

Pain after stroke

What you need to know

- › After a stroke, you may have muscle and joint pain.
- › You can also have central post-stroke pain. This pain is caused by the brain, not the body.
- › Talk with your treating team. You can get treatment. There are things you can do that will help.

Managing pain after stroke

If you are in pain, talk with your treating team. Your treating team will work with you to:

- › Understand why you're in pain.
- › Find out what makes it better or worse.
- › Decide on the best treatment for you.
- › Tell you about things you can do that will help.

Your doctor can prescribe you medicine.

Muscle and joint pain

You may feel pain if you have:

- › Shoulder subluxation.
- › Weak muscles.
- › Contracture.
- › Muscle spasticity.

Read our **fact sheets** to find out about these problems:

- › [Arm, hand and shoulder fact sheet.](#)
- › [Muscle spasticity fact sheet.](#)

Treatment for muscle and joint pain

Exercises. If your muscles are very weak, your physiotherapist or occupational therapist will work with you to improve your strength and movement.

They may recommend that you:

- › Repeat a movement or task over and over.
- › Exercise with weights.

Positioning. Correct positioning makes sure your joints are comfortable and safe, especially if your muscles are weak. Your physiotherapist or occupational therapist can give you advice.

Strapping. Your physiotherapist or occupational therapist may strap your shoulder to reduce pain.

Equipment. You may have your arm in a sling or harness. If you use a wheelchair, you should always use the arm support.

Pillows positioned underneath your arm can help support your shoulder and stop subluxation from getting worse.

Electrical stimulation. Your physiotherapist or occupational therapist may use a low-level electric current to manage shoulder pain.

Medicines for muscle and joint pain

Your doctor may recommend paracetamol or non-steroidal anti-inflammatories like aspirin or ibuprofen.

Your doctor may prescribe opioids. Opioids act like the chemicals your body produces to reduce pain.

For pain caused by muscle spasticity, your doctor may prescribe **injections** of local anaesthetic, steroids or botulinum toxin A.

Central post-stroke pain

Central post-stroke pain is caused by the brain, not the body. A stroke can injure your brain's pain-processing pathways. Changes to sensation can mean you feel touch less. When this happens, your brain can feel pain instead.

Central post-stroke pain can feel like hot, cold, burning, tingling, prickling, stabbing, or numbness on your skin.

For most people, the pain is on the stroke-affected side of their body. Central post-stroke pain can be made worse by touch, movement, or water.

Central post-stroke pain is often shortened to CPSP. It's sometimes called neuropathic pain.

Central post-stroke pain can start anytime after your stroke.

Medicines for central post-stroke pain

Your treating team may suggest anti-epilepsy or antidepressant medicines. These medicines can help stop your brain from making pain messages.

Medicines such as paracetamol, anti-inflammatories and opioids don't usually work for central post-stroke pain.

Headaches

If you had a haemorrhagic stroke, it can take a while for the headache to go away.

Headaches can be a side effect of medicines. Talk with your doctor. Don't stop taking your medication without talking to your doctor.

Talk with your doctor or pharmacist about **medicines** for headache.

A sudden and severe headache can be a **sign of stroke**. Always call triple zero (000) if you have any of the signs of stroke.

Read [My Stroke Journey](#) to find out about the signs of stroke.

Treatment for all pain after stroke

Therapy with a mental health professional

Effective therapies include:

- › Cognitive behavioural therapy.
- › Hypnotherapy.
- › Biofeedback.
- › Attention-diversion strategies.
- › Stress management and relaxation techniques.

Talk with your treating team about seeing a mental health professional. StrokeLine can also give you advice.

Treat depression

If you have depression, treating your depression may reduce your pain. Read our [Depression and anxiety fact sheet](#).

Pain management clinics

If pain is an ongoing problem, your doctor can refer you to a pain clinic.

Pain clinic teams can:

- › Recommend the most effective treatment for you.
- › Help you manage your pain.
- › Help you get back to doing things.

Things you can do

Move more. Moving releases endorphins in your body. Endorphins are chemicals that reduce pain naturally. Ask your treating team about ways to move more.

Get enough sleep. If you're having trouble sleeping, talk with your treating team. StrokeLine can also give you advice.

Get support. Pain can make life hard. Talk with your treating team about how you are feeling. Talk with family and friends too. Connecting with other people who have pain can help too.

Get help

StrokeLine

StrokeLine's nursing and allied health professionals can give you information, advice and support.

StrokeLine is a free, confidential and practical service.

Open Monday to Friday, 9am to 5pm Australian Eastern Time. StrokeLine is closed on National and Victorian public holidays.

Call **1800 787 653**

Email strokeline@strokefoundation.org.au

Fact sheets

Read our fact sheets online or ask StrokeLine for copies. Visit strokefoundation.org.au/factsheets

Pain Australia

Information about treating and managing pain, and finding services.

Visit painaustralia.org.au

EnableMe

EnableMe can help with your stroke recovery. Get the information you need. Connect with other survivors, families and carers.

Visit enableme.org.au

About us

Stroke Foundation partners with the community to prevent, treat and beat stroke. We do this through raising awareness, facilitating research and supporting survivors of stroke.

Contact us

 StrokeLine 1800 787 653

 strokefoundation.org.au

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