

Maintaining the Gains: Guidelines for Community Based

Exercise Programs for People with Stroke

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on behalf of the Guidelines for Community Based Exercise Programs for People with Stroke Working Group



Background

There are about 300,000 Canadians living with the effects of stroke. Of those, 65% are left with some disability (HSFO, 2010). Research supports that people with stroke achieve the greatest benefit from an ongoing exercise program that incorporates exercise components which support maximal independence and mobility (Gordon, 2004). The Canadian Best Practice Recommendations for Stroke Care (Lindsay et al 2010) promote moderate levels of exercise (accumulation of 30-60 minutes) 4 to 7 days a week for a healthy lifestyle and stroke prevention. Feedback from stroke survivors, caregivers and service providers has highlighted the need for such programs in the community. However, there is limited capacity among exercise providers to offer programs that respond to the needs of stroke survivors.

Eight Evidence Based Guidelines

There are 8 guidelines based on best practice recommendations, research findings and current successful models.

Each guideline contains a rationale and easy links to resources and tools.

#1: Medical Clearance

- People with stroke should consult with a physician or nurse practitioner before participating in any exercise program to undergo medical screening to ensure that there are no conditions that would be contraindicative to the exercise program (Gordon et al, 2004).

#2: Screening by Exercise Program Provider

- A formal screening process should be conducted to ensure a match between the program and the participant. The screening process should include individual participant intake interviews, a review of health information from the physician/other referring health care providers and an assessment of functional ability.

#3: Class Structure/Class Supervision

- Class structure should reflect the ability of the exercise provider to work with people with impairments due to stroke. Consideration should be given to staffing ratios, volunteer availability, the level of disability and each participant's need for assistance. The Exercise Class/Program should be structured to meet the needs of the targeted population. The participants may be fully able to walk, able to walk with assistance, walk with assistive devices or may be unable to walk. The targeted population should also be reflected in the inclusion/exclusion criteria used in the Intake Process.

#4: Exercise Program Principles

- The exercise program should incorporate established training principles and include specific components to address the needs of people living with stroke.

#5: Program Evaluation

- Program evaluation processes should be in place in order to monitor program safety and effectiveness, to enhance participant satisfaction, and to help ensure the program's ongoing sustainability. In addition, the program should promote sustained change in physical activity levels. Strategies to address this may be considered (e.g. continuing program at home when not attending classes, self-reported changes in physical activity levels).

#6: Exercise Providers

- The exercise provider should ensure that fitness instructors are trained to deliver programs meeting the needs of people with stroke.

#7: Facility

- The program provider should offer the participant a general orientation, an appropriate training environment and accessible facilities that meet the needs of the participants including barrier free access to equipment and to the facility in general.

#8: Emergency Plan & Equipment

- The program provider should have an emergency plan that is documented and known to all exercise leaders and that includes requirements for current CPR and first aid certification, phone access to Emergency Medical Services and a source of glucose (e.g. juice box). The presence of an Automatic External Defibrillator is highly recommended.



Purpose

The "Guidelines for Community Based Exercise Programs for People with Stroke" were developed to assist community exercise providers to design and deliver safe and effective programs that meet the needs of people with stroke in a variety of community settings.

Methods

A provincial panel of experts in the fields of stroke rehabilitation and community exercise programming drafted the guidelines:

- to provide community based exercise providers with the awareness of the multi-factorial nature of stroke.
- to provide community based exercise providers with the appropriate knowledge to support programming for stroke survivors.

The guidelines have:

- undergone an external review by a panel of academic experts, stroke researchers and community fitness instructors.
- been endorsed by the Ontario Stroke System / Ontario Stroke Network.

Intent of the Guidelines

These guidelines are intended as a framework to help guide community exercise providers in the design and delivery of safe and effective exercise programs.

Discussion

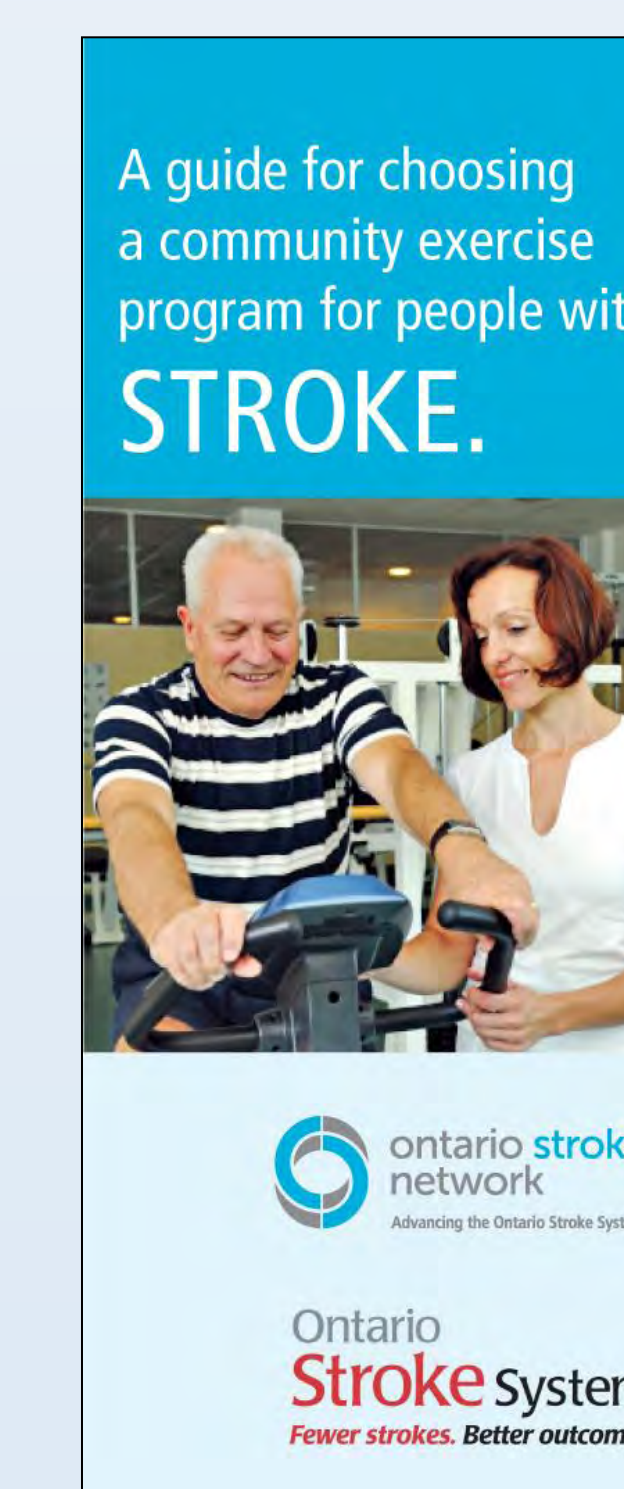
These guidelines:

- will have the greatest impact on the person with stroke and those providers wishing to implement community exercise programs.
- identify considerations specific to the needs of stroke survivors and may be adapted to accommodate participants with a range of abilities.
- can be applied to programs that are exclusive to stroke survivors as well as mainstream programs adjusted to meet the needs of participants living with stroke.

Supporting documents

Brochure for stroke survivors: "A Guide for Choosing a Community Exercise Program for People with Stroke" – This brochure was developed to assist stroke survivors when choosing a safe and effective exercise program.

A flyer for exercise providers has been developed to promote the use of the guidelines as well as provide information on how they are accessed.



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For a FREE copy of the Guidelines for Community Based Exercise Programs for People with Stroke and supporting documents visit:
www.ontariostrokenetwork.ca