

EXECUTIVE SUMMARY

Evaluation of the impact of an eight-week, stroke-specific exercise programme developed by physiotherapists and delivered in the community by trained fitness facilitators

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May 2009**

Stroke is one of the leading causes of adult disability in Canada¹ with at least 90,000 people in Ontario presently living with stroke². Exercise programmes and physical activity counselling are an integral part of self-management strategies for people with stroke and other chronic diseases.³⁻⁵ This project suggests a variation on the traditional method of programme delivery: that the expertise of physiotherapists be used to develop a training package and train fitness instructors to deliver an exercise programme for people with stroke. The overall goal of this research project was to provide a safe and effective community exercise programme accessible to people with stroke, and focused on improving or maintaining mobility and health-related quality of life, while providing an opportunity for community reintegration.

The research question, therefore, was: Can an eight-week, stroke-specific, community-based exercise programme delivered by a fitness instructor impact on physical, social, and emotional factors in participants living with stroke?

The high overall attendance rate, along with the absence of harmful events and positive participant feedback received through individual interviews and focus groups, highlights the value of community exercise programmes for people with stroke. The overall goal of providing a feasible, safe, and acceptable community exercise programme was met. The programme additionally resulted in the creation of partnerships between key stakeholder groups: health care organizations, community recreation centres, and funding agencies.

In order to create and to sustain change within the health care system, a comprehensive approach is required. Clinically relevant research is needed to develop innovative strategies and to evaluate potential change. Partnerships must be established between key stakeholders, decision makers, and potential funders. Dissemination and knowledge transfer is needed to ensure ongoing sustainability of projects and to develop and encourage new ideas and future research.

This study used physical performance measures, questionnaires, and interviews to evaluate the exercise programme. Two groups matched on age, sex, and functional ability participated in the

exercise programme at two separate points in time. A total of 18 participants took part in the study with no drop-outs, no adverse events reported, and an overall attendance rate of 87%.

Comparing the results from performance measures and questionnaires of both groups following the exercise intervention, significant change was noted in the Berg Balance Scale for Group 1 only. The Berg Balance Scale can predict community mobility and is related to incidence of falls. Overall, a significant relationship was demonstrated between older age and improvement in the Activity-specific Balance Confidence Scale. This finding indicates that older participants experienced a greater increase in their reported confidence with balance following the exercise intervention than their younger counterparts.

Several themes emerged from the results of individual and group interviews. The following themes highlight the positive participant experience with the community exercise programme: progress of self and others, programme design, emotional and physical safety, isolation, social connection, shared experience, motivation, competition, hope, and empowerment. The following participant quotes provide illustration for a sample of the primary themes:

ISOLATION: "Because of the weakness (I was) not getting out and doing things. I am shy at meeting people...not attending as many events as I used to. I think the people (in the group) kind of got me out of that."

SHARED EXPERIENCE: "We all have so much in common ... we're all handling it (disability) all so well, although each seems to carry their load differently. But we all seem to cope and being together is great ... it kind of gives you an understanding to say 'hey, I'm not alone'."

HOPE: "I think it helps your mind too, more than the body, to see improvement in yourself and in other people...anything is possible if you keep working at it."

EMPOWERMENT: "It (the class) gives people the encouragement to get them back in the community, to continue to live in the community as opposed to being a drain on the health care system. You've got people doing things for themselves and being more self-sufficient as opposed to being dependent. People are thinking positively and wanting to give something to the community as opposed to just sitting back and taking. I think there's an empowerment there."

The results of this pilot project indicate that an exercise programme for people with stroke can be safely delivered in the community by trained fitness instructors with ongoing support from the health care system.

While the performance measures and questionnaires did not identify significant change in participant status; during individual and group interviews, participants reported multiple benefits including empowerment, increased motivation for exercise, and reduction in feelings of social isolation.

A shift in perception is required as we consider how to best evaluate the impact of community exercise programmes. Exercise programmes delivered in, and by, the community should not be viewed merely as an extension of rehabilitation services nor be evaluated by the same criteria. The concept of health has evolved to include the entire continuum of care; with the community playing an integral role in reintegration, chronic disease prevention and management, and health promotion.⁶ Rather, it is suggested that these programmes be viewed and evaluated as a component of community recreation; necessary for the support and ongoing health of people living with chronic disease.

Partnerships between funders, government, health care and academic institutions, multi-media, and recreation experts were vital to the successful implementation of the community exercise programme for people with stroke in Thunder Bay, Ontario. Sustainability remains uncertain, and requires a health care organization to commit to and assume costs associated with the health care provider (physiotherapist) to act as an ongoing link to the community exercise programme, as well as the municipality to assume fitness instructor and operational expenses with some cost recovery provided by participant registration fees.

Innovative methods of utilizing health care resources are necessary to meet the needs of communities and client populations and to address the changing reality of health care. The use of exercise programmes, developed by physiotherapists and delivered by trained fitness instructors, is one strategy to utilize the expertise of health care professionals (physiotherapists), while more fully integrating community programmes into the continuum of care.

This community-based exercise programme serves as an example of having the right provider (trained fitness instructor with support from a healthcare provider) at the right place (community) at the right time (upon discharge from rehabilitation and while still successfully living in the community), thus promoting efficiency in the health care system and providing opportunities for community reintegration for people with stroke.

References

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