

The Five Warning Signs of Stroke



WEAKNESS – Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.



TROUBLE SPEAKING – Sudden difficulty speaking or understanding, or sudden confusion, even if temporary.



VISION PROBLEMS – Sudden trouble with vision, even if temporary.



HEADACHE – Sudden severe and unusual headache.



DIZZINESS – Sudden loss of balance, especially with any of the above signs.

If you or someone you know experiences any of these symptoms, **CALL 9-1-1** or your local emergency number immediately.

Most people with stroke who live in the community can achieve improvements in their health by participating in well designed community exercise programs.

In addition to regular daily activities, participation in moderate levels of physical activity **4-7 days a week** for a total of **30-60 minutes per day** is recommended.

When choosing an exercise program there are many different components to consider. The most important factor is your safety.

Remember:

- If you have diabetes, bring a source of sugar such as juice with you.
- Take all medications as prescribed prior to the exercise session. Bring any medications that you may need during class.
- Bring plenty of water or other fluids with you. If you have swallowing issues, follow your specific restrictions.
- Make sure you have used the washroom prior to the class.
- Wear comfortable clothing and supportive footwear. Wear any splints, braces or orthotic devices that you use. Bring your walking aid with you.
- Monitor your level of exertion during the class. If you do not know how to do this ask the instructor to show you.
- Bring a caregiver with you if you need help in the class or the change room.



Notes



ontario **stroke**
network

Advancing the Ontario Stroke System

www.ontariostrokenetwork.ca

Developed by the Guidelines for Community Based Exercise Programs for People with Stroke Working Group & Endorsed by the Ontario Stroke System / Ontario Stroke Network (September 2010)

A guide for choosing a community exercise program for people with **STROKE.**



ontario **stroke**
network

Advancing the Ontario Stroke System

Ontario
Stroke System
Fewer strokes. Better outcomes.

Exercising after your stroke.

The Ontario Stroke System has developed guidelines that will assist community exercise providers to design quality exercise programs that will meet the needs of people with stroke.



Before starting an exercise program, consult with your doctor or nurse practitioner in order to identify any exercise restrictions you may have.

Helpful Tips For Choosing An Exercise Program

- ✓ Book a time to meet with the facility staff or class instructor.
- ✓ Bring a caregiver or friend along.
- ✓ Observe a class prior to enrolling.
- ✓ Bring the checklist in this brochure with you.

SAFETY FIRST!

It is important that:

- ✓ you feel safe at all times when participating in an exercise program.
- ✓ the instructor has first aid and emergency training.
- ✓ the instructor understands your condition and specific needs.

Community Exercise Program Checklist

Use this checklist when you are inquiring about a new exercise program. The program you choose will have more responses in the “yes” column. Think about how the “no” responses will affect your condition. Speak to the instructor to see if they can meet your needs.

Program Name: _____

Contact: _____

Programs	yes	no
The program is designed for people with stroke.	<input type="checkbox"/>	<input type="checkbox"/>
The class meets my specific needs.	<input type="checkbox"/>	<input type="checkbox"/>
There is a registration or screening process.	<input type="checkbox"/>	<input type="checkbox"/>
The intake process asks about my:		
Balance	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>
Functional Abilities	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Range of Motion	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellness	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>
A clearance letter from my doctor or nurse practitioner is required.	<input type="checkbox"/>	<input type="checkbox"/>
The program is at a convenient time.	<input type="checkbox"/>	<input type="checkbox"/>
The program offers strengthening, aerobic, balance, coordination and flexibility exercises.	<input type="checkbox"/>	<input type="checkbox"/>
A caregiver can attend with me at no cost.	<input type="checkbox"/>	<input type="checkbox"/>
The instructor will show me how to monitor my level of exertion during the class.	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe and comfortable with the level of supervision provided.	<input type="checkbox"/>	<input type="checkbox"/>
There is something for me to hold on to if I need support during the class.	<input type="checkbox"/>	<input type="checkbox"/>

Exercise Equipment yes no

The equipment is designed to accommodate special needs.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Staff yes no

Staff are trained in emergency & first aid, including use of an automated external defibrillator.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Staff can identify the signs of fatigue and stroke warning signs.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

The staff understand my condition.	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------	--------------------------	--------------------------

Facility yes no

The location is convenient.	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	--------------------------

There is enough accessible parking.	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

The parking lot is well lit.	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------	--------------------------	--------------------------

The main doors are easy to open.	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------

The facility is clean.	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	--------------------------	--------------------------

The locker rooms are accessible.	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------

The washrooms are accessible.	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------	--------------------------	--------------------------

The flooring is non-slip.	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------

There is elevator/ramp access.	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------	--------------------------	--------------------------

A trial membership or a free orientation class offered.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

There are flexible payment options or subsidies.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

The room temperature is comfortable.	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	--------------------------	--------------------------

Emergency phones are available.	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------	--------------------------	--------------------------

An automated external defibrillator is available.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Drinking water is available.	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------	--------------------------	--------------------------