Do you know that stroke survivors are at risk for:

 Dillon 2012b

- **Being physically inactive.**
  More than 50% of survivors do not reach recommended physical activity levels for health and well-being and may spend over 75% of their day sitting or lying. Inactivity increases the risk of suboptimal brain repair after stroke and the risk of another stroke.

- **Falling and fracturing a hip.**
  Survivors fall more than twice as often and are four times more likely to fracture their hip compared to general population. Falls typically occur in the home and soon after discharge from a hospital or rehabilitation facility.

- **Losing upper limb function.**
  More than 70% of survivors experience upper limb paresis and have difficulty with basic activities of daily living (i.e., dressing, personal hygiene, cooking, writing).

- **Re-hospitalization.**
  Survivors who are discharged home after stroke and do not receive any or receive limited rehabilitation therapy are at risk for re-hospitalization. Currently, only 32.5% of Medicare patients discharged to home receive PT/OT in 1st 30 days.

And that MOVEMENT MATTERS for recovering:

- **Fitness and Health**
- **Upper Extremity Dexterity and Function**
- **Safe Mobility and Independence in Home and Community**

**Movement in the form of physical activity and structured and progressive exercise:**
- Reduces the risk for subsequent cardiovascular events, promotes safety and independence in ADLs and physical mobility, and improves quality of life.
- Must be initiated early after stroke and be individually tailored to stroke-specific deficits for safety and for successful self-management.
Movement Matters Activity Program (MMAP):

▷ Prescribes:
  - An evidence-based combination of different modes of *structured and progressive* exercise – muscle strength/endurance, balance/coordination, flexibility, and aerobic – to foster *fitness and health* and *safe and independent mobility*.
  - Physical activity as often as possible in the home and/or community (outside the structured exercise sessions).
  - Self-directed exercise that incorporates functional rehabilitative tasks into activities of daily living.

▷ Key Principle:
  - A base of strength, balance, and coordination must be present to walk safely and for longer continuous periods. Thus, strength, balance, and coordination domains serve as building blocks for overall endurance, fitness, and independent and safe mobility.

  - As shown below, in low functional levels, the majority of rehabilitation is spent on building a base of strength, balance, and coordination. As function improves, concentration shifts to more continuous physical activity and cardiovascular exercise.

Inform your client: Movement matters for recovery of fitness and health.
Identifying the Appropriate Services Point for your Client

- Use of services to facilitate stroke recovery will vary based on the needs, resources, and preferences of the survivor and caregiver (if any).
- Some survivors may progress through all settings (home health, outpatient, community) while others may skip settings or start somewhere along the continuum.
- Some survivors will be candidates for community-based programs or self-management following hospital discharge while others may benefit from formal therapy in the home and/or outpatient setting.
- Patients should be provided with the most suitable services to maximize the potential for recovery and achieve the ultimate goal of self-management of physical activity and exercise.

Inform your client: Recovery is a process that can take years and the potential for gains do not cease, as long as you continue to move and strive to increase your physical activity.