Physical Activity Routines
After Stroke

NHS
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Key components of Physical Activity Routines After Stroke (PARAS) programme

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Components of Physical Activity Routines After Stroke (PARAS) programme

TIDieR* component	Description
What: procedures	Supported self-management programme including the following behaviour change techniques (BCTs): information about health consequences; salience of consequences; social support (unspecified); instruction on how to perform the behaviour; demonstration of the behaviour; goal setting (behaviour); problem solving; information about antecedents; monitoring of emotional consequences; information about health consequences; information about social and environmental consequences; social reward; habit formation; credible source; action planning; feedback on behaviour and self-monitoring of behaviour.
What: materials	**Resources to support the delivery of PARAS:** *Stroke survivor tools:* workbook (can be used in full or appropriate sections applied); goal summary sheet; self monitoring resources (physical activity diary: daily activity planner; goal log, Borg Scale). *Healthcare professional tools:* PARAS invite; communication ramps; guide to physical activity self monitoring methods; physical activity options repository; PARAS delivery checklist and reflection form.
Who	**Who is PARAS aimed at?** • Adult stroke survivors who have agreed with a healthcare professional that there is potential for them to increase their daily physical activity and/or reduce their daily sitting time • The stroke survivor should be physically and cognitively able to safely self-manage physical activity (this could be with a carer) and should have no contraindications for undertaking physical activity including being told by their GP or consultant that they should not take part in physical activity **Who should deliver PARAS?** A healthcare professional or other professional who is a credible source (e.g. well informed on stroke rehabilitation) and plays a key role in the stroke survivors rehabilitation e.g. physiotherapist, occupational therapist, technical instructor, rehabilitation worker, charity worker, fitness instructor.
How	**PARAS was originally designed to be delivered individually but in response to requests from healthcare professionals we have added the option for group delivery.** **Part 1:** Preparation: Paperwork can be sent out or discussed face-to-face or remotely. **Part 2:** Goal setting, action planning, barrier identification, coping planning: ideally delivered face-to-face but could be delivered remotely if assessed as safe. **Part 3:** Reviewing progress: delivered face-to-face or remotely.

* Template For Intervention Description and Replication

TIDieR* component	Description
Where	Inpatient, outpatient or home and community settings
When and how much	When PARAS is delivered will vary dependent on wishes/needs of the patient and health care professional's opinion on the best timing/ availability of resources. The three parts must be completed but the number of sessions required by the stroke survivor will depend on individual needs. Some will be able to undertake part 1 independently and only need a single session for part 2 and 3. Others may need more sessions particularly if original goals are not achieved, or there is a need for new goals. There is no upper limit to sessions, the number is defined by patients' support needs/availability of resources.
Tailoring to participants	The key components of PARAS should be delivered to enable effectiveness but how this is undertaken can be tailored to individual need and service delivery. There is a separate workbook for delivering PARAS on the ward and at home and in the community.
How well	Healthcare professionals should have completed training on PARAS delivery either via the website or from someone who is skilled in PARAS delivery. The skills of the person delivering PARAS should be enhanced by reflection and peer support.

The components of the PARAS programme were systematically designed and tested. This process included the following steps;	
1	Qualitative study with stroke survivors, informal carers and healthcare professionals to identify barriers and enablers to physical activity after stroke.
2	Systematic review identifying promising components of the PARAS intervention from previous studies.
3	Stroke survivor and informal carer co-design workshops to test prototype PARAS intervention.
4	Feasibility, acceptability and fidelity study testing PARAS delivery in three community stroke services.
5	Stroke survivor and healthcare professional feedback on iterative changes to PARAS programme in response to our feasibility and implementation study.