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**Can telerehabilitation fill huge gaps, improve recovery for people living with stroke? Seven studies seek answers**

*High-tech approaches critical to improving access to services in Canada*

OTTAWA \_ A $1.3-million national initiative announced today will deliver “telerehabilitation” to the homes of more than 200 people living with stroke in at least 10 Canadian cities--the first step towards improving access to desperately needed stroke-recovery services.

Researchers in Nova Scotia, P.E.I., Quebec, Ontario, Manitoba and British Columbia will test innovative ways to providephysical, occupational and speech therapy and lifestyle coachingto people who are recovering at homeaftera stroke. The telerehab initiative is a joint effort of the Heart and Stroke Foundation (HSF) and the HSF Canadian Partnership for Stroke Recovery.

“We know that recovery continues for months and years after stroke as the brain reorganizes and remaps itself,” says Dr. Dale Corbett, Scientific Director and CEO of the HSF Canadian Partnership for Stroke Recovery. “Yet too few people have access to services. We need to look at new approaches.”

Only five to nine per cent of stroke patients discharged home from acute care receive a referral to outpatient rehabilitation, and patients referred to in-home rehabilitation services receive only three to nine total rehabilitation visits on average, according to recent research.

“Greater intensity of therapy is the key to restoring what has been lost after stroke,” says Dr. Corbett, a professor at the University of Ottawa. “These projects will begin to deliver on the promise of improved access and improved recovery.”

The newly funded projects include teams led by:

* **Dr.Hélène Corriveau, Université de Sherbrooke.** This team will studya three-pronged high-tech approach: videoconferencingto deliveroccupational and physical therapy in the home; the use of hand-held tablets to enable patients to communicate with therapists; teletreatment to provide group-therapy sessions for people in Lac Mégantic and Magog. At least 25 participants will be involved in the research.
* **Dr. Janice Eng, University of British Columbia.** This team will study the effectiveness of lifestyle coaching over the phoneto 40 people recovering from stroke.The goal isto improve fitness and nutritionand reduce the incidence of secondary strokes. The study will lay the groundwork for a larger, multi-site clinical trial.
* **Dr. Gail Eskes, Dalhousie University in Halifax.** Researchers will develop and refine a website to deliver online intensive cognitive exercises to improveattention and memory problemsafter stroke. Fifteen patients throughout Nova Scotia will take part in the study and results will form the basis for planning a larger clinical trial.
* **Dr. Dahlia Kairy,Université de Montréal.** This teamwill investigate an interactive virtual reality programfor use at home that allows ongoing rehabilitation of the upper arm. Sixty-six people will be recruited to compare the use of the new technology to a written exercise program or no follow-up care.
* **Dr. Jed Meltzer of the Rotman Research Institute at Baycrest** in Toronto. This study of 40 Manitobanswith chronic communication problems will compare the effectiveness of therapy delivered over video and audio linkup to face-to-face sessions. All patients will be provided with an iPad for homework exercises.
* **Dr. Robert Teasell, Western University** in London. This team will study the cost effectiveness of speech-language therapy delivered by videoconferencing versus the traditional face-to-face approach. Fifty-two patients with speech, communication or swallowing disorders will be involved in the study.
* **Dr. Alex Mihailidis of Toronto Rehabilitation Institute** (TRI). This team will test an innovative table-top robot, developed at TRI, that delivers physical therapy to move and strengthen weakened arms after stroke. The robot allows two-way communication with a therapist and continuous feedback to the patient. Three patients will be recruited for the initial testing.

“Finding innovative solutions to broaden access to timely and appropriate stroke rehabilitation services is vital,” says Bobbe Wood, president of the Heart and Stroke Foundation. “Whether in urban settings or in geographically isolated communities across Canada, the use of novel communication technology in its various forms shows great promise to improve quality of life for those living with stroke.”

There are 50,000 strokes in Canada every year and 310,000 people living with the after-effects of stroke.

*The* ***Heart and Stroke Foundation****’s mission is to prevent disease, save lives and promote recovery. A volunteer-based health charity, we strive to tangibly improve the health of every Canadian family, every day. Healthy lives free of heart disease and stroke. Together we will make it happen. heartandstroke.ca*

*The* ***HSFCanadian Partnership for Stroke Recovery*** *is a joint initiative of the Heart and Stroke Foundation and Canada’s leading stroke recovery research centres – Sunnybrook, Baycrest, Toronto Rehab, University of Ottawa, Ottawa Hospital Research Institute and Memorial University. The Partnership is restoring lives through research. Learn more at www.canadianstroke.ca*

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