# Lets get moving!!!











# Supporting physical activity and sedentary behaviour change after stroke





Dr. Sarah Moore March 2023

@PARAStroke @SarahMoorePhys

# **Physical Activity**

"...Any bodily movement produced by skeletal muscle that results in energy expenditure"

Caspersen et al., (1984)

EVERYDAY ACTIVITY

**ACTIVE RECREATION** 

SPORT













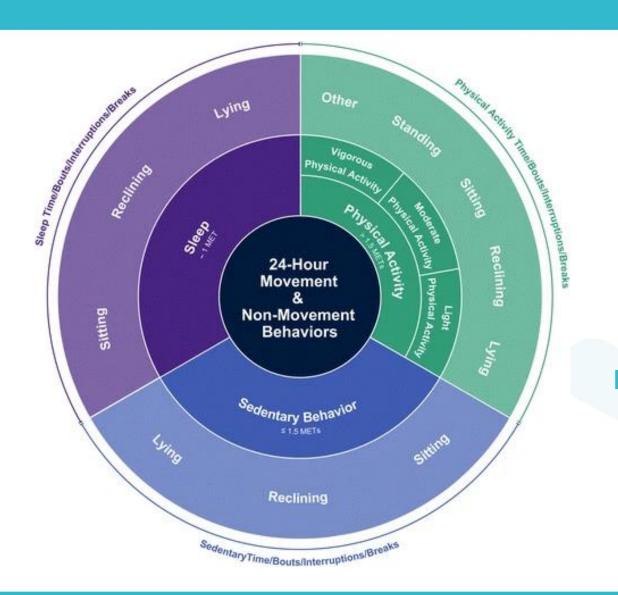








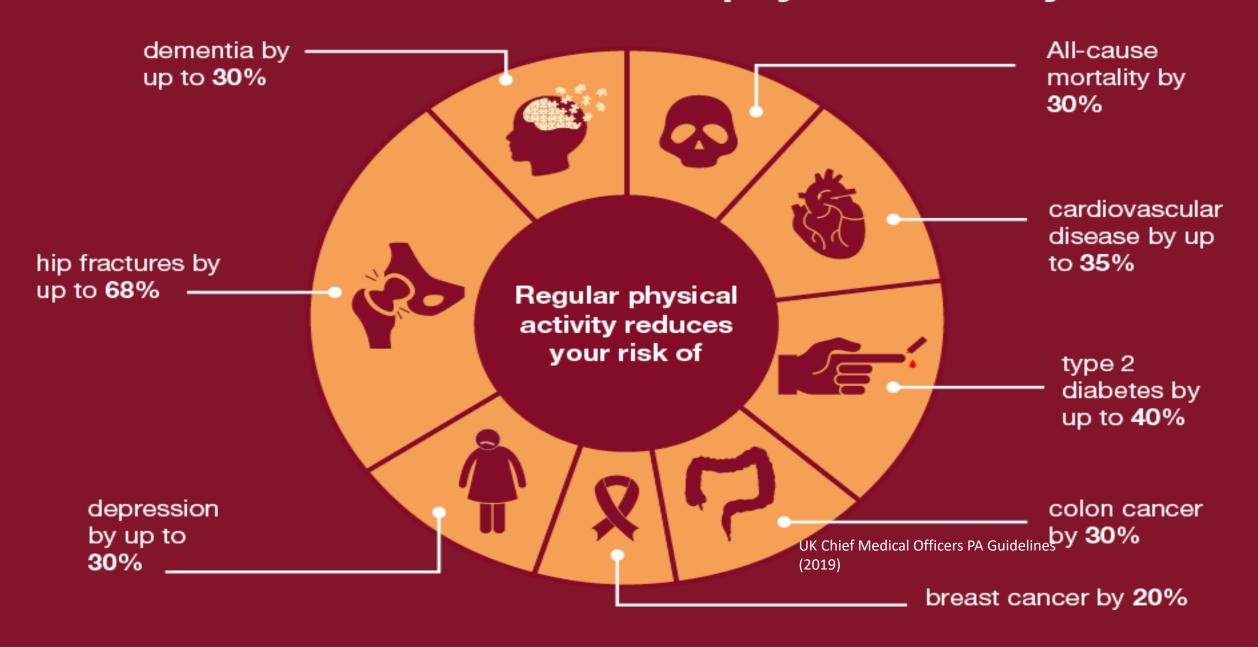
### **Sedentary behaviour**



"...waking behaviour characterised energy expenditure ≤1.5 metabolic equivalents (METs),while in a sitting, reclining or lying posture" Trembley et al., (2017)

Tremblay et al (2017) IJBNPA

### What are the health benefits of physical activity?

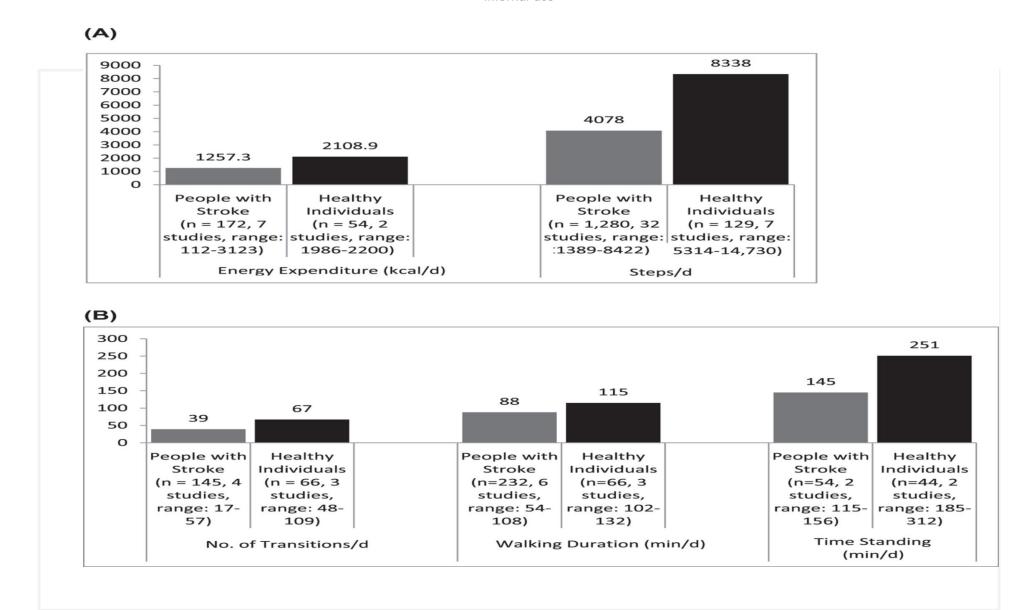


### EVERY MOVE COUNTS

Being active has significant health benefits for hearts, bodies and minds, whether you're walking, wheeling or cycling, dancing, doing sport or playing with your kids.







From: How Physically Active Are People Following Stroke? Systematic Review and Quantitative Synthesis Fini (2017)

### **Exercise after stroke**



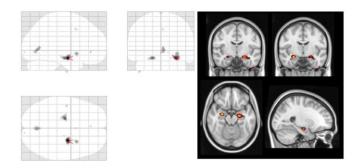
Cochrane Database of Systematic Reviews

#### Physical fitness training for stroke patients (Review)

Saunders DH, Sanderson M, Hayes S, Johnson L, Kramer S, Carter DD, Jarvis H, Brazzelli M, Mead GF

- > Exercise is safe
- Improves fitness, balance and speed and walking capacity

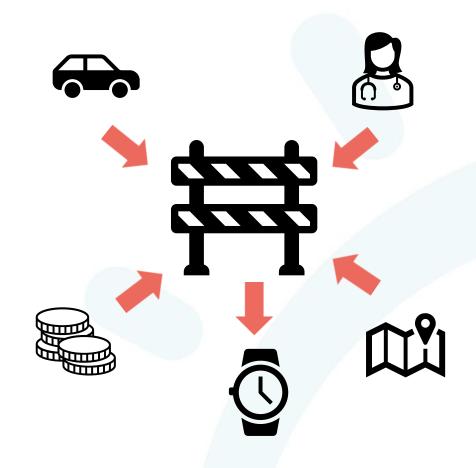




### Barriers to exercise after stroke



700 patients per year@60 referrals@36 completed



# Pathway stroke physical activity

**Current pathway of stroke physical activity support** 

First few months

**Inpatient / outpatient** 

Community exercise

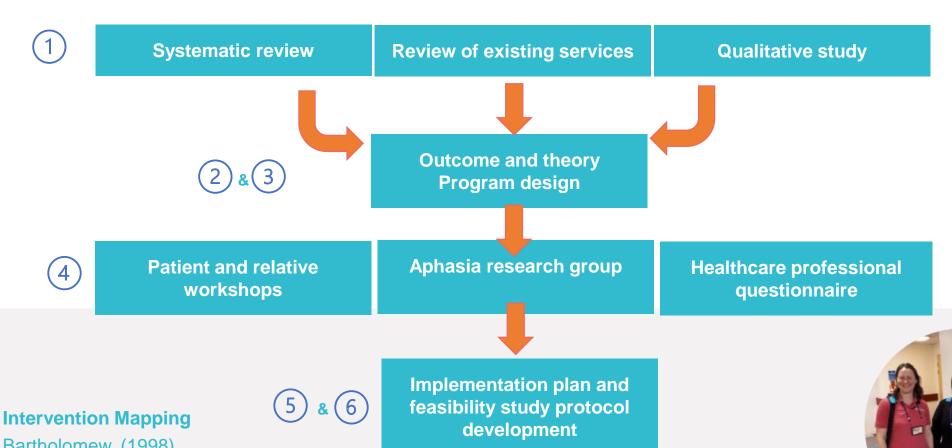


Future pathway of stroke physical activity support

Long-term physical activity and sedentary behaviour



### Intervention development

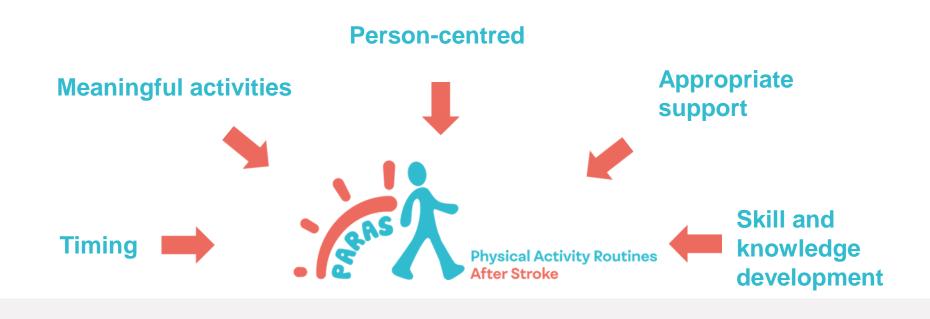








# Physical Activity Routines After Stroke (PARAS)





**Physical activity options** 



Sustainable



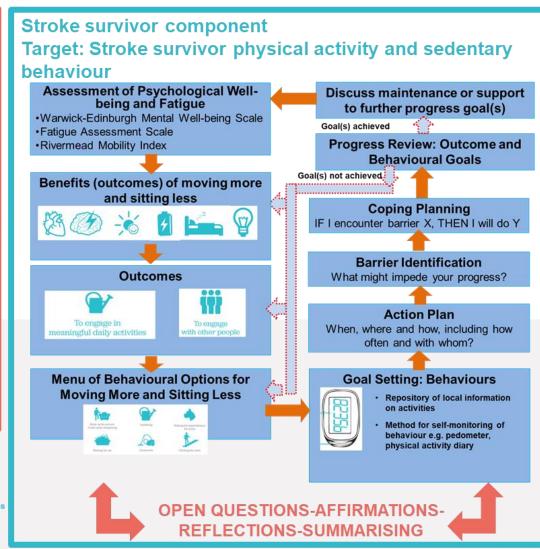
Goal setting, action and coping planning and selfmonitoring



# Physical Activity Routines After Stroke (PARAS)









### Results



- > 11 Healthcare professionals, 19 stroke survivors @13 months post-stroke
- > 17/19 completed intervention



> 108 mins (range 39-238)



> 50% selected walking. None on sedentary behaviour



> 33% Pedometer and diary



> 17/18 social support identified



> 100% face to face





> 82% (14/17) achieved goal

## Feasibility and Acceptability

#### Recruitment

'...out of all of the patients that could be potentials, it would be the higher-level ones that I'd pick every time to engage with something like this'

# PARAS is acceptable but modifications are required

'...I've had a load of trouble with pedometers, I've got one on my phone and it's not very accurate. So that's why I count.'

# PARAS increased physical activity, mood and motivation and aided understanding of recovery

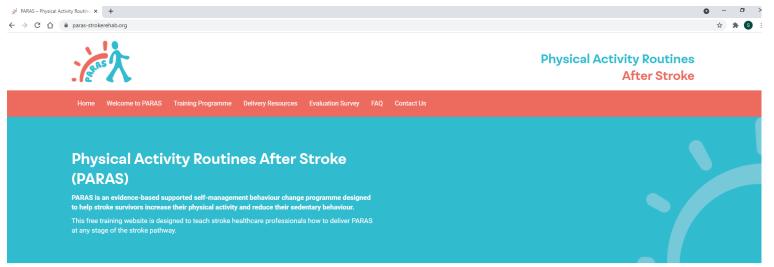
'...it's given me an incentive to do it and an ability to measure how you're getting on, I think that's important.'

#### Healthcare professional training was acceptable

'...I think we always think we should be doing something active. Sometimes it's identifying what's right.'



# PARAS healthcare professional training website



https://paras-strokerehab.org/



@PARAStroke





**Training Programme** 







Stroke Survivor Resources













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