Redeveloping skills after brain injury

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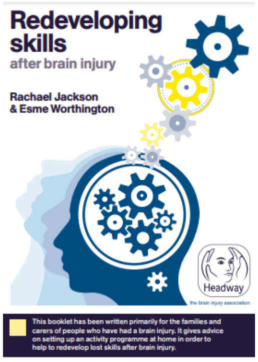

Redeveloping skills
after brain injury

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This booklet has been written primarily for the families and carers of people who have had a brain injury. It gives advice on setting up an activity programme at home in order to help to redevelop lost skills after brain injury.

Introduction

Often there are times between periods of rehabilitation, or when formal hospital rehabilitation has finished, when someone who has a brain injury is at home for long periods of time. If this time is used carefully, it can help towards continuing the process of recovery, and prevent possible boredom or loss of skills.

This publication is written primarily for family members, partners or carers, to give ideas, resources and guidelines on designing and implementing an activity programme at home. Setting up a home activity programme takes time, but it can be very worthwhile and highly enjoyable too.

The programme will need to be tailored to fit the specific needs of the brain injury survivor: every individual is different, so the type and pace of activities included in the programme will need to reflect this.

Some common problems that can accompany brain injury are lack of motivation, difficulties in initiating activities and continuing with them once started (this is collectively known as executive dysfunction). Frequent reminders and plenty of encouragement are needed to try to overcome this problem. Information and tips on coping with this specific issue are available in our publication *Executive dysfunction after brain injury*.

The activity programme should be as engaging as possible for all involved. If something stops being enjoyable you can stop, think and ask whether the activity is necessary. It may be better to drop the activity from the programme altogether and find something different to replace it, or perhaps just take a break from the activity and come back to it in a few weeks' time.

Once you have designed the activity programme, it does not need to be 'set in stone'. Activities can be altered on an on-going basis according to changing interests. There may also be new opportunities to take part in activities that haven't been tried before. Don't worry if the activity programme doesn't go exactly as planned: you can use any of the ideas for activities as often as it suits, and come back to the programme when you feel ready.

You shouldn't feel that you have to stick to the information provided in this publication alone. Other Headway publications provide information and strategies which will be just as useful and some provide far more detail than there is scope for here. You may even want to come up with your own activities and it can be fun for you and the survivor to devise them together. If the survivor is still working with a rehabilitation team then you should consult with the therapists and ensure that you are all working towards the same goals.

The information in this publication does not replace clinical guidance from medical professionals.

How to develop a home activity programme

1. Draw up a list of possible activities that are within the survivor's capabilities

Think of activities that the survivor enjoys, what motivates them, what may irritate them, and what they can understand. Try to make the most of everyday activities and incorporate these into the home programme. For instance, if possible, include responsibility for one or more home tasks, however straightforward, such as laying the table, or folding laundry.

Many of the things that we do each day can be useful opportunities for relearning: for example, following a recipe provides practice in concentration, using one's hands, remembering, organising, safety awareness, and following instructions.

2. Get information about your local facilities

Look around your local area for support. There may be suitable support services that could be used for one or more days a week, such as a local leisure centre that runs sports sessions for people with disabilities, or a local Headway support group or branch. Could you share or join in some of the activities with another family who are in a similar situation to your own? Are there local volunteer agencies or groups who could help? Will you be able to get sessions of physiotherapy, occupational therapy or speech therapy at a local hospital or even in your own home? Sharing the running of the programme with other people also allows you more time to yourself and prevents you from becoming overtired.

3. Get advice from others

Talk to the staff who have been involved in the rehabilitation process so far.

Observe them while they are working with your family member. Ask questions, look at the materials that are being used, and determine how they facilitate the activity to help bring about the best performance. Don't be afraid to ask them if you are stuck for ideas, encounter major difficulties, or have any doubts. Notice the activities that are more difficult for the survivor, how they respond to frustrating tasks, and how long it takes before they become tired. Bear all of these things in mind when drawing up your own activity programme.

4. Plan a clear routine

Sticking to a strict schedule of regular activity may sound challenging, but it is vital in helping someone towards increased levels of independence. Make sure that the schedule is realistic, that there are not too many activities packed into one day, and that there is a daily balance of physical and mental tasks. Write all of the activities and their planned time slots on an easy-to-read weekly timetable. This helps to prevent confusion, and means that everyone knows what is expected and when.

5. Be aware of difficulties with motivation

If the survivor seems lacking in motivation, encourage them to make choices, rather than doing things for them. This can be at a very basic level, such as choosing what to drink or what to wear that day, or it may extend to making choices about controlling their own life (and you may not necessarily agree with their choice). If the motivation problem is severe, limit their choices to simple things and only offer two alternatives, e.g. 'tea or coffee?', 'jumper or cardigan?' Later you may be able to offer a wider choice, e.g. 'what colour should we have the kitchen painted?'

A system of rewards may help in improving motivation, but care needs to be taken regarding what forms these rewards are in, how immediately they are able to be given, and whether the survivor finds them meaningful. For instance, although food or drink can be given straight away, over time this could have an adverse effect on physical health. The survivor may still be interested in the same things as before the injury, so see whether these will rekindle enthusiasm. If not, try to find something new that might interest them.

6. Be aware of fatigue levels

Remember that rest is important too, and that fatigue is a very common difficulty after brain injury. Build some time for relaxation into your programme if you haven't done so already. Using music, brief naps, etc, can help to provide a balanced variety of activity, and allows the survivor a chance to 'recharge their batteries'. (For more ideas, refer to our publication *Fatigue after brain injury*.)

7. Start slowly…

When you first begin the programme, start with fewer activities spread out throughout the week, rather than attempting to carry out the full programme straight away. This will help everyone to get used to the idea of having scheduled activities. If the programme is too exhausting or frustrating from the outset, everyone will quickly lose their motivation. Remember that it takes time to get used to a home-based routine again after being in a hospital-type setting, so start slowly and add more activities as you feel able to do so.

8. Review progress and celebrate achievements

Try to record progress, as it is often slow and seems hardly noticeable unless you find some way of measuring it. It is very motivating to know that developments are taking place, even if these are small. For instance, measuring the time taken to perform a task, or the number of correct answers given each time the activity is done, means that progress can be recognised and rewarded over time.

You may wish to show the results on a chart, and/or perhaps use a simple system of 'rewards' to provide encouragement to carry out activities. These may be small, frequent rewards (for example, a small amount of money), or larger rewards once a week (such as a trip out to somewhere special).

Use praise and encouragement as much as possible. Even if an activity does not seem to have gone well, there will usually be some positive point to praise, e.g. getting up on time to carry out the activity, or putting a great deal of effort into attempting it.

Thinking skills

There are all kinds of activities that take place from day to day that can be used to develop and practise thinking (cognitive) skills. Use these everyday opportunities as they arise, as long as they are safe for the brain injury survivor to do.

Household tasks

Methods to help with practising household tasks:

- Making drinks
- Planning menus
- Following basic instructions (verbal, visual or written)

Discussions

Methods to help with practising discussions:

- Discussing the daily news or events that have taken place during the day.
- Describing a situation and asking what would be the best response to it.
- Discussing a family dilemma, talking about alternative ways of dealing with the situation and the consequences of those actions.
- Asking for some of the main steps required in tasks such as making a cup of tea, changing a tyre, repainting the living room, using a bus, etc.

Often discussions can occur spontaneously in response to what is happening at the time. This can be very effective in terms of providing immediate feedback and encouraging appropriate ways of behaving in different settings.

Games and puzzles

These can be fun and can help to redevelop skills, although to be really useful these techniques also need to be practised in real everyday settings.

Puzzle books are full of materials for practising thinking skills such as crosswords, word searches, mazes and anagrams. It might be useful to explore some children's games to find helpful material, but avoid anything that is obviously oversimplistic as this could cause the survivor to become frustrated.

It may sometimes be better to work in pairs if a game is very challenging. It is also important to remember to use games as a fun learning experience because it can be discouraging if the survivor loses too often.

Computers, mobile phones and tablets

The internet contains a wealth of information on a whole host of topics of interest. There is also a wide range of software available which can be useful, depending on how you plan to use your computer. Ask your local rehabilitation unit for ideas, browse through popular computer magazines, and talk to staff in computer shops. Explain your requirements, and make sure that they let you try things out in the shop or offer a refund if you buy something that turns out not to be as useful as you hoped. It may be best to find someone who is familiar with computers to help you, or you could experience a great deal of frustration.

Tablets (such as iPads) and smartphones can also provide excellent resources. There are hundreds of fun applications (apps) that can be used for games, skills practice, organisational tools and more. Shop around and get the brain injury survivor to try them out before buying if possible.

Organising and planning skills

Methods to help with practising organising and planning skills:

- Tidying and sorting
- Filing paperwork

- Strategy games
- Workbooks
- Simple planning tasks
- Complex planning tasks

Simple planning tasks could include listing the steps in boiling an egg, changing a bed, catching a bus, re-potting a plant, etc.

Complex planning tasks could include planning a party, outing, DIY project, etc, involving steps such as collecting information and ideas, making phone calls to find out further details, decision-making and setting deadlines. You could use cards with a different part of the task written on each one, which should then be rearranged into the correct order to help with developing sequencing skills.

Concentration skills

Problems with concentration can be challenging, but they can also affect other skill areas such as following instructions, planning ahead and maintaining levels of organisation.

To improve concentration, it can help to begin carrying out activities in a place with as few interruptions as possible, and then gradually increase the degree of distractions in the environment as the ability to concentrate increases.

Useful activities to build up concentration:

- Puzzles and jigsaws
- Computer or mobile games
- Map reading
- Reading a story
- Watching a programme
- Following recipes
- Form filling

Number skills

Exercises to help with practising number skills:

- Adding up the cost of purchases while going around a shop
- Counting out the correct money and checking change
- Role playing a shopping task at home
- Measuring ingredients
- Calculating timings
- Finding the correct change for fares
- Using timetables

Sensory skills

Difficulties with seeing and recognising things (sensory and perceptual deficits) occur when the brain has difficulty in interpreting what the body is perceiving through the senses.

If the brain injury survivor appears to have difficulties with seeing things, in spite of having had their eyes tested and wearing glasses if required, they may have a problem with visual perception. This means that they may be able to see well, but cannot always understand what they see, or that their range of vision is somehow limited. More information on visual problems is available in the our publication *Visual problems after brain injury*.

It is best to ask a consultant or an occupational therapist for advice on specific sensory or perceptual problems that you know about and what you can do to help. Some tips for the most common problems are given below.

Visual neglect

A brain injury survivor may have difficulties seeing both sides of what they are looking at, and may appear not to see one side (usually the left). This is called ‘visual neglect’, or 'neglect syndrome'. You may find, for example, that when sitting to one side of the survivor they do not see you, or that when reading they only reach half way across the page and then start reading on a new line.

Ignoring one side may not be confined to sight alone: it may also result in the survivor only dressing one side of their body, as if they haven’t realised that the other half of their body is there, or only eating off one side of their plate. People may also have ‘auditory neglect’, which means that they do not respond to sound on the neglected side.

Tips for coping with visual neglect:

- Hold the survivor's hand, or rub/tap that side of their body, to encourage them to be more aware of the neglected side.
- Encourage the survivor to turn their head towards the ignored side by offering things from the side that they tend to ignore, talking to them from that side (unless they have auditory neglect) and placing their drink a little more towards their ignored side each time (if safe to do so).
- Place a brightly coloured ribbon down each side of the page and encourage them to read from one ribbon to the other, right across the page.
- Encourage the survivor to dress in front of the mirror to help them with realising when they have not dressed on one side.
- Place a mark in the doorway on the carpet (e.g. using coloured tape) to help the survivor line up one foot (or one wheel, if they use mobility aids), so that the other foot or wheel passes through the door safely.
- Carefully assist the survivor with crossing the road and encouraging them to keep checking for cars coming from both directions.

Difficulties in judging distances between objects

Sometimes a brain injury survivor may have difficulties with their perception of depth and distances, and because of this they may appear clumsy. When reaching for a drink their hand may wander until the glass is reached, or they may bump into objects because they have misjudged where they are.

Tips for coping with difficulties in judging distances:

- Encourage the survivor to move cautiously, particularly on stairs, and to feel the edges of steps slowly with their feet.
- Don’t put drinks near the edges of tables.
- Encourage extreme caution when near fire, or where there is danger of bumping into something very hot.
- Ensure that care is taken when carrying objects that may break or may be spilt.
- Road safety is obviously very important, as the survivor may be unable to judge the speed and distance of vehicles.

Activities to develop awareness of depth and distance:

- Practise dropping toothpicks or similar objects into a bottle. If the toothpick falls onto the table, let the survivor know how far out they were, e.g. “You were 2cm too far backwards.” This provides plenty of feedback to help them relearn how to judge distances.
- Ask the survivor to look through a window, and draw/paint what they see, or from still life, e.g. a bowl of fruit.
- Activities such as pouring water into a row of glasses, building a house of cards or a tower of wooden blocks, crazy golf, bowling, or even walking through a wood. These provide good practice at estimating distances.
- Ask the survivor to guess the distance between two objects first, and then to actually measure it themselves. This provides instant feedback as to how accurately they can judge distances.

Difficulties in picking out an object from against a background

Sometimes a brain injury survivor may have difficulty picking out and focusing on a particular object from the background around it. For instance, it may be difficult for them to find a sock in a drawer, a pencil on a patterned carpet, or a jar of jam on the table.

Tips for coping with difficulties in picking out an object from against a background:

- Try to keep rooms well organised and clutter-free. Use contrast to make objects more easily visible. Plain carpets and furnishings, and clearly labelled shelves and drawers can be helpful.
- Use coloured light switches, plugs and sockets which can make them easier to find.
- Label drawers with a word and picture of what they contain.
- Keep socks paired together so that they are easier to find.
- Use a plain coloured plate, e.g. white, so that it contrasts with the food.
- Place ten small objects on a tray in a disorganised pile. Name an object, and ask the survivor to find and then hand you each one in turn. Encourage them to be aware of their difficulties and to search over the tray in a methodical way until they find the requested object. It may help for them to feel the objects, so they can be identified by touch. This method of searching can be used to find items on the kitchen work surface, in a drawer, etc.

Loss of taste and/or smell

Where the senses of smell and taste are affected, it is important to pay attention to making things look and feel more appealing in order to compensate for this loss, and also to be aware of safety issues.

Tips for coping with loss of taste and smell:

- Use strong flavours and smells if this helps.
- Serve food as attractively as possible, using a variety of textures and colours, and lay the table in an appealing way.
- Encourage a greater awareness of danger signals that can be seen or heard to make up for a lack of awareness of smell.

- Be careful of gas cookers, since unlit gas may not be noticed when the sense of smell is damaged.
- Use timers to help prevent the problem of food burning if it gets forgotten.
- Refer to our publication *Taste and smell issues after brain injury* for additional tips on coping with loss of taste and smell.

Memory skills

The best way to help someone with a memory problem is to spend time observing their daily routine, identify specific areas of need, and then design simple ways to help them cope with these problems. Memory problems cannot be ‘cured’ as such, but there are many ways in which you can help to compensate for them by using a variety of strategies.

Being more organised helps people to become more efficient at everyday tasks. The less time spent on household chores, the more energy there will be for other activities. It is also more difficult to remember things when you are tired, so it is important to conserve energy levels by using strategies such as those below.

Organising the house

Tips for organising the house:

- Label all cupboards and drawers in the kitchen, bedroom, etc, with their contents so that items can be found easily. Encourage the survivor to get into the habit of always putting items back in these places after use.
- Store items of clothing that go well together on the same clothes hangers and replaced there after washing/ironing.
- Identify a number of easy to prepare meals that the family enjoys. Rotate the menus to prevent predictable meals by mixing and matching main courses and desserts. Use these menu plans to help formulate the shopping list.
- Design a standard shopping list format containing a list of items regularly

used by the family. This can provide a starting point for the shopping list, and the family can then supply a list of their extra requirements each week. If possible, sequence the shopping list to follow the survivor's usual route through their favourite store, and shop in the same store each time.

- Use easy to follow stage-by-stage cookbooks with clear pictures. Alternatively, write recipes on cards, cover these with plastic, and tick off each stage of the recipe (using a pen which will wipe off) when completed. This prevents doubling up of ingredients, etc.

Written reminders

Resources that can be used to keep written reminders:

- Wall chart/calendar/wipe-off boards are useful for writing reminders on and to help plan for forthcoming events, e.g. birthday cards to be sent out, items to buy, things to do, etc. Train the entire family to fill out information on the planner so that everyone knows what is to happen and when.
- Birthday planners can be used to remember people's birthdays. You may wish to make a separate year-at-a-glance birthday calendar, which can be kept and used again year after year.
- Diary/Filofaxes are helpful for example to keep a record of upcoming appointments or important dates. Use a simple design, and choose either a day or week-at-a-glance version, depending on personal needs. Keep a section for personal details, notes, addresses, and other vital information that may be needed regularly.
- Checklists of activities can be written for each day of the week, and then used to tick off activities when they have been completed. Copy the checklists, or cover in clear adhesive film and re-use (if the same routine is used each week).
- Brightly coloured notes can be used and stuck in strategic places around the house as reminders. Place them on the inside of the front door as a reminder

reminder to take keys, money, bag, etc, when leaving the house. You may need to change the colour and position of sticky notes frequently, as it is easy to get used to them being there and to eventually fail to notice them at all.

- Pocket notebooks can be carried around by the survivor at all times, to jot down any ideas, questions, important information, etc, as they crop up.
- A scrapbook can be kept, to remember things such as visitors, days out, holidays, special moments, treats, etc. Some survivors with memory problems can become depressed if they cannot remember good memories, and it can help to keep a creative and attractive record of good times. Keep tickets, programmes, menus, leaflets, photos, notes of special days, etc.
- Videos can be a useful way to create permanent reminders of special events.

Electronic equipment

Electronic equipment that can help with memory problems:

- A watch that can be programmed with an hourly or half-hourly alarm can help to prompt the survivor to check their daily planner, and remind them of the passing of time.
- A phone with a programmable list of numbers can make dialling easier and to get around the problem of phone numbers being forgotten. Messaging services are available to tell the survivor when they have missed a call and enable them to pick up messages remotely from other phones. This can help to reduce the problem of phone messages being forgotten or lost.
- Cordless or mobile phones can be useful as they enable the caller to talk to the survivor while they are carrying out an activity. For instance, if you are out but you need to remind the survivor to take their medication, you could phone them and then stay on the phone with them as they find and then take their tablets.

- Dictaphones can be used to keep verbal messages, especially if the survivor is unable to write, or does not like writing
- Modern smartphones have all sorts of programmable alarms, calendars and other reminder features. Many of these are quite intuitive and user-friendly, and you could help the survivor to choose one that suits them.

Kitchen equipment

- A buzzer timer in the kitchen can be used, set to go off when cooking is finished or when food needs checking. You could also use this timer, or another one that makes a different noise, to remind the survivor to check the cooker has been turned off after cooking.
- Microwaves are useful since they are self-timing, and can therefore help to prevent the problems of forgotten food burning in an oven or saucepan. Use a straightforward microwave with basic controls, and place clear instructions nearby.

  You could make a plastic-laminated drinks mat to note down drinks requirements when guests visit. Take a sheet of A4 paper, placed with its long side uppermost and sectioned in half from left to right. Write ‘Tea’ on one half and ‘Coffee’ on the other. Use a wipe-off pen to note down how many drinks of each type to make each time. The mat can be placed on a tray and the cups placed on the labelled sections of the mat to indicate which drink is which. Milk and sugar could be taken separately for guests to add themselves.
- Special containers are available from pharmacies that have separate flip-lid compartments for each day’s medication. Some have multiple compartments for each day, so that doses to be taken at different times of day can be stored separately. Specialist catalogues also supply pillboxes with digital alarms, to remind the survivor when a dose is due.

Safety

- Smoke alarms and gas alarms should be installed throughout the home. Consider whether there is a need for a system that automatically dials the fire brigade when certain levels of smoke are detected.
- Electronic equipment that turn themselves off automatically when not used for several minutes can be considered, such as irons or hair straighteners.

Communication skills

There are many different kinds of communication difficulties that can be caused by a brain injury. Some brain injury survivors are unable to speak at all, while others talk a lot although what they say might not always make sense. If possible, you should arrange to see a speech and language therapist for advice on how to help with specific communication difficulties. However, the following brief guidelines may be of use.

Difficulties concentrating on speech

Tips for coping with difficulties concentrating on speech:

- Make it easier for the survivor to concentrate on what is being said; don't talk when the television or radio is on, or when any difficult task is being attempted.
- Briefly discuss tasks just before you start to do them, in order to focus the survivor's attention
- Don't skip hurriedly from one topic to another in conversation; stick to one subject and make it quite clear when you begin to talk about something new

Difficulties understanding speech

Tips for coping with difficulties understanding speech:

- Speak a little more slowly than normal, but try not to be patronising or speak like they are a child.

- Encourage the survivor to let you know when they have not completely understood you.
- Stick to one topic, rather than talking about more than one subject at a time.
- Be careful when using ‘turns of phrase’ or when using jokes, sarcasm, exaggeration, etc. It is quite common for a brain injury survivor to fail to understand jokes, or to take what you say very literally. For instance, if you say, “I’ll be back in a minute”, the survivor may expect you to return in exactly one minute’s time.
- Use gestures (such as stretching your hands wide to indicate ‘big’) as well as drawings or photos to help the survivor to understand speech if the communication problem is severe.

Difficulties producing speech sounds

Tips for coping with difficulties producing speech sounds:

- Accept what the survivor says without trying to correct it if their speech makes sense enough to get the overall message across. It is communication that is important, not elocution. Just trying harder will not necessarily help the survivor to produce better sounding speech - the difficulties are due to specific damage that has been caused by the brain injury. Encourage and praise their successes, rather than discouraging them by pointing out any shortcomings.
- Don’t pretend that you have understood the survivor if you haven’t. This will only frustrate both of you.
- If you have understood only part of what they have said, repeat that part back, so that they don’t have to go over it all again. For example, say to them, “so you’re saying you want to go to _______, where was it?”
- Encourage the survivor to use non-speech means of communicating, e.g. writing, typing, sign language, and communication aids if the speech

problem is severe.

Difficulties selecting the right words

Tips for coping with difficulties selecting the right words:

- Try to resist the temptation to speak for the survivor, or to finish their sentences for them. Give them time. If they still cannot think of the word, guess at the word you think they want, or start to say it, e.g. 'ch' (for cheese), but give them the opportunity to correct you.
- Don't get them to repeat words after you - this will not necessarily make it easier for them to remember the word later.

Talking inappropriately

Tips for coping with difficulties selecting the right words:

- If the survivor is laughing or behaving in a way that is inappropriate, ignore this behaviour, or explain briefly that it is isn't appropriate and turn your attention to something else.
- It can be quite tiring if the survivor doesn't stop talking. Stay calm, explain that you are tired, busy, or are concentrating on something, and if necessary leave the room and return after a period of quiet.
- If the survivor swears a lot, is abusive, or uses other kinds of inappropriate language, it is usually best just to ignore this rather than drawing attention to it by commenting or scolding. However, how you react will be influenced by the situation and whether other people are around. If this behaviour persists, you may need to react by saying calmly and quietly that it's not appropriate, and ask them not to speak like that. Again, it is important not to over-react in these situations and not to lose your temper, although this can be difficult.
- If the survivor is verbally aggressive or loses their temper quickly, it is particularly important to stay calm and not to respond by raising your own voice. If necessary and safe to do so, leave the room for a short period of

time. If you manage to do this, you will probably find that the hostility will reduce, or the temper outbursts will be over more quickly.

- If the survivor is being unreasonable, there is no point in arguing with them. The behaviour is best ignored. If you argue back, you will probably both lose your tempers.

All these types of behaviour can be challenging to deal with. Consult healthcare professionals such as neuropsychologists for advice and support if behaviours become increasingly difficult to manage.

You can also refer to our publication *Anger after brain injury* for additional information on this topic.

Practising word skills

Discussions can occur spontaneously in response to what is happening at the time. This can be very effective in terms of providing immediate feedback and encouraging appropriate ways of behaving in different settings.

Suggestions for other activities that can help with practising word skills:

- Write the letters of the alphabet down one side of a piece of paper, and choose a subject such as ‘places in Britain’, ‘names’, ‘animals’, etc. Try to write down a word beginning with each letter.
- Write out a word consisting of nine letters or more and see how many shorter words can be made up of those letters. You could use letters from a Scrabble board so that the letters can be physically moved around.
- Read short passages, news articles, letters or poems, and then ask questions to see how much has been remembered.

For more detailed information on communication difficulties and tips for coping with these, see our publication *Communication problems after brain injury*.

Physical skills

Hand co-ordination

If possible, consult an occupational therapist or physiotherapist on the specific needs of the brain injury survivor. If there are particular problems with using the hands, be sure to check first with therapists that the survivor can see correctly, and ask whether they have any problems in recognising objects. Tasks that require hand co-ordination can be more difficult following a brain injury, although there are many adaptive devices that are available to make it easier.

In the case of writing, there may be problems in anchoring the page. This can be remedied by placing the paper on a clipboard and then placing the board onto non-slip plastic matting to prevent further slippage. Thick elastic bands wrapped around the barrel of a pen can make it easier to hold, or there are several different types of grip pens available.

There are many day-to-day activities that involve hand co-ordination skills and provide practice in redeveloping these skills. Examples are given below.

General daily activities

- Using keys
- Using the telephone
- Turning pages of books, newspapers, etc
- Tidying the house
- Writing (e.g. letters or shopping lists, filling out forms, and doing written puzzles)

Personal care

- Styling hair
- Putting on make-up

- Shaving
- Turning taps on

Housework

- Pegging out washing on a line
- Folding laundry
- Cleaning windows
- Using a dustpan and brush

Repairs and DIY

- Sewing and mending
- Screwing together nuts and bolts
- Sanding wood

Hobbies and leisure

- Drawing/doodling/painting
- Table football
- Photography
- Cooking
- Woodwork
- Video games
- Crafts

Games

There are all kinds of games that can help with hand movement and co-ordination. A lot of games are also now available on smartphones and the internet. Nintendo Wii can be a lot of fun and this has been used specifically for the purposes of regaining physical function after stroke.

Playing games on Xbox and Playstation can be beneficial and these now come with devices such as the Xbox Kinect to allow greater variety of physical interaction. In fact, there are innumerable games and sports that can help. Bowling, pool, miniature basketball hoops or anything else that the person enjoys can be both fun and physically beneficial. Remember, the most important thing is that if the person enjoys it, then they will be much more likely to continue.

Conclusion

The tips and strategies described in this publication can be used to form the basis of a home activity programme for redeveloping lost skills. However, the possibilities for such a programme are limitless really. You should be guided by the brain injury survivor's specific needs and the activities that they find enjoyable. Having fun is the most important thing, as this will help with motivation and make activities easier to stick with. It is also important to be guided by their therapists, in order to complement and reinforce the work done in formal rehabilitation.

Other publications are available to provide detailed tips and strategies on a wide range of brain injury related problems, any of which can be incorporated into a programme.

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As a charity, we rely on donations from people like you to continue being

able to provide free information to those affected by brain injury. To donate, or find out how else you can get involved with supporting our work, visit www.headway.org.uk/get-involved.

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