

Recreation Therapy Stroke Protocol Series

“There are more than 400,000 Canadians living with long-term disability from stroke, and this number will almost double in the next 20 years. The effects range from mild to severe disability, and can be obviously physical limitations or more subtle such as memory changes. Recovery can take months or years, even for milder strokes, and many people never fully recover.”

2017, Heart & Stroke¹

This first of its kind document is a result of the hard work of various Recreation Therapy and Stroke professionals including individuals from the Recreation Therapy Stroke Professionals Network of the Southwestern Ontario Stroke Network, Georgian College, St. Thomas Elgin General Hospital, Woodstock General Hospital, and the Chatham-Kent Health Alliance.

The need for evidence based recreation therapy has increased as the needs of our clients are becoming continually complex. Evidence based practice (EBP) across professions is known to improve quality of care, provide continuity of care, improve health outcomes, as well as, act as a cost savings measure. EBP provides an opportunity for Recreation Therapists to provide their clients with interventions that are rooted in research. These protocols should be used together with the therapeutic process, and our professional standards of practice.

This document is a compilation of student work from the Georgian College Therapeutic Recreation Post Graduate program which has been vetted by Faculty and professional Recreation Therapists currently working in the field. All of the program protocols were created by the student authors and include research evidence to justify their validity. As always, it is up to you as the Recreation Therapist to use these and other protocols as a tool to create positive change for your individual clients. These protocols, coupled with further research and your clinical judgment should align your clients well for success in their health goals.

This is a living document that will continue to grow and evolve. The committee plans to invite Recreation Therapists on an annual basis, to submit evidence based protocols for consideration for inclusion in this valuable resource. This invitation will occur every February to coincide with both Therapeutic Recreation Awareness Month and Heart and Stroke Month.

We encourage you provide us with feedback or suggestions for protocols for inclusion in future editions of this publication. Feedback can be provided by emailing swosn@lhsc.on.ca .

¹Heart and Stroke. (2017). Stroke Report. Retrieved from <https://www.heartandstroke.ca>

Program Protocol – Click! A Community Photography Program for Adults Recovering from Stroke

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Reviewed & Revised: September 2023

Program Title: Click! A Community Photography Program for Adults Recovering from Stroke

Statement of Purpose:

- To experience a new form of self-expression and peer support through outings in the community with fellow stroke survivors

Program Description:

- Participants experience a walk around areas of the community and are encouraged to explore and take photos while interacting with one another
- After the walks, a trip to a coffee shop for drinks and/or food is encouraged to discuss and share photos
- Targeting stroke survivors who are looking to re-integrate into the community and are able to do so with an increased sense of self
- Program occurs once a week with a maximum of 10 participants/cycle

Client Needs Program will Address:

- Develop creative outlet for self-expression
- Develop community reintegration skills
- Decrease perceived leisure constraints

Selection/Referral Criteria:

- Participants must be an outpatient client of the hospital; referred to the program through the stroke rehabilitation intake process
- Participants must have at least one of the identified needs above
- Participants must be at least six months into their stroke recovery rehabilitation program
- Participant must have high score on ‘Leisure Interests’ and ‘Leisure Constraints’ indexes of the Leisure Assessment Inventory (LAI)

Contradicted Criteria:

- Participant no longer meets selection criteria of program
- Participant is no longer interested in attending program
- Participant score on ‘Leisure Constraints’ index is on lower end of the scale

Program Outcomes (goals):

- LAI index ‘Leisure Constraints’ score will lower indicating fewer perceived constraints to leisure participation
- LAI index ‘Leisure Interests’ score will remain high indicating maintained interest in various leisure opportunities in the community

- Maintain attendance at 70% or higher
- Increased knowledge of community resources
- Attainment of new creative self-expression outlet

Content and Process:

CONTENT	PROCESS
<ul style="list-style-type: none"> - Meet at set location - Introductions - Set group and outing rules - Distribute questionnaire - Camera lesson and walk - Travel to coffee/lunch destination - Questions & discussion time 	<ul style="list-style-type: none"> - Meet at location - Name Game (Name & Favourite Outdoor Activity) - Group discussion to go over rules and limits - Hand out questionnaire to participants for establishing expectations, interests and goals - Provide camera lesson and time to try cameras outside - Drive to coffee/lunch location - Provide time for questions and discussion with participants
<ul style="list-style-type: none"> - Follow above outline with different locations each session 	

Staff Requirements and Responsibilities:

- Two staff required for this program
- At least one staff member is required to have a strong knowledge of the locations/areas in which the sessions will be taking place
- All staff: first aid and CPR certified

Program Evaluation:

- LAI index ‘Leisure Constraints’ and ‘Leisure Interests’ pre-program initiation and post-program completion
- Verbal and non-verbal feedback from participants and staff members
- Number of clients who maintained attendance levels during program cycle
- Completion of the stroke rehabilitation community program evaluation form:

Prepared By: _____

Date: _____

Approved By: _____

Date: _____

Requires Revision: _____

Date: _____

Declined: _____

Date: _____

Research:

Levin, T., Scott, B. M., Borders, B., Hart, K., Lee, J., & Decanini, A. (2007). Aphasia talks: Photography as a means of communication, self-expression, and empowerment in persons with aphasia. *Topics in stroke rehabilitation, 14*(1), 72-84.

- Photography program in a Rehabilitation Institute in Chicago targeting stroke survivors who suffer from aphasia

- Encourages self-expression and empowering class participants
- Class was refined to be used for research purposes to gain further insight into the problems faced by persons living with stroke

Hebblethwaite, S., & Curley, L. (2015). Exploring the role of community recreation in stroke recovery using participatory action research and photovoice. *Therapeutic Recreation Journal*, 49(1), 1-17.

- Study of the role of community-based recreation and therapeutic recreation for fourteen stroke survivors in Ontario
- Participants were also the co-researchers as they completed participatory action research using Photovoice as the study's methodology
- Results indicated that recreation facilitated experiences of hope, collective social support and community engagement

RT Signature and Date:

Appendices:

Acknowledgements

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