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 contraindicated 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. Consistency should be maintained to ensure that the program is accessible for people with different abilities.

#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 living 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.