Contraindications to moderate or vigorous exercise after stroke

PARAS Physical Activity Routines After Stroke

If you are unsure about any aspect of your patient's medical history and whether it will be safe for them to exercise please ask them to speak with their GP or consultant before they start a new exercise programme

Contraindications to moderate/vigorous exercise (Adapted from American College of Sports Medicine 2010 and Exercise after Stroke Best Practice Guidelines, 2010)
Recent significant change in ECG indicating ischaemia, recent myocardial infarction (within 2/7) or acute cardiac event.
Unstable angina-chest pain that is sudden and often gets worse over time, can occur without cause (e.g. when sleeping, sitting) and can last longer than 15-20 mins.
Uncontrolled cardiac arrhythmias causing symptoms or haemodynamic compromise.
Severe symptomatic aortic stenosis.
Regurgitant valvular heart disease.
Uncontrolled symptomatic heart failure.
Acute pulmonary embolism or pulmonary infarction.
Acute myocarditis, pericarditis.
Acute aortic dissection.
Acute infections.
Acute deep vein thrombosis.
Uncontrolled visual or vestibular disturbances.
Recent injurious fall without medical assessment.
Relative contraindications to exercise
Left main coronary stenosis.
Moderate stenotic valvular heart disease.
Electrolyte abnormalities (e.g. hypokalaemia).
Severe arterial hypertension at rest SBP >200mmHg, DBP >110mmHg.
Tachyarrhythmia, bradyarrythmia.
Hypertrophic cardiomyopathy.
Neuromuscular, musculoskeletal, rheumatoid problems exacerbated by exercise.
High degree atrioventricular block.
Ventricular aneurysm.
Uncontrolled metabolic disease.
Chronic infectious diseases.