**Exercise for Long-term Neurological Conditions**

**Group presentation instructions**

**Task**

You are to prepare and deliver a 15-minute presentation, based on the case study that you have been allocated. You must present the following information/issues:

* A brief summary of the client’s details;
* Detailed insight into the prevalence, aetiology and pathophysiology of the neurological condition you have been issued;
* Medications and the implications of medications to exercise;
* Any potential contraindications to exercise;
* A client-specific exercise session, designed to take into account all of the client’s details and information, above. The aims and objectives of the session must be presented, clearly, and the session must match these accordingly. Ensure that the exercise session is safe, appropriate and effective.
* Dietary guidelines that you feel would benefit the client, pertinent to their conditions, health and general well-being.

Each member of your group must participate in both planning and delivering your presentation.

You can use any resources that are available to you on the course, at the course venue and in your personal possession, in order to make the presentation as clear, concise and as professional as possible.

End.

**Case Study 1**

Your client is a 65-year old female, who was diagnosed with Parkinson’s 7 years ago. She is married with 3 children and 5 grandchildren and is retired. Her Parkinson’s affects her cognitive function mostly, she does not tremor much, but her movements are laboured, and her balance has reduced as the disease has progressed. She struggles with executive dysfunction and can easily become confused and forgetful. She gets quite a lot of back pain, which can sometimes be debilitating, and her posture has become more kyphotic since being diagnosed.

**Case Study 2**

Your client is a 65-year old male, who suffered an ischaemic stroke 2 years ago. He is married with 2 children and 4 grandchildren. He suffers from some Hemiparesis down his right side, which means he gets tired on exertion quite quickly and is often ‘off-balance’ during locomotion. He has some expressive dysphasia, which can frustrate him at times. Since his stroke, he has been quite low in his mood and can become frustrated and ‘snappy’ when everyday tasks become difficult for him to carry out.

**Case Study 3**

Your client is a 27-year old male who, whilst on holiday, jumped from a height into shallow water, causing lower spinal cord injury and paraplegia. For the past 3 years, he has undergone and been recovering from surgery, but his doctor has stated that he is now recovered sufficiently to participate in formal exercise. He has been referred from his physiotherapy team, who have increased his confidence and mobility and have suggested he can now concentrate more on gaining fitness and upper body strength. Due to the injury, he requires a wheelchair for locomotion, but can get about on crutches for short distances, if necessary. He is well aware of the benefits of exercising and wants to maintain/improve his mobility and strength and is motivated to train with you.

**Case Study 4**

Your client is a 30-year old female, who was diagnosed with the relapsing‐remitting type of multiple sclerosis 3 months ago. She had been in ‘perfect’ health when she experienced a 2‐week period of numbness and tingling in her feet that worsened after prolonged exertional physical activity, on hot and humid days, or even after a hot shower. The diagnosis has hit her quite hard mentally and she has been feeling low, quite depressed and unsure of her future. She used to enjoy running, but now gets pain in her thigh and posterior knee after about 2 miles in her run. She has read that taking-up a formal exercise programme can help her both physically and mentally.