Fitness, Physical Activity & Exercise after Stroke

STROKE

1.2 million UK stroke survivors
1/3 dependent on other people

1. Stroke can affect movement & change how you think, feel, act & communicate
2. Stroke survivors have unmet needs

Fitness impairments are associated with activity limitations such as walking, climbing stairs & rising from a chair

THEREFORE: Improved fitness may reduce activity limitations & benefit participation (+ other benefits)

SYSTEMATIC REVIEW

58 RCTs
n=2797

Exercise Intervention | Death | Disability | Adverse Events | Fitness | Walking | Physical Function | Quality of Life | Mood | Cognition
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---

Consistent evidence for improved walking speed & tolerance providing walking used as an exercise mode

Evidence is incomplete but we can implement what we know

IMPLEMENT

Exercise & Fitness Training after Stroke
Instructor course
>300 instructors qualified in UK

Community exercise classes
Mixed Training
1-3 days/week
8-12 weeks

Group Circuit Function
Fitness Bilateral Tailored

CONCLUDE

• Fitness impairments are legitimate intervention targets
• Benefits could occur even without improved fitness
• Evidence for exercise interventions influences guidelines & practice
• Mandate to implement exercise interventions
• Research evidence informs training of exercise professionals
• Exercise scientists help realise service delivery

REF

John Sheerin