

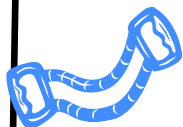
Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

BP Blogger

Myth Busting: Stroke 3 Exercise Issue

Myth 1: It's unsafe to exercise after a stroke

All residents including those who have had a stroke can benefit from exercise to help reach their highest level of independence and mobility. In fact,

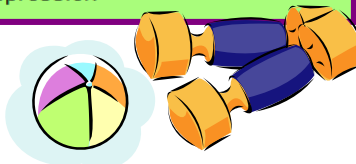


research shows that people with stroke **should and can** participate safely in exercise programs on a regular basis. Many residents in LTC have stroke related impairments which need to be considered to ensure safety when exercising. The "Guidelines for Community Based Exercise Programs for People with Stroke" is a resource to guide the development of safe and effective exercise programs. Ideally before beginning exercise programs, residents should receive medical clearance from their doctor or nurse practitioner and be seen by a physiotherapist and occupational therapist who can help design a proper exercise program.

The benefits of physical activity

- ✓ Decreased risk of another stroke
- ✓ Improved heart and general health, and overall fitness
- ✓ Improved independence, bone density, cognition, continence, and sleep quality
- ✓ Reduced falls, improved mobility and balance
- ✓ Reduced social isolation and depression

Myth 2: Exercise programs need expensive equipment



Exercises and Matching Equipment

Aerobic Exercise	<ul style="list-style-type: none"> • Walking • Steppers • Stationary bicycle • Arm or leg cycle • Wheelchair propelling 	
Strengthening <i>Helps residents in their daily activities</i>	Circuit training <ul style="list-style-type: none"> • Free weights • Exercise bands balls, rolled up hand towels • Practice sitting to standing or step-ups. 	
Stretching	<ul style="list-style-type: none"> • Include all muscle groups in the arms, legs and trunk in the pain free range • May include assisted & passive ROM techniques 	
Coordination & Balance	<ul style="list-style-type: none"> • Sitting: weight shifting in all directions, catching a ball, reach to the floor • Standing: kicking a ball, side stepping, stand with feet close together, obstacle course • Consider use of gaming systems such as the Wii™ • Have support ready such as a railing or chair 	

Expensive exercise equipment is **not** required to provide safe and effective exercise programs to LTC residents with stroke. Programs that use basic low-cost equipment (e.g. chairs, exercise bands) or simple exercises that don't require any equipment can be safe and effective as well. The "Guidelines for Community Based Exercise Programs for People with Stroke" recommend that exercise programs include aerobic, strengthening, stretching, coordination, and balance activities. Some residents may only be able to do 20 to 30 minutes sessions three to five times a

week or very brief (5 to 10 minute) exercise sessions several times a day. For the most benefit, three to five exercise sessions a week are best with each session lasting about 60 minutes. Residents should have specific exercise goals for their exercise sessions that are matched to their abilities and health. A physiotherapist can provide advice on the types of exercises that are safe and will best meet the residents' goals.

Inside this issue:

Myth 1: It's unsafe to exercise after a stroke 1

Myth 2: Exercise programs need expensive equipment 1

Myth 3: Impairments make for no exercising 2

Myth 4: There's no exercise information available for residents 2

See BP Blogger Stroke 1 & 2 April/May & Fall 2010

BPGs and Resources 2

Contacts for Information 1 & 2

More information on This and Other Best Practices

- **Contact** your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. **Find them at:**
- www.rnao.org Click on Nursing Best Practice Guidelines and select LTC BP Initiative
- www.shrtn.on.ca Click on Seniors Health
- **Check out** Long-Term Care and Geriatric Resources at www.rgpc.ca
- **Surf the Web** for BPGs, resources and sites are listed on pg 2.
- Review back issues of the BP Blogger for related topics www.rgpc.ca



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Myth 3: Impairments make for no exercising

Residents with stroke can have a wide variety of physical, cognitive, perceptual, and communication impairments. These impairments can mean that they need a higher level of support or that modification may be needed so they can safely participate in exercise activities. To make sure that the activity or exercise program is safe and effective, you need to be aware that residents with stroke may have:

- weakness or paralysis on one side
- abnormally tight or loose muscles
- changes to sensation and vision
- difficulty communicating (understanding or speaking)
- pain (especially in shoulder, back, neck or knee)
- greater fatigue
- problems with thinking & behaviour
- a greater risk of falls



• walking and balance issues and need to use a walker, cane or wheelchair
When exercising, residents should be encouraged to pay attention to their bodies and monitor their response to exercise. Some people may have difficulty with this and so it is important that you observe changes in their condition.

Add it up: Every minute counts!

All types of physical activity count.
Exercise does not always need to be in an exercise class. In fact, activities such as walking, standing up and sitting down several times in a row, getting dressed, and just being as active as possible during the day all count!



Myth 4: There's no exercise information available for residents with stroke

Remember it is important to observe all exercising residents for signs of overexertion, but particularly those who are unable to monitor themselves.

Signs & Symptoms which require residents to IMMEDIATELY STOP exercising:

- Chest pain, tightness, heaviness &/or radiation of pain towards jaw or arm
- Cold or clammy skin
- Excessive or unusual shortness of breath
- Dizziness or light-headedness
- Nausea, vomiting or severe headache
- Changes in alertness or participation
- Complaints of pain
- Signs and symptoms of stroke

Note: the Borg Rate of Perceived Exertion or the Talk Test are two ways residents who are able can monitor their exertion.



The *Guidelines for Community Based Exercise Programs for People with Stroke* can assist your LTC team in developing and delivering safe and effective exercise programs for residents with stroke who have mild to moderate disabilities. The *Guidelines* support restorative care programming and can accommodate residents with a range of abilities or health conditions. The *Guidelines* include links to resources that provide practical examples of safe exercise programs. You can access a copy of the guidelines at



Check out these Best Practices, Guidelines & Websites
Answers to the Myths came from them. Find out more!

Canadian:

Canadian Best Practice Recommendations: Lindsay MP, Gubitz G, Bayley M, et al. *Recommendations for Stroke Care (Update 2010)* On behalf of the Canadian Stroke Strategy Best Practices and Standards Writing Group. 2010. Ottawa, ON Canada.
www.strokebestpractices.ca

Maintaining the gains—guidelines for community based exercise programs for people with stroke—a YouTube presentation available at: http://www.youtube.com/watch?v=Ko7_jaxK_MI&list=PL162821_709E1A83FF&index=2

The Canadian Centre for Activity and Aging <http://www.uwo.ca/actage/> and SHTRN - Community of practice: Activity and Aging www.shrtn.on.ca

FAME exercise program:
<http://www.rehab.ubc.ca/shared/assets/FAME11486.pdf>

Fitness Instructor Training Programme: Community Based Exercise for People Living with Stroke
http://www.tbrhsc.net/clinical_partners/regional_stroke_program/video_resources/community_based_exercise.asp

TIME toolkit -<https://www.confmanager.com/main.cfm?cid=2135&tid=32>

Community Based Exercise Guidelines for People with Stroke
www.ontariostrokenetwork.ca

Strokengine <http://strokengine.ca/>

CSEP <http://www.csep.ca/english/view.asp?x=804>

www.ontariostrokenetwork.ca

Resident Exercise Program Safety Tips:



- ✓ Instructors/assistants should be positioned to see the entire group of residents in order to closely monitor them throughout the exercise session.
- ✓ If a resident requires 1- on- 1 supervision, the assistant should stand slightly behind the resident on their weaker side and no more than 1 arm's length away
- ✓ Do not use overhead pulleys due to the risk of injury.
- ✓ Always ensure that the exercise program area is free from obstacles, proper footwear is worn and that residents keep properly hydrated. The right type of food or drink should also be available - remember to consider those with diabetes or swallowing difficulties.



Reach Community & LTC Coordinators at local Regional Stroke or Enhanced District Stroke Centres or go to www.ontariostrokenetwork.ca

Special thanks to Ontario Stroke System-Regional Community and LTC Coordinators (Gwen Brown, Donna Cheung, Vicky Smith, Alda Tee, Paula Gilmore) and Linda Kelloway (Best Practices Leader, Ontario Stroke Network), Regional Geriatric Program Central-Hamilton & Seniors Health Research Transfer Network (SHRTN)