**Q & A Transcript – 17th of November 2021**

**Jess**: Good Afternoon everybody, thank you so much for joining our live Q & A. We are so excited to have you, I know it’s been a crazy ride over the past couple of weeks with Stride4Stroke and we are so pleased to welcome our panelists here today who are going to talk through Stride4Stroke, what stroke foundation does and of course what physio can support stroke survivors in their recovery and rehabilitation. And of course, give you the chance to ask any questions you might have today.

Little bit of housekeeping from my side of things, my name is Jess Surkitt and I am the Community Fundraising and Events Manager and I will be your facilitator for the Q & A today. Please know that this is being recorded so if you don’t want to be recorded, please let us know or otherwise jump out of this meeting.

You will see in the top right corner we have a chat box, that is where we want you to ask your questions. They are going to be monitored by our team so we will absolutely be seeing everything that comes through. We imagine that there is going to be a lot of questions today, please know we will do our very best to answer those post the event. But you will see some answers coming through on the live chat so keep an eye out for those, they will be coming through rapidly to try and get to absolutely everybody and there will be some we will be able to ask of the panel today.

And of course, I would like to introduce you to our wonderful panelists. So, the very first is Kelvin, Kelvin is our national manager of clinical services; welcome.

**Kelvin:** Howdy

**Jess:** We also have Natalie Fini who is also a doctor and lead researcher of physiotherapy and currently a worker at Australian Physiotherapy Association Australia and is joining us today to be our lead representative of our major partner APA.

**Natalie:** Hi everyone

**Jess:** And of course, Jude who is joining us to talk through all things Stroke Foundation and help us create those valid links of what the valuable work is at Stroke Foundation.

**Jude:** Hi everyone

**Jess:** So, we will get started with our first couple of questions. Thank you to everybody who sent through your questions, I mean we were overwhelmed to see so many great different pieces of information come through. But I wanted to throw to you first Jude of what impacts does physical activity have on a chance of stroke?

**Jude:** So, we know that 80% of strokes are preventable and we know that 30 minutes of exercise 5 times a week is all you need to reduce your stroke risk by 25%. So, all the usual messages we get about the great benefits of physical activity on our health definitely applies to reducing your risk of stroke.

**Jess:** And Natalie from your side of things - you know your experience, what does that tell you?

**Natalie:** Yeah absolutely we know that physical activity is one of the major risk factors for having a stroke, so adhering to those recommendations of 150 minutes a week or even more to 300 minutes a week can substantially reduce your risk of having a stroke. And physical activity is great because it does so many things, like it can help to lower your blood pressure and lower your cholesterol and your blood glucose. And we know it can just make you feel so good to be active and there is new evidence coming out that it is great for our brains and our brain health too. So, it’s just the best thing, if it was a pill everyone would be prescribed it so we should all be doing physical activity.

**Jess:** Fantastic, and what role does APA play in stroke rehabilitation and recovery?

**Natalie**: So, the Australian Physiotherapy Association is the peak professional body for physiotherapists in Australia and we’re a registered profession. And we – physios are a major part in the stroke rehab team, so we work with all the other disciplines that work with stroke and our major focus is on recovery of movement. So, we help people regain their movements after stroke and help people get back to their everyday activities like helping people stand up again, walk again, go up and down stairs, use their arms in everyday activities and get back to all the things you want to be doing. You know if that’s playing golf or hanging around with the grandchildren or getting back to running or leisure and sports. Yeah, and in that, APA provides physiotherapists with a lot of ongoing education and mentoring and networking and through the APA physiotherapists can become qualified as titled neurological physiotherapists.
So, neurological physiotherapists are people who have experience working with people with neurological conditions like stroke, so they’re real experts. So yeah, you can look out for neurological physiotherapists.

**Jess:** Excellent, and expanding on the physical activity types you just mentioned – Kelvin what is some recommendations from your experience around some general activities people can be doing to improve their health and of course reduce their risk of stroke?

**Kelvin:** So, as we have already heard, exercise is probably the primary thing so ill come back to that but there is obviously a lot of other activities to ensure we are in the peak of our general health. So, you know, things like diet particularly a diet high in fruit and vegetables, low in fats and sweet things. But we also want to ensure other risk factors that we know about such as smoking, excess alcohol are also limited.

But really coming back to exercise, I am a physio by background as well and what I love is that there are different ways to exercise, and you don’t have to be a sports freak or an exercise guru to run marathons. But it’s just finding some way whether it’s in a social context, with a team or in a group or individually, it’s just finding that type of exercise that really connects with you as an individual and that varies from all of us. But it’s just finding that thing you enjoy and building up from there is the trick, I think.

**Jess:** Excellent, and team engagement we have seen so many we have 250 teams join Stride4Stroke so absolutely that is a leading way to help encourage yourself to get active. Especially as part of Stride4Stroke and to improve your health long term and starting off with the basics right – walking is probably one of the best?

**Kelvin:** Walking is fantastic absolutely; you know I think we have done that less and less over the last few decades so getting yourself up and going. Even things like working from home and meeting on zoom, we are all sitting far more than what we have in the past. So, it’s just being conscious to have regular breaks, get up, stretch, move around, park the car further away from your meeting or work and do a little bit of incidental exercise is also important.

Jess: Yeah absolutely, and Jude from a broader perspective obviously the funds raised from Stride4Stroke help Stroke Foundation achieve its mission – so what are the priorities for Stroke Foundation right now?

**Jude:** so, our priorities are really focused around preventing stroke as you have just heard, enhancing treatment for people who do experience stroke and also supporting the recovery of stroke survivors and supporting also their carers and families as well. So, I’ll talk a little bit about prevention and recovery and then I might get Kelvin to tell us a bit more about our work in treatment.

In prevention there is sort of different levels in what we want to do, so we want to make sure that where people have their normal risk of stroke, we want to raise awareness around the healthy behaviors that can help us all to reduce our risk of stroke. But there are some groups we are particularly concerned about and those are groups that haven’t had a stroke, but we know that they are at higher risk and making sure that they not only have the information they need but the kind of support they need to really make change and reduce that risk of stroke. It takes a little bit more when your risk is a bit higher. And then there is that group of people who have had a stroke and are at higher risk of having another stroke and that group again really needs some more intensive support to make sure they reduce their risk – a really important group.

For recovery, this has been a big part of our work over the time I have been at Stroke Foundation over the last 8 years, is really building a system of information and support for people who have had a stroke. So, we make sure that people get really great information about stroke recovery when they’re first in hospital. So about 75% of stroke survivors at the moment get a copy of My Stroke Journey and that really sets them up to be really empowered and enabled in their recovery. On top of that we have our health professional help line which offers free advice, information, support and referral to all people who are recovering stroke and also to the general public. It’s a free service, fantastic service and we really take our time to find out what people need and make sure they are really on a good path to recovery. And topping it all off we have our stroke recovery website and online community – EnableMe which is really there for people as they build their new normal after stroke in the longer term. So yeah, it’s quite a considerable effort in those two areas and Kelvin will be pleased to talk about treatment, I’m sure.

**Kelvin:** Thanks Jude, so in the treatment side of the organization where we primarily focus on supporting health professionals and the advice and systems, I suppose to help improve stroke. There is a couple of things we do, we manager our national guidelines which really defines what best practice and care for people with stroke are. And we’re leading the world really, developing the first continually updated guidelines so we’re keeping track of new published research and integrating that, and we have a lot of experts across the country feed in such as Nat Fini here who is involved in a number of our topics. So that’s how we define what stroke is and provide recommendations. And then we also run a national order program which helps sites identify where the gaps in care are currently and then we have a health professional dedicated website for information, resources, tools, tips and tricks.

**Jess:** Yeah fantastic, and I think for so many people it’s all about getting information right and Jude we have a question that’s come through around EnableMe and just a bit more information around where they kind find any resources from EnableMe.

Jude: Yeah so, EnableMe is enableme.org.au and it’s really set up to do two things, to provide trustworthy information that can help people in their stroke recovery, so it talks about living with the different types of impact from stroke, what we know about treatments and therapies and really setting goals and being active in your stroke recovery. But the thing about EnableMe I think is at the heart of it is that we have a really strong online community which is made up of survivors of stroke, carers and families and so it’s a chance no matter where you are to be able to really quickly connect with the community that can support you in what’s happening right now and in your stroke recovery so, yeah if you have had a stroke or know someone who has I highly recommend checking out EnableMe and having a look.

**Jess:** It’s great to know that important resource is out there for survivors of stroke and then following on from that, Natalie could you tell us a bit about the role physios play in stroke prevention – is there a role that they play?

**Natalie:** Yeah absolutely, so as we have been talking about today exercise and physical activity is one of the things we can do to prevent having a stroke and so physiotherapists are people who are experts in delivering exercise programs. So you can see a physiotherapist if you are a bit stuck on where to get started on exercise. Physios work in a range of settings, so they work in acute hospitals, rehabilitation hospitals, in community rehab centers or community health centers and of course in private practices. So you can have access to physiotherapy in a number of places and as I said, we are experts in exercise prescription and helping give you tips on how you can best stay active. And so there are a number of things you can do and I think one of the most important things as Kelvin was saying before, is to find a type of exercise or activity that you like because there is no point in telling someone “oh yeah you should go and do a gym program” if you hate the gym because you’re not going to do it.

 So it’s about finding what works for you, so it’s about the individual and getting it into your routine. We are all busy busy people and it’s really hard to fit things in, so actually having a plan and scheduling it in, I personally schedule my exercise in every week – I have a think about my week ahead and have a think about where I am going to put that in so that helps me. And also things like setting goals, so your physiotherapist can help you set goals and track your progress so that can be other useful things you can do to keep you on task and keep you exercising. And also thinking about rewarding yourself too if you have achieved a goal, I think that’s a really nice thing too. My personal reward is chocolate which is maybe not so great but maybe it’s going out for a coffee with a friend or something like that.

And as survivors of stroke can often have particular barriers to exercising, sometimes there can be physical barriers or sometimes there is some thinking issues or issues with fatigue, and this is where going to see your physio to help you set up a program can be really good because they can help you address specific barriers. And as I said before, there are neurological physiotherapists who have particular expertise in working with people after having a stroke. So that’s for people who have had a stroke, but for anyone physios can help you set up an exercise program to help you prevent stroke.

And can I just say something on the point before, it’s pretty phenomenal that guidelines and things we have so stroke survivors can be really confident that all of their clinicians have access to really up to date evidence to give you the best care, so personally I think that’s really exciting.

**Jess:** Amazing, and we will share links to those guidelines if you don’t know where to find them or you don’t know what they are when we send an email post this event with all the details. But expanding on that further, obviously Stride4Stroke is all about setting a healthy plan to reduce our risk of stroke or secondary stroke and you have talked a lot about making a plan. But, for example ‘I’ve had a stroke’, ‘I’ve nearly had a stroke’, ‘I’ve got limited connections around me’, where do I start, who do I call, where do I go, how do I start this?

**Natalie:** So, I guess if you’re not already linked in with some health professionals who can get you started, you can go to your GP and there is a Medicare plan called the Chronic Disease Management Plan which gives you access to I think 6 sessions with allied health professionals. So, I think your GP is a good place to start if you’re not already linked in with a team or a neurophysio. And it’s always good to talk about starting an exercise program with your GP to make sure it’s safe and that you’re medicated properly in terms of your blood pressure and things like that.

**Jess:** Fantastic, and Jude Stride4Stroke obviously prides a healthy lifestyle as does Stroke Foundation, but what broader work does Stroke Foundation undertake to promote or address this?

**Jude**: Yeah, so definitely I would say that our work in our alliances with other health charities is important in this area as well. It’s a big issue and is not something that Stroke Foundation can do alone, so we’re definitely working in partnership with other health charities to get the messages out there and really look for those opportunities for general awareness raising and I guess making sure the general messages are out there and we’re all open to them at different points depending on what’s going on for us. So, making sure that we are continually promoting those healthy lifestyle messages.

One of the things that I think is really close to the heart of Stroke Foundation and one that has been around for a long time is our Stroke Safe Speaker Program. So, it’s a group of volunteers that go out and talk about Stroke, Stroke risk, prevention, a healthy lifestyle and also a little bit about the experience of having a stroke as well which really helps get the message across and I think really grounds it in the real world. So yeah, a really effective program and available across Australia and yeah works really well. And the final piece of the puzzle I think Stroke Line and the fact we do have health professionals who are available to talk issues through and we definitely have those stopping smoking, changing diet conversations everyday and getting that personalized advice from our team is another really great thing that we do.

**Jess:** I’ve received a question to expand on Stroke Line and when they are available, what are the qualifications of the people who are on the other side of the phone and what kind of support can they offer?

**Jude:** Yeah, so Stroke Line is available Monday to Friday 9am-5pm AEST, we are available via telephone but we also have an email address that people can contact us on as well which is strokeline@strokefoundation.org.au . People can also get onto EnableMe and use our ‘Ask a Health Professional’ function, so if you have had a stroke you can get onto EnableMe, you can click ask a health professional and you can ask your question and we will answer that question and give you individualized advice, then we will post it and often our community will say ‘hey that was an issue for me and I did x,y,z’.

So, we’re available in a lot of different ways, our team are all allied health professionals so physiotherapists, occupational therapists, speech pathologists and social workers. I guess between us we have had many decades of stroke experience, we’ve worked in acute care rehabilitation, and we have also worked in the community. So, people ask many many different types of questions, and we will always find an answer.

**Jess:** Yeah, I think it’s always quite surprising for some of our supporters to hear how many places that they can actually connect or talk to us. So, the EnableMe community or reaching out to that ask a health professional, those are two really simple ways to get actually get really critical and important information. So we will be sure to also link those in the email after because I know for many of you out there just getting started on connecting the dots on who to speak to is sometimes the first hurdle so we will also rehash those links and information at the end of this. Now quite a few people have joined during that, so just a reminder if you do have a specific question today whether it’s about getting active as a survivor stroke, getting active as not a survivor that’s completely fine also, reducing your risk of stroke or of course about Stride4Stroke which is why we are coming together, pop it into your chat function. If that’s not working for you, you can also email Stride4Stroke, and Tara will pop that email into the chat just now.

Now Natalie and Kelvin, I’m not sure which one wants to take this but many people particularly people I have spoken to during Stride4Stroke and do experience a stroke are impacted on one side of their body. So how do you exercise with the challenge of one side being stronger or weaker than the other, do you have to work harder on the weaker side?

**Natalie**: I can start Kelvin if you would like? So as part of stroke rehabilitation we certainly work to strengthen a weaker arm or weaker leg and definitely using it as much as possible is definitely a part of rehabilitation and is what we always want people to do. If you don’t use your arm or leg it’s going to get weaker, so if you want it to get better, we really need to help you move it more. But what we need to be careful of is for example if your arm is impacted and you’re using it a lot you may get shoulder pain so it’s important to start slowly and slowly build up. And also, you may need to do that in conjunction with your physio or occupational therapist. In terms of a weaker leg and walking it’s always a good idea to exercise and to do as much as you can.

Yeah so, I’m of the school of use it and do as much as you can but in terms of an arm of upper limb, definitely use it but build up slowly. And if you’ve got any concerns at all definitely speak to your physio or OT with that.

**Jess:** Fantastic thank you and jumping back to the role physio plays in reducing the risk of stroke, is there something carers can do as well. Obviously, there is an element of support a carer is going to offer to a survivor of stroke, how can physio help them as well?

**Natalie:** Yeah so, carers are amazing and what physios do is we work with carers, we help them set up an exercise routine and we might help them to help the stroke survivor I guess is the best way to put it. So, we will tell them how to set the exercise up or specific tips or tricks to watch for and so we can support carers by teaching them how to help and also things like how to transfer a patient or help them walk if they’re a more dependent stroke survivor.

But within that there are sometimes risks to the carer because some things can be really heavy in terms of manual handling, so physios can help the carers find the best way to do that and also, we can prescribe equipment that may make these things easier. So, physios and carers do work very closely together and in that there might be times where a carer might become injured, and they can see the physio to help with that injury obviously. But in the first instance physios help to prevent the injuries in the first instance I guess, so helping in terms of equipment, the best technique and also the best advice in terms of taking a break and not doing too many things at once.

**Jess:** And we’re all guilty of that, I mean especially when we are starting a new program or new activity, it’s easy to want to do everything all at once. And a question that’s just come through via email is from a gentleman who has just started his activity, started walking a little bit after his first stroke. He had been chair bound and then he started walking but then he had a fall and so our thoughts are with him. That was a really large challenge and set back in his life but he wants to get back to active, but he is afraid, so he is asking us what would you recommend? How should he restart this again and maybe this is one for you Kelvin or maybe this one for you Natalie, where should he start, how should he start to overcome this challenge of fear of falling?

**Kelvin:** Alright I’ll kick off, fear of falling – we know that it is a major complication or something that happens quite commonly in hospital as people are recovering and then particularly when they get home. At the hospital we try and make sure the environment is as safe as possible and that we provide structures when people are exercising so that they don’t have those falls. But certainly once you go home, you’re probably in a more familiar place and you’re more relaxed but don’t sometimes take as much care as you would of and there is not the eyes that we have while in hospital. So it is common to have falls and is certainly something that we hear a lot of. There is a few things around that learning from a physio such as how to get up from a fall again, there’s tips and tricks about how to get up and as Nat said, it’s really important to work with the carer if there is a carer to teach them the step by step ways to do that. Because what we don’t want is for the carers to get injured and that is also quite common.

But I think with fear of falling it’s all about getting the advice and structures in place to exercise safely. So knowing limitations and having some clear goals and progressions that you work with your health professional about to ensure that you can exercise safely. But it is a major barrier and it’s something that needs to be considered and worked towards to overcome that fear.

**Jess:** Yeah, and to expand again further and maybe this can be for you as well Jude, if you are someone who is isolated and obviously there is a significant portion of the population who are living regionally, maybe living alone and their carer or support isn’t there every day – are there any recommendations around how to set up a system / call for help and what does that look like, what facilities or innovations are available if you do have a fall and you are isolated?

**Kelvin:** So, I might jump in and then the others can add, there is a couple of things here which I think with covid has been a real growth. One is the provision of services via the internet or via telehealth they call it, so they now have more and more services being offered remotely directly into people’s homes and I think that’s a trend that will continue to increase. So that’s one thing that even though people are remote we advocate very strongly that doesn’t mean they miss out on expert clinical help and assistance. It’s not physical but it gives the education and allows for an assessment of what the issues are and that can help them set up safe environments for them to exercise and then progress the exercise. So, they are becoming more available, and Nat might share a bit about that.

**Natalie:** Yeah, I can jump in on the telehealth stuff. So, telehealth can allow you to get an assessment on your risk of fall and discuss all those risk factors that increase your risk of falling and then maybe talk through strategies about how to mitigate that. But I was fortunate enough to be involved in some research last year led by associate professor Cathy Fague of Melbourne University where we designed some resources, a shared decision-making resource to see if tele health or tele rehab is the right thing for you. So, I will give you a link to those resources just because it was specifically designed for stroke and co designed by stroke survivors, carers and clinicians. So, I will send that link through.

**Jess:** Excellent, and from a campaign perspective, we get asked every single day who does Stroke Foundation collaborate with. Jude, can you talk a bit more about how we influence and lead advocacy on stroke, treatment, prevention and recovery here in Australia? And who do we collaborate and share our information with?

**Jude:** So, the advocacy effort at Stroke Foundation is really strong and I would say very skillful. We have a great advocacy team that work to build relationships with all levels of government and parliamentarians and work to keep stroke prevention treatment and recovery in peoples mind and on the agenda. And I think part of the reason that effort has been so successful over many years now is that we have a really great community of survivors of stroke, carers and families who are incredibly active in that advocacy efforts. So, you will see stories from survivors in the paper and on tv on a regular basis and those people are people who are really brave and committed to sharing and their family’s story. And part of it is to raise awareness and part of it is around the advocacy effort so I think that’s part of the secret to our success.

 The alliances that are with the other health charities are incredibly important in this work as well and there is a lot of common ground, and I would also say too that other organisation that are active in making sure that the needs of people who live with disability are put forward as decisions are being made as new programs and funds are being allocated. So, you’re right it really is about building alliances and making sure that people with lived experience are at the heart of what we do in advocacy.

**Kelvin:** Absolutely, so I think it is also important to note that we advocate for research dollars to be spent on new ways to better treat and better prevent stroke. Stroke is a big burden of disease, we know that, and it’s been really great to see the growth in researchers such a Natalie and other great researchers across the country working really closely together but also advocating which is something we do, to the funding bodies to ensure that stroke gets the money for that research and make the breakthroughs we have seen fortunately over the last 10 years. Particularly in the acute side of it, but we are also wanting to get some breakthroughs in rehabilitation and long-term recovery so that’s really important.

And just to reiterate with Jude, obviously the risk factors for stroke are the same as what we have for diabetes, heart disease, some cancer risk so we work really closely together with those alliances and talk to politicians right through to policies and agencies like that. It is about working smarter not necessarily harder in the prevention space.

**Jess:** And Paul sent through a question around what is the state of stoke in Australia, there are obviously some statistics we share throughout the campaign – but what does it look like today?

**Kelvin:** I can add in, so we know that worldwide one in four people will have a stroke in their lifetime so it’s pretty surprising.

**Jess:** A lot more than most people would think.

**Kelvin:** A lot more. We have gotten better at treating the initial phases of stroke in keeping people alive, but we know with an ageing popoluation, the number of strokes in the community will continue to rise. We have got over 400,000 people with stroke in the community across Australia now and that’s expected to continue to go up. So, we have done some modelling recently about the numbers of stroke and we always thought it was about 50,000 strokes a year but we now know that for people who have a first event there is just under 30,000 people so a lot of people go onto have a subsequent stroke so there is a lot higher total number. But it does equate to one every 19 minutes.

It happens very often and does impact people and I think we all know someone either directly or indirectly who has been affected by stroke.

**Jess:** And those are some significant numbers and numbers that we are hoping to change. Part of our mission is to have a world without disability from stroke and that’s what brings us together, that’s why you’ve joined stride4stroke. To all of you watching today and who will watch this after, stride4stroke is all about coming together to reduce your risk of stroke, make a plan as survivor of stroke as part of your recovery and also to have those important conversations particularly around the fast signs of stroke. Jude can you just tell us all about the FAST signs of stroke?

**Jude:** yeah, so the FAST sign is an easy way to remember the most common signs of stroke. It starts with F for face – Has the persons one side of the face drooped? A for arms – ask them can they lift both arms and check for that. S is for speech - are they slurring or have they lost speech. And T is definitely the most important part of the FAST message which is T is for time – stroke is always a medical emergency so if you see any of the signs of stroke you need to call triple zero right away and even if you’re not sure and even if the signs disappear after a short while. Call triple zero, they are the experts and they will work out what’s happening and where you need to be. Some people are embarrassed or shy about calling triple zero, but don’t – treatments are time limited, and they can be lifesaving.

**Jess:** Absolutely, and I spoke to a survivor of stroke yesterday – Rebecca who was experiencing symptoms and she activated Siri on her phone to instruct paramedics on where to find her. So, there are some technology that may be life saving and time is absolutely of the essence if you think you’re identifying signs of stroke. And even having those conversations with people in your team or other people in stride4stroke – make the time to have the conversation and raise awareness around the FAST signs of stroke.