We’re getting things done

✓ New partnerships.
✓ The top researchers in Canada.
✓ Unique collaborations.
✓ Innovative training and mentorship programs.
✓ Game-changing clinical trials.
✓ A plethora of publications to improve practice.
✓ A new forum for patient engagement.
✓ Resources and tools to promote recovery.
✓ Increased international profile.
✓ The go-to Canadian meeting in stroke recovery.
ABOUT US

The HSF Canadian Partnership for Stroke Recovery is a joint initiative of the Heart and Stroke Foundation and Canada’s leading stroke recovery research centres. Headquartered at the University of Ottawa, the Partnership is restoring lives through research.

To learn more about the Partnership, visit [www.canadianstroke.ca](http://www.canadianstroke.ca)

Like us on Facebook [www.facebook.com/CanadianStroke](http://www.facebook.com/CanadianStroke)

Follow us on Twitter [www.twitter.com/HSFCSR](http://www.twitter.com/HSFCSR)
MANAGEMENT MESSAGE

The Heart and Stroke Foundation Canadian Partnership for Stroke Recovery (CPSR) – the first research organization in the world focused exclusively on stroke recovery – has had a busy and productive year.

And, there’s no question, we’re getting things done.

In 2014-15, we worked with partners to secure a CIHR grant to support a clinical trials infrastructure in stroke and we’re planning a game-changing national trial to test a new combination therapy to improve recovery.

We published impactful stroke research that provides insight into everything from the effects of exercise on the brain to improved gait and balance to techniques for improved arm movement to cognitive rehabilitation. We have tele-rehabilitation projects in place across the country to probe the use of new technologies to deliver stroke rehabilitation in innovative ways. Preliminary results are extremely promising.

To showcase our research and the work of international leaders, we held the first Advances in Stroke Recovery meeting in Ottawa in June, which drew more than 300 attendees and considerable attention from news media. Among speakers were Dr. Bruce Dobkin of UCLA, former editor-in-chief of Neurorehabilitation and Neural Repair, and our own Dr. Molly Shoichet of the University of Toronto, who was recently named one
of the world’s top female scientists. When the CPSR hosts the second Advances in Stroke Recovery in Toronto in September, the gathering will be showcased as part of the Canadian Stroke Congress.

We continue to build our trainee program. The CPSR National Trainee Association is busy, active and growing – providing workshops, lab exchanges, mentorship programs and networking events. Our popular Stroke Program in Neurorecovery (SPIN) is the most talked about and impactful training event for emerging stroke researchers in Canada.

We work closely with people living with stroke to ensure our research makes a meaningful difference in their daily lives. In January, we established a Stroke Community Advisory Committee to review research proposals, new tools and resources and to provide insight and advice to our Knowledge Translation Advisory Committee.

We were able to develop, in partnership with the University of Toronto Stroke Program and the Heart and Stroke Foundation, the first resource guide to Stroke in Young Adults. Our Stroke Community Advisory Committee provided input into the creation of two exercise guides – one for patients and one for clinicians – that are breaking down barriers and highlighting the value of aerobic activity to aid recovery.

Also among new knowledge translation initiatives was our major redesign, reorganization and relaunch this year of Stroke Engine (www.strokeengine.ca), a hugely popular website, used by patients, families and clinicians around the world, with information about research-proven practices and therapies for stroke recovery.

In early 2015, we commissioned a report on the Estimated Prevalence of Stroke Survivors with Disability in Canada in order to provide updated statistics and a better understanding of the number of people living with stroke as well as future trends. Our new findings will be released soon!

We are working on the redesign and relaunch of the powerful Evidence-based Review of Stroke Rehabilitation, the world’s leading academic review of new stroke
recovery research and therapies. The updated web-based resource, which has already led to hundreds of academic publications, will be available later this year. The work of the CPSR is gaining increased profile in Canada and in international forums – from the European Stroke Congress to the International Stroke Congress to invitations to participate on the editorial boards of major scientific journals. We look forward to building on our strong partnerships with increased investments for research, clinical trials and knowledge translation initiatives. At the same time, we are working to bring on new partners from coast to coast.

As we reflect on the past year and look forward to a promising future, we would like to take time to thank Board members whose support has been critical to our success. In particular, our appreciation goes to retiring Board members Michael Young of Sunnybrook, James Rourke of Memorial and Barry Bank of Baycrest.

This year, we marked the retirement from our Board of its longest-serving member, Peter Cameron, an outstanding champion of stroke recovery research and a true gentleman. Sadly, Peter passed away not long after stepping down from the Board and plans are in development to honour his legacy.

With retirements at the Board level, CPSR welcomed Toronto lawyer Wendy Berman whose husband is a stroke survivor, Jean Lazarus of Baycrest and Malcolm Moffat of Sunnybrook Health Sciences to help guide our organization through the next phase of growth.

In the end, the focus of our efforts – and the raison d’être of everything we do -- is to ensure our research makes a meaningful difference in the daily lives of people challenged by stroke.

We won’t stop until our work is complete.

Barry Cracower, MBA
Chair, Board of Directors

Dr. Dale Corbett, PhD
Scientific Director and CEO

Katie Lafferty, MSIA
Executive Director
## CPSR BOARD OF DIRECTORS

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<th>Name</th>
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RESEARCH LEADERS AT OUR PARTNER SITES

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<th>Dr. Sandra Black</th>
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MEET OUR STROKE COMMUNITY ADVISORY COMMITTEE

We work closely with people challenged by stroke to ensure our research makes a meaningful difference in their daily lives.

Our nine-member Stroke Community Advisory Committee vets research proposals, informs clinical trials, liaises with the Knowledge Translation Advisory Committee and provides input on future scientific directions. Our partner organizations and institutions have called on the expertise of this group to test patient surveys and to provide assistance in the development of grant applications.

“We are putting into practice what other organizations have just started to think about,” says CPSR Executive Director Katie Lafferty. “It is clearly important to include the perspectives of stroke survivors...”
Says Scientific Director Dr. Dale Corbett: “We are so fortunate to have this group helping us to shape our research directions.”

Scott Ardiel
Scott experienced a stroke in his early 40s that left him with aphasia. Scott is a “super dad” to sons Ben and Aiden. He is a Scout leader and active volunteer at Sheridan Park Public School in Toronto. Until his stroke, Scott was an IT developer with the Royal Bank of Canada. Along with his wife, Janie Dobie, Scott helped launch the Peel-Halton Young Stroke Survivors group (physs@live.com) and continues to be active supporting the Aphasia Institute through the annual Toronto Challenge. Scott and his family enjoy skiing, biking and swimming.

Jane Dobie
Jane’s husband, Scott, experienced a life-altering stroke in his early 40s that left him with aphasia. Jane worked with Scott to help launch the Peel-Halton Young Stroke Survivors group. She is an advocate for aphasia awareness, an active volunteer and the mother of two young boys. Jane has been employed by the Royal Bank of Canada in various head office roles for more than 25 years.

Garima Dwivedi
A senior bureaucrat in the federal public service, Garima Dwivedi suffered a stroke in 2014. The mother of two teenagers, Garima has spoken publicly about the challenges facing people as they recover. She shared her personal story during the opening remarks of the CPSR’s first Advances in Stroke Recovery meeting.

Carole Laurin
Carole Laurin survived several strokes at age 42. Half paralyzed and unable to continue in her teaching career, she was motivated to set an example for her two children and relearn to sit and walk again. With the support of family and friends, and more than 400 medical and therapy appointments in the first year alone, Carole overcame hemiplegia. A writer and artist, Carole does volunteer and advocacy work on behalf of stroke survivors and sits as a member of the CPSR’s Knowledge Translation Advisory Committee.
Hector Mackenzie
A graduate of the University of Toronto and Oxford University, Hector is the Senior Departmental Historian of the Department of Foreign Affairs Trade and Development of Canada and an Adjunct Research Professor of History at Carleton University. He suffered a major ischemic stroke in August 2008, but prompt action by his family as well as a speedy response from emergency services and excellent treatment (which began within an hour of the stroke) at Kingston General Hospital saved not only his life but also his quality of life. Since then, he has spoken at several conferences and meetings on the subject of stroke treatment from a patient’s perspective.

Nathalie Michaud
A proud wife and mother of two teenaged daughters, Nathalie has lived in Ottawa for several decades where she built a successful career as a sales executive, specializing in telecommunications. In March 2013, at age 48, Nathalie suffered a stroke caused by a cervical artery dissection. She diligently continues her rehabilitation to this day.

Erin Nokes
A stay-at-home mom and entrepreneur, Erin suffered a vertebral arterial dissection while at a playgroup with her daughter in 2013 at the age of 32. She has been involved as an active volunteer and research advocate in the Ottawa stroke recovery community. Erin is still working hard on her recovery and training towards running a 5k this year.

Andrew Parr
Golfer Andrew Parr is a two-time Ontario amateur champion who attended Texas A&M on a full golf scholarship and won All-American status before he turned pro. At age 24, the London, ON, native had a stroke from which he made a full recovery. Andrew has been an active volunteer in the area of stroke recovery, a passionate spokesman for health research, and he has been widely featured in the media for a 2013 crowd-sourcing campaign to support his training and touring. He is active on social media and produces informative podcasts about health and wellness. www.andrewparr.com
Stephanie Spooner
Stephanie had a hemorrhagic stroke in her early 20s while at the University of Waterloo taking Honours Kinesiology degree. She worked diligently at her physio and rehab so that she could go back and finish her degree. Afterwards, she completed a Masters of Health Administration at Telfer School of Management (University of Ottawa). She works at The Ottawa Hospital helping to ensure others get the outstanding care that she received. She keeps working on her recovery to this day by going to the gym, taking Zumba classes and volunteering for new treatments/therapies, etc.

KNOWLEDGE TRANSLATION ADVISORY COMMITTEE

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<th>Dr. Mark Bayley</th>
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<td>Heart &amp; Stroke Foundation</td>
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<th>Dr. Louise Clement</th>
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OUR RESEARCH

We forge collaborative research partnerships essential to achieving major improvements in stroke recovery. Our Partnership brings together the world’s research leaders.

☑️ We lead in research into the **optimal dose and timing of exercise and rehabilitation therapy** to promote recovery from stroke.

☑️ We lead in basic research into **emerging cell therapies** for stroke recovery and neuroplasticity.

☑️ We lead in cutting edge science that probes the **link between stroke and dementia**.

☑️ We lead in **efforts to develop and test new technologies**, such as robots to deliver therapy to stroke-affected arms and software programs to aid memory and cognitive recovery.

☑️ We lead in research to **better understand the brain** and how all regions are affected by stroke, opening the door to the development of better drugs.

☑️ We lead in testing new therapies, including **“combination” approaches** (cognitive training plus exercise or drug therapies plus exercise) to aid recovery from stroke.

☑️ We lead in **technical expertise** – brain imaging and data collection.

FACT

About 36 per cent of stroke survivors are left with significant disabilities after five years and more than 40 per cent require help with the activities of daily living (bathing, dressing, etc.)
Why is our research so critical?

Stroke disability is a huge public health issue in Canada. While gains have been made in prevention and the delivery of life-saving treatment (from improved emergency response to high-tech scans to the delivery of clot-busting drugs), disability rates remain high for the 83 per cent of people who survive a stroke.

That’s why CPSR has developed a comprehensive research program to tackle all aspects of recovery. We have assembled the top scientists and clinicians in the field to advance discovery, test new findings and move research to clinical care. CPSR Scientific Director Dr. Dale Corbett describes the Partnership’s approach as bedside to bench and back to bedside. The needs of patients inform our research projects. Once discoveries are made, we work hard to move new findings back to patients as quickly as possible.

Consider these examples of CPSR research efforts

- This year, our researchers published a series of articles in high-impact journals on the benefits of inpatient rehab programs that combine aerobic exercise, balance and gait training.

- Neurologist and CPSR-funded scientist Dr. David Gladstone published a game-changing study in the New England Journal of Medicine on the benefit of prolonged cardiac monitoring to detect atrial fibrillation and prevent recurrent strokes.

- UBC’s Drs Tim Murphy and Dr. Greg Silasi described in Neuron how stroke disconnects one part of the brain from other brain areas that are normally interconnected. Strategies to improve recovery must focus on all areas interconnected with the area of stroke damage.
Dr. Sandra Black was among international research leaders who authored a major research paper that set out the diagnostic criteria for vascular cognitive impairment.

Our researchers are part of the NORTHSTAR clinical trial – the first multinational multilingual clinical trial to probe the use of electrical stimulation of the brain to improve language ability in stroke patients with communication challenges after stroke, or aphasia.

Dr. Dar Dowlatshahi is leading a clinical trial called iRecover, testing the use of iPad technology to deliver home rehabilitation.

We are piloting a number of innovative tele-rehabilitation initiatives that are providing new insight into recovery and improved ways to access therapy through robotics under the leadership of Toronto Rehab’s Dr. Alex Mihailidis. We are also studying remote rehab through videoconferencing and hand-held technology.

Dr. Paul Albert and Dr. Diane Lagace have developed a new model of post-stroke depression (PSD) in mice, allowing us to study how to promote recovery from PSD and related symptoms, such as anxiety, in people who’ve experienced stroke.
We have **mapped changes in brain activity** triggered by stroke, leading us to study new therapeutic approaches like light stimulation.

Meet a research participant

Retired St. John’s, NL, plumber Morris Kavanagh, 75, had a big stroke 10 years ago during a surgical procedure to clean the clogged carotid arteries that supply blood to his brain. Plaque in the arteries became dislodged, travelled to his brain and caused a stroke that left him paralysed on the left side of his body.

Today, Morris is seeing new gains in flexibility, mobility and cognition thanks to a CPSR-funded study, led by Dr. Michelle Ploughman at Memorial University of Newfoundland.

“I used to have difficulty getting in and out of the passenger side of the car. I would have to use my arms to pull myself out,” Morris said. Since participating in the CPSR study, “I can use my abdominal and leg muscles to push myself out of the car,” Morris said. It’s a small improvement that makes a big difference in his daily life. Morris said his mind feels sharper and clearer, too. “My brain seems more responsive to what’s going on around me.”

The MUN study puts participants through one-hour sessions of strength training and cognitive-based training (computer games) three times a week for 10 weeks. Researchers measure the impact of training on oxygen levels in the bloodstream as well as the level of a protein that supports the survival and growth of brain cells.

“I’d like to see more people involved in this kind of research study – both physical and the brain training,” Morris said.
In the past year, CPSR has provided funding to support 64 leading Canadian stroke recovery researchers and 48 trainees.

CPSR funding led to 108 journal articles this year with another 24 manuscripts in submission or preparation.

Our researchers published in 33 different high-impact journals, including Stroke, the Journal of Cognitive Neuroscience, and the Journal of Neuroscience.

In 2014-15, CPSR researchers delivered 75 abstract and poster presentations and 64 oral presentations at conferences around the world, including the American Academy of Neurology, the Institute of Biomedical Science in Taiwan, the International Conference on Language Production, the International Society for Stem Cell Research, and others.

Our researchers leveraged our “catalyst grant” program to successfully secure 28 grants, totaling $10 million, providing support for salaries, operating costs and equipment. Pilot data from our catalyst grant program have been used for an additional six grant applications currently in submission.

Most importantly, CPSR funding resulted in many new collaborations to advance research across Canada.

Catalysing new ideas

As we’ve said, the CPSR invests in bright new ideas, game-changing research and innovation. More than $6 million in research grants have been invested in five years and these grants have been leveraged to build major research initiatives.
What’s an example of a bright new idea we’re trying to catalyse?

Researchers at the University of Ottawa are studying exercise mimetics – the potential use of drug therapy to mimic to some degree the rehabilitative effect of exercise after stroke. The work is in the preliminary proof-of-concept stages. Ideally, this innovative research could eventually progress to the point of promoting recovery in humans who are incapable of exercise after stroke.

Here’s what happens when we support a good idea through a Catalyst Grant and watch it grow

In 2012, Dr. Dale Corbett (University of Ottawa), Drs. Cindi Morshead and Molly Shoichet (both from University of Toronto) were the recipients of two $50,000 CPSR catalyst grants that examined the potential of endogenous neural stem cells to repair and promote motor and cognitive recovery following neonatal (Morshead and Corbett) and adult stroke (Shoichet and Corbett). Based on the preliminary findings obtained from these two catalyst grants, the Morshead, Shoichet and Corbett team was successful in obtaining a $992,500 CIHR operating grant (2013-2018) that focuses on promoting cognitive recovery using endogenous neural stem cell activation and rehabilitation following stroke. This grant application was rated first overall out of 45 grants submitted to their specific CIHR grant review committee.
Testing new therapies

Our Rehab Affiliates program, a network that tests new rehabilitation research, includes a robust longitudinal stroke recovery database with 1,421 individual assessments on 523 stroke patients.

Through Rehab Affiliates, 30 co-op students, 10 graduate students and five post-doctoral fellows have been trained and data from trials have been used in publications and grant applications.

Building on the success of Rehab Affiliates, in early 2015, the CPSR and Canadian Stroke Consortium were awarded a grant from the Canadian Institutes of Health Research to establish a pan-Canadian clinical trial infrastructure, called CaSTOR (Canadian Stroke Trials for Optimized Results).

The two organizations are working together to develop and build a vibrant and productive Canadian stroke trial community that is world class in generating and applying new knowledge in stroke prevention, treatment and recovery. CPSR will lead CaSTOR’s rehabilitation and recovery work. At the same time, the Partnership is building a clinical trials pipeline to test new approaches proven effective in our pre-clinical studies.

Gathering research data

CPSR’s SPReD (Stroke Patient Recovery Research Database), led by Dr. Stephen Strother at Baycrest, is supporting many CPSR projects as well as major national and international research efforts. SPReD collects patient data, including demographic, biomarker, genetic and proteomics, and imaging data. SPReD enables the CPSR to combine descriptions of stroke patients from multiple projects that are geographically distributed.
This platform enhances CPSR’s ability to document rates of recovery; to study the effects of vascular risk factors and inflammatory biomarkers; and to use data to improve physical and cognitive recovery through innovative intervention programs.

The SPReD provides an integrated repository of data through which CPSR researchers can investigate and test original ideas, ultimately leading to knowledge that can be applied clinically to benefit people recovering from stroke. SPReD has resulted in strong publications and been incorporated into the neuroinformatics component of the Ontario Brain Institute’s Brain-CODE database. Trainees involved in this CPSR project have gone on to post-doctoral research in the US and Europe.

TRAINING

A central purpose of the CPSR is to grow and train the next generation of stroke recovery researchers.

We do that by identifying and then betting on the next big research stars.

Through our training program, we provide:

- salary awards;
- mentorship;
- lab exchanges;
- workshops;
- networking events; and,
- the popular Stroke Program in Neurorecovery (SPIN) course, which brings together trainees from across the country for an intensive two-day hands-on program.
There are **127 trainee members from all parts of Canada** involved in the CPSR National Trainee Association, including 37 post-doctoral fellows, 51 PhD graduate students, 28 MSc graduate students, and 11 undergraduates and recent grads. Of those, 58 per cent are involved in clinical/applied research and 42 per cent are doing basic science research.

Co-chairs Dr. Kelly Tennant of the University of Victoria and Marcos Rodrigues of McGill University work with Farrell Leibovitch, the CPSR’s Director of Research and Training Programs, to oversee activities and new initiatives.

As well, trainees are profiled each month in our bilingual e-newsletter, which is distributed to our research community and partners, and posted on the homepage of our website at [www.canadianstroke.ca](http://www.canadianstroke.ca).

**Here’s a small sampling of our trainees and their research.**

**Kelly Tennant of the University of Victoria** uses *in vivo* two-photon imaging combined with behavioural measures of forelimb function to determine how changes in neurons and vasculature contribute to poor post-stroke recovery in diabetic mice.

**Marcos Rodrigues of McGill University** focuses on understanding motor coordination, improving the methods for its clinical evaluation and translating this knowledge into the clinical rehabilitation.

**Emily Nalder of the University of Toronto** studies ways to improve the community integration of individuals with stroke.

**Mariana Gomez-Smith of the University of Ottawa** looks at the effects of junk food on the brain as poor diet is linked to an increased risk of stroke.

**Vince DePaul of Toronto Rehab/UHN** is identifying optimal training conditions for the recovery of walking function after stroke.
Jennifer Semrau of the University of Calgary studies the use of robotics for assessment and treatment of motor and sensory deficits after stroke.

Jessy Livingston-Thomas of the University of Ottawa examines motor function and cognition after stroke, and evaluates a variety of pharmaceutical and rehabilitative treatments.

Susan Marzolini of Toronto Rehab studies the dose-response relationship between exercise (aerobic and resistance training) and health-related outcomes (cognition, body composition, mobility) in people post-stroke and patients with coronary artery disease.

Dan McEwen of the University of Ottawa studies the use of virtual reality technology as an adjunct to conventional therapy during inpatient stroke rehabilitation.

Shinya Fujii of Sunnybrook Health Sciences probes how to improve the quality of life of stroke survivors with sound and music.

Michael Sage of the University of Toronto examines the use of aerobic exercise as an adjunct to upper-limb training for individuals recovering from a stroke.

Faranak Vahid-Ansari of the University of Ottawa studies post-stroke depression and optimizing the use of exercise and anti-depressants.
COMMUNICATIONS & KNOWLEDGE TRANSLATION

Connecting researchers, academic institutions, clinicians, patients and families is a priority of the CPSR. We reach out continuously through our website (www.canadianstroke.ca), which saw a 200-per-cent growth in visitors in 2014-15. We reach out through our monthly online newsletter, Canadian Stroke Recovery News, which is deposited directly in the inboxes of about 1,000 people in the stroke recovery research community and posted on our website and social media channels.

We are active on Facebook and Twitter, generating discussion about issues and topics of concern to our followers. And we are creating new tools and resources to disseminate research knowledge and to improve practice across Canada.

Development of tools and resources begins with our Stroke Community Advisory Committee (individuals who have experienced stroke and care partners), our Knowledge Translation Advisory Committee (experts from government, academia, clinical care and the stroke community), and through discussion among researchers and with partners, Board members and management.

Pictured above, our website, newsletter and Facebook page are among tools used to reach our stakeholders.
In the past year, we have developed four valuable resources with broad appeal.

1. Stroke in Young Adults

This 59-page guidebook, developed in partnership with the University of Toronto Stroke Program and the Heart and Stroke Foundation, fills a large information gap for people ages 18 to 45 who experience stroke. The publication delves into issues such as return-to-work, childcare, relationships, financial concerns, stress and communication. The publication has been viewed hundreds of times on our website and 1,500 copies have been distributed to clinics across Canada.

Nurse Marilyn Erwin of the Community Stroke Prevention Program at Riverside Hospital in Fort Frances, Ontario, sends along the following photo and caption with her thanks.

“Stroke survivors Lionel, 46, and Nick, 88, check out the recent publication Stroke in Young Adults. The duo meet monthly, part of a group of friends affected by stroke. Lionel, who lives with his wife and their two young children, was 36 years old when his stroke impacted their lives. While there has always been some literature to reach the older members of the group, Nick and Lionel acknowledge it's been difficult to find publications addressing the issues faced by younger families. The book is a welcomed addition to the tools provided by the Heart and Stroke Foundation Canadian Partnership for Stroke Recovery.”
2. Two guidebooks to Aerobic Exercise after Stroke (one for patients, one for clinicians)

CPSR research clearly demonstrates the benefits of aerobic exercise to improve physical and cognitive recovery after stroke. Our new guidebooks summarize the Canadian Stroke Best Practice Recommendations on Aerobic Exercise and deliver them in a concise and user-friendly format.

The booklets are being used across Canada. They have been viewed hundreds of times on our website, and more than 2,000 copies have been distributed to all provinces.

Developed under the leadership of Dr. Ada Tang of McMaster University, the 16-page Patient’s Guide describes the benefits of exercise after stroke, when and how to start an exercise program and provides a sample aerobic program. Our companion Clinician’s Guide is a summary of the full guidelines.

It also features a summary table of recommendations related to frequency, intensity, time and type of aerobic activity for people who may be at different places along the continuum of stroke recovery, as well as reference charts to help quickly determine heart rate targets.

3. Stroke Engine

The HSF Canadian Partnership for Stroke Recovery has rebuilt the popular Stroke Engine website, which includes all the latest research evidence on therapies for stroke recovery. Stroke Engine is a leading international
tool, used by patients, families and clinicians.

The new website, relaunched in late February 2015, is easy to navigate and bridges the gap between research findings and current clinical practice.

“Stroke Engine is a valuable resource within Canada and internationally,” says Katie Lafferty, CPSR Executive Director. “We hear regularly how therapists and the public use it on a daily basis.” Dr. Annie Rochette of Universite de Montreal and her team provide content and leadership in this area.

4. Evidence-based Review of Stroke Rehabilitation

CPSR is funding the important Evidence-based Review of Stroke Rehabilitation (ebrsr.com), which over the past decade has provided valuable research evidence into stroke recovery. The tool feeds academic research and informs best practices. The EBRSR now includes in-depth reviews of well over 2000 studies including 1,431 randomized controlled trials. Parts of the EBRSR have been translated into a number of languages.

OUTREACH

Stroke Recovery Hangout

In the fall of 2014, we hosted an online Stroke Recovery Hangout – a virtual support group – for individuals and families living with stroke. The Hangout involved panelists Dr. Dale Corbett, stroke patient advocate Carole Laurin and professional golfer Andrew Parr, who had a stroke in his early 20s. Andrew joined the Hangout live from Japan, where he was involved in a tournament. More outreach efforts are planned. Stroke Recovery Hangout can be found here: https://www.youtube.com/watch?v=3hyLgpUWP0s
Advances in Stroke Recovery

Our annual Scientific Meeting attracted more than 300 researchers to Ottawa in 2014 and gained widespread media attention. Dr. Dale Corbett had an Op-ed published in the Ottawa Citizen about the need for increased focus on stroke recovery; Dr. Corbett and stroke survivor Garima Dwivedi participated in an eight-minute interview on CBC radio about stroke recovery and the CPSR’s research efforts, and Dr. Corbett taped a television interview on stroke recovery with CBC Ottawa.

We had on-site coverage at the conference from CBC TV and radio as well as private radio stations.

These are just a few highlights of media and public outreach by CPSR scientists in between April 2014-15. According to our tracking, our researchers did more than 50 media interviews with diverse outlets including the Globe and Mail, Radio-Canada, and the Ottawa Citizen.

Not only do we believe in research excellence, communication and knowledge translation, but we firmly believe in fostering partnerships, building networks and getting involved in communities – on local, national and international levels.

Our researchers are regularly called upon to speak at places like community centres, fundraising events and retirement homes. They run tours through their labs, hold public...
education seminars for groups like Health Partners and even ride the Heart and Stroke Foundation’s Big Bike. They spoke at more than 55 seminars, workshops and public presentations.

In 2014-15, our team, pictured here, raised more than $10,000 for the Heart and Stroke Foundation on its Big Bike.

On a national level, we work closely with our partner organizations to organize events like the Canadian Stroke Congress. That involves being part of the program committee and taking on leadership roles to organize scientific sessions.

Internationally, we are involved in stroke recovery networks in Australia, the U.S. and Europe and, this spring, our Scientific Director organized a well-received symposium on recovery at the European Stroke Conference. Dr. Corbett is also an associate editor of the journal Cerebrovascular Diseases.

In the end, everything we do is focused on restoring lives affected by stroke. We want our research to make a meaningful difference for people living with stroke, and their families.

They’re counting on us.