



Integrating promotion of a personalised active lifestyle in stroke rehabilitation

Roles, barriers and opportunities for multidisciplinary teams

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Background

- Stroke rehabilitation typically focuses on functional recovery, independence, disability management, and vocational skills¹.
- However, patients often fail to meet guidelines on physical activity (PA) and sedentary behaviour (SB)².
- Therefore, it is important to integrate the promotion of a sustainable active lifestyle into standard stroke rehabilitation treatment.

Objectives

This study aimed to explore:

- the current and potential roles of the multidisciplinary rehabilitation team with respect to promoting an active lifestyle,
- and identify barriers and opportunities for promoting an active lifestyle.

Results

Current and potential roles of HCPs in promoting an active lifestyle

Table 1. Summary of current and potential roles as mentioned by healthcare professionals during written responses submitted online, workshop or interview

Roles	Physician ⁱ		Physio-therapist ^{c2i}		Occupational therapist ^{c2i}		Movement therapist ^{c2i}		PA Support Desk ^{c&i #}		Psychologist ^c		Social worker ^{ci}		Dietitian ^c		Speech therapist ^c		Aftercare nurse ^{ci #}	
Inquiring after/ identify PA	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎		✎	✓	✎			✓	✎
Education/ awareness	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎		✎	✓	✎				
Practicing and experiencing			✓	✎	✓	✎	✓	✎												
Encouragement	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎		✎	✓	✎			✓	✎
Goals & offering value-based ways to implement			✓	✎	✓	✎	✓	✎	✓	✎						✎			✓	✎
Action planning for daily pattern					✓	✎					✓	✎								
Self-monitoring			✓	✎	✓	✎														
Discussing possibilities (after care)	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎	✓	✎			✓	✎
Involve/ arrange physical/ social support		✎	✓	✎	✓	✎			✓	✎		✎	✓	✎				✎	✓	✎
Addressing SB		✎		✎		✎		✎		✎		✎		✎		✎		✎		✎
Linking activity behaviour to discipline specific goals		✎	✓	✎	✓	✎	✓	✎	✓	✎		✎		✎		✎		✎		✎

✓ current role, ✎ potential role, i: interviewed, c: at co-creation workshop, 2: discipline represented by two disciplines, &: = one of the movement therapists, #: provides after care

Barriers to promoting an active lifestyle*

- Sedentary behaviour receives minimal attention.
- Treatment is demand-driven.
- Time and capacity of HCPs are limited.
- There are no standardised procedures (both within and between disciplines, and during team meetings).
- Limited collaboration among HCPs and knowledge of each other's activities.
- Limited knowledge, available information and tools within the team regarding a sustainable active lifestyle and behaviour change.
- Patient-specific barriers (e.g., stages of grief, cognition).

* Barriers mentioned by at least two disciplines

Methods

Three steps were used to collect data on promoting an active lifestyle in stroke survivors:



- Pre-workshop online data collection from involved disciplines regarding their current role in supporting an active lifestyle (open-ended questions).



- Co-creation workshop with 11 health care professionals (HCPs)
 - first, researchers presented information on a sustainable active lifestyle and behaviour change;
 - second, HCPs discussed their potential roles in supporting an active lifestyle;
 - third, HCPs discussed the barriers and opportunities to promote an active lifestyle in stroke rehabilitation.



- Supplementary semi-structured interviews with seven HCPs
 - to deepen insights and understanding regarding roles and influencing factors.

Opportunities for promoting an active lifestyle**

- Integration of active lifestyle promotion in treatment protocols.
- Personalised treatment of patient-specific barriers and goals.
- Improving interdisciplinary communication and collaboration.
- Enhancing knowledge on a sustainable active lifestyle (particularly SB), behaviour change, and the specific roles within the multidisciplinary team.
- Providing tools to support an active lifestyle.

** Based on potential roles and identified barriers

Discussion and Conclusions

Although current roles show that HCPs already promote PA and encourage patients to stay active, HCPs recognise the need and potential to expand their role, as most efforts are not explicit on supporting a sustainable active lifestyle. Integrating a personalised active lifestyle into standard stroke rehabilitation requires addressing PA and SB, treatment of barriers and leveraging opportunities.

Clinical message

Practical implications for promoting an active lifestyle include the need for standardised protocols and tools, the addressing of patient-specific barriers, enhanced interdisciplinary collaboration and shared knowledge, and a stronger focus on reducing SB alongside promoting PA.