

# Change in sitting & activity after stroke rehabilitation: the first 3-months home

Dawn Simpson  
Dr Monique Breslin  
Dr Toby Cumming  
A/Prof Seana Gall  
Dr Matthew Schmidt  
A/Prof Coralie English  
A/Prof Michele Callisaya



UNIVERSITY of  
TASMANIA

MENZIES   
Institute for Medical Research

[dawn.simpson@utas.edu.au](mailto:dawn.simpson@utas.edu.au)



@dsimpsonphysio

# Sitting and physical activity

Benefits in shifting activity behaviour from sitting to walking

- Functional retraining, allowing greater task specific practice
- Reduce risk: benefits for BP<sup>1</sup> and cardiovascular & cardiometabolic health<sup>2</sup>

During rehabilitation in hospital

- Sitting time is high, and walking activity limited
- Change in environment (hospital to home) can reduce sitting time<sup>3</sup>
- Limited understanding of factors that influence change in sitting

# Clinical implications

Predicting change in activity at home may assist clinicians to identify stroke survivors more likely:

- Reduce sitting, increase activity over time - maximise functional gains
- Persistent low activity levels - greater support, behaviour change strategies

Understanding activity once home at certain timepoints

- Identify and treat the factors influencing activity at that time
- 3-months at home: outpatient rehabilitation transition

# Aims

To investigate whether:

1. Sitting and walking activity changes between discharge and 3-months
2. Physical, psychological & cognitive factors at hospital discharge predict any change in activity
3. After 3-months home, physical, psychological & cognitive factors are associated with sitting and walking activity

# Methods

Observational study (n=34)

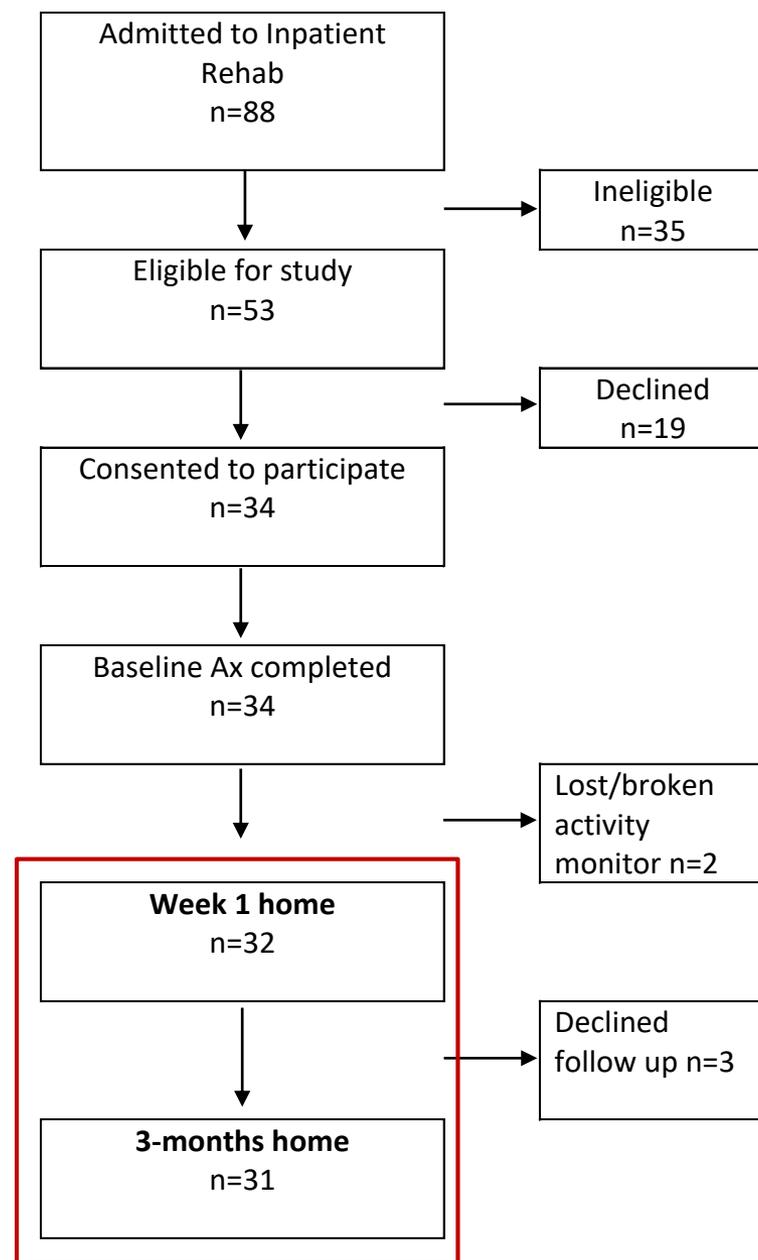
2 subacute rehabilitation units

*Inclusion criteria:*

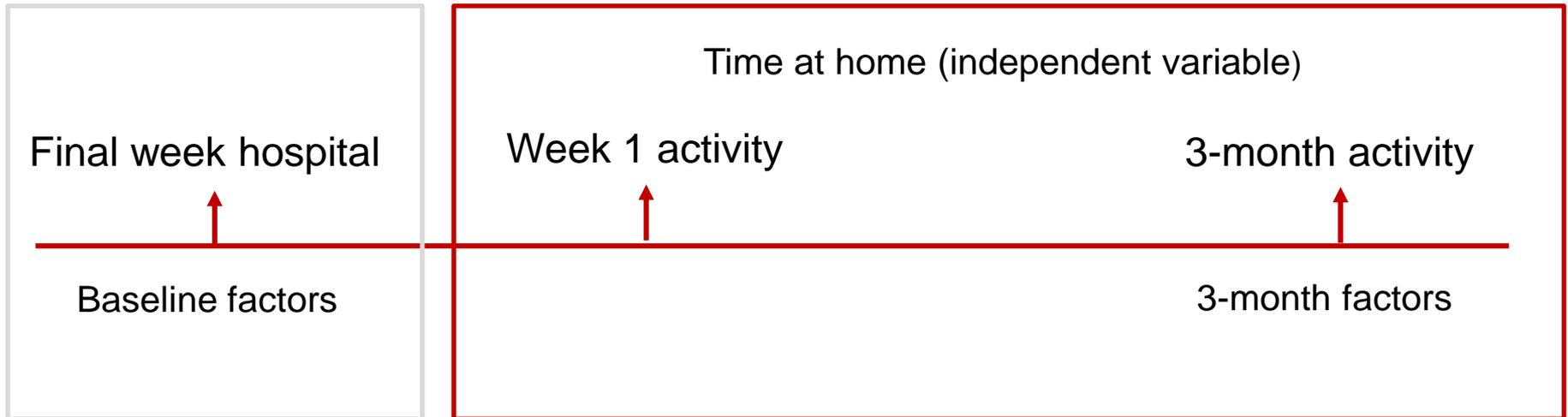
- stroke diagnosis
- independent mobility pre-stroke

*Exclusion criteria:*

- discharge to care facility
- not expected to survive > 3/12



# Outcome measures: Physical Activity



Activity monitor continuously for 7-days: (activPAL)

- Sitting time – total duration
- Walking time
- Steps / day



# Demographic and clinical factors

## *Characteristics*

- Age, sex, stroke type, severity, carer present

## *Physical measures*

- Gait speed and endurance (10m walk, 6min walk)
- Functional leg strength (5 STS test)
- Pain (VAS)

## *Psychological measures*

- Hospital Anxiety & depression scale
- Fatigue assessment scale

## *Cognition*

- MoCA



# Data analysis

## *Change in activity over time:*

- Linear mixed models with timepoint (week 1 or 3-months) as exposure and activity time (sitting, walking) as outcome

## *Factors associated with change in activity over time:*

- Interaction between the time and baseline demographic and clinical factors

## *Cross-sectional associations between factors and activity at 3-months:*

- Linear regression analysis adjusted for waking hours

# Participants

---

Characteristics:	Baseline (n=28)	Range (min, max)
Age (years) mean (SD)	69.1 (12.3)	(32 - 89)
Male (n, %)	14 (50.0)	
Days since stroke mean (SD)	43.3 (26.8)	
NIHSS score at stroke onset mean (SD)	7.4 (5.3)	(1 – 20)
Independent walking (n, %)	22 (78.6)	
Depression score mean (SD)	3.1 (2.4)	
Fatigue score mean (SD)	21.1 (7.0)	
6MW (m) mean (SD)	283 (164)	(60 – 610)
Gait speed (m/s) mean (SD)	1.00 (0.58)	(0.17 – 2.27)
MoCA score mean (SD)	22.4 (5.4)	
Pain present (n, %)	9 (32.1)	
Living with carer (n, %)	19 (67.9)	

---

# Results: Change in activity over 3-months

Activity type	$\beta^*$ (95% CI)	p-value	Clinical meaning at 3-months
<hr/> (Total mins/day) <hr/>			
Sitting time	-39 (-70, -8)	0.01	39 mins <b>less</b> sitting
Walking time	21 (2, 22)	0.02	21 mins <b>more</b> walking
Steps/day	1112 (268, 1956)	0.01	1112 <b>more</b> steps / day

\* $\beta$  adjusted for waking hours, age, sex  
 n=28 (matched activity monitor data both timepoints)

# Predictors of change in activity

- No statistically significant associations between baseline factors and change in sitting, or walking activity over 3-months
- Simulation of sample size suggests for change in sitting time

sample size	factor	$\beta$ (95% CI)	p value
60	Depression	10 (2.5, 17.5)	0.009
	Gait speed	-4.4 (-7.6, -1.4)	0.005
90	Depression	10 (4, 16)	0.001
	Gait speed	-4.4 (-6.8, -2.0)	$\leq 0.001$
	Fatigue	2 (0.3, 4)	0.02
120	Depression	10 (5, 15)	$\leq 0.001$
	Gait speed	-4.4 (-6.5, -2.3)	$\leq 0.001$
	Fatigue	2 (4, 6)	0.006
	Cognition	-2 (-4, -0.1)	0.049

$\beta$  (95% CI) in minutes

## 3-months cross-sectional: univariable analysis (n=31)

Factor	Sitting time $\beta$ (95% CI)	Walking time $\beta$ (95% CI)	Steps/day $\beta$ (95% CI)
Depression	18.8 (48.0, 32.4)		-340 (-674, -5)
Fatigue	8.9 (2.4, 15.0)	-2.3 (-4.2, -0.6)	-189 (-338, -40)
Gait speed (10cm/s)	-10.57 (-18.2, 2.9)	4.3 (2.6, 6.0)	379 (245, 513)
Endurance (m)		10 (10, 20)	11 (5, 17)
5x STS (s)		-1.3 (-2.4, -0.0)	-94 (-180, -8)

P<0.05 Time in minutes; 5xSTS: 5-times sit-to-stand test

Individual univariable activity models with adjustment for waking hours

# 3-month cross-sectional: multivariable analysis (n=31)

---

Factors	Sitting time*	Walking time*	Step count
	$\beta$ (95% CI)	$\beta$ (95% CI)	$\beta$ (95% CI)
Depression <sup>^</sup>	22.3 (7.9, 36.5)		
Mean gait speed <sup>#</sup> (10cm/s)		4.3 (2.7, 5.9)	378 (246, 510)

---

\*Time (minutes); Models adjusted for waking hours and age; <sup>^</sup> p<0.05, <sup>#</sup> p≤0.001

# Strengths & Limitations

## Strengths

- Objective device (activPAL3) high accuracy for sitting and walking time
- Linear mixed models, careful adjustment for waking hours and other covariates
- Stroke population: range of walking speed and stroke severity

## Limitations

- Small sample size – under powered to detect factors predicting activity change
- activPAL less accurate for step count at slow gait speeds
- Other factors may influence sitting time and walking activity

# Discussion

Overall activity changed during the first 3-months home after stroke

- Sitting time reduced by nearly 40 mins
- Walking time (21 mins) and daily step count (1112 steps) increased

Predicting change in activity over the first 3-months remains a challenge

- Depression, gait speed and fatigue warrant further investigation

At 3-months after discharge

- Low mood associated with greater time spent sitting
- Faster walking speed associated with greater walking activity

# Acknowledgements

[dawn.simpson@utas.edu.au](mailto:dawn.simpson@utas.edu.au)

 @dsimpsonphysio

## Our Participants

### Funding:

Department of Geriatrics philanthropic award  
*Tasmanian Health Service – South*

NAHSSS Post Graduate Scholarship

Menzies Community Research Scholarship

### Study support:

Acute Rehabilitation Unit (*THS-S*)

Department of Rehabilitation (*THS-S*)

Peacock 3 Unit (*THS-S*)

Physiotherapy Department (*THS-S*)

Dr Frank Nicklason & Department of Geriatrics (*THS-S*)

Dr Helen Castley & Department of Neurology (*THS-S*)

## Supervisory team:

A/Prof Michele Callisaya: *Menzies Institute of Medical Research, University of Tasmania, Hobart, Australia*

A/Prof Seana Gall: *Menzies Institute of Medical Research, University of Tasmania, Hobart, Australia*

Dr Monique Breslin: *Menzies Institute of Medical Research, University of Tasmania, Hobart, Australia*

A/Prof Coralie English: *School of Health Sciences Faculty of Health and Medicine. Centre for Research Excellence Stroke Rehabilitation and Brain Recovery, Hunter Medical Research Institute (HMRI)*

## Collaborators:

Dr Toby Cumming: *Stroke Division, Florey Institute of Neurosciences and Mental Health, Melbourne, Australia*

Dr Matthew Schmidt: *School of Health Sciences, University of Tasmania, Hobart, Australia*

Sam de Zoete: *Physiotherapy Department, Royal Hobart Hospital, Tasmanian Health Service – South, Hobart, Australia*