Top Ten Things To Know
Physical Activity and Exercise Recommendations for Stroke Survivors

1. On the population level, physical activity of community-living stroke survivors is lower than that of older adults with other chronic health conditions of the musculoskeletal or cardiovascular (CV) system.

2. Physical activity and exercise may have a positive influence on multiple physical and psychosocial domains after stroke.

3. There is strong evidence that exercise after stroke can improve CV fitness, walking ability, and upper extremity muscle strength.

4. Exercise has been primarily used to improve physical function post-stroke, but emerging research is suggesting that exercise may improve depressive symptoms, some aspects of executive functioning, memory, health-related quality of life after stroke, and post stroke fatigue.

5. Stroke survivors benefit from counseling on increasing participation in physical activity as well as the appropriate prescription for exercise training.

6. Reasons for limited exercise participation include lack of the following:
   a. Awareness that exercise is feasible or desirable,
   b. Access to resources to support exercise, and
   c. Structured exercise sessions whereby exercise could be demonstrated by a rehabilitation specialist or exercise leader.

7. Concomitant presence of other cardiovascular diseases in the majority of stroke survivors is a major explanatory factor of poor cardiorespiratory fitness. There are other physiological consequences from the stroke that also contribute to compromised function.

8. Elevated energy costs of movement after stroke (stroke patients don’t want to move – too hard) also contribute to a sedentary lifestyle, especially in physically deconditioned older patients.

9. Post-stroke fatigue is very common with a prevalence rate from 35% to 92%, and this may also contribute to and be aggravated by a sedentary lifestyle.

10. The potential for exercise and physical activity as a secondary prevention strategy would also have economic benefits.

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