

Background

➤ Evidence supports aerobic exercise as an intervention for individuals post-stroke, but there is currently minimal provision in stroke rehabilitation in the United Kingdom.

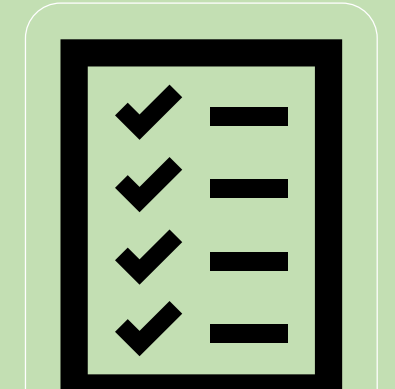
Aim

➤ To explore the perspectives of healthcare, exercise and fitness professionals working within stroke rehabilitation on the factors affecting the implementation of aerobic exercise after stroke.

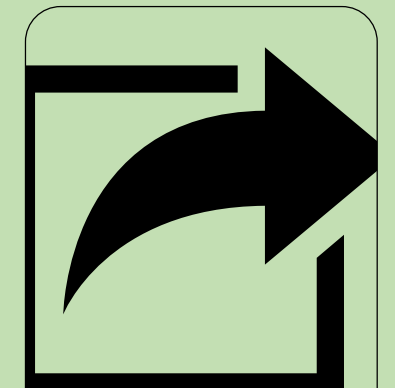
Methods



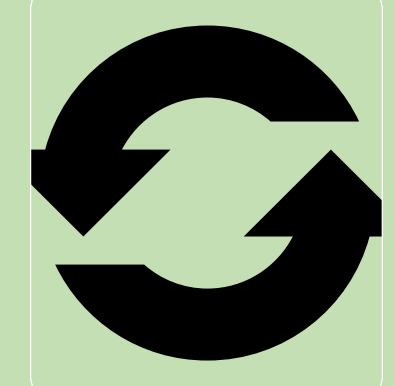
OVID SP MEDLINE, OVID SP EMBASE and CINAHL databases were searched using synonyms of stroke, aerobic exercise (broad definition) and barriers/facilitators



Titles & abstracts screened by 1 reviewer enhanced by retrospective automated screening using Rayyan software. Full texts screened independently by 3 reviewers.

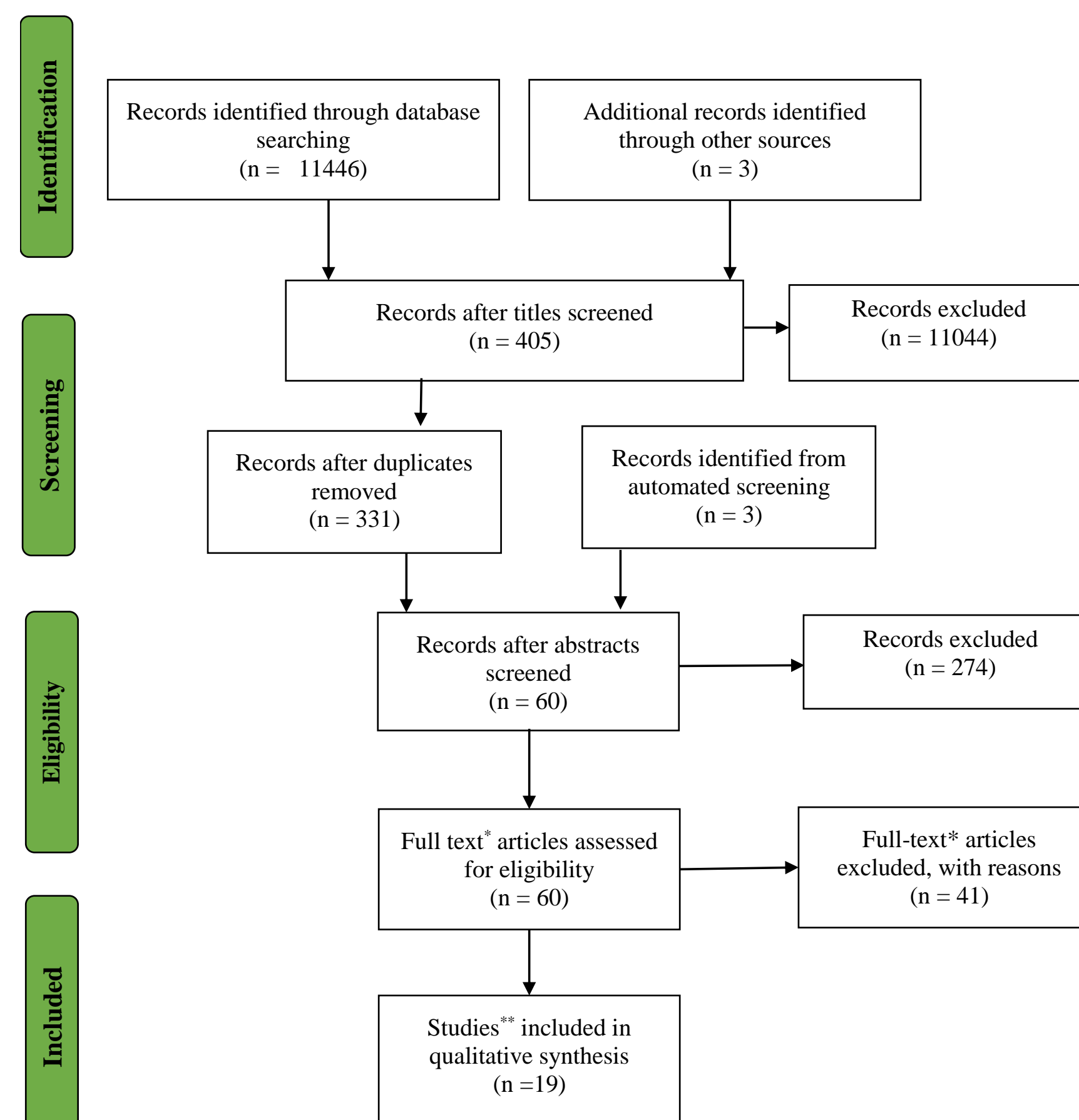


Data extracted independently by 3 reviewers using domains from the Consolidated Framework for Implementation Research (CFIR) (Damschroder, et al. 2009)



Data synthesised using a framework synthesis approach.

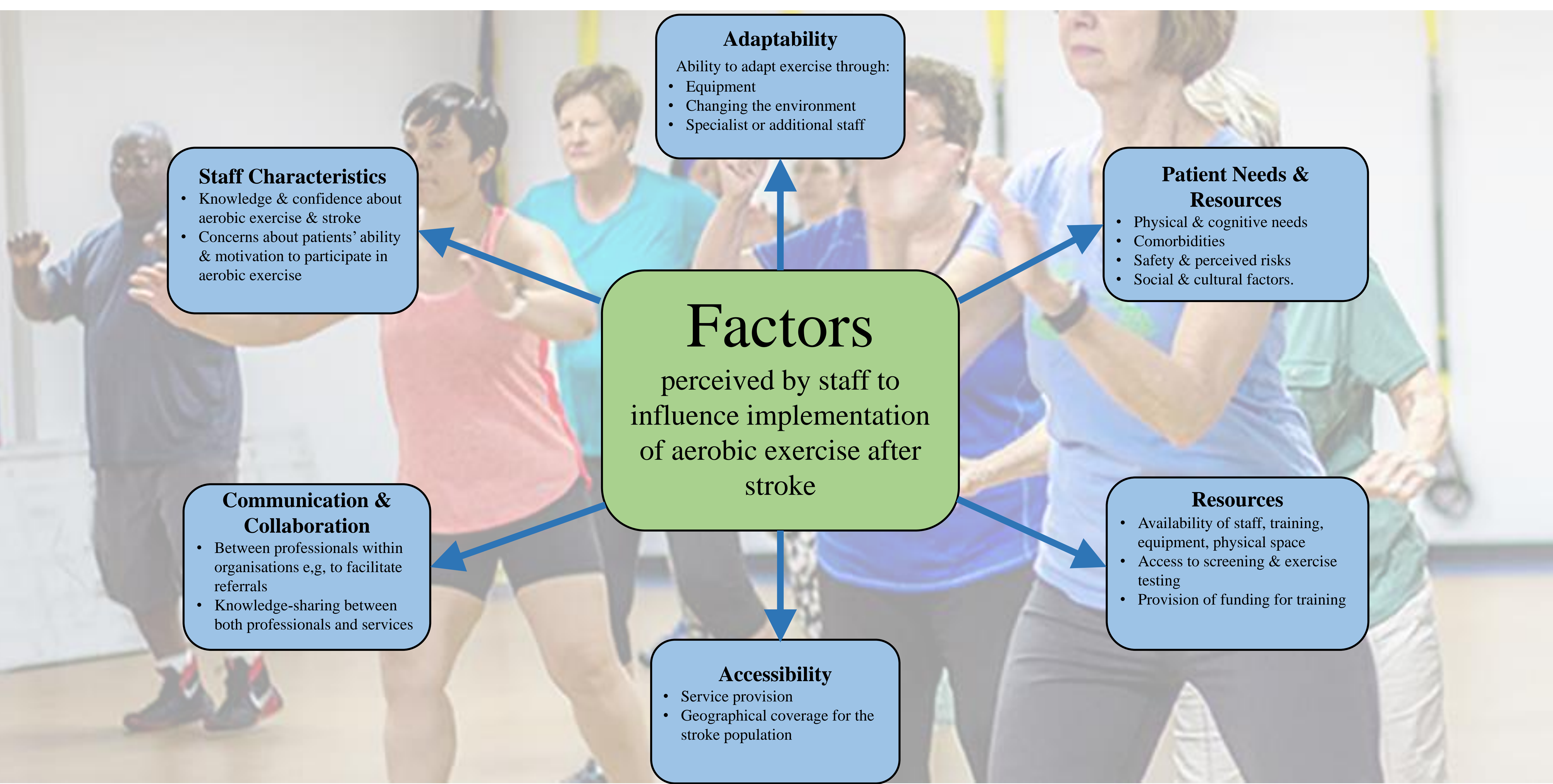
PRISMA Flow Diagram



*Includes conference abstracts for which no full texts were available
 **Compiled of 8 conference abstracts and 11 full text articles

Results

- 19 studies from 6 countries were included in the review
- Mainly North American (n=10) & physiotherapists' perspectives
- 4 studies explored staff perspectives of implementation of aerobic exercise after stroke
- 15 studies explored perspectives of implementation of exercise-related interventions after stroke
- Study settings included hospitals, primary practice, leisure services and charities.
- Majority of study participants were healthcare staff (n=15 studies) with exercise professionals in 3 studies.



Conclusion

- Factors were identified across most CFIR domains including intervention characteristics, the individuals (patients and staff) and the service.
- Further research should explore which of these factors are modifiable and which to target to facilitate implementation of aerobic exercise after stroke in practice.