisphere Stroke Assessment

The location of the brain affected by stroke determines the severity of impaired functioning. A stroke affecting the left hemisphere causes right side hemiplegia. The patient may have difficulty discriminating between left and right. Other impairments include aphasia, agraphia, and slow performance. The patient is aware of the deficits and may experience anxiousness or guilt.



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Opposite Side Weakness (Hemiplegia)

Opposite Side Weak and Drooping

Since the pyramidal pathway crosses the medulla, one side of the brains affects the motor function on the opposite side of the body. Left hemisphere stroke causes right side paralysis.

Side to Side Discrimination

Can't Discriminate Between Sides

Left hemisphere stroke affects the ability to discriminate between left and right. Since the patient may not be aware of their disability in distinguishing between left and right, it is important to assess the patient for difficulties.

Aphasia

A-fish with Aphasia

The left side of the brain is the dominant hemisphere for language skills. Left hemisphere stroke causes aphasia that varies from loss of comprehension, inability to express language, or complete inability to communicate. Most types of aphasia include a mix of impairments in comprehension and expression. Use simple words and short sentences to prevent overwhelming the patient.

Agraphia

A-graph-paper

The left hemisphere of the brain is dominant for communication skills. Left hemisphere stroke may cause agraphia, the inability to write. The patient may also develop alexia, the inability to read.

Slow Performance

Snail Performing

Left hemisphere stroke affects intellectual abilities. Patients with left hemisphere stroke are more cautious in their movements and decisions. Left hemisphere stroke may cause acalculia, an impairment to solve math problems.

Aware of Deficits

Aware of Losing

Stroke often results in a loss or impairment of various functions. The patient may experience alterations in motor function, intellectual abilities, communication, personality, affect, sensation, and bladder and bowel elimination. The sudden change in normal function may result in anxiety, frustration, anger, and depression. Convey the importance of the patient's thoughts by listening attentively.

Anxiety

Anxiety-bag

After experiencing a stroke, the patient may have difficulty controlling emotions and may display anxiety. A sudden loss or impairment in abilities will cause frustration and anger. Positive reinforcement and encouragement helps build the patient's self-esteem and confidence. Teach the patient coping mechanisms to address stressful situations.

Depression

Depressed-emo

Mobility and communication impairments associated with stroke cause frustration and alterations in body image. Loss of function may provoke unpredictable emotions and feelings of depression and guilt. To help alleviate the stress, inform the patient that frustration and depression are common

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feelings during the first year after a stroke. Encourage the patient to identify strengths and set realistic goals to increase self-esteem.

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