

TeleRehabilitation with Aims to Improve Lower Extremity Recovery Post- Stroke

THERAPIST MANUAL



THE UNIVERSITY OF BRITISH COLUMBIA
Centre for Chronic Disease Prevention and Management
Faculty of Medicine



Week 1: BUILDING A BASE

Welcome to the Program (Suggested Script):

Hello [participant names]! My name is [your name], and I will be your telerehabilitation therapist for the TRAIL project.

As we previously discussed during the virtual intake session and the home assessment [date of previous session], we will be meeting twice a week over video call over the next four weeks. Each telerehabilitation session will last between 60 to 90 minutes. At the end of the second telerehabilitation session each week, we will be creating an exercise plan together that you could do yourself, in between our group sessions every week. How does this sound? Do you have any further questions?

As part of this program, you should have received an iPad tablet, and a TRAIL participant manual consisting of two sections: (1) study overview and instructions, and (2) telerehabilitation exercises. Do you have the iPad and the manual?

Let's get to know one another before starting:

- Have participants introduce themselves – ask about their stroke and how it has influenced their lives

Again, before we get started with the exercises of the week, I want to remind you both that if any of the activities cause pain or discomfort, stop and rest, do less repetitions, and talk to me throughout the session. On the other hand, if you are finding some of the exercises very easy and you want a bit of a challenge, also let me know! I have modifications and progressions for the exercises so we can adapt it to your own individual needs! Now, I want to complete my standard questions and ensure that you are both feeling well to exercise:

- How are you feeling?
- Do you have any illnesses or injuries (since the last time I saw you)?
- Do you have any changes in medication?
- Did you fall or have any close calls?
- Is there anything you want me to know before we start?

Great! As a reminder, you can always refer to the exercise manual for visuals of the exercises and let's follow along. Are there any questions?

Perfect! Let's get started with the warm-up.

WEEK 1

Day 1

8 EXERCISES / 10-15 REPETITIONS / 2-3 SETS / 30-60s REST BETWEEN SETS

This week is focused on building a solid foundation and getting things started for the rest of the program. The exercises include basic movements that will be built upon to gradually increase the intensity of the exercises later in the program.

Note to Therapist:

Since this is Week 1 Day 1, you may wish to start initially at the lower end of the range of reps/sets for each exercise (i.e. 10 reps x 2 sets) until you have a better sense of your participants' level of function, and then progress from there.

Therapist Pre-Participation Checklist

Go over this checklist prior to each session as a reminder for you to be prepared for the sessions

✓	Therapist
	Quiet & private space to facilitate sessions
	OK lighting for video-conferencing
	Space set up to allow full view during exercise demonstrations
	Microphone and camera working on laptop
	Copy of PT Manual, Exercise Manual for reference
	Copy of PT Manual – Participation Log to record information for each session in Program Log, weekly pre-post participation checklists, exercise logs
	Stopwatch (week 4)
	Phone readily available for emergencies
	Close all open windows or applications on laptop that contain confidential or sensitive information

Warm-Up

PT 1	PT 2	REPS	EXERCISES (standing if able)
		10 reps	Shoulder Rolls
		10 reps	Shoulder Raises (Front + Breathing)
		10 reps	Shoulder Raises (Side + Breathing)
		10 reps each side	Head and Trunk Rotation
		10 reps each direction	Ankle Rotation
		10 reps each leg	Slow Marching

Weekly Exercise

WEEK 1

Day 1

R E P S	SET 1	SET 2	SET 3	EXERCISES
				Heel-Toe Raises (10 reps)
				Slow Lateral Weight Shift (shift 5x each side)
				Slow Front-Back Weight Shift (shift 5x with right foot in front, 5x with left)
				Marching on the Spot (10x each leg)
				Side Step + Lunge (5x each leg)
				Forward Step + Lunge (5x each leg)
				Squats or Sit-to-Stands (10 reps)
			Marching with High Knees (10x each leg)	

Cool Down

PT 1	PT 2	REPS	EXERCISES
		10 reps each leg	Slow Marching
		30s x 2 for each side	Calf Stretch (Standing)
		30s x 2 for each side	Hamstring Stretch (Seated)
		30s x 2 for each side	Head and Trunk Rotation (Seated)
		30s	Deep Breathing (Seated)

After Exercises

Y/N - REASON		
PT 1	PT 2	
		You are feeling well?
		No dizziness or lightheadedness?
		Legs feel weak?
		You feel safe to walk around OR do you need further rest?

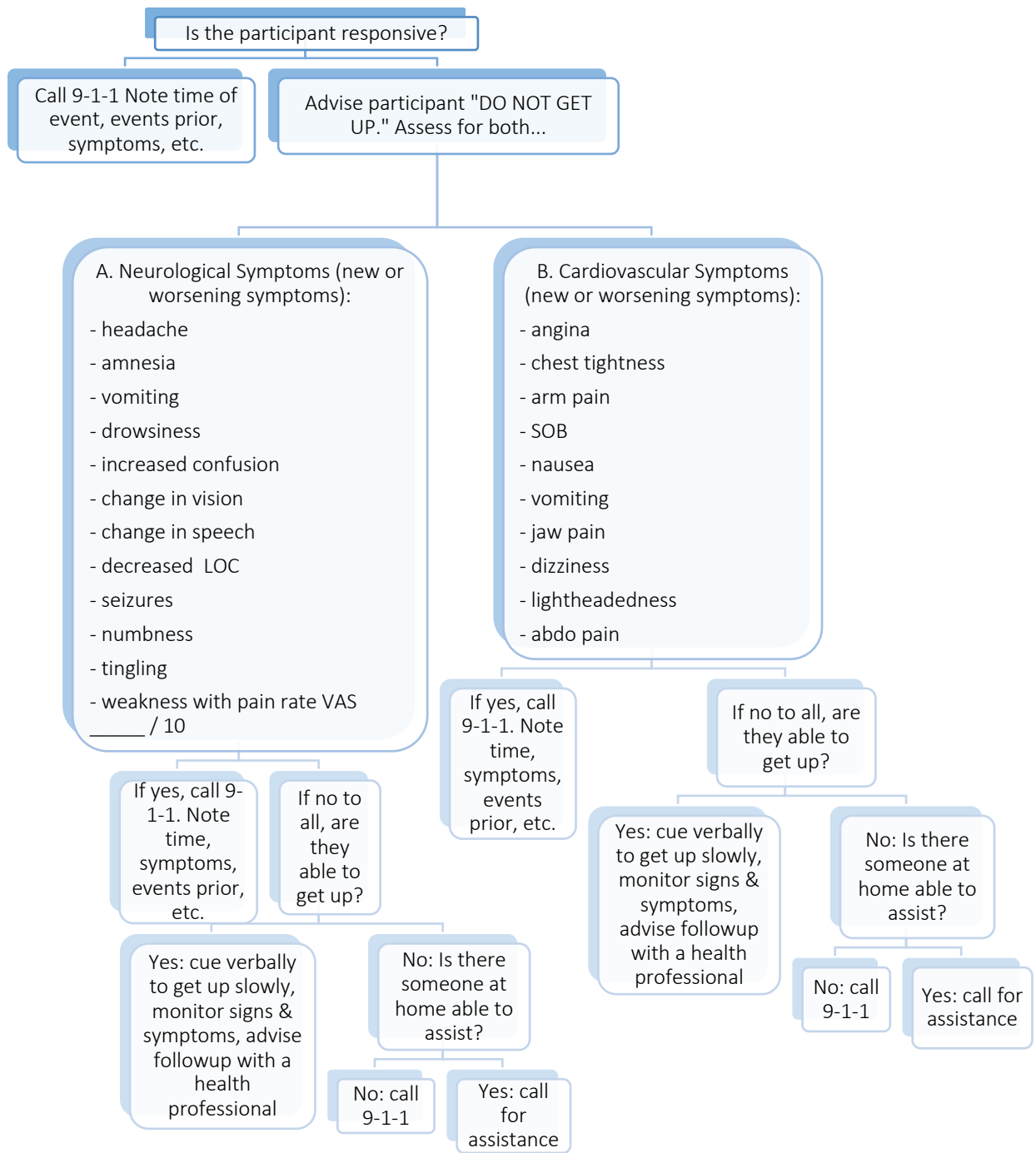
Safety & Medical Protocol During TRAIL Sessions

The primary objective of this pilot study is to establish the feasibility of the TRAIL program. Safety in administering TRAIL is of paramount importance.

The flowchart below provides direction for dealing with severe adverse events that may occur in the delivery of TRAIL. It is critical that we activate the appropriate emergency medical services or advise the participant to seek appropriate medical attention.

Please inform your site research coordinator of ALL adverse events (major or minor, related or unrelated to the intervention, that may or may not affect their ability to continue with the study) that may occur over the course of the TRAIL study.

Examples of an unrelated event may include a fall that occurred outside of a TRAIL session, or an illness or hospitalization.



Is the participant responsive?

Call 9-1-1 Note time of event, events prior, symptoms, etc.

Advise participant "DO NOT GET UP." Assess for both...

A. Neurological Symptoms (new or worsening symptoms):

- headache
- amnesia
- vomiting
- drowsiness
- increased confusion
- change in vision
- change in speech
- decreased LOC
- seizures
- numbness
- tingling
- weakness with pain rate VAS ____ / 10

B. Cardiovascular Symptoms (new or worsening symptoms):

- angina
- chest tightness
- arm pain
- SOB
- nausea
- vomiting
- jaw pain
- dizziness
- lightheadedness
- abdo pain

If yes, call 9-1-1. Note time, symptoms, events prior, etc.

If no to all, are they able to get up?

Yes: cue verbally to get up slowly, monitor signs & symptoms, advise followup with a health professional

No: Is there someone at home able to assist?

No: call 9-1-1

Yes: call for assistance

If yes, call 9-1-1. Note time, symptoms, events prior, etc.

If no to all, are they able to get up?

Yes: cue verbally to get up slowly, monitor signs & symptoms, advise followup with a health professional

No: Is there someone at home able to assist?

No: call 9-1-1

Yes: call for assistance