

# Stroke Community Partnership

Presented by:  
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## OUTLINE

- History of partnership
- Funding
- Staff training model “train the trainer”
- Admission criteria
- Referral process
- Stroke Best Practice alignment with group content
- Topics covered
- Typical Daily Schedule

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## ACRONYMS

- Community Stroke Rehabilitation Team-CSRT
- Life After Stroke-LAS

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## Building the Partnership

Adult Day Services presented as an underutilized component of the stroke recovery process

Adult Day Program mandate already included the goal of maximizing function

Day Program staff familiar with stroke survivors

Day Program environment adapted easily to incorporate promoting/maintaining functional recovery

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## What?

Life After Stroke Recovery Program is a recovery focused, goal directed, transitional program for Stroke Survivors.

Program staff are trained and supported by specialized stroke teams with knowledge of best practice care.

### Program includes...

- Physical exercise
- Health and wellness education
- Thinking and memory stimulation
- Social/recreation activities

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## Who?

### Target Population: Stroke Survivors

- Participants have completed active outpatient or community-based stroke rehabilitation and would benefit from additional ongoing support, rehabilitation and a supervised exercise program
- Participants must be able - and motivated - to actively participate in the program
- Participants can identify goals for their continued stroke recovery

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## Dale Admission Criteria

- Clients must be a minimum 18 years of age, no upper age limit.
- Applications and referrals are sent by the CRST or Comprehensive Outpatient Rehabilitation Program (CORP).
- This program is intended to support individuals who have had recent strokes in their continued rehabilitation and recovery.
- LAS must be able to accommodate current needs
- If you are interested in finding out more information about the Life After Stroke Program please call CRST at 519-685-4803.

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## LAS Referral

Life After Stroke Day Referral Form	
<input type="checkbox"/> Aylmer <input type="checkbox"/> Clinton <input type="checkbox"/> Hanover <input type="checkbox"/> London <input type="checkbox"/> Strathroy <input type="checkbox"/> Woodstock	
<b>Client Information:</b>	
Name:	Health Card # (with version code): <small>(if not de-void)</small> CSRT/CORP/ROP Discharge Date:
Address:	Postal Code:
Phone:	Date of Birth: <small>Click or tap to enter a date</small> Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Family or Alternate Contact (full name, telephone & relationship if possible): <input type="checkbox"/> check if primary contact	
Date of Stroke:	Type of Stroke: Allergies:
<b>Stroke Specific Program Eligibility</b>	
<input type="checkbox"/> Is the client 18 years of age or older <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not require inpatient rehabilitation or was discharged to the community <input type="checkbox"/> Demonstrated ability to learn and/or benefit from staff interventions <input type="checkbox"/> Specific and achievable rehabilitation goals can be identified <input type="checkbox"/> Willingness and ability to participate and work toward goal <input type="checkbox"/> Has been referred to the Community Stroke Rehabilitation Team/ROP (Woodstock only) <input type="checkbox"/> Client/SDM in agreement with attendance at ADP and is able to attend/try and ADP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Caregiver Status</b>	
<input type="checkbox"/> Caregiver burnout and the caregiver requires urgent caregiver relief to continue in his/her caregiving activities <input type="checkbox"/> Patient or caregiver is at risk of abuse or harm and/or severe caregiver breakdown is evident <input type="checkbox"/> Caregiver is suddenly unable to care for patient due to short term illness, dementia, injury, hospitalization or death, and ADP is part of a larger plan to support patient/ Caregiver during this period of time	
<b>Presenting Difficulties:</b> <small>(when box is checked see note below)</small>	
<input type="checkbox"/> difficulty with arm and hand function <input type="checkbox"/> difficulty with walking and getting around <input type="checkbox"/> risk of Falls <input type="checkbox"/> speech/language difficulties – hearing difficulties <input type="checkbox"/> supported communication required <input type="checkbox"/> difficulty controlling emotions <input type="checkbox"/> impulsiveness	<input type="checkbox"/> difficulty understanding <input type="checkbox"/> fatigue <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> difficulty with memory <input type="checkbox"/> difficulty with vision and perception <input type="checkbox"/> continence (bowel/bladder) <input type="checkbox"/> other: _____
<b>CSRT Discharge Status:</b>	
Physiotherapy: <i>(mobility, gait aid, endurance/stamina, transfers, falls...)</i>	
Occupational Therapy: <i>(cognition, arm/hand function, toileting routine)</i>	
Speech & Language/Swallowing: <i>(aphasia, dysarthria, modified diet...)</i>	
Social Work: <i>(difficulty controlling emotions, financial concerns, caregiver burden)</i>	
Nursing: <i>(medical background, blood pressure monitoring, continence, diabetes...)</i>	
Therapeutic Recreation:	
<b>Additional Information:</b>	
<i>(please include relevant medical history; substance abuse history; smoker, etc.)</i> Has Paratransit:	
Family Physician:	
<b>Contact / Referral Source</b>	
Name:	Position:
Telephone:	Email:
<small>For all referrals please include copy of CSRT/ROP/CORP discharge summary/documentation</small>	

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## Why?

- Partnership with the CSRT ensures consultation, support, and training is available when needed
- Warm referrals and ongoing relationship between LAS and CSRT staff ensures continuity of care
- Individual and group goal-based programming based on best practices
- Provides access to specialized equipment (e.g. NuStep) and secondary stroke prevention education



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## Why?

- Activities as well as the emotional and social support provided by peers allows clients to adjust to their changed condition
- Provide a transition strategy for stroke survivors being discharged from community-based and outpatient rehabilitation
- Supports system flow, ensuring more stroke survivors are achieving their optimal independence while remaining at home in their own communities



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## How?

- CSRT will refer client and set up tour/trial of Life After Stroke Program and will accompany participant to program to assess fit and review general program information.
- CSRT and Life After Stroke facilitators will determine client eligibility based on initial warm referral visit and whether staff have ability to manage client's level of care.
- CSRT will complete individual referral and send with CSRT discharge summary to Life After Stroke program coordinator to be shared with facilitators.



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## Staff Education “train the trainer”

- Clinicians from CSRT provide presentation format to the LAS staff
- We have done one full day with each discipline presenting (RN, TRS, OT, PT, SLP, SW)
- We have also been available to provide one topic at a time (SLP-aphasia)
- PowerPoint with education and practical tips to consider while working with the stroke population
- Resources and handouts are available to be used by all LAS programs

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## Speech Language Pathologist

- Communication Support and Swallowing
- Hearing, language, cognitive communication, voice, motor speech
- Swallowing disorder (dysphagia) and how to manage, safety tips
- Supported Conversation for Adults with Aphasia (SCA)
  - message in message out verify
  - pen and paper
  - use of white board
  - yes/no cards
  - theme boards
  - letter boards

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## Occupational Therapist

- Education on areas commonly impacted by stroke and how to support/manage these
- Provide staff with ideas for specific rehabilitation activities to incorporate into programming
  - Cognition (orientation, memory, attention, impulsivity)
  - Perception and visual problems
  - Upper Extremity function

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## Registered Nurse

- Provides education on what a stroke is, warning signs, risk factors
- Detailed education on modifiable risk factors
- Resources and sharing of education/information is encouraged to benefit participants
- Examples: slides/resources on HTN and blood pressure monitoring, managing cholesterol, smoking cessation, diet/nutrition, alcohol use, physical activity, weight management, stress reduction

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## Physiotherapist

- Exercise post stroke (endurance, strength, balance/coordination, stretching)
- Practical considerations (eg. Stay on the affected side when ambulating with a stroke patient)
- Gait Devices
- Gait Aids
- Transfers
- Managing Tone
- Getting up from a fall

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## Therapeutic Recreation Specialist

- Physical exercise
- Health and wellness education
- Thinking and memory stimulation
- Social and recreational activities
- Adapting leisure activities

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## Social Worker

- Adjusting to Life After Stroke
  - grief and loss
  - role changes
  - anger and frustration
  - anxiety
  - depression
  - coping strategies

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## CSRT Support to Stroke Recovery Program Includes:

- CSRT Rehab Assistant to connect with LAS for questions, concerns, education requests, feedback etc.
- Planned and scheduled group education sessions as requested.
- Demonstration/training of stroke best practice techniques.
- Check-in visits to observe program in action and provide support as needed.
- CSRT staff to provide a warm hand off and provide transition support for participants.



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## CSRT Start Up Support Includes:

- Rehab Assistant will be the contact for Life After Stroke staff.
- Rehab Assistant will inform the appropriate CSRT clinicians/therapists regarding questions or concerns.
- Check-in schedule to be determined by Rehab Assistant and Life After Stroke staff based on program progress and staff confidence in facilitating stroke programming.



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## Therapeutic Recreation

### Leisure after Stroke:

- Meaningful leisure activities play an important role in mental, physical and emotional stroke recovery.
- Meaningful activities provide enjoyment and a sense of purpose and help to structure the day in a productive and therapeutic way.
- Leisure participation helps to maximize and maintain function at home and in the community.
- Leisure participation increases independence, improves self-confidence and quality of life.

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## Physical Exercise

- Cardio Equipment
- Seated Group Exercise
- Walking / Urban Pole Walking
- Sit to stand/balance
- Upper Extremity - GRASP, Range of Motion, Mirror Box
- Functional practice – fine motor skills, ADL tasks, adaptive equipment practice
- Other exercise demonstrations (Seated Yoga, Tai Chi, aquatic exercise etc.)

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## Health and Wellness Education

- Blood pressure monitoring/daily checks
- Secondary stroke prevention education sessions
- Lunch and learns/guest speaker and presentations
- Nutrition and preparing and cooking healthy meals and snacks
- CSRT support in sharing and presenting on healthy lifestyle and stroke recovery information
- Topic of the month ex: mental health, physical activity, healthy eating etc.



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## Thinking and Memory Stimulation

- Word puzzles
- Trivia games
- Tablet games/cognitive apps
- Meditation
- Reading/story sharing and recall
- Journaling
- Daily questions
- Daily orientation – day, month, year, time, daily/monthly program schedule



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## Social and Recreation Activity

- Discussion – daily topic, participant lead conversation, small group for communication/speech practice
  - \*remember supportive conversation techniques, picture page, yes/no questions
- Relaxation/mindfulness resources and techniques
- Tablet and computer games/apps
- Cards/board games
- Active games – bocce ball, Wii, Corn Hole, golf etc.
- Gardening
- Creative/Craft activities
- Community tours and outings
- Introduction and trial of adapted equipment for recreation

COMMUNITY **Stroke**  
Rehabilitation TEAM



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## Adapting Leisure Activities

- Card holders and shufflers
- Electronic Readers and Audiobooks
- Large print materials and pictographic materials
- Adapting handles of equipment
- Clasps and weights to stabilize materials and equipment
- Adapted gloves, grips and holders (golf, fishing, gardening etc.)

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Mock "Life after Stroke" Daily Schedule	
Time	Activity / Activities
9:30 – 10:30	<b>Participants Arrive/Morning activity</b> <ul style="list-style-type: none"> <li>- Blood Pressure Check</li> <li>- Word puzzles or activity kits on table</li> <li>- Information sharing/daily discussion</li> <li>- Snack and lunch menu/orders</li> <li>- Cognitive stimulation activity</li> </ul>
10:30 – 11:45	<b>Physical Exercise</b> <ul style="list-style-type: none"> <li>- Cardio equipment (recumbent bike, Nustep)</li> <li>- Seated group exercise (UE/LE ROM, strength, balance)</li> <li>- Walking, bar exercise, sit to stands, steps</li> <li>- Other (seated yoga, tai chi demonstration etc.)</li> </ul>
12:00 – 1:00	<b>Lunch</b>
1:00 – 2:00	<b>Small group rehab activity</b> <ul style="list-style-type: none"> <li>- speech support/conversation group</li> <li>- functional activity</li> <li>- relaxation techniques</li> <li>- CSRT binder therapies               <ul style="list-style-type: none"> <li>- Walking / Outdoor walking etc.</li> </ul> </li> <li>- Equipment use.</li> </ul>
2:00 – 3:00	<b>Group activity</b> <ul style="list-style-type: none"> <li>- social/recreation activity</li> <li>- learning/guest presentations</li> <li>- thinking and memory stimulation activity</li> </ul>



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## Contact Information

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