SUMMARY OF THE CANADIAN STROKE COMMUNITY-BASED EXERCISE RECOMMENDATIONS UPDATE 2020

Recommendation	Statement
1. Screening by a Qualified Healthcare Professional	Exercise providers should ensure people with stroke have consulted with a qualified healthcare professional (e.g., physician, nurse practitioner, or physical therapist) before participating in any exercise program to ensure that there are no conditions that require special consideration or would be contraindicative to participating in the exercise program. [Strong Recommendation; Low Quality Evidence].
2. Screening by the Program/Exercise Provider	The program/exercise provider should undertake a formal screening process to ensure the participant meets program eligibility criteria and to ensure a match between the program and the participant. Screening processes could include a range of activities such as interviewing potential participants, reviewing health information from the physician/other referring healthcare professionals, reviewing information about the participant's functional ability level, and identifying the need for other exercise considerations. [Strong Recommendation; Low Quality Evidence]. A mechanism should be in place to ensure that the exercise provider is aware of any concerns and recommendations identified through the screening process.
3. Exercise Program Supervision and Format	The exercise program supervision and format (e.g., individual versus group) should be designed to meet the needs of the targeted population. *Supervision:* Participants with stroke should be supervised during the exercise program by trained exercise providers using a one-on-one or group format. [Strong Recommendation; Low Quality Evidence]. *Group versus individual format:* When people with stroke are able to exercise more independently, a group format should be provided to foster social support and confidence (i.e., self-efficacy). [Strong Recommendation; Low Quality Evidence]. *Participant-to-instructor ratio:* A participant-to-instructor ratio of 4:1 should be provided when supervising group exercise programs that incorporate the practice of standing and

	walking tasks for people with stroke and balance and mobility limitations. [Conditional Recommendation; Low Quality Evidence]. Participant-to-instructor ratios may vary depending on the functional ability of the participants and skill level of the exercise provider.
4. Exercise Program Principles	The exercise provider should incorporate standard exercise training principles [Strong Recommendation; Low Quality Evidence], including an emphasis on the practice of functional tasks [Strong Recommendation; Moderate Quality Evidence], within the exercise program to address the needs of people with stroke.
5. Program Evaluation	Evaluation procedures should be in place to monitor program delivery (e.g., referral and screening processes, compliance with exercise program and procedures), participant engagement, and program impact. [Conditional Recommendation, Low Quality Evidence].
6. Exercise Providers	6.1. Exercise providers should receive education and training to attain the necessary knowledge of stroke and stroke-related impairments, common comorbid health conditions, and basic exercise principles. Additionally, exercise providers should have the skills required to safely and appropriately deliver the exercise program, to safely increase or decrease the level of challenge of the exercises, and to recognize and respond to adverse events and emergencies. [Strong Recommendation, Low Quality Evidence]. 6.2. Exercise providers should establish linkages with healthcare providers who have stroke-specific and exercise expertise. These linkages can facilitate exercise program referrals, training, and ongoing consultation to support delivery of a safe and beneficial exercise program. [Strong Recommendation, Low Quality Evidence].
7. Facility	The exercise provider should offer participants a general orientation to the facility, and a safe and accessible exercise environment that meets the needs of the participants. This should include barrier-free access to parking, facility entrance, transit pick-up/drop-off areas, exercise classrooms, exercise equipment, change rooms/locker rooms and washrooms. [Strong Recommendation, Low Quality Evidence].

8. Emergency Plan and Equipment	The program provider should have an emergency plan and adverse event protocol in place that is documented and known to all exercise providers including: access to in-house first aid services from qualified personnel; phone access to Emergency Medical Services; access to an Automatic External Defibrillator (AED); and access to a source of glucose (e.g., fruit juice). There should be a quality improvement process in place to track and review incidents or adverse events. [Strong Recommendation, Low Quality Evidence].

Source:

Elizabeth L. Inness, Gwen Brown, Alda Tee, Liam Kelly, Jason Moller, Gayatri Aravind, Cynthia Danells, and Nancy M. Salbach. Canadian Stroke Community-based Exercise Recommendations 3rd Edition, 2020. Canada.

The full guideline “Canadian Stroke Community-based Exercise Recommendations Update 2020: A Resource for Community-based Exercise Providers” and companion guide “Choosing a Community Exercise Program After Stroke” are available at: canstrokecommunityexercise.ca/