

LIFE AFTER STROKE: A NEW FITNESS-BASED APPROACH



Stroke patients work with a physiotherapist

Every year 15 million people worldwide experience a stroke. Of these, five million die and five million are permanently disabled. For many survivors, life will never be the same. However, thanks to new research by Professor Gillian Mead, from the College of Medicine & Veterinary Medicine, and Dr David Saunders, from the College of Humanities & Social Science, stroke survivors are now being given the opportunity and motivation to improve their rehabilitation through exercise training.

Reviewing clinical evidence

Prior to this research, fitness training was not a common feature of clinical guidance for stroke patients. The study demonstrated, however, that exercise training improves the physical fitness and physical function of stroke survivors. Mead and Saunders produced a series of systematic reviews and meta-analyses, in association with the Cochrane Collaboration, which synthesised all available evidence from clinical trials of exercise training after stroke in order to determine whether exercise interventions are beneficial. The Cochrane systematic reviews help providers, practitioners and patients make informed decisions about health care and are the most comprehensive and reliable source of evidence.



INFLUENCING POLICY

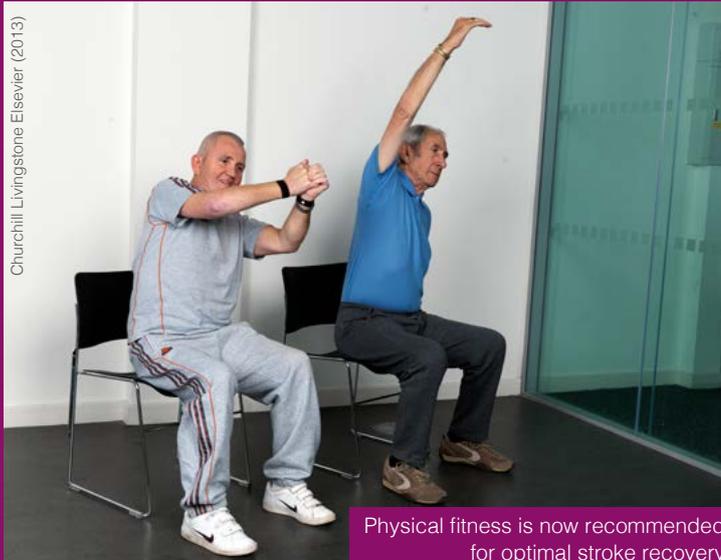
This life-changing research has influenced stroke rehabilitation policy and practice, both in the UK and internationally. It has directly informed clinical practice in the UK via a number of National Clinical Guidelines for stroke:

- Management of patients with stroke (2010), Scottish Intercollegiate Guidelines Network (SIGN) 118.
- National clinical guidelines for stroke (2012), Royal College of Physicians (RCP) Intercollegiate Stroke Working Party.
- Stroke rehabilitation: long-term rehabilitation after stroke (2013), National Institute for Health and Care Excellence (NICE) guideline 162.
- Best Practice Guidance for the Development of Exercise after Stroke Services in Community Settings (2010).



Concentrating on fitness as therapy





Physical fitness is now recommended for optimal stroke recovery



The research programme also focused on the implementation of this evidence in practice. For example, a systematic review found that key barriers to exercise were lack of motivation, environmental factors (such as transport), health concerns, and stroke impairments. The key motivators were social support and the need to be able to complete daily tasks.

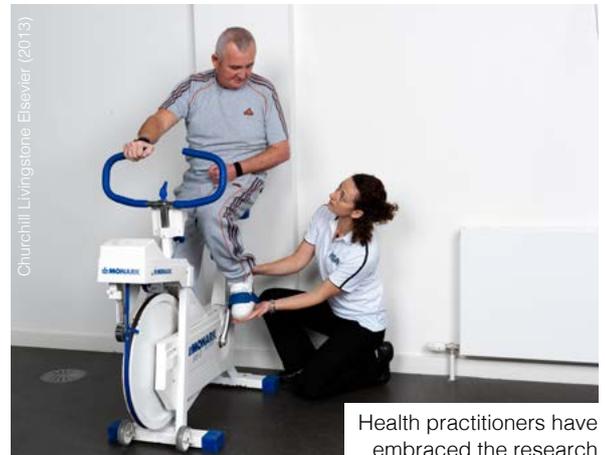
This Edinburgh-based research is now being used to inform training and knowledge of health-care practitioners involved in stroke rehabilitation. It forms key chapters in *Exercise and Fitness Training After Stroke: a handbook for evidence-based practice* (Eds. Mead and van Wijck, 2012), which outlines the underpinning evidence and then describes how to translate this research into practice. It also forms the basis of the only UK course for exercise professionals to receive professional endorsement from SkillsActive (Sector Skills Council for Active Leisure, Learning and Wellbeing). Endorsed by the UK Stroke Forum for training and approved by the Chartered Society for Physiotherapists, the course has been completed by 221 professionals as of 2014. It is recommended in NHS action plans as follows:

“NHS Boards, through their stroke Managed Clinical Networks (MCNs), should continue to work with leisure industry representatives to make best use of the new training course [Exercise After Stroke] to improve access to exercise and fitness training for people with stroke in their area.”



Two of the Cochrane reviews are cited as evidence in clinical guidance around the world, for example in:

- Australian National Clinical Guidelines for Stroke Management (2010).
- New Zealand Clinical Guidelines for Stroke Management (2010).
- Canadian Best Practice Recommendations for Stroke Care (2011-2013).



Health practitioners have embraced the research

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