

University of Staffordshire

Parkinson's UK

STRIDE-P & SHAPE-P · FINAL FINDINGS

Getting into SHAPE-P

Keeping people with Parkinson's moving in Stoke and Staffordshire

Edward Stanhope · University of Staffordshire

19 November 2026

THE PROGRAMME

In the room, then online, then on your own

WEEKS 1–4 · FACE-TO-FACE

Learn

Supervised groups at the University: safe technique, exercise literacy and a group to belong to.

➡

WEEKS 5–10 · LIVE ONLINE

Transition

Same coach and group on Teams, now exercising at home: building confidence in their own space.

➡

WEEKS 11–18 · INDEPENDENT

Own it

Home programme, exercise diary and peer groups: self-managed exercise.

Supervised: high support — **Independent: low support**

Behaviour-change support throughout: goal setting · weekly planning · exercise monitoring

INSIDE A SESSION

Strength, power and balance in every session

AEROBIC

Bodyweight

Star jumps
Air squats
Body extensions

3 sets → 4 sets

Set 1 reps = target for later sets

RESISTANCE

Thera bands

Chest press
Seated row
Leg press

2 sets

10 - 15 reps each

BALANCE

Functional movements

Single-leg stand (time)
Tandem stand (steps)

2 sets

Set targets each session

Weekly Group class (n = 6)

Evenings so people who work can join

~60 min warm-up, circuit, cool-down

THE CHALLENGE

Exercise helps. Getting there, and keeping going, is the hard part.

Fatigue & low motivation

Symptoms make everyday tasks “twice as hard”, and tiredness often builds through the day.

Fear & low confidence

Worries about falling, dropping equipment, or simply not being able to finish a session.

Accessibility

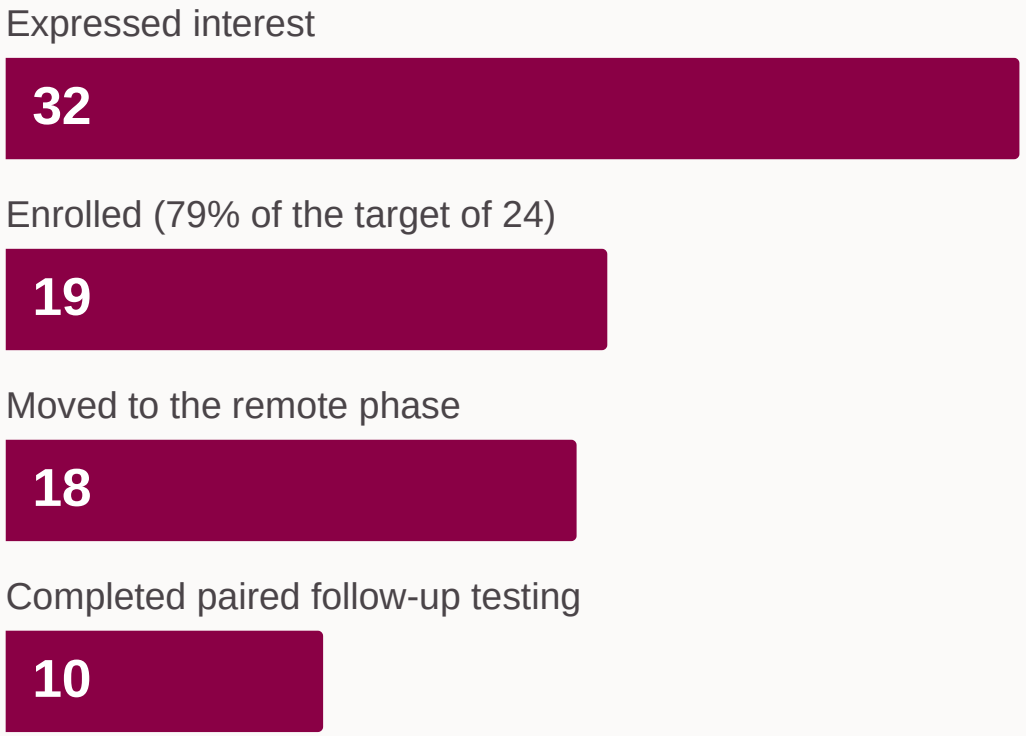
Travel, location and digital access were the most common practical reasons people couldn’t join.

SHAPE-P County-wide across Staffordshire

STRIDE-P Inclusive delivery in Stoke-on-Trent

WHO TOOK PART

19 people, mostly in the early stages of Parkinson’s



61 yrs
Mean age (SD 11)

63%
Hoehn & Yahr stage 1

8 / 11
Women / men

100%
White ethnicity

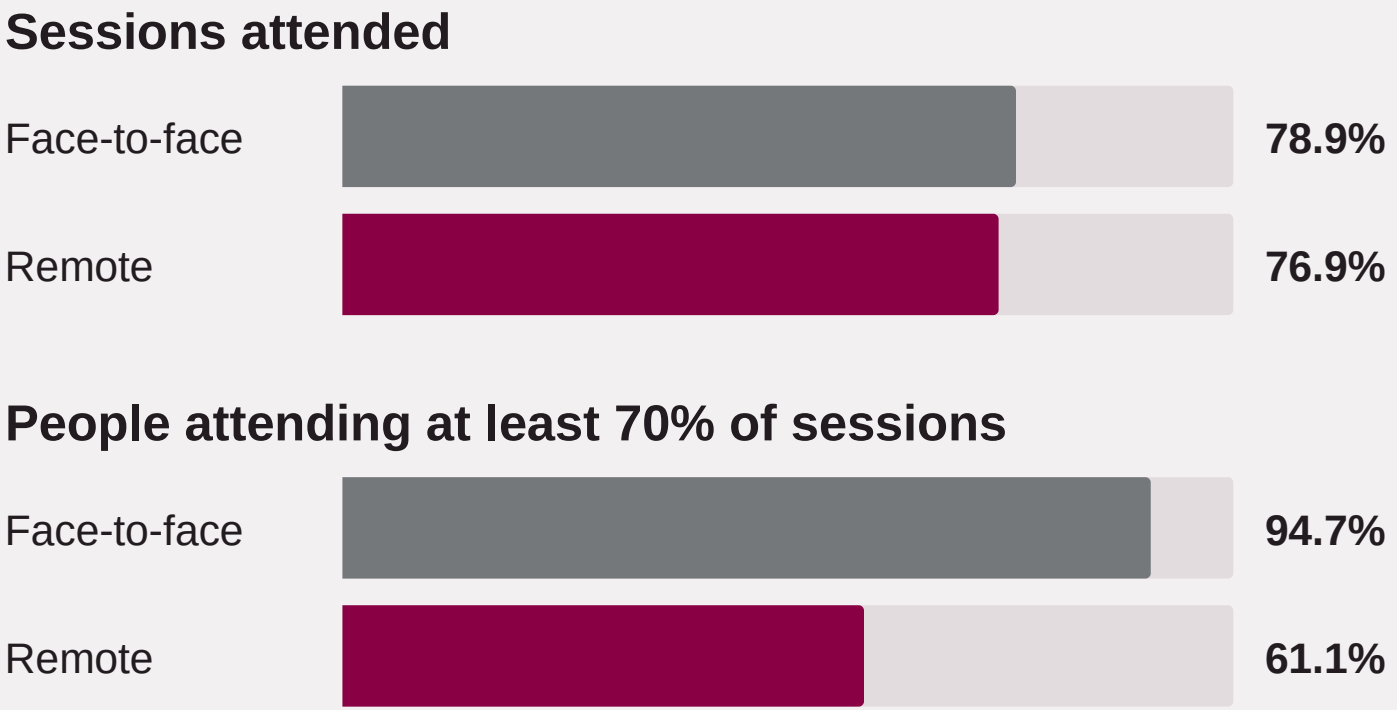
Not enrolled: no response 4 · travel 3 · location 2 · digital access 1 · other 3

DID PEOPLE COME?

Remote was as well attended as face-to-face

78%

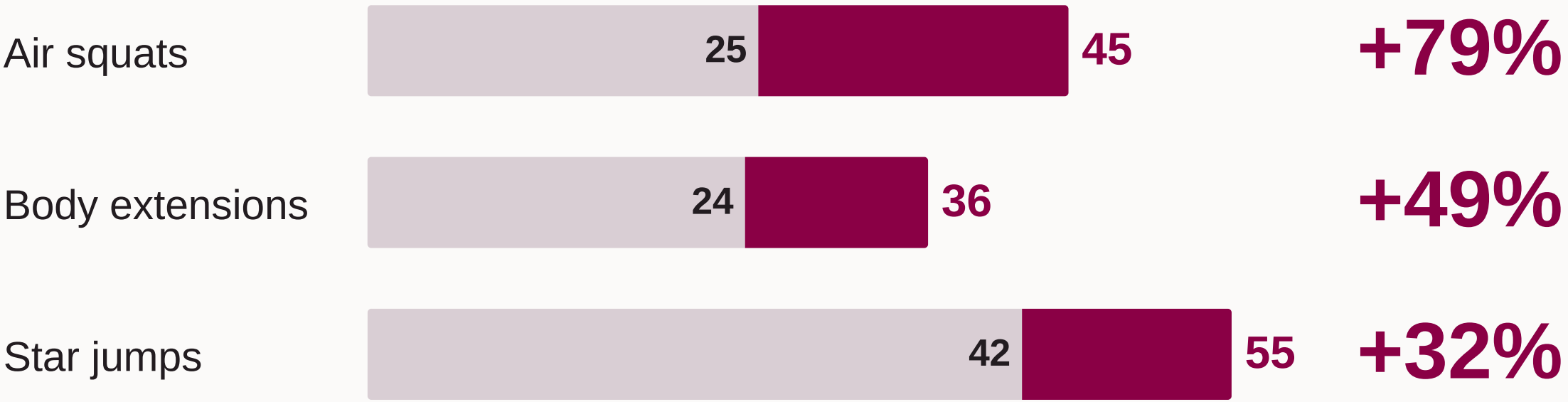
of all sessions attended
(143 of 184)



Median attendance per person: 80%; 84% met the 70% threshold across the whole programme.

DID THEY PROGRESS?

Every exercise moved forward, first session to last



Light: first face-to-face session · Drak: gain by final remote session (means). Band and balance exercises had fixed targets, so aren’t shown.

DID FUNCTION CHANGE?

Clear gains in getting up and moving about

Test	In everyday terms	Change	Result
Sit-to-stand	Getting up from a chair, repeatedly	+6.3 reps	Improved
Timed Up and Go	Stand, walk 3 m, turn and sit	0.8 s faster	Improved
6-minute walk	Walking endurance	+36 m	Trend, not significant
Grip strength	Hand strength	−3.5 kg	Declined
Balance (force plate)	Standing steadiness	Highly variable	No clear change

n = 10 matched pairs (balance n = 9). Mean change shown.

BEYOND THE NUMBERS

What happened after the programme ended

Garage gym

One participant converted their garage into a home gym to keep training.

Joined a gym

Another felt confident enough to join a local gym and exercise in public.

Clinic

One continues supported sessions through the University’s SUST clinic.

10 of 15

completers joined a WhatsApp group to keep encouraging each other.

Self-run

A participant now leads regular online sessions for former group members.

School run

One mother can now walk her child to school and help with dance practice.

IN THEIR WORDS

“I’d almost stopped going out on my own and now I go out by myself daily… I believe that I can improve my physical fitness. I have started running again and am doing the Couch to 5K.”

SHAPE-P participant, PPIE discussion

WHAT PARTICIPANTS TOLD US

Five things to strengthen next time

1	**Clearer information**	Simpler joining instructions and communication before the programme starts.
2	**A bridge to independence**	More support when supervision ends; help people form peer groups earlier.
3	**More balance work**	Extra balance and Parkinson’s-specific dual-task exercises.
4	**Better home resources**	Videos for every exercise, clearer tracking sheets and easier-to-use bands.
5	**Measure what matters**	Confidence, mental wellbeing and social connection alongside physical tests.

NEXT STEPS

Keep people moving, and take the model further

1 · SUSTAIN

Secure funding

Secure further funding to keep supporting people with Parkinson's across Stoke-on-Trent and Staffordshire.

2 · SCALE

New populations

Adapt the phased model for other non-communicable diseases where exercise is emerging as a key management strategy.

3 · STRENGTHEN

Build evidence

Act on participant feedback and test the model in a larger, controlled study.

SHAPE-MS Multiple sclerosis

SHAPE-BCa Breast cancer

+ NCDs Other long-term conditions

TAKE-HOME

Start together, then hand over, and people keep moving

Feasible

Three cohorts, 78% attendance, and remote sessions as well attended as in-person ones.

Functional gains

Sit-to-stand up by 6 reps and Timed Up and Go 0.8 s faster.

Impact

Participants kept exercising after the programme, and kept each other going.

Next: extending the model to Multiple Sclerosis (SHAPE-MS), Breast cancer (SHAPE-BCa) and other non-communicable diseases.

Thank you to our participants · Funded by Parkinson’s UK · Edward.stanhope@staffs.ac.uk