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## CANN ACIISN

Canadian Association of Neuroscience Nurses  
Association canadienne des infirmières et infirmiers  
en sciences neurologiques



**Abstracts**

**Mary Glover Lecture 2004: Leaving a Legacy**

*By Marlene Reimer*

Mary Glover was a Head Nurse at St. Paul's Hospital in Vancouver. She was killed in a plane crash more than 25 years ago. Yet, through this neuroscience nurse's passion for her specialty, we share in her legacy through the annual Mary Glover Lecture, which was established by her parents after her death. The first Mary Glover Lecturer was Pamela Mitchell, a well-known neuroscience nurse from the School of Nursing at the University of Washington. She is leaving a multifaceted legacy through her research on intracranial pressure and quality of care as well as her books and her mentorship. Jessie Young has left a legacy as the founder and first president of the Canadian Association of Neuroscience Nurses (CANN). CANN is leaving a legacy with many firsts among Canadian nursing specialty organizations.

Leaving a legacy is not just about donating money or writing a famous book. For most of us, our legacy comes in the little everyday things of life. Ask yourself, what is the legacy that you are leaving as a neuroscience nurse and as an individual?

**Psychosocial aspects of caregiving to stroke patients**

*By Mina Singh and Jill Cameron*

A high percentage of individuals who have suffered a stroke will be cared for at home, primarily by aging spouses and/or relatives. Providing care to a family member with a chronic or life-threatening condition can be both emotionally rewarding and distressing for the care provider.

The objective of this research was to test the factors associated with caregiver experiences. The findings of a convenience sample of 48 caregivers indicated that the higher the amount of caregiver burden, the greater the lifestyle impact and emotional distress for the caregiver. Caregiver satisfaction was not found to be associated with emotional well-being. The amount of support, both instrumental and social, did not improve the emotional well-being of the caregiver. The caregiver's sense of mastery was found to moderate the relationship between lifestyle impact and emotional well-being and also between caregiver satisfaction and emotional well-being.

**Post-stroke shoulder subluxation: A concern for neuroscience nurses**

*By Cydnee Seneviratne, Karen L. Then, and Marlene Reimer*

Approximately 84% of all stroke patients with hemiplegia will experience shoulder injury and pain. The importance of maintaining proper posture while positioning and transferring a stroke patient is key to decreasing risk for shoulder injury. Shoulder subluxation injury post-stroke is a consequence of sustained hemiplegia and spasticity. Current research evidence suggests that using therapies such as gentle range of motion and functional electrical stimulation may reduce and prevent shoulder subluxation and hemiplegic shoulder pain. However, physiotherapists are currently the only professionals who can implement such therapies. Considering that stroke care provided by

neuroscience nurses includes transferring, positioning and assisting in activities of daily living, it is clear that nurses are an important part of the therapy process. Therefore, the question is: “What is the role of the neuroscience nurse in the reduction and prevention of shoulder pain post-stroke?” The purposes of this paper are to i) discuss the causes of shoulder subluxation and related pain post-stroke, ii) review current best practice in prevention and treatment of shoulder subluxation, and iii) explore ways in which the acute neuroscience nurse can prevent or reduce shoulder subluxation in the hemiplegic stroke patient.