

EXERCISE AND MOBILITY



Post stroke mobility/exercise can be challenging for stroke survivors leading to an increase in sedentary lifestyle and poor health status.

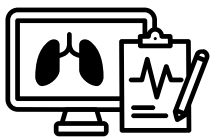


Exercise is an important part of recovery and can reduce the risk of having another stroke by ~ 30%.



Long term health benefits are achieved when stroke survivors participate in self-directed home/community exercise.

WHAT I CAN DO:



Assess pre-stroke activity level.



Identify potential barriers to exercise.



Educate regarding the benefits of exercise and any precautions.



Use appropriate screening methods.

RECOMMENDATIONS

Frequent, brief, functional (out of bed) activity beginning **within 24 hours of stroke onset** is recommended if there are no contraindications.

- More **intense early sessions are not more beneficial**, clinical judgement should always be used.

Once medically stable, patients should be screened for participation in aerobic activity.

- Formal screening is preferred but not mandatory.
- Walk tests such as the six minute walk test and shuttle walk test may be suitable.
- Initially heart rate, blood pressure and clinical symptoms should be monitored.

Survivors should engage in exercise that is:

- Meaningful/Engaging
- Progressive/Intensive
- Task specific/Repetitive
- Goal Oriented

Types of exercise should include:

- Strengthening
- Balance Activities
- Aerobic Training



Hemorrhagic stroke survivors will have recommended blood pressure parameters for a period of 12 weeks. Clearance and gradual return to exercise with monitoring will be an important part of their plan.



A well planned transition to more independent home/community exercise is key for maintenance of health and function!