Breaking Through Post Stroke Fatigue

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Webinar Transcript

Understanding Post Stroke Fatigue

Welcome everyone. My name is Rachel Higdon and I'm one of the physical therapists with Flint Rehab's remote recovery program. In our recent webinars, we talked about different treatments and exercises that you can do at home to support your recovery. Today's topic is a little bit different.

Rather than focusing on a specific treatment, we're going to discuss the concept of post-stroke fatigue. We'll discuss what may be contributing to the tiredness you're experiencing at home. We'll discuss some practical strategies that can help make daily life more manageable for you. This information is valuable not only for stroke survivors, but also for caregivers and family members.

Understanding post-stroke fatigue can help loved ones recognize that what you're experiencing is very real. It's not simply a matter of lacking motivation, being lazy, or not trying hard enough. And when we talk about post-stroke fatigue, we're not talking about this ordinary tiredness. We're talking about that kind of deep physical and mental exhaustion that can take over your entire day even when you haven't done very much.

It can affect your energy, concentration, mood, and ability to participate in activities that matter to you. So over the next 25 minutes or so, I'll explain what this post-stroke fatigue actually is, why it happens, and most importantly, some of those practical evidence-based strategies that you can start using this week to start better managing it. Feel free to drop your questions in that Q&A section anytime, and we'll address them a little bit more at the end.

We'll start with what it is and how it differs from that everyday tiredness. And then we'll talk more about the mental and the sensory sides of fatigue that often get missed. We'll look at how to recognize your own patterns and then go through five concrete ways to move forward. We'll cover when to start calling your doctor, your medical team, and finish with your questions.

I do want to indicate that everything today is fairly educational. It does not replace any of the advice of your own care team.

What Post Stroke Fatigue Feels Like

First, what is it? Post-stroke fatigue is a persistent or out-of-proportion lack of physical or mental energy that gets in the way of your daily life. It's often described as exhaustion that isn't caused by effort and isn't fully relieved with rest or sleep. It can show up as physical exhaustion or as mental exhaustion or a sudden drop in energy.

Perhaps a longer-than-expected recovery after activity. Maybe you're waking up unrefreshed or energy that just kind of swings throughout the day. Here's the most important thing on this slide, though. This is real and this is common.

Some pooled studies of nearly 12,000 patients with stroke put the prevalence of it around 47% of those with stroke. And a 2025 analysis of patient-reported outcomes found also about 45% of survivors with stroke reporting it. If you're dealing with this months or years after your diagnosis, just know you're not alone and it does not mean that you're unmotivated at all nor are you failing at recovery.

Fatigue and Similar Symptoms

It does help to separate fatigue from things that feel similar but are actually different because the solution is a little different for each. First, fatigue is that feeling of "I don't have the energy to continue." Sleepiness is more of "I feel like I could fall asleep." This points more towards sleep quality or a sleep disorder. Weakness is that feeling of "my muscles can't produce enough force." Maybe you're noticing a little bit of buckling over time or your muscles are so tired that they just can't support you when you're walking.

That's a strength or muscular endurance issue. Low motivation can also contribute, such as "I have trouble getting started," which can overlap more with mood or apathy. Cognitive overload is that feeling of "my brain can't process anything else," that overwhelming feeling. All of these can overlap but naming which one you're feeling helps you and your therapist target the right approach.

Importantly, research does suggest that post-stroke fatigue is driven centrally by changes in the brain, not simply by these tired muscles.

Recognizing Your Own Fatigue

Ask yourself these questions. Do I feel sleepy, depleted, weak, or overwhelmed? Is it physical, mental, or both? Does rest actually restore my energy?

And what activities tend to trigger it? How long does it take me to bounce back? And there are no wrong answers here. This is about learning your own fatigue because it genuinely looks different from person to person.

Why Fatigue Happens

There's usually no single cause. Fatigue after stroke is what we call multifactorial. Contributors can include changes in the brain itself, but also the increased effort that it now takes to move. The extra mental energy it takes for thinking and concentrating.

Maybe poor sleep or sleep apnea is further contributing to it. Pain or muscle tightness, depression, anxiety, even medication side effects as well as the physical deconditioning that you may feel from that stroke or other medical conditions that could also contribute. On the brain side, researchers have linked fatigue to low-grade inflammation. Survivors with higher inflammatory markers tend to report more fatigue.

Fatigue has also been linked to certain lesion locations, particularly parts of the thalamus, if that's where part of your stroke is. Depression, anxiety, and sleep disturbance are among the most common associations as per some evidence and research. So the key takeaway here is that persistent fatigue shouldn't automatically be blamed on the stroke itself and left at that

because there are so many contributors and so many of these contributors are treatable. It's worth looking at the whole picture. A lot of these can be treated and adjusted.

Mental Activity Uses Energy

We tend to think of energy as something only physical activity uses. But your brain uses a huge amount of energy to concentrate, remember, communicate, make decisions, manage your emotions, coordinate your movement, and even filter out background sights and sounds. After a stroke, many of these take more effort to do than they used to. So the message here is simple but powerful.

Mental activity is still activity. You don't have to be moving to get fatigued. A morning of phone calls, appointments, problem solving can drain you just as much as a walk. Even sitting in a busy environment such as a grocery store or a restaurant can drain you just as much as that same walk.

Cognitive Overload

Similarly, cognitive overload is when the brain is asked to process more than it can comfortably handle at once. Some common triggers are things like multitasking, participating in some complicated conversations, maybe receiving too many instructions at once or being frequently interrupted, needing to make a lot of decisions or learning something new, perhaps even long stretches of screen time. Some things that you can do to help are focusing on just one task at a time. Break the instructions down into single steps and write down important information instead of holding it in your head.

Give yourself that extra time to respond and cut down on any unnecessary decisions. Pause when your concentration starts to slip and schedule your hardest tasks when your energy is the highest. These strategies are part of what cognitive and behavioral approaches teach and as we'll see have some of the best evidence behind them. I want to pause here because I just mentioned a bunch of those treatments that you can start to incorporate throughout the day.

Keep in mind, simplifying the task is not giving up. It's removing unnecessary demands so that your energy goes towards what actually matters to you. Sitting to cook, doing one thing at a time, all of that is not going backwards. It's smart energy management so that you can tolerate doing more independently.

Sensory Fatigue and Your Environment

Here's the third type of fatigue that you less frequently hear about: sensory fatigue. After a stroke, the brain often has to work harder to filter and organize everything coming in through your senses. Triggers can include loud or overlapping conversations, background TV, maybe music, bright or flashing lights, crowded places, visual clutter, strong smells, and people moving around you. This is why a trip to the grocery store or a family gathering can leave you wiped out.

Even if you've barely walked, your brain was doing the heavy lifting the whole time, filtering out the noise and tracking that movement. So the good news is the environment is one of the easiest things to adjust. You can turn off background TV, ask one person to speak at a time,

reduce any visual clutter around you, use any softer lighting, visit stores and appointments during those quieter hours, take breaks in a quiet space, and build in recovery time afterward.

And here's the reframe. Managing fatigue isn't always about doing fewer meaningful things. Often, it's just about reducing the noise, distractions, and the extra decisions surrounding those things so you can still do what you love.

Thinking of Energy as a Battery

A helpful way to think about this is like a battery. Some days you wake up at 100%. Some days you may wake up with just 60% of your energy. Both physical and mental activities will then drain the battery and different activities drain it at different rates.

And here's a pattern that we often see. If you consistently run the battery all the way down to empty, recovery can take longer to get back up to that 100%. So on the right here, we have a simple fatigue scale. It's just a simple self-check scale from 0 to 10 where 0 to 2 is plenty of energy. 3 to 5 is a noticeable amount of fatigue. 6 to 7 is when that activity becomes more challenging and 8 to 10 is completely depleted.

A quick note is that this is a personal self-awareness tool, not a formal medical test. Your clinicians use validated scales, things like the Fatigue Severity Scale. But as a day-to-day gauge, the rule of thumb is adjust or rest before you hit an eight or a nine, not after. That way, you're not overexerting yourself and you're giving yourself that time to recover so that your battery can recover and get back up to that 80 to 100% if you can.

Finding Your Patterns

To find your patterns, we recommend keeping a simple diary for several days. Note the time of day, what you did, maybe your energy before or after, and whether that demand was physical, mental, sensory. Maybe it was your sleep or your meals and your hydration, your pain, your stress, and your mood, plus how long it took you to recover. Watch especially for delayed fatigue as well.

This is pretty common, especially not just in people who have sustained a stroke, but also in post-concussion patients, maybe those with more vestibular disorders. You may have this delayed fatigue where you have a crash that hits hours later or even the next day as opposed to fatigue in the moment. That delay is why fatigue can sometimes feel unpredictable and spotting it is often the single most useful thing you'll learn about yourself. Everyone feels this a little bit differently.

Five Approaches to Managing Fatigue

Now the part that you probably came for: what can we do at home? What actually helps? And as with everything, there's no single cure and the most effective plan usually comes from several different approaches. Here are five of the more common approaches: address treatable contributors, gradually build capacity, consider cognitive behavioral therapy informed support, manage energy with the four Ps, which we'll go through, and support your sleep and daily energy. So we'll take these one step at a time.

Addressing Treatable Contributors

First treat what can be treated. Talk with your provider about sleep and sleep apnea, depression, anxiety, pain, nutrition, hydration, or all of these different factors. Maybe they're more medical such as anemia or thyroid problems or infections and medication side effects. Several of these, especially depression, anxiety, and sleep problems are strongly linked to fatigue and can be more treatable.

Two cautions I want to mention here. Never stop or change a medication on your own. Always talk with your healthcare provider. And interestingly enough, the most effective move is often removing what's worsening fatigue rather than adding in a new medication. That being said, remember, please talk with your medical team about this.

Gradually Rebuilding Physical Capacity

Second, we want to gradually rebuild your physical capacity. Start at a level that you can manage. Keep it short. Keep it consistent.

Increase very slowly. Plan those recovery breaks so that you're not overexerting yourself. And monitor closely for that delayed fatigue. This is usually 24 to 48 hours afterwards.

Make sure that you're also getting professional guidance for this. And here's where I'll be straight with you about the science behind it. Being too inactive worsens fatigue and deconditioning, and staying active is strongly recommended after stroke. A 2026 randomized trial found that supervised home-based aerobic interval training meaningfully reduced fatigue and improved fitness.

That said, we know that the evidence is still mixed. The biggest fatigue benefit in reviews was when graded activity was combined with a cognitive or some kind of CBT, cognitive behavioral, component, not just exercise alone. So the goal is this steady structured process. Gradually building up does not mean repeatedly exhausting yourself.

That cycle tends to backfire because you're not getting that appropriate recovery time and you could overexert yourself. This is why we highly recommend working with a healthcare provider, whether that's a PT, OT, neuro coach, someone in your health care team to help guide this to ensure that you are not overexerting yourself.

Cognitive Behavioral Therapy

Third, and this has some of the strongest evidence, is cognitive behavioral therapy or CBT. And let me be clear, CBT does not mean that the fatigue is all in your head. It's still very real. Cognitive behavioral therapy helps with the thoughts and the habits that can make fatigue harder to manage.

A classic example of this is what we sometimes call the boom or bust mindset. The "I need to get everything done before this energy disappears" type of mindset. A more helpful version is, "I feel good today, so I'll use that energy for what matters most and then save some for tomorrow." CBT also helps with that all-or-nothing pattern, any of the guilt about resting, your sleep habits, your stress, setting realistic goals, and bouncing back from setbacks. The evidence behind this is that there's a bunch of meta-analyses out there.

One of the most common is a 2026 meta-analysis of nine trials that found that CBT reduced fatigue severity and improved sleep and quality of life with the best results from programs lasting longer than six weeks. And a stroke-specific trial showed large lasting improvements in fatigue as well. So there is evidence to support this, but please keep in mind that it does take a little while to start to notice those results. That means a six-week time frame of consistent practice with it.

Managing Energy With the Four Ps

Fourth is the four Ps. This is a practical framework for spending your energy wisely. You want to start by prioritizing. Choose what matters most.

Decide what truly needs to happen today. Let less important tasks wait and ask for help when it makes sense. Then plan. Do demanding tasks when your energy is the highest.

Avoid stacking hard activities back to back. Gather what you need before you start. And schedule recovery time. Pace yourself.

So break tasks into these smaller steps. Alternate physical and mental tasks. Take breaks before you hit that exhaustion and then resist the urge to do everything on a good day. Finally, positioning.

You want to be setting yourself up appropriately. You may want to sit to shower. You can dress, cook, or fold in that sitting position as well, so it doesn't take as much energy. Keep frequently used items within your reach.

Maybe organize to cut out any extra movement and use assistive devices that your team has recommended. These energy conservation strategies are a cornerstone of rehab practice and pair naturally with the pacing skills that cognitive behavioral therapy teaches.

Protecting Sleep and Daily Rhythm

And then finally, protect your sleep and daily rhythm. Use consistent sleep and wake times, a calmer evening routine, regular meals, good hydration, gentle and consistent movement, awareness of your caffeine, and well-timed naps that don't wreck your nighttime sleep. Also, please flag this for your provider and be aware if you're having any loud snoring, any gasping during your sleep, morning headaches, or regularly waking up unrefreshed. Those can signal sleep apnea which is very common after stroke as well.

One nuance from the research is that treating sleep apnea seems most tied to fatigue in those earlier months. Its effect on long-term fatigue is a bit more modest, but it's still absolutely worth identifying and treating for your overall health. Please be aware of these symptoms.

Acting Before Exhaustion

If you take one strategy from today, make it this. Dealing with fatigue works best when you act before you're completely exhausted. Prevention and early adjustment beat trying to dig out of a full crash.

When fatigue flares, run through these five questions. Is something treatable making it worse? Could a medication be contributing? Am I gradually building capacity or am I repeatedly overdoing it where I can't recover?

Would CBT or other support help with my sleep, rest, or activity patterns if those are the contributing factors? And how can I adjust my schedule and my environment? Remember, there is no single cure. So the best plan is usually combining several of these.

Managing fatigue doesn't mean giving up what matters to you. Instead, it means using your energy more intentionally. So this week, just try these small things. Track your energy just for a few days.

Change one part of your environment. Take one planned break before you're depleted. Small consistent changes add up over time. Again, we're going for consistency, not intensity.

That's a similar theme that you hear over and over throughout various different webinars and topics.

When to Contact Your Healthcare Provider

But we do want you to contact your healthcare provider if your fatigue is new or if it's getting worse or if it is starting to significantly limit your daily activities and you're noticing that it does not improve with rest. Maybe you're starting to feel it after a medication change or it comes along with changes in sleep or mood or shows up with various unexplained symptoms. This is just all to say, watch out for these signs and keep your medical team informed.

And of course, this is just our safety guidelines here. You do want to call 911 for any new stroke symptoms that you may notice. This is again going to be the sudden facial drooping, the weakness, speech or vision changes or rapid onset of severe balance problems. Any new sudden symptoms here are an emergency. These are not fatigue.

Recovery Resources and Support

For more recovery education, exercise guides, survivor stories, feel free to look at our recovery blog on Flint Rehab or reach out with more recovery questions at the number and the email on your screen. And again, today is just educational. It's not a substitute for your own medical advice. Please build your personal plan with your care team.

We also have our remote recovery program where you can get this guidance from a neuro coach and a rehab team that oversees creating exercises for you and provides any kind of answers to certain questions. So check out that on our website as well. We have been getting a lot of questions from these webinars. It's been great to kind of hear from everyone here.

They're just starting to get through almost all of the questions from last week. We appreciate your patience here. And now, if you have questions, we'll get into them here. Feel free to drop questions into the Q&A section below and we'll spend just the next couple minutes talking through if anyone has any general questions.

And then, like I said, email us. We'll be sending out this link to the webinar after today. You can email us there and we'll try to get back to you as soon as possible. I know we've been getting a lot of them in and a lot of different questions.

We are going to get back to you if we haven't already. I am going to stop sharing there and I'm going to pull up the Q&A here. I'll give people a minute or two to write in the Q&A box. Please don't write in the chat box.

The Q&A is going to be a little bit easier for us to go through.

Q&A

What can help with pins and needles, numbness, or chronic pain?

Some people are asking about other symptoms such as pins and needles, numbness, and chronic pain. I highly recommend checking out the webinars that we have had from the past week or actually two weeks. We had one on chronic pain very recently where we talked about some strategies that can help with chronic pain symptoms and just last week we had one on more of the numbness, the pins-and-needles of feeling. I'm going to refer you over to those for more specific answers there because there are a lot of different treatments for those symptoms that we can provide generally.

Is concentration significantly affected after stroke?

This person indicates that they are a stroke survivor. Yes, absolutely. That is where we have that sensory overload sometimes. So you may find that after you have sustained your stroke that it's harder to concentrate and it's more challenging to stay focused on a specific topic.

There are a lot of different forms of attention that you may hear. One of them might be called sustained attention where you're focusing on a task for a longer period of time. You may be able to focus on that task in a very quiet environment, but maybe your divided attention and your ability to remain attentive to that task is limited when you have a lot of other factors. So if there are people talking, kids playing outside, dogs barking, or even if someone is interrupting you, then those things can certainly break your concentration more as they would for anyone.

But your tolerance for that may be lower after a stroke. So you may need to find yourself needing to manage those environmental factors a bit more after the stroke until you can build up your tolerance to it. But yes, that is common and that is something that you can notice with that kind of cognitive fatigue and the difficulty with managing busy environments.

Do noise-reducing earplugs help in crowded areas or with filtering conversations?

Great question. So yes, things like headphones, earplugs, things that can dampen some of those environmental factors. Some people get very overwhelmed and overloaded with a lot of sounds or colors, such as if you're in the grocery store or if it's a very bright day outside, you may be more sensitive to those especially if you are noticing more vestibular type symptoms as well. Some people do well with things like sunglasses.

Notice what the symptoms are that make it challenging for you to stay focused or maybe cause more of that mental exhaustion or fatigue and you can address them. You can add in those earbuds, for instance. However, please be aware that you can use these as compensations to help you get through the day, but you also don't want to rely on them so much. We still want to work on the recovery factor as well.

Can they be used to get yourself through the day? Absolutely. However, we want to make sure that you're not holding yourself back and limiting yourself. We want you to continue to try to gradually get yourself used to it.

And this is a concept that we can talk about in the future that's called habituation. That means slowly getting yourself used to these different environments over time.

What can help with balance and strength problems after many years of recovery?

Some people have more specific questions: after many years of recovery, they're still facing some issues with their balance. Some people are also saying they are still facing issues with their strength. This is where I would really recommend talking with a physical therapist, an occupational therapist, neuro coach, someone that can help look at what those impairments are as well as start to address them more specifically. You can always reach out to us with our remote recovery program or look at something more locally, but I can't give you more specific advice than that without knowing a little bit more of the background here.

Closing and Follow Up

I know right now we are out of time, so I'm going to say we will be sending this out and I will be getting back to you guys over the email over the next week or so, certainly earlier. Thank you again for joining and we will see you on the next one.