

# 復康·心導行 Go! Rehab. Go!



香港復康會  
The Hong Kong Society  
for Rehabilitation

復康深度焦點 - 兩位中風者的故事

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## 難行 但非此路不通 — 兩位中風者的故事

Difficult, Yet Not Inaccessible – Stories of Two Stroke Survivors



中風了，行動再不如昔日俐落，甚至有口難言。面對突如其來的轉變，你會如何自處？兩位中風過來人的經歷，讓大家明白，路縱然難行，一步一步往前走，在生命轉角處，還能發現希望和愛。

After stroke, one's mobility will be affected. Some can't even articulate clearly. How will you react if it were you? Two stroke survivors shared their stories with the hope to inspire others and remind us that hope is always round the corner despite the adversity.

### 中風致失語症 個人化復康計劃助實踐目標

From Speechless to Ordering Food Himself – A Stroke Survivor Rejuvenated After Personalized Rehabilitation Training

「奶茶、牛麵，唔該！」對大部份來說，到茶餐廳下單就是如此簡單，但對於因中風而出現失語症的馬生來說，要說出這三組詞語卻花了超過半年時間。期間亦有沮喪及想過放棄的時候，直至遇上香港復康會鄭德炎日間復康護理中心，展開個人化中風復康旅程。

馬生一身運動裝，外表看來精神奕奕，哪會想到去年底曾經中風，導致失語症，曾經最愛的「奶茶」、「老婆」等詞彙都說不來，經過香港復康會的個人化中風者復康訓練，才重拾社區生活。馬太太這次充當丈夫的「代言人」，分享丈夫康復之路，期望給予其他中風者鼓勵和信心，同時答謝一眾幫助馬生的親友、治療師和醫護人員。

67歲的馬先生膚色黝黑，退休前是一名貨車司機，身旁的馬太太認證他是一名「好好先生」，洗衫、抹地等一手包辦，做事有交帶，太太的來電必定回覆，只有一次例外。

“Milk tea and beef noodle soup please!” For most of us, it is just that simple to place an order in a char-chaan-teng. But for Mr. Ma, who has aphasia after a stroke, it literally takes him over 6 months to be able to utter this sentence.

Mr. Ma looks energetic in a sports outfit. Nobody would have thought that he had a stroke late last year and lost the ability to speak due to aphasia since then. At certain point of time, hardly could he speak “milk tea” and “babe”. It was only after going through the Society's personalized rehabilitation that Mr. Ma was able to reconnect with the community. Mrs. Ma this time has become his “spokesperson” and shares with us her husband's road to recovery. She hopes to cheer other stroke survivors on and give them confidence. Meanwhile, she also feels thankful to Mr. Ma's family and friends, therapists and all healthcare workers for their help.

The 67-year-old, tanned Mr. Ma was a truck driver before retired. Mrs. Ma, sitting next to him, remarked that he is the “perfect husband”. At home, he did the laundry, mopped the floor and other chores all by himself. He was reliable, trustworthy and never missed a call from Mrs. Ma, except one night.



## 中風悄然來襲

時為2021年底，當晚馬先生一直未有回覆馬太的電話，任她致電手提或家居電話也無人接聽。馬太心知不妙，馬上趕回家，甫開家門，赫然見到馬生攤倒在床上，於是即時報警求助送院。

馬生被送入院，確診左腦中風，馬太一度以為要與丈夫永別，幸而翌日丈夫恢復意識。可是中風導致馬生出現失語症，變得口齒不清，詞不達意，加上新冠疫情醫院謝絕探訪，雙方的溝通更是難上加難。

### 「奶茶」變「咖啡」？

留院一個多月，馬生最終在2022年初出院。夫妻生活出現劇變，再不能如昔日般相伴飲茶、行山，馬太憶述那時丈夫行動不便，需要全天候照顧，「很淒涼，如同住老人院一般，經常困在家中」。

失語症是一大障礙。馬生會把平日最愛的「奶茶」誤說成「咖啡」；「食藥」卻說了「食飯」。馬太笑言「幸好我聰明，看他指一指間房，就猜到是指房間裡的藥」。馬太也必須很小心，生怕誤解了丈夫的意思，令他焦躁，血壓隨之上升。

醫院安排馬生接受言語治療、職業治療，可是馬生有感治療難度太高，剛開始已要唸不熟悉的成語，覺得未能切合自己的需要。有時則是被安排四人一組的視像訓練，遇上一些學員程度較高，馬生就更加緊張、說話更加結結巴巴。每次治療後，馬生看見治療師發出好幾張密密麻麻的練習紙，自覺無力應付，回家後即把功課攔在一旁，覺得跟不上進度，表現沮喪。



▲「路難走，但就讓我們慢慢同行。」  
馬生馬太期望給予其他中風者鼓勵和信心。  
“The road ahead might be bumpy, let us take one step at a time and walk side by side.” Mr. and Mrs. Ma would hope to give other stroke survivors confidence.

## Stroke came without warning

One night by the end of 2021, Mr. Ma did not return her call. She called his mobile phone and home phone repeatedly but there was just no one answer. She hurriedly went back home based on the gut feeling that something had gone wrong. As she opened the door, she was shocked to see Mr. Ma was lying in bed face down. At once, she called the police and sent him to hospital.

Mr. Ma was diagnosed with stroke. Mrs. Ma believed it was her last goodbye to him at one point. It was a stroke of luck that he came back to consciousness the next day. However, he was afflicted by aphasia as a result of stroke and not being able to speak fluently and smoothly, struggling with finding the right words to express himself. In addition, the hospital accepted no visitors during the pandemic. It was more difficult than ever for them to stay connected.

### “Milk tea” or “coffee”?

After a month-long stay, Mr. Ma was finally discharged from the hospital in early 2022. Since then, the couple experienced dramatic changes in their life. They could not go yum cha and hiking together as in the past. Mrs. Ma recounted that she had to take care of him all day long because he was technically immobile, “It’s really miserable. He’s always confined to home as if living in the elderly home.”

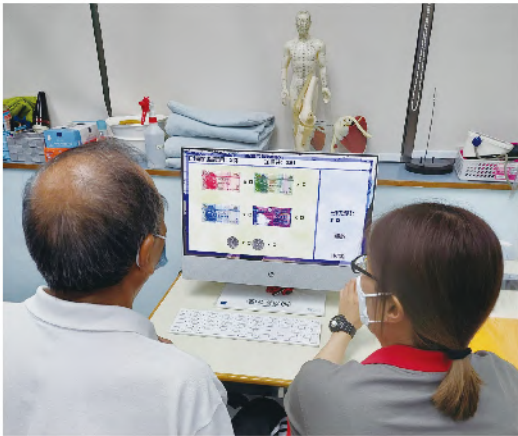
Aphasia was the biggest obstacle. Mr. Ma often mispronounced “milk tea” as “coffee”, though it was his favorite drink. He would say “eat rice” when he actually meant “take pills”. Mrs. Ma grins at him, “I’m smart enough to tell he’s talking about the pills as he pointed at his bedroom.” In fact, she has to stay cautious about his emotions, for fear that his anxiety could bump up his blood pressure if she got him wrong.

Doctors scheduled for Mr. Ma speech therapy and occupational therapy. But he found the therapy exercise was too hard for a beginner like him. He was at times arranged for group virtual training. Other trainees happened to be more proficient. This made Mr. Ma even more nervous and stutter. Even the home exercises assigned by the therapists were too abundant and difficult that he just put them aside after going back home.

## 個人化復康言語治療 從家人名字及美食開始

2022年3月，馬生輾轉獲介紹到香港復康會鄭德炎日間復康護理中心，接受以ICF 框架設計的復康練習，訓練強調個人化的復康目標和計劃。中心言語治療師胡欣彤姑娘憶述，馬生初次步入治療室即喊道「做乜嘢呀？」，表現十分抗拒，全程說話和參與不多。中心提供的復康治療標榜個人化，胡姑娘從馬太及媳婦中得知馬生有兩大心頭好：一愛孫兒，二愛美食，決定先訓練馬生準確說出家人名字及相關語彙，「例如知道他的孫兒快將出世，就教他講薑醋、孫女、新抱等字眼，令訓練貼近他的生活所需同時提升復康推動力」。同時亦以馬生喜愛的美食為題，製作命名練習，並提供影片，讓他回家後反覆跟著治療師的口型練習說話。

「以往的治療會要求他（馬生）唸整句句子，例如：一口氣說出十四個字的地址，這裡（復康會）的治療則將句子分拆，逐步引導。」馬太對這樣的調適讚口不絕，加上丈夫喜歡看片讀字，回家後自主練習的意欲提高，說話能力漸漸有所改善。



## Tailored speech and language rehabilitation started with names and food

In March 2022, Mr. Ma was referred to HKSR Cheng Tak Yim Day Rehabilitation and Care Centre (CTY Centre), where he started a rehabilitation programme designed with the ICF framework, with an emphasis on personal rehabilitation goal and plan. Speech therapist, Ms. Wu vividly remembered that Mr. Ma was defiant, quiet and disinterested in the beginning, protesting “What’s this all about?” once he walked into the therapy room.

The ICF framework-based stroke rehabilitation programme is known for its personalized rehabilitation programme. Ms. Wu learned from Mrs. Ma and their daughter-in-law that the top two favourite matters for Mr. Ma are his grandchildren and food. Therefore, she decided to start his therapy with names of family members and food-related vocabularies. “Knowing that his grandson is about to be born, I’d teach him how to say ginger & vinegar stew, granddaughter, daughter-in-law etc., so that he’d relate the training with his life, and stay motivated.” Ms. Wu also designed a food-themed exercise for him to take home and practice speaking following her mouth positions in the video provided.

Mrs. Ma cannot not stop praising this method, “Here, the therapist would break a sentence down and guide him through step by step.” Moreover, her husband likes to learn speaking by watching video. He would practice at home with autonomy. Bit by bit, his speaking skills gets improved.

◀ 辨認及說出不同紙幣，為外出點餐用膳做準備。

Mr. Ma was having a speech training in paper money to get himself prepared for dinning out and ordering food at a restaurant.



- ◀ ▲ 配對圖片和文字、識辨生活常見事物的名稱、發音嘴形片段，都是中心言語治療師為失語症患者設計的訓練素材。  
Some of the training aids designed for stroke survivors with speech and language problems.

### 學叫外賣字句及錢銀找續

治療師更與患者一同設定為期3個月的個人化目標。以馬生的情況，作為老饕，目標是自行去茶餐廳買外賣。

定下目標後，整套訓練方案會作出配合。中心的職業治療會教馬生錢銀找續；言語治療師訓練他清晰表達叫外賣時的字句，反覆訓練，並設計一本「溝通簿」，輔助他與店員溝通。及至7月，馬生已能嘗試與胡姑娘一同去茶餐廳現場訓練，成功自行下單點了沙嗲牛肉麵和奶茶，馬生高興得說要去買生果請治療師吃。

### Order takeaways on his own

On top of that, here at CTY Centre, the therapists set a 3-month personal goal with patients together. Considered his case, Mr. Ma's goal, as a foodie, was to be able to order takeaways from cha-chaan-teng on his own.

With the goal set, a complete rehabilitation plan would be formulated accordingly. At CTY Centre, the occupational therapist would teach Mr. Ma how to count changes while the speech therapist would train and keep practicing with him how to order takeaways with eloquence. Ms. Wu even customized a "communication notepad" to assist Mr. Ma to converse with waiter. In July, Mr. Ma made his first attempt to order food at a cha-chaan-teng, in the company of Ms. Wu and ordered satay beef noodle soup and milk tea on his own. He was so thrilled with the successful experience and offered to treat the therapist with fresh fruits.

## 路難行 慢慢一起走

現時馬先生繼續每周到香港復康會鄭德炎日間復康護理中心接受治療，提到馬生在治療時竟可交叉腳跳躍，馬太一度感觸落淚。「我看見時真的流下眼淚，見他漸漸能走能跳能講，真的很開心。那天他還叫我的名字，他很久沒叫過我了。做夫妻就是結婚誓盟的那幾句，無論生老病死，不離不棄。晚年更加明白箇中意義。」馬太說。

回想丈夫當初昏迷送院，馬太說已「打定輸數」，丈夫醒來後，算是有個期盼，來到今天，她是既開心又感恩，「雖然無端遇上厄運，路難走，但就讓我們慢慢同行。」馬太不忘多謝一班醫護人員、治療師、社工、親友，「中風是不幸，但人總會生老病，做人就是如此，難得天天如意。」她相信丈夫的「病」雖然比傷風感冒嚴重，但最終還是會慢慢好起來的。



## Road ahead is tough Take one step at a time

At present, Mr. Ma gets weekly training at the CTY Centre. Mrs. Ma becomes emotional when she mentions Mr. Ma could jump with crossed feet during a session. "I really drop tears when I see him walk and jump and talk bit by bit. I feel truly happy. He can even call my name that day. He hasn't called my name for quite a while. Couple is meant to abide by the wedding vows, 'for better or for worse, in sickness or in health, I'll love you and cherish you until death do us part'. Now that we're in late life, it has a deeper meaning for us," said Mrs. Ma.

Recalling the day her husband was in coma and rushed to hospital, Mrs. Ma says she had already prepared for the worst. Then she regained hope after he woke up. Today, she has mixed feelings of joy and gratitude, "Although the misfortune came out of nowhere and the road ahead is bumpy, let us take one step at a time and walk side by side." Mrs. Ma has not forgotten to thank all of the healthcare staff, therapists, social workers, family and friends, "Stroke attack is a mishap. But we'll all age, fall sick and die one day. It's just the way it is. We can't be happy all the time." She believes that her husband will eventually get better in the end, even if his disease is more than just a flu.

## 中風與失語症

胡姑娘是馬生的言語治療師，她指出中風令腦部受損，一旦傷及左腦語言區，或導致失語症。根據外國研究，約四成中風患者會出現失語症；影響患者的讀寫聽說能力，「可能看一篇文章會無法解讀，未能理解別人的說話，又會寫錯字、說不出某些字句等」。

患者須接受一系列評估，確定其失語症的嚴重程度。胡姑娘指一些輕微的失語症患者可與人作日常對答，只是間中有找字困難或有詞不達意的情況；但也有較嚴重的患者「一個字也說不來」。胡又指患者有時因無法表達自己而情緒波動。接受言語治療後一般隨著語言理解及表達能力改善，情緒亦趨穩定，但復康進度因人而異，「有人經半年治療，由只能說單字變到可用流暢句子表達，甚至上班，有些失語症的情況卻難以逆轉，視乎中風缺損程度、年紀等因素」。

## Stroke and aphasia

Ms. Wu is Mr. Ma's speech therapist. She points out that strokes damage our brain. If it occurs in the left side of the brain that controls speech and language, then aphasia may result. About 40% of stroke patients had aphasia that affected their reading, writing, listening and speaking, according to studies from foreign countries, "They cannot comprehend an article or understand other people. They may also make mistakes in writing or in pronouncing certain words and phrases."

Patients are required to take a series of assessments to determine their level of severity. Patients with mild aphasia are able to have normal conversation with other people, except that they occasionally have difficulties finding the right word or expressing themselves precisely. There are also patients with severe aphasia who can "barely utter a word". Wu adds that sometimes patients would have mood swings, for they cannot communicate their thoughts to others. Generally, their emotions would become stabilized after speech therapy as improvements have seen in their comprehension and expression. However, rehabilitation progress varies with every individual.



## 全港首家 採用ICF框架中風復康服務

香港復康會自2019年引入世界衛生組織倡導的「國際健康功能、殘疾和健康分類系統（簡稱ICF）框架，應用於中風復康服務，強調個人化的復康目標和計劃，增加中風復康者的社區參與度，是香港首家採用ICF框架提供中風服務的機構。訓練的主要對象為中風兩年或以內的患者。中風後首六個月內接受治療，成效尤其顯著，但也有部分人隨後才接受治療，經積極練習亦有進步。

傳統治療一般先集中訓練中風患者的身體功能缺損，較少將復康訓練焦點放於直接改善生活質素及提升活動參與能力，而ICF框架下的復康治療則以幫助患者回復日常活動及社區參與為目標。此外跨專業團隊每星期進行個案會議，以跟進患者康復進程，並按需要一同設計訓練。

現時已有超過250中風復康者在香港復康會完成ICF框架的中風復康計劃，大部分參加者都能如期達成目標。

## Hong Kong's first stroke rehabilitation programme using ICF framework

The Hong Kong Society for Rehabilitation was the first to introduce the application of International Classification of Functioning, Disability and Health (ICF) framework, advocated by World Health Organization, in stroke rehabilitation service. The essence is on setting individualized rehabilitation goals and plans for stroke survivors and increasing their level of community participation. The programme targets at survivors who had stroke no more than two years since the onset of the disease. Rehabilitation within the first 6 months from the onset of stroke would have remarkable outcomes seen in patients. Yet there are also some people who get treated at a later date making progress with consistent practice.

Traditional rehabilitation generally focuses more on restoring physical functions of stroke survivors only. With rehabilitation under ICF framework, the Society is able to help stroke survivors bring their daily activities and community participation back to life as the ultimate goal. Furthermore, an inter-disciplinary and professional team meets every week to follow up rehabilitation progress in patients. Over 250 stroke survivors have completed ICF-framed rehabilitation programme at the Society so far, most of them are able to meet their own target.



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