

## Sensory re-education programme:

Using each object in turn that is included in the sensory bag:

1. Begin by applying hand cream to your affected limb. You may want to ask someone to help you do this, or you can apply it using your non-affected hand.
2. Pick up an object one at a time, begin by feeling the object in your non-affected hand and moving it up the non-affected forearm / leg.
3. Then pick up the object with your non-affected hand, and complete on the affected arm or leg.
4. Next, close your eyes and think about what that feels like on your affected limb.
5. Think about the temperature, the texture, whether it is hard or soft.
6. Finally, try and anticipate what it should feel like before putting it back onto your affected limb.

## Helpful resources

Stroke Association: 'Changes in sensation'  
information and support

## Contact us

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RBFT Acute Stroke Unit Therapy Team  
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# Sensory changes and rehab after a stroke

Information for patients,  
relatives and carers

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**This leaflet is for patients, their relatives and friends and outlines the sensory changes that may happen following a stroke. It includes advice on how you can manage the impact of these changes using rehabilitation and re-education techniques provided by your therapists.**

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### **What is sensory loss?**

After a stroke, up to 80% (4 out of 5) people experience changes or loss in their ability to feel different sensory stimulus. These include changes to touch, temperature and pain. You may also may no longer be fully aware of where or how your limbs are positioned (known as proprioception).

### **Why does this occur?**

It can be due to damage to areas of the brain involved in receiving, understanding or sending sensory information.

### **Why does it matter?**

- **Feeling less sensitive to touch** (known as hypoesthesia) may cause your limbs to feel numb or tingly. If you are unaware of pressure on your skin from tight clothing or shoes, they might rub and damage your skin without you noticing.

- **Feeling less sensitive to temperature** (also a type of hypoesthesia) may mean you need to take extra care in certain situations, like carefully testing water temperatures with your unaffected hand when having a shower or washing your hands, or making sure your affected limb is suitably covered up in cold temperatures.

### **Can it get better?**

Rehabilitation therapy sessions with a physiotherapist or occupational therapist will provide you with exercises and advice on managing sensory loss or changes.

This can include retraining or stimulating your sensory pathways (sensory re-education), by touching different textures or objects, using massage and vibration, and experiencing different temperatures.

The therapists may also give you certain exercises to do outside of therapy sessions.

**Sensory re-education** is best done when you can concentrate on the activity you are doing. It can be helpful to get visitors / relatives or friends to help you with these exercises.

**Exercises** are best done little and often, every day.

### **Sensory bags**

As part of the re-education programme, we ask patients (with help from their relatives / friends) to put together a 'sensory bag'.

This can be a drawstring cloth bag (such as a toiletry bag) or a plastic bag with a large zipper or popper. The bag should contain a number of items of different sizes, textures and density.

Items to include in your sensory bag:

- nail brush
- pumice stone
- hand cream
- cotton wool
- comb/brush
- marbles
- sandpaper
- sponge
- small rubber toys.

You could also include:

- scraps of fabric with different textures, such as:
  - silk
  - velvet
  - towelling (face flannel)
  - hessian (sacking)
  - suede

Due to infection control, we cannot share sensory bags or the items in them between patients on the ward, which is why we ask each patient's relatives or visitors to help. If this is not possible, please let one of the therapists on the ward know.