

**TOOL 3: EXERCISE PROGRAM COMPARISON TEMPLATE**

**Section in Planner: Phase 1, Step 3**

**Why is this important?**

As you explore a number of exercise programs to determine a good fit for your needs, it is helpful to document and compare your findings across program options.

**How to use this tool:**

The table includes key factors and guiding questions; expand the table if you have additional questions that are important to your setting. Check available program support materials for information. Do not hesitate to reach out to the exercise program developers and talk with other teams who have delivered the programs you are considering. Use and adapt this template to suit your own setting and circumstances, as needed.

**User Comments:**

*“It is really great there is one table* (in the Planner) *that summarizes the components of Fit for Function, FAME and TIMETM. This saves the reader quite a bit of time making it easy to compare features of each program to help determine which is the best fit.*

*“This tool provides some of the key questions that people using the Planner would want to know to help them decide on a program. It helps convey really quickly to the reader and to make comparisons easily between the programs: What are the similarities and differences? Which are stroke specific? Which have been validated in broader populations? What are the staffing ratios, max class sizes, training time for staff? Is there a cost for the license*?” (Physiotherapist)

For full planner visit: [**https://www.afterstroke.ca/resources/srimp/**](https://www.afterstroke.ca/resources/srimp/)

**Phase 1, Step 3: Exercise Program Comparison Template**

|  | **Program Option 1:**  **[NAME]** | **Program Option 2:**  **[NAME]** | **Program Option 3:**  **[NAME]** |
| --- | --- | --- | --- |
| **Background information** | | | |
| Who developed the exercise program? When? |  |  |  |
| Is the program evidence-based? What information exists to show that this program is effective? Safe? |  |  |  |
| Does the program meet best practice guidelines? |  |  |  |
| How widely is the program used? |  |  |  |
| **Participant details** | | | |
| Is the program designed specifically for people with stroke? |  |  |  |
| Can the program be attended by people with mini strokes (transient ischemic attacks [TIAs])? |  |  |  |
| Can the program be attended by non-stroke populations? |  |  |  |
| What are the eligibility criteria to participate in the program? |  |  |  |
| **Program staffing** | | | |
| Who can be an instructor for this program? |  |  |  |
| What is the recommended certification for instructors delivering this program? |  |  |  |
| What type of training is required for instructors? |  |  |  |
| How is this training delivered? |  |  |  |
| What training and support materials are available from the program developer? |  |  |  |
| Are there any medical legal / liability considerations? |  |  |  |
| Can caregivers and volunteers attend and assist? |  |  |  |
| Is training available for attending caregivers? |  |  |  |
| Can trained caregivers and/or volunteers be considered in the recommended instructor to participant ratio? |  |  |  |
| **Resources** | | | |
| Is there a cost to purchase a program license? |  |  |  |
| How much space is required to conduct the program? |  |  |  |
| How much/what type of equipment is required? |  |  |  |
| **Program delivery** | | | |
| What type of setting is the program usually delivered in? |  |  |  |
| What is the recommended instructor to participant ratio? |  |  |  |
| Is there a maximum class size? |  |  |  |
| What is the recommended frequency of classes? |  |  |  |
| What is the recommended duration of each class? |  |  |  |
| Is enrollment designed as drop-in or prescribed X week session? |  |  |  |
| Is the program flexible to allow different functional levels? |  |  |  |
| Can the program be offered virtually? (if applicable) |  |  |  |
| **Ongoing support** | | | |
| What type of ongoing support do the program developers offer for those running the program? For example:   * Are they available for consultation? * Can they assist with adaptation of the program regimen for an individual participant or a participant whose status changes over time? * Do they conduct any program evaluation? |  |  |  |
| **Other questions** *(add rows below)* | | | |
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