

Stroke recovery should include exercise prescription

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Micrograph showing cortical pseudolaminar necrosis, a finding seen in strokes on medical imaging and at autopsy. H&E-LFB stain. Credit: Nephron/Wikipedia

Exercise is a valuable yet underused component for post-stroke care, according to an American Heart Association/American Stroke Association scientific statement.

The statement, published in the American Heart Association journal

Stroke, suggests that [stroke](#) survivors should be prescribed [exercise](#) because they experience physical deconditioning and lead inactive lifestyles after stroke. That decreases their ability to perform daily living activities and increases their risk of having another stroke.

"There is strong evidence that physical activity and exercise after stroke can improve cardiovascular fitness, walking ability and upper arm strength," said Sandra A. Billinger, P.T., Ph.D., statement lead author and a physical therapist at the University of Kansas Medical Center in Kansas City, Kan. "In addition, emerging research suggests exercise may improve depressive symptoms, cognitive function, memory and quality of life after stroke.

"Yet, too few healthcare professionals prescribe exercise as a form of therapy for stroke. There is a big gap in America between once stroke patients are discharged from rehabilitation and the transition to community exercise programs when they go home. Many are left on their own. We don't have a system in place to help stroke patients feel comfortable with exercise." Physical activity is bodily movement produced by skeletal muscle that uses energy. Exercise is a subset of physical activity and is a planned, structured and repetitive to improve or maintain physical fitness.

Stroke survivors must overcome several barriers to exercise—including the severity of their stroke, fatigue, depression, lack of social support, affordability and motivation. "These patients may not know how or cannot afford to take advantage of exercise programs in their communities, or they can't drive to an exercise facility, or they might not feel comfortable going to a gym," Billinger said. "We as healthcare providers need to help [stroke patients](#) develop the skills and confidence they need to begin and maintain an exercise program that includes aerobic exercise and strength training as part of their [stroke care](#).

"The key to exercise is that it only works if done consistently."

Some of the statement recommendations for post-stroke care include:

- Tailoring exercise prescriptions to the tolerance of the patient and the stage of recovery, environment, available social support, activity limitations and [physical activity](#) preferences.
- Minimizing bed rest in the immediate days after stroke and having survivors sit or stand intermittently.
- Initiating an exercise training program when patients are medically stable to regain or exceed levels of activity before their stroke.
- Using rehabilitation programs that incorporate [aerobic exercise](#), strength training, flexibility and balance.

The general recommendation is that survivors exercise at least three days a week for 20 to 60 minutes, but that depends on their individual functional capacity. For many [stroke survivors](#), multiple 10- to 15-minute bouts of moderate-intensity exercise may be better tolerated. Simple activities that slowly build endurance and strength, such as walking around the neighborhood or engaging in household chores, add up and make a difference, Billinger said.

"Anything is better than just sitting on the couch," she said.

Stroke is the fourth leading cause of death in the United States, and a leading cause of long-term disability. By 2030, as many as 11 million people could be living with stroke as more people live longer.

Provided by American Heart Association

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