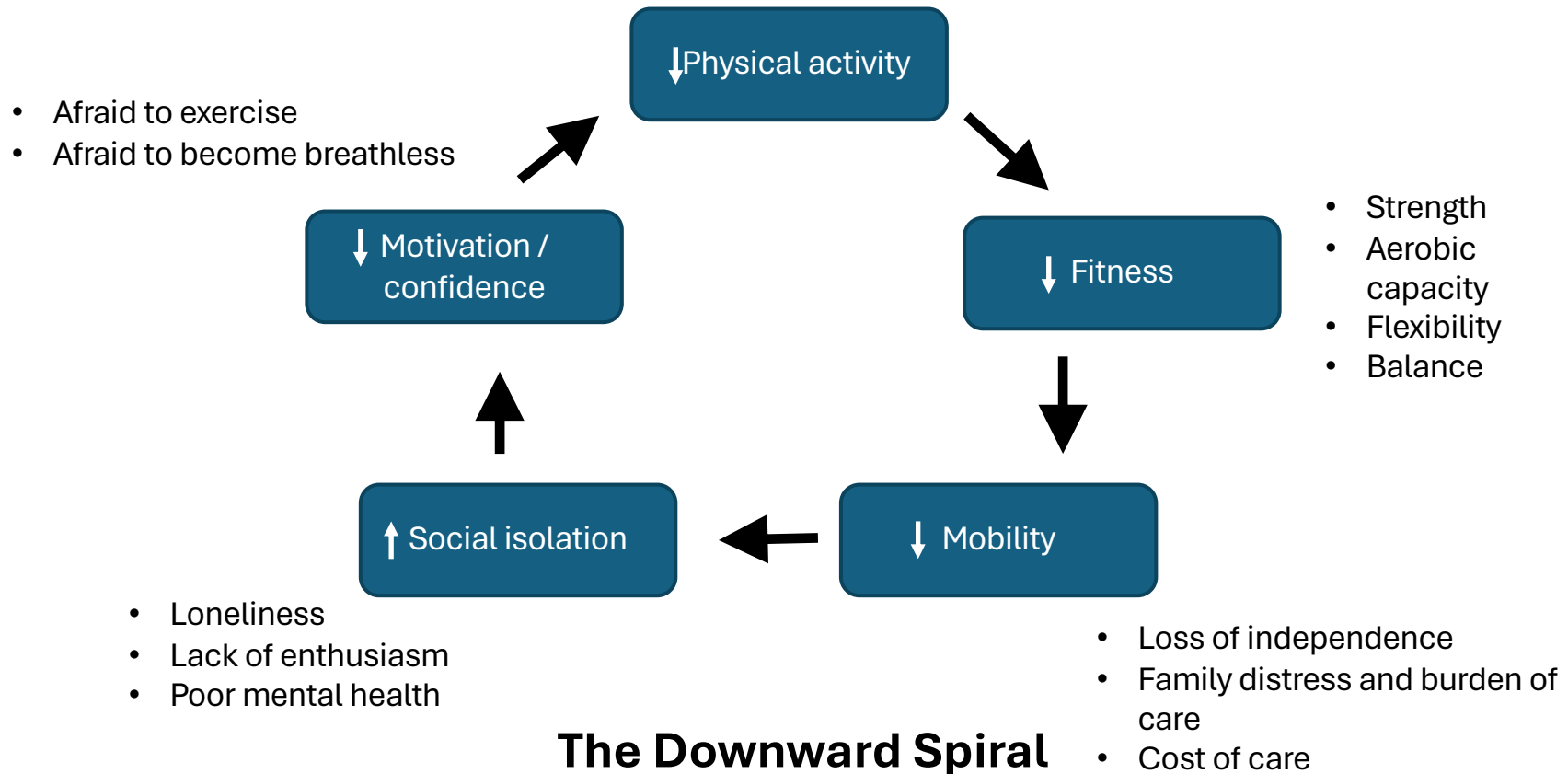




Community-Based Exercise in Stroke Care

Dr Noel McCaffrey





Benefits of exercise

- Risk factor management
- Self-confidence
- Self-management
- Independence
- Social support

Barriers

- Physical challenges
- Low energy / fatigue
- Psychological factors
- Loss of independence
- Communication
- Local access
- Transport

Challenges for the stroke survivor

- Access to treatment / rehab / supports
- Loss of independence
- Personal care
- Embarrassment / self-consciousness
- Social isolation
- Finance
- Transport / mobility
- Impact on family
- Other family health issues
- Motivation

Challenges for the family

- Worry
- Emotional upset
- Burden of care
- Time
- Finance
- Psychological
- Anger / frustration
- Guilt
- Finance
- Others to care for
- Access to medical appointments
- Hiding the distress
- Helplessness

Commonly experienced problems

- Mobility (58%)
- Fatigue (52%)
- Concentration (45%)
- Falls (44%)

- 50% of stroke survivors say their needs are not being met

Research areas:

1. Cognition
2. Coming to terms with stroke
3. Aphasia
4. Arm function
5. Vision
6. Fatigue
7. Balance / gait / mobility
8. Coping with speech problems
9. Confidence
10. Overall impact of exercise

function

QoL

avoiding recurrence

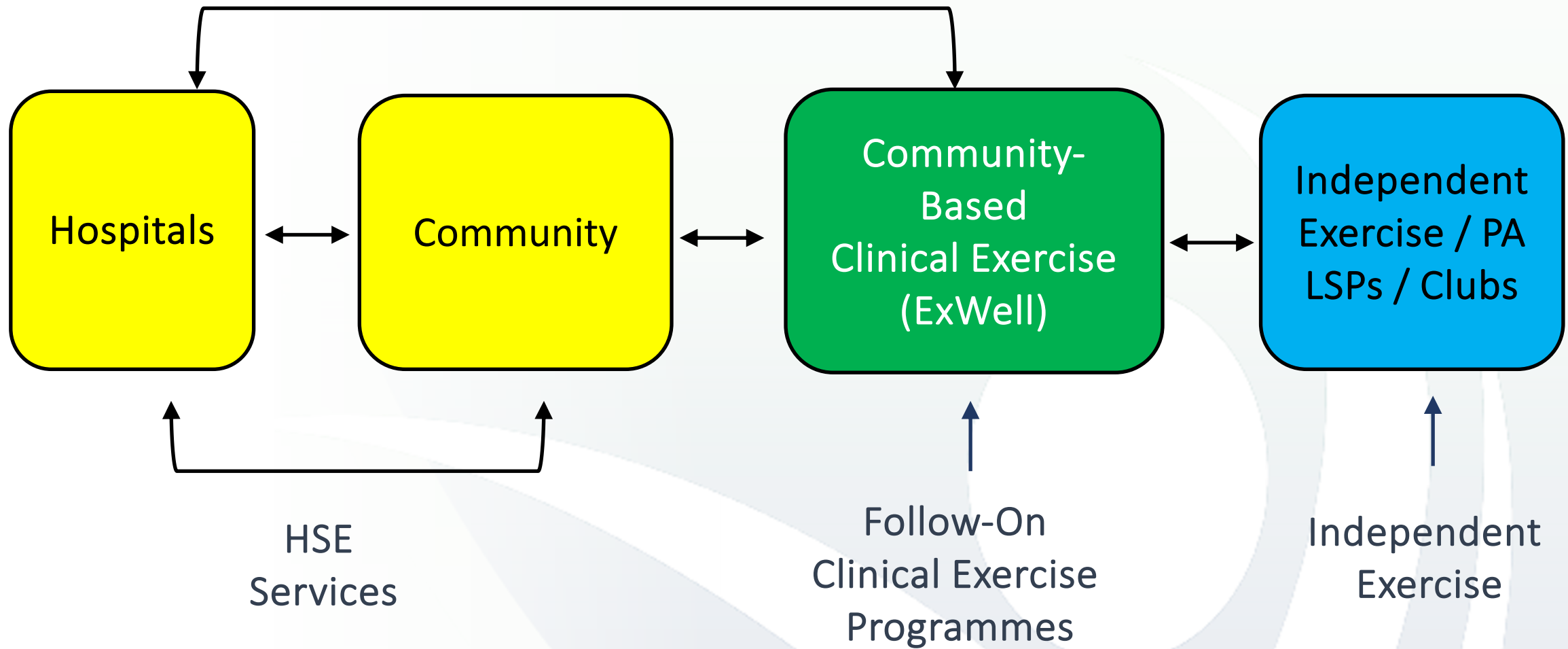
Exercise benefits

- ↓ recurrence
- ↑ function
- Psychosocial benefits of group exercise

ExWell Medical

- social enterprise
- 22 centres
- over 2000 weekly visits
- on-line offering
- medical oversight
- staff = 21
- Sports science / physio background
- 19 funded or subsidized projects
- HSE agreements growing





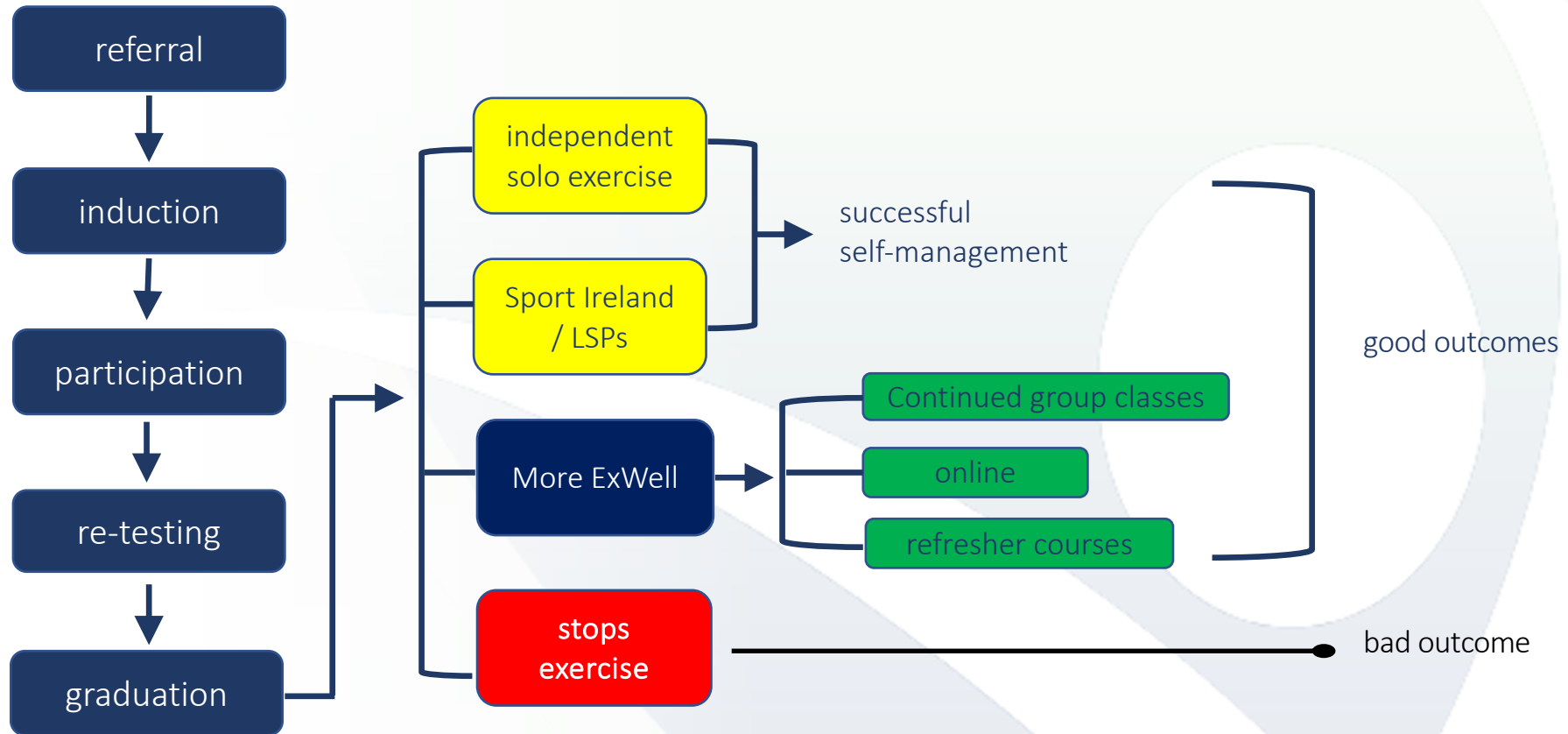
core pillars

- exercise
- social interaction
- impact measurement

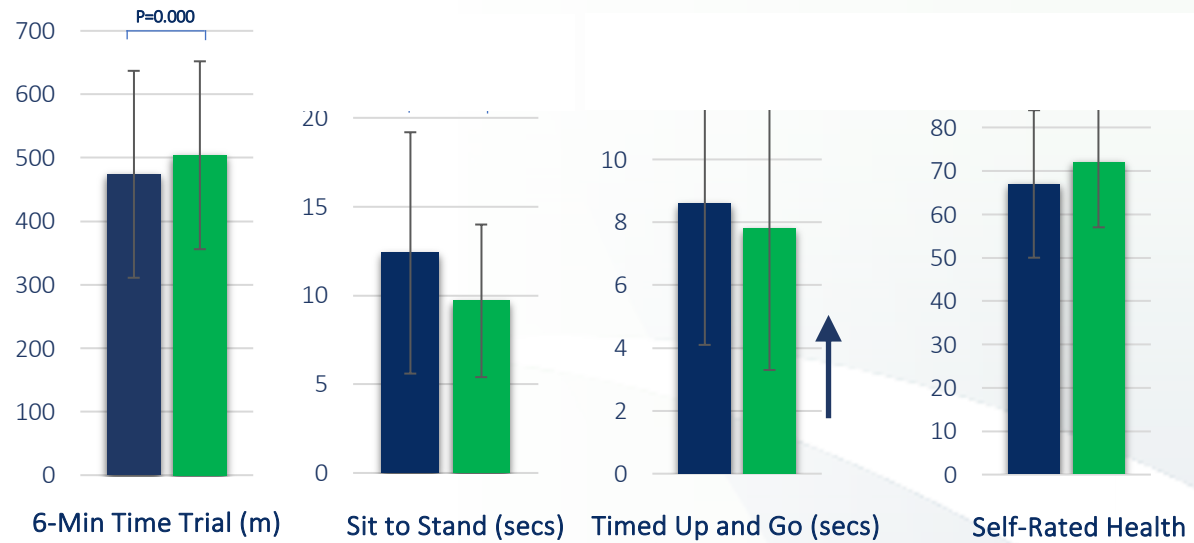
- adherence surveillance / monitoring
- research



the pathway

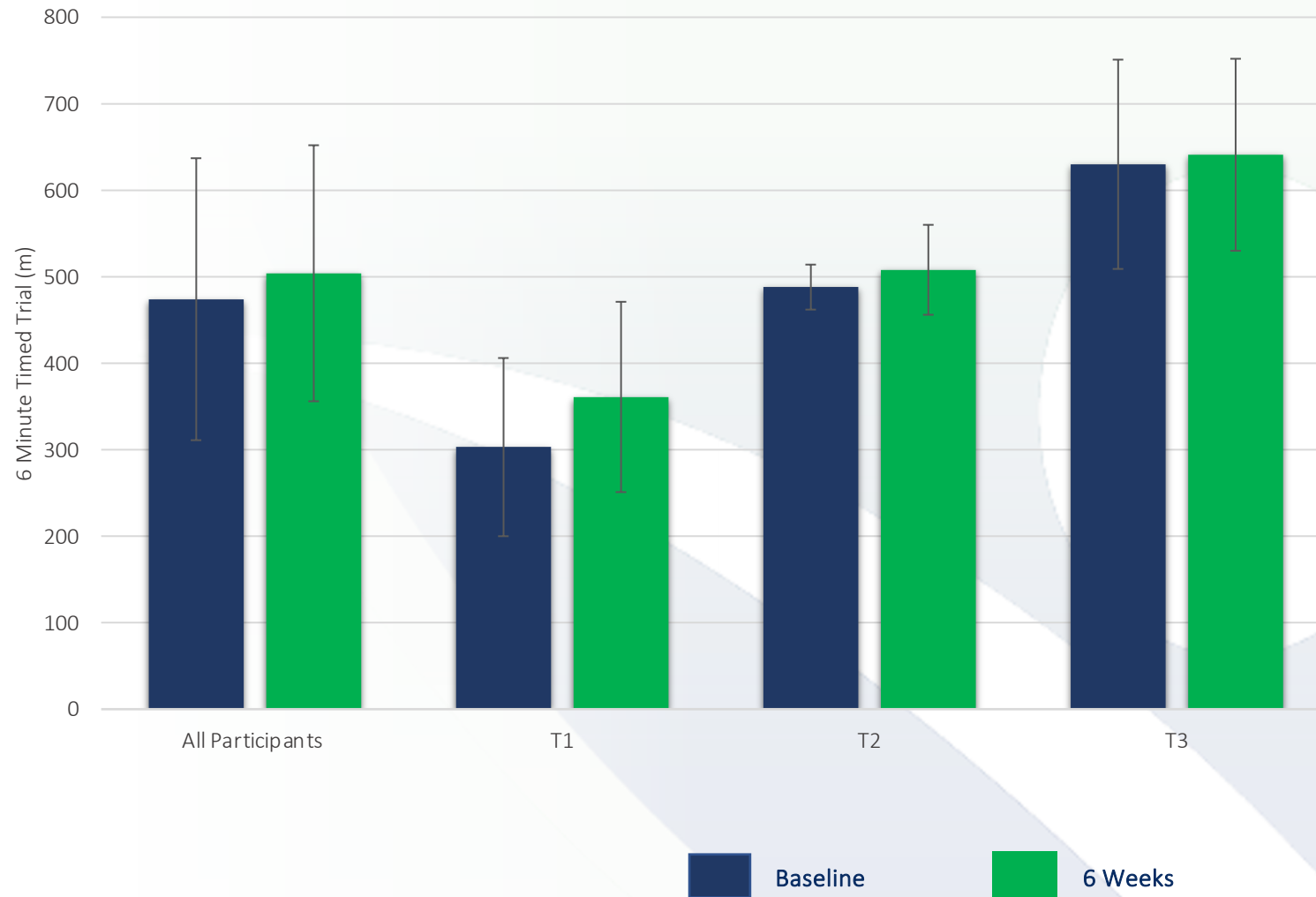


impact



Baseline 
6 Weeks 

6 Minute Time Trial Data (Citywest)



Key impact messages

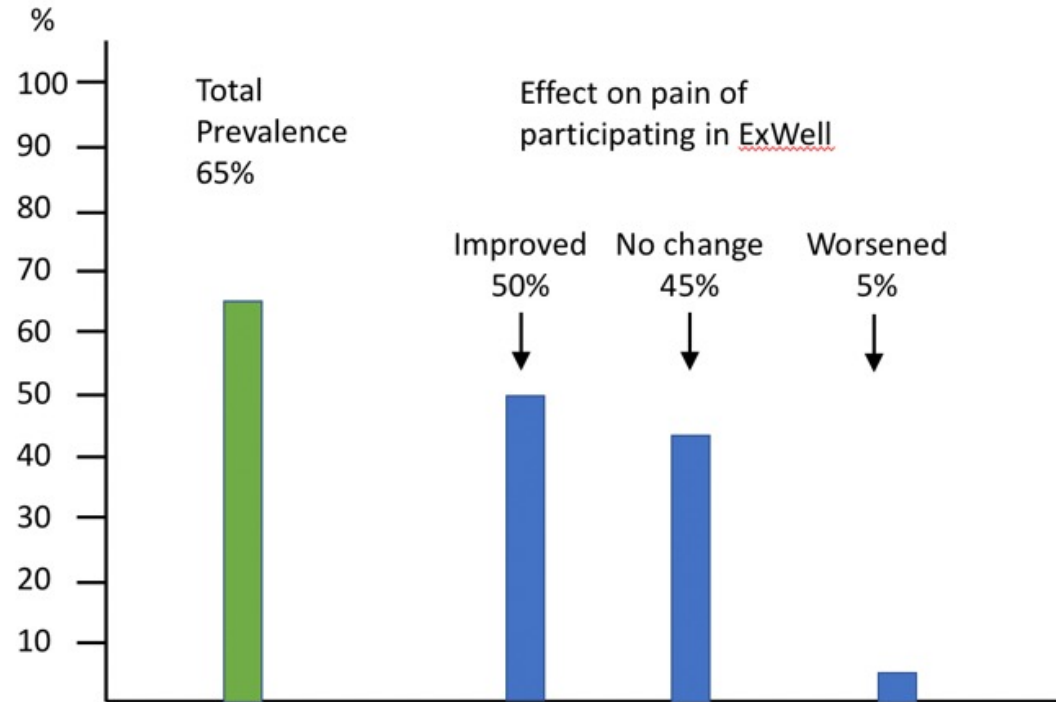
- All outcomes improve
- They improve quickly (6 weeks)
- The scale of change exceeds MCID for 6MTT and SS
- The greatest relative improvements occur in those who start off the weakest

Practical Challenges

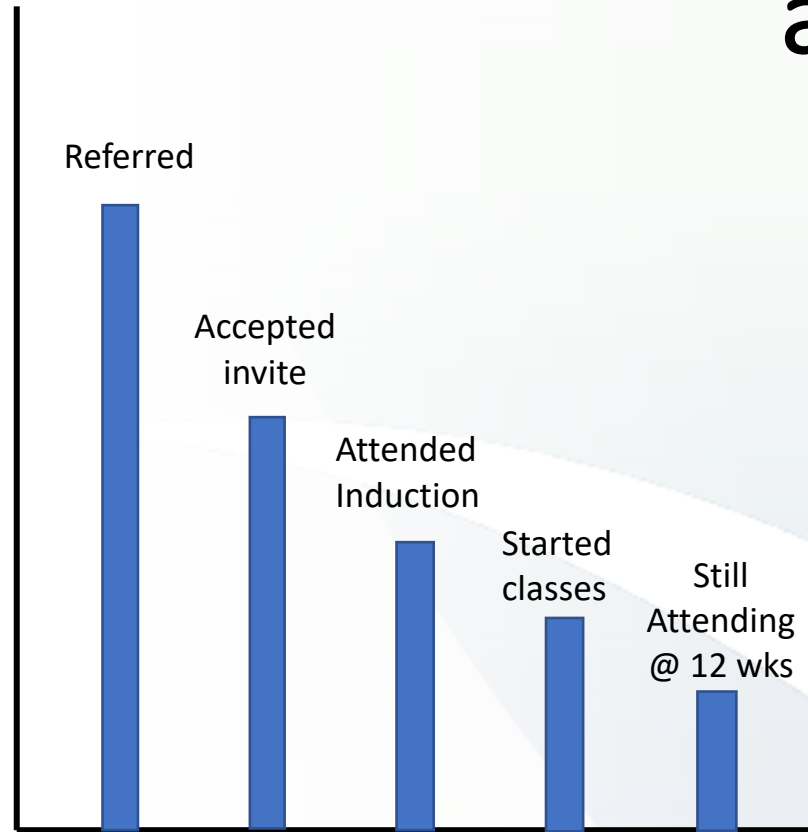


- functional ability
- progression
- class format
- age
- disease specificity
- frailty
- communication difficulty
- workers
- pain
- Covid
- class format
- programme duration
- engagement / dropout
- delivery model

Pain



engagement and adherence



Research Project: Main questions

Can ExWell do better at

1. Stroke rehabilitation
2. Prevention of stroke recurrence

challenges

- There may be some stroke specific exercises that would really benefit stroke patients in rehabilitation
- But over the years ExWell has moved away from disease specific classes because
 1. By and large all illness groups need the same broad content.
 2. Disease specific programmes are less likely to be financially sustainable or scalable, combined with a mixture of all illnesses in then same class.
 3. Mixing with other illness groups be inspiring.

Phases of this study

- Phase 1: information gathering (about how good or bad ExWell is for stroke patients from
 1. ExWell staff
 2. Stroke experts (physios etc.)from TUH
 3. Stroke patients who have taken part in ExWell
- Phase 2: amending the ExWell programme and training our staff
- Phase 3: investigating how effective the amended programme is

