

# “Getting Back in the Swing of Things”

## A Qualitative Study into Barriers and Facilitators to Golf Participation for Stroke Survivors

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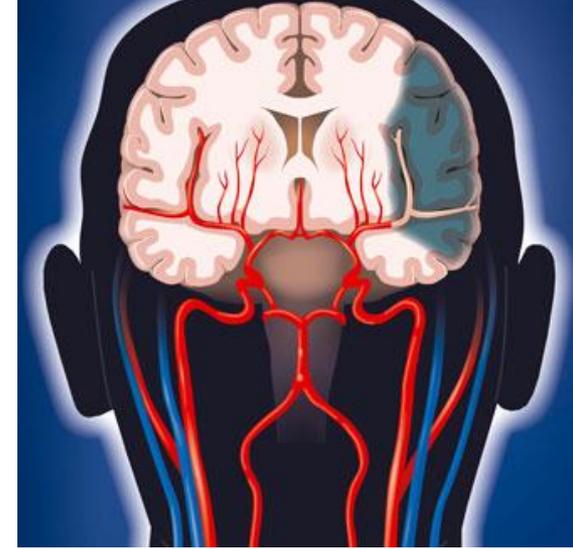
University Centre  
**Myerscough**



**Stroke**  
association

# *Background*

- Post 45yo ≈ around a **quarter** of all people experience a stroke (Pollock et al., 2014)
- Affects way body works / people think
  - memory problems, slow thinking, speech / vision / mobility impairments (Sacco et al., 2006)
- After stroke, **life changes significantly**
  - i) cannot take part in previous activities
  - ii) difficulties taking part in something new
- Traditional **clinical methods not useful** (Mayo et al., 2015; Nicholson et al., 2013)



# *Literature Review I*

- PA post stroke can help **aid recovery** and **reduce likelihood** of recurrent strokes  
(Sacco et al., 2006; Saunders et al., 2016)
- **HOWEVER**, low levels of PA still persist among stroke survivors (Rand et al., 2010)
- **Barriers** to PA participation;
  - Concerns around balance/falling
  - Lack of services, transport & support
  - Perceptions about PA prerequisites needed  
(Simpson & Eng, 2011; Nicholson et al., 2013)

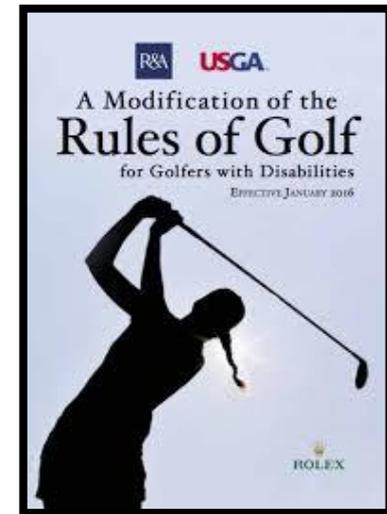
# Literature Review II

- Services too often focus on ‘**functional recovery**’ / mobility (O'Sullivan & Chard, 2010)
- ↑ **half** of stroke survivors (6m post stroke) said lives lack **social / recreational / purposeful** activities (Mayo et al., 2015)
- Sport ≈ outdoor, community based, natural, less focus discrete phys’ functions, more social and leisure



# *Justification 1*

- Golf has become a particularly attractive sport for people with physical disabilities as:
  - Few **age** or **skill** limits
  - Accessible competitive sport given the **adaptations** available
  - Golf **handicap** system
  - Number of **disability golf societies**
  - Modifications to **golf rules** (R&A / USGA)





# Justification II



- **Saving Strokes “golf therapy program”** ran by American Heart/Stroke Association



- **“Get into Golf”** programme for stroke survivors ran by England Golf & the Stroke Association UK



ENGLANDGOLF

# *Get into Golf for Stroke Survivors*

- <https://www.youtube.com/watch?v=mRadT940wvE>



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**More Players - Counties working in partnership  
with the Stroke Association**

## 'Getting Back Into the Swing of Things': A Qualitative Study Into Barriers and Facilitators to Golf Participation for Stroke Survivors

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This paper draws on interviews with four stroke survivors (age range = 52-68 years), who participated in a six week 'Get-into-Golf' program and four coaches with experiences of delivering disability golf sessions, to examine the barriers and facilitators to golf participation. Findings indicate a positive response from participants, who referred to the social and physical benefits of the program that was perceived to promote independence. The results also highlight that considerations in regards to format, equipment, cost, access and overall awareness should be borne in mind for golf programs among people with disabilities. Golf clubs could employ this framework to help facilitate the participation of people with physical limitations. It is argued that opportunities to promote golf as a lifelong physical activity among people with disabilities may be missed in clubs where personnel are unsure of the barriers and facilitators to participation outlined here.

**Keywords:** sport, well-being, health, leisure, disability participation

Stroke is the most common neurological disease and a primary cause of lifelong disability in industrialized countries (Johnston, Mendis, & Mathers, 2009). Around a

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## "Getting Back in the Swing of Things" An Analysis of a Five Week Get into Golf Program for Stroke Survivors

This report was produced for the Stroke Association  
by Philip Hall and Dr John Fry



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# *Methodology*

- **10 Semi-structured** interviews
  - 4 stroke survivors completed a six week get-into-golf program (age range = 52–68 years)
  - 4 sports coaches with experience delivering golf sessions to people with disabilities (age range = 34–37 years,  $M = 35$ ,  $SD = 1.8$ )
  - focus group conducted with 2 employees from Stroke Association (age range = 29–59 years,  $M = 44$ ,  $SD = 21$ )
- **Thematic analysis** used to code reoccurring themes of interest & emergent trends
- **Nvivo** used to organize the themes

# Golf, Health, & Well-being II (Fry et al., 2017)

- **Confidence**

- “Enjoyed **learning a skill**, building confidence, and improve skill, while **meeting others** not in clinical environment”
- “Client wanted to get **back into golf** had lost his confidence - would love to get back to playing golf”

Social Aspects

- **Independence**

- “The sessions were very welcoming and **encouraged being independent**”
- “One comment from a son of one of the service users was ‘so nice seeing dad **do something “normal”**’”

Confidence



Independence

- **Social side**

- “social side very important, the physical side less so, the **benefits are more mental health related**”
- “provides an opportunity to chat with people in **similar position to themselves**”

# Support Structures (Fry et al., 2017)

- **Equipment**

- “yellow balls can be easier to see”
- “lighter clubs would be useful”
- “Automatic tees very helpful... No bending down, balance problems, they can control and be more independent”.
- “location of rest / toilet facilities”

- **Format**

- “Driving range type sessions worked well, clients could work in pairs”
- “Chairs to sit down useful, work in pairs, balance problems, do not want to stand up all the time”

- **Health and safety**

- “Tend to have some coordination issues, so there are some health and safety and danger considerations”
- “Memory issues mean should be organized right”

<https://www.youtube.com/watch?v=ntuza-DB8xE>

[https://www.youtube.com/watch?v=Sc-GDuIKF\\_E](https://www.youtube.com/watch?v=Sc-GDuIKF_E)

<http://www.disabledsportsusa.org/sports/adaptive-equipment/golf-equipment/>





“It’s important to remember that it’s not **how** you play the game but **that** you play.”

American Heart Association | American Stroke Association  
Learn and Live.

JANUARY | FEBRUARY 2010

**SC**

STROKECONNECTION

StrokeAssociation.org

**Surviving the Links**

A Change of Plans  
A bittersweet wedding day

Moving from



Top: Survivor Bill Dodd uses an adaptive golf cart to tee off  
Bottom: A Saving Strokes clinic in Salt Lake City

side does what it wants,” he said. He found out about Saving Strokes from another survivor who was visiting new survivors in the hospital. He still plays golf with that man.

“Saving Strokes really helped me with my balance,” John said. “It taught me to swing differently. I already knew the fundamentals of golf, but they helped me tweak what I knew so it worked with what I had. But the balance was the key thing.”

John still participates in Saving Strokes and the continuation program as a mentor. At the Haggin Oaks sessions in Sacramento, they have two pros and two mentors who work with the survivors. “We also have a lot of media who come out to Saving Strokes,” John said. “We always play nine holes with them, and they have to play with a handicap for three or four holes. It gives them an appreciation of what the disabled go through to play golf.”

Of course, people with disabilities have to make some adaptations, which Saving Strokes provides. “I have to be careful how I line up,” John said. “And stroke survivors have to be careful walking on a golf course. The first time I went into a sand trap from the top, I rolled down it just like I was a ball! I use a cane to walk, so out on the course, I ride a cart now.”

For Carl, Saving Strokes and the continuation program

Sacramento area. “Both Saving Strokes and the continuation program were great because they got me out with other people who’ve had strokes,” Carl said. “That gave me

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