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A stroke-friendly home

What to consider before your loved one returns from hospital

1. Frame with grab bars or a raised toilet seat
2. Permanently fixed grab bar (not suction-mounted)
3. Shower chair for washing while seated
4. Non-slip mat and a shower tray without a high threshold

Falls after a stroke most often happen at home, especially in the bathroom, bedroom and along the route between them. It is best to assess the home before discharge, together with a physiotherapist or occupational therapist. Changes should support the person's independence, not do everything for them.

Bathroom: other adaptations

A thermostatic tap protects against burns when sensation is impaired. A shower handset on a long hose. A door that opens outwards, with a lock that can be opened from outside.

Bedroom

Bed at a height that allows the person to sit on the edge with feet flat on the floor. Get up from the stronger side. Lamp, telephone and water within reach.

Hallway and stairs

Remove rugs, cables and unnecessary thresholds. Leave a passage of about 90 cm for a walker or wheelchair. Handrails on both sides of the stairs, with step edges marked in a contrasting colour.

Kitchen and dining room

Most frequently used items at hip-to-shoulder height. Non-slip mats, a rimmed plate, cutlery with thick handles, a chopping board for one-handed use.

Lighting and alarms

Night lighting on the route to the bathroom, e.g. with a motion sensor. An alarm wristband or button (telecare), smoke and carbon monoxide detectors. A list of medicines and emergency numbers by the telephone.

Financial support

Medical devices (e.g. walker, wheelchair, commode chair): NFZ reimbursement on prescription. Removal of barriers: PFRON funding through PCPR or MOPS/MOPR (a certificate is required).

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