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 by emailing swosn@lhsc.on.ca.

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

Program Protocol – Tai Chi Boost

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Reviewed & Revised: September 2023

Program Title: Tai Chi Boost

Statement of Purpose:

• To improve gait, balance capacity, reduce fear of falling and improve muscle strength – resulting in a better quality of life for clients recovering from stroke

Program Description:

• Clients will utilize rhythmical Tai Chi movements and deep breathing techniques to improve posture and the maintenance of balance by shifting the body's centre of gravity to and from unilateral and bilateral positions at a smooth and slow movement speed

Client Needs Program Will Address:

- Lack of balance
- Low body self-awareness
- Social withdrawal

Selection/Referral Criteria:

- 64+ yrs. older adults living with stroke
- Community-dwelling clients and/or residence in the sites in our catchment area
- "Yes" to one or more of the three screening questions below:
 - o "Have you fallen in the last 90 days?"
 - "Do you feel unsteady when standing or walking with your walking aid?"
 (*question can be restated without reference to walking aid)
 - o "Are you taking four or more medications?"
- Ability to walk at least 6 meters with or without aids
- Address or be found losing interest in the activities used to enjoy or struggle with feelings of helplessness and hopelessness
- Agreement of client or POA and signed informed consent form
- Able to understand, implement program
- BERG balance minimum determined by therapy staff

Contradicted Criteria:

- Vestibular problem
- Receptive aphasia (inability to understand instructions)
- Severe complication after stroke such as severe pulmonary infection, shoulder hand syndrome and lower limb venous thrombosis
- Severe medical condition (e.g. Serious heart disease; heart, liver or kidney failure; malignant tumour; gastrointestinal bleeding)

Program Outcomes (goals):

- Improve baseline of BBS (Berg Balance Scale) score
- Improve body self-awareness represented in breath awareness
 - O Perform active relaxation mindfulness with physical relaxation, alert and calm at the same time, inner stillness while in motion and simultaneous awareness of all parts of the body
- Decrease social withdrawal

Content and Process:

CONTENT	PROCESS					
Session 1:	Step 1: Group clients sitting in a circle. Icebreaker "Two					
Welcome clients and	truths and a lie". Staff and clients get to know each other.					
program facilitator self-	Step 2: Set up projector to briefly introduce Tai Chi					
introduction	Benefits to stroke and practice tips.					
Have clients introduce	Step 3: Let clients know why assessments are necessary					
themselves	to them then conduct assessments with team members' help.					
Tai Chi benefits to seniors						
with stroke	Step 4: Introduce "clock image" to clients for them					
 Conduct baseline 	understanding movements' directions.					
assessment using	Step 5: Describe and demonstrate breathing, greeting and					
Modified Berg balance	opening form. Divide into a few small steps for clients to					
scale & questionnaire	follow. After a few times practice, do the continuous					
 Practice Tai Chi breathing 	movements then also combine the Tai Chi breath with					
Practice Tai Chi greeting	Tai Chi music.					
gesture and opening form	Step 6: Thanks to clients' cooperation. Comment on their					
Program wrap up	performance. Ask for feedback. Well done.					
Session 2:	Step 1: Greetings. Ask questions and quick catch-ups.					
• Question & answer re: Tai	This will be daily ritual so we take a bit of time just to					
chi benefits	check in and say hello after one week off class.					
Warm up	Step 2: Use 7 movements as AiPing Lai (2015) described					
Review and practice Tai	as Tai Chi warm up exercise in whole sessions. *See					
Chi breathing technique &	Appendix					
greeting gesture & opening	Step 3: Recall the movements learned in session 1,					
form learned in session 1	practice with facilitator's guide.					
Practice Tai Chi form 1	Step 4: Small talk about the name of form 1. Demonstrate					
movement "Repulse	footwork and hands form separately. Once clients get					
Monkey"	familiar, show the complete form. Then practice it					
Program wrap up	combination with breathing.					

	Step 5: Summarize the form 1 and give key notes.							
	Step 6: Same as session 1.							
Session 3:	Step 0. Same as session 1. Step 1: This session is the time to briefly introduce							
	history of Tai Chi since clients already have a primary							
• Small talk re: Tai Chi	sense of Tai Chi after two sessions.							
history	Step 2: Same as step 2 in last session. Step 3: Recall the movements learned in session 1 & 2,							
• Warm up								
Review and practice the								
movements learned in	practice with facilitator's guide.							
session 1 & 2	Step 4: Small talk about the name of form 2. Demonstrate							
• Practice Tai Chi form 2	footwork and hand form separately. Once clients get							
movement "Brush Knees"	familiar, show the complete form. Then practice it							
 Program wrap up 	combination with breathing.							
	Step 5: Summarize the form 2 and give key notes.							
	Step 6: Same as previous sessions.							
Session 4:	Step 1: Summarize the past 3 sessions, ask for feedback							
Periodic summary and	and discuss the next circle learning. Set up "fun test" to							
discussion	help clients memorizing the movements learned.							
• Warm up	Step 2: Same as Step 2 in previous sessions.							
Review and practice all the	Step 3: Recall the movements learned in previous							
movements learned in past	sessions, "practice with your partner".							
3 sessions	Step 4: Give clients prize for their completion and hard							
Program wrap up	working. Good, the progression in your sessions is							
	evident.							
Session 5:	Step 1: Greeting. Show the Yin-Yang symbol and							
 Small talk re: Tai Chi 	introduction by using simply example.							
"Yin- Yang"	Step 2: Same as Step 2 in previous sessions.							
• Warm up	Step 3: Ask clients to find a partner and practice							
Pair clients to practice Tai	breathing techniques to each other.							
Chi breathing techniques	Step 4: Small talk about the name of form 3. Demonstrate							
Practice Tai Chi form 3	footwork and hands form separately. Once clients get							
movement "Wild horse	familiar, show the complete form. Then practice it							
parting mane"	combination with breathing.							
Program wrap up	Step 5: Summarize the form 3 and give key notes.							
Trogram wrup up	Step 6: Same as session 1-3.							
Session 6:	Step 1: Greeting. Educate clients about fall prevention							
Small talk re: fall	strategies and the benefits of Tai Chi to fall prevention.							
prevention strategies	Step 2: Same as Step 2 in previous sessions.							
Warm up	Step 3: Recall the movements learned in session 5,							
Review and practice form 3	practice with facilitator's guide.							
learned in session 5	Step 4: Small talk about the name of form 4. Demonstrate							
Tearined in Section 5	<u> </u>							

	T						
 Practice Tai Chi form 4 	footwork and hands form separately. Once clients get						
movement "Cloud hand"	familiar, show the complete form. Then practice it						
Program wrap up	combination with breathing.						
	Step 5: Summarize the form 4 and give key notes.						
	Step 6: Same as session 1-3 & 5.						
Session 7:	Step 1: Greeting.						
Warm up	Step 2: Same as Step 2 in previous sessions.						
Review and practice all the	Step 3: Recall the movements learned in past six sessions						
forms learned in past six	and practice with facilitator's guide.						
sessions	Step 4: Ask clients to find a partner and practice together						
Pair clients to perform Tai	with the leading of program facilitator.						
Chi movements with the	Step 5: Correct clients and give the practice tips.						
demonstration of program	Step 6: Same as session 1-3 & 5-6.						
facilitator							
Program wrap up							
Session 8:	Step 1: Greeting and thanks to clients for cooperation						
Thanks to clients for	Step 2: Same as previous sessions.						
cooperation	Step 3: Recall all the movements learned and practice						
Warm up	with facilitator's guide.						
Practice movements	Step 4: Have more RTA help with the questionnaire. RT						
 Program evaluation, 	conduct the assessment to clients.						
conduct post assessment	Step 5: Promote next period Tai Chi program learning						
using Modified Berg	forms 5 to 8. Encourage clients to register.						
balance scale &	Step 6: Show appreciation to clients and give "Boost						
questionnaire	Certificate" to clients (create from internet).						
Registration with next							
period program							
period program							

Staff Requirements and Responsibilities:

- RT with the qualification of Tai Chi coach
 - o Program protocol planning
 - o Clients screening and assessment
 - o Risk management consideration
 - o Program observations
 - o Program evaluation
 - o Program facilitate, delivery and observation
 - o Communicate with inter-disciplinary team about any concerns
- RT Assistant
 - o Attendance record
 - Venue setting and music prepare
 - o Help client's performance as needed
 - Distribute handouts

- o Program observations
- o Program delivery and facilitate

Program Evaluation:

• Table 1: Modified Berg Balance Scale

INSTRUCTIONS	DESCRIPTION - always mark the lowest	Possible	Date of asst: dd/m
INSTRUCTIONS	category that applies	Score	
	Needs help to keep from falling	0	
"Close your eyes and	Unable to keep eyes closed x 3 sec, but steady	1	
stand still for 10 seconds" -	Able to stand for 3 seconds	2	
unsupported	Able to stand for 10 sec, no supervision	3	
unsupported	Able to stand for 10 seconds safely	4	
	Needs help to attain position, unable for 15 sec	0	
"Place your feet together and stand	Need help to attain positn, able x15 sec feet together	1	
without holding on to	Can put feet together indep, unable hold x30 sec	2	
anything"	Puts feet together indep, stand x1 min no supervision	3	
, zg	Puts feet together indep, stand x 1min safely	4	
"Lift your arm to 90	Needs help to keep from falling	0	
deg, stretch your	Reaches forward but needs supervision	1	
fingers & reach	Can reach forward > 2" safely	2	
forward as far as you	Can reach forward > 5" safely	3	
can" - unsupported	Can reach forward confidently > 10"	4	
"Please pick up the	Unable to try/needs assist to keep from falling	0	
shoe/slipper that is	Unable to pick it up & needs supervision when trying	1	
placed in front of your	Unable to pick it up, comes within 1-2", balance indep	2	
feet" - unsupported	Able to pick it up, needs supervision	3	
	Able to pick it up safely and easily	4	
"Turn your upper body	Needs assist to keep from falling	0	
to look over your L	Needs supervision when turning	1	
shdr. Now turn to look	Turns sideways only but maintains balance	2	
over your R shdr" -	Looks behind 1 side only; other side less wt shift	3	
unsupported	Looks behind both sides, wt shifts well	4	
"Turn completely in a	Needs assist while turning	0	
full circle, pause, then	Needs close supervision or verbal cueing	1	
tum in a full circle in	Able to turn 360 deg, safely, but slowly	2	
the other direction" -	Able to turn 360 deg to 1 side only in < than 4 sec	3	
unsupported	Able to turn 360 deg in < than 4 sec to each side	4	
	Needs assist to keep from falling/unable to try	0	
"Place each foot		1	
alternately on the stool. Continue until	Able to complete < 2 steps; needs min assist	2	
each foot touches it 4	Able to complete 4 steps, no assist, needs supervis		
times" - unsupported	Able to stand indep, complete 8 steps, > 20 seconds	3	
	Able to stand indep, safey & do 8 steps, < 20 seconds	4	
"Place 1 foot directly	Loses balance while stepping or standing	0	
in front of the other (or	Needs help to step, but can hold for 15 seconds	1	
if can't, step enough	Able to take small step indep and hold x 30 seconds	2	
so heel is ahead of toes" - unsupported	Able to place 1 foot ahead indep and hold x 30 sec	3	
toes - unsupported	Able to place feet tandem indep and hold x 30 sec	4	
"Please stand on 1	Unable to try or needs assist to prevent fall	0	
leg as long as you	Tries to lift leg, stays standing indep, unable x 3 sec	1	
can without holding	Able to lift leg indep and hold up to 3 seconds	2	
on to anything" -	Able to lift leg indep and holds for 5-10 seconds	3	
unsupported	Able to lift leg indep and hold more than 10 seconds	4	
	TOTAL SCORE	MAX 36	

• Table 2: Evaluation Questions about Body Self-Awareness

Questions	Possible Score			ore	Assess Date	Assess Date
I can feel body's natural movement with	1	2	3	4		
each breath						
I can use natural diaphragmatic breathing	1	2	3	4		
patterns?						
I am mindful with physical relaxation	1	2	3	4		
I am alert and calm at the same time	1	2	3	4		

I can be inner stillness while in motion	1	2	3	4	
I am aware of all parts of my body?	1	2	3	4	

• Table 3: Modified de Jong Gierveld's Loneliness Scale- evaluating social withdrawal improvement

	Statements	Y	N	Assess Date	Assess Date
I.	I have a really close friend who I talk to regularly				
ii.	There are plenty of people I can rely on when I				
	have problems				
iii.	There are many people I can trust completely				
iv.	There are enough people I feel close to				
v.	I miss having people around				
vi.	I often feel rejected				
vii.	I can call on my friends whenever I need them				

These are seven statements for self-completion by clients. The statements may also be read to clients to determine their response. Interpretation is left to RT- with a positive answer (Yes) for statements v. and vi. or a negative (No) answer for the remaining statements serving as an indicator of social withdrawal.

Research:

Stephanie S. Y. Au-Yeung, Christina W. Y. Hui-Chan & Jervis C. S. Tang (2009). Short-form Tai Chi improves standing balance of people with chronic stroke. *Neurorehabil Neural Repair*, 23, 515-522

- 12 weeks of short-form Tai Chi produced specific standing balance improvements in people with chronic stroke
- 136 subjects → 6 months after stroke were randomly assigned to a control group practicing general exercises or a Tai Chi group for 12 weeks of training
- 1-hour of group practice was supplemented by 3h of self-practice
- Short-form of Tai Chi consisting of 12 forms that require whole-body movements to be performed in a continuous sequence
- Blind assessor examined subjects at baseline, 6 weeks, 12 weeks and 18 weeks
- Three outcome measures:
 - o dynamic standing balance evaluated by the center of gravity excursion during self-initiated body leaning in 4 directions
 - o standing equilibrium evaluated in sensory challenged conditions
 - o functional mobility assessed by timed-up-and-go score
- Results: when compared to controls, the Tai Chi group showed greater COG excursion amplitude leaning forward, backward and to the nonaffected side. The Tai Chi group also demonstrated better reliance on vestibular integration for balance and control

Shuri Yoshinaga & Dingfang Cai (2013). Tai Chi Quan and stroke prevention and rehabilitation. *International Journal of Integrative Medicine*, 1, 30

• Review article notes that Tai Chi improves gait, balance capacity and muscle strength while also modifying blood pressure, cholesterol and glucose levels

- Tai Chi is a safe and effective preventative measure that is suitable for stroke primary and secondary prevention
- Tai Chi exercises are very slow and smooth; suitable for stroke patients
- Tai Chi is effective at improving equilibrium and balance, preventing muscle atrophy and improving the difficulties associated with walking

RT Signature and Date:

Appendices:

• Aiping L. (2015). Simplified Tai Chi Eight Methods Handbook. Toronto, Ontario: Riverdale Immigrant Women's Centre in Partnership with Access Alliance.

Acknowledgements

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