



The Journey of Post-Stroke Survivors Engaged in Physical Therapy Rehabilitation

M.M.V. Adiong¹, M.S.Q. Bag-ao¹, M.X.Q. Bag-ao^{1*}, M.D.F. Galua¹, M.G.J. Olaer¹, D.F.M. Oro¹, S.A.B. Socias¹, B.K.V. Fernandez¹, M.V. Fudalan¹

¹College of Physical Therapy and Occupational Therapy, University of Bohol, Philippines 6300

ABSTRACT: The most prevalent leading cause of disability is stroke, exerting significant effects on individuals, disrupting familial structures, and impacting societal systems. Recovery can be challenging, especially for people who are still adjusting to post-stroke life. Physical therapy is essential in stroke recovery because it focuses on restoring movement, strengthening weakening muscles, and alleviating discomfort through therapeutic exercises and specific treatments. This phenomenological study investigates the challenges and successes of stroke survivors at the Pilar Physical Therapy Center, involving patients, family members, and rehabilitation staff. Research results indicate that physical limitations restrict survivors' capacity to resume activities of daily living, frustrating previously active individuals. Financial constraints, difficulties with transportation, and a lack of family support all contributed to poor therapy attendance. Family members and therapists provide vital support, motivation, and emotional resilience despite these difficulties, encouraging a strong sense of independence in survivors, with recovery objectives as the primary source of inspiration. Also, findings revealed that post-stroke survivors in Pilar need easy accessibility and supported rehabilitation programs to promote sustained recovery and improve quality of life. The patients' evolving views, motivations, and personal importance influence the recovery journey after a stroke. It includes psychological and emotional well-being impacted by treatment progress, support networks, a positive outlook, social dynamics based on good interpersonal relationships, and physical recovery indicated by increased mobility and function. A holistic rehabilitation framework is crucial so that it integrates physical therapy with psychosocial support and active family participation to enhance the quality of life and long-term recovery outcomes for post-stroke survivors.

KEYWORDS: Qualitative Phenomenological Study, Physical Therapy Rehabilitation, Post-Stroke Survivors.

INTRODUCTION

Cerebrovascular accident (CVA), commonly known as stroke, results from either a burst blood artery in the brain or a blockage that interrupts the brain's blood flow, leading to significant disability and mortality (CDC, 2024). Among noncommunicable diseases (NCDs), it continues to be the second-most considerable cause of death worldwide and ranks third for disability-adjusted life years lost (Feigin, V. L. et al., 2025). The World Health Organization (WHO) predicts that by 2025, 1 in 4 individuals over the age of 25 will suffer a stroke at some point in their lives, with more than 12 million experiencing their first stroke and 6.5 million dying as a result. The World Stroke Organization-Lancet Neurology Commission, on the other hand, forecasted that the burden of stroke from 2020 to 2050, estimating stroke mortality will escalate from 6.6 million in 2020 to 9.7 million in 2050, while DALYs will rise from 144.8 million in 2020 to 189.3 million in 2050 (Feigin, V. L. et al., 2023). Most of the contemporary stroke burden—86% of global deaths and 89% of global DALYs lost because of stroke in 2020—is in low-income and middle-income countries, which includes the Philippines (Feigin, V. L. et al. 2021). In 2023, cerebrovascular diseases (including stroke) ranked third as a cause of death in the Philippines, contributing to 10.0% (69,722) of all registered deaths (PSA, 2025). This emphasizes how stroke has a significant influence on public health and the need for efficient prevention, immediate management, and rehabilitation techniques.

Strokes frequently result in significant motor and cognitive impairments, including issues with walking, limb movement, and facial muscles. Clinical symptoms can range from weakness to stiffness and poor coordination. Since cerebral tissue damage can result in cognitive problems, including mnemonic dysfunction and aphasia, after the initial incident, it is imperative to seek medical attention right after to improve healing and lessen long-term effects. (Hong R. et al., 2024).

Physical therapy (PT) rehabilitation is essential after a stroke, especially for helping patients regain their independence and improve their general quality of life (Shahid J. et al., 2023). Studies show that interventions in physical therapy, including electrotherapy and

exercise routines, notably improve motor abilities in individuals who have survived a stroke. A systematic review highlighted the benefits of PT in improving motor-reflex activity, coordination, and proprioceptive afference, which are essential for functional recovery (Nikolovska & Taci, 2023; Roesner et al., 2024). Dey et al. in 2019 found that patients who received regular PT treatments showed increased manual muscle testing (MMT scores), indicating a recovery in muscle strength and motor function. However, rehabilitation extends beyond physical recovery; the emotional and social aspects of healing are equally important.

Family support and therapists' involvement significantly influence the recovery journey by providing motivation, support, and direction (Kurniawati et al., 2020). Robust family support and good communication between therapists and patients achieve positive rehabilitation results and a more favorable recovery experience. Given the rising frequency of strokes, even with improved healthcare survival rates and increasing incidence, we must consider effective rehabilitation programs essential. Strokes are still standard in the Philippines, but lack of funds, inadequate medical resources, and a lack of knowledge about post-stroke treatment often hinder access to rehabilitation (Sese et al., 2023). Survivors experience barriers when trying to get therapy, which exposes them to extended disability periods and decreased quality of life outcomes.

Existing research on stroke rehabilitation reveals a gap in understanding the lived experiences of stroke survivors within specific communities. The study explores the lived experiences of the patients, physical therapists, and family members regarding the physical recovery journey, psychological and emotional impact, social support and interpersonal dynamics, and meaning-making and life perspective. The research findings will recommend improvements in stroke rehabilitation by enabling the creation of patient-centered programs that improve patient outcomes. It will also strengthen government funding to ensure sustainable access to rehabilitation treatments.

LITERATURE REVIEW

Because physical therapy affects stroke patients' mental, emotional, and physical health, rehabilitation is essential to their recovery. The kind and intensity of a stroke might have different effects, emphasizing the significance of individualized rehabilitation techniques. Longitudinal studies suggest that stroke incidence and mortality patterns fluctuate based on medical conditions, lifestyle, and demographic factors (Toyoda, 2021). Beyond physical impairments, stroke survivors often experience cognitive decline, post-stroke depression, post-stroke fatigue, and anxiety, which impact recovery and quality of life (Rost et al., 2023; Sundermann et al., 2023).

There are many dimensions to the physical recovery process, and understanding the difficulties and achievements is essential to developing patient-centered rehabilitation plans that improve outcomes for stroke survivors. They face challenges such as severe physical impairment, negative perceptions of disability, and environmental obstacles, but a positive mindset and meaningful participation in rehabilitation activities are necessary for recovery (Cain A. et al., 2023). The physical recovery journey for stroke survivors involves stages from hyperacute care to inpatient rehabilitation, community support, and long-term care (Bonifacio, G. B. et al., 2022).

Post-stroke depression is the most common psychological and emotional problem that impacts post-stroke survivors. It can further lead to weight loss or gain, decreased attention and appetite, sleep disturbances, fatigue, feelings of worthlessness, and energy loss (Frank D. et al., 2022), which hinders recovery. The emotional turmoil ranges from the need for respect, changes in social identity, and effective ways to express their needs in the acute phase to a lack of motivation in the stable phase and anxiety of post-stroke life in the maintenance phase, which needs focus on ways of entertainment, social interaction, and training for independent life (Lyu, Y., & Chen, Y. 2024).

Social support and interpersonal dynamics are crucial to post-stroke participation and cognitive function (Ho et al., 2021). Social support is the assistance, encouragement, and understanding provided by family members, friends, healthcare professionals, and support groups to post-stroke survivors during their rehabilitation journey, aiding in coping, motivation, and recovery. On the other hand, interpersonal dynamics constitute relationships, interaction, and communication among post-stroke survivors, medical personnel, and caregivers throughout physical therapy rehabilitation. These relationships impact the results of treatment and emotional health.

Meaning-making and life perspective are the processes through which post-stroke survivors assign significance, find purpose, and derive understanding from their experiences during the rehabilitation journey, contributing to a sense of meaning, identity, and hope for the future. When the post-stroke survivors initially attempted to maintain their prior habitual patterns and lifestyles, there were many mismatches and misalignments between their minds and bodies, causing frustration. Through trial and adaptation, testing speech or movement, they transitioned, finding new ways to navigate post-stroke life. As some regain function, they redefine their sense of self, reconnect with their bodies, and reintegrate into meaningful activities (Lo et al., 2022). Personal experiences, aspirations, cultural heritage, and social environment influence post-stroke survivors' perspectives, convictions, values, and priorities as they face the challenges of recovery and rehabilitation.

RESEARCH METHODOLOGY

The researchers employed a qualitative descriptive phenomenological research method to explore the personal experiences of people who have survived a stroke using Key Informant Interviews (KII). Researchers conducted the study at the Pilar Physical Therapy Rehabilitation Center, a community-based rehabilitation center funded by the local government unit (LGU). It is the first of its kind in the 3rd district of Bohol. The respondents included post-stroke patients, PT staff, and selected family members. Being 18 years of age or older, receiving physical treatment for at least two months after a stroke, and having experienced a first episode of stroke are prerequisites for inclusion. The researcher modified the research tool from the work of Janita Pak Chun Chau et al. (2022) titled Post-Stroke Experiences and Rehabilitation Needs of Community-Dwelling Chinese Stroke Survivors: A Qualitative Study. The researcher tailored this instrument to the specific context and underwent pilot testing, resulting in essential adjustments to ensure its relevance and precision.

All participants agreed to participate voluntarily after being fully informed about the study's objectives and confidentiality procedures and obtaining permission to record the interviews. The researcher interviewed family members separately in different locations to collect unbiased viewpoints. The researchers employed a structured yet flexible interview approach to obtain comprehensive responses, encouraging participants to share their experiences openly. After gathering the data, the researchers coded all recorded interviews after collecting the data, transcribed them word-for-word, translated them into English, and carefully checked them for precision by the researchers. The researchers performed thematic analysis through Delve Qualitative Data Analysis Software. Researchers underwent a data familiarization process by reviewing the transcripts multiple times during stage one. Team members established a system for segmenting important parts of the text, which led to the development of organizational themes. The researchers analyzed and adjusted the themes to ensure they matched the study's aims by doing a systematic evaluation to recognize trends and gain insights into the rehabilitation experiences of stroke patients.

RESULTS

Profile of the Respondents. Four stroke survivors participated in this study, predominantly male (75%), aged between 39 to 66 years. Most are married (75%), with a smaller portion (25%) being single. There were diverse previous occupational backgrounds, with equal representation among businesspersons, cooks, teachers, and drivers, each constituting 25%. Participants had completed treatment over different periods ranging from 2 to 9 months, and every duration matched 25% of respondents. Each individual in rehabilitation displays unique characteristics because their professional roles and personal histories vary, which affects their recovery efforts.

Table 1: Profile of the Patients
n=4

Profile	<i>f</i>	%
Age		
39	1	25%
50	1	25%
62	1	25%
66	1	25%
Sex		
Male	3	75%
Female	1	25%
Marital Status		
Married	3	75%
Single	1	25%
Previous Employment/Occupation		
Businessman	1	25%
Cook	1	25%
Teacher	1	25%
Driver	1	25%
Duration of the Treatment		
9 months	1	25%
4 months	1	25%
3 months	1	25%
2 months	1	25%

Most primary caregivers were women (75%), aged 25 to 63. Their marital status varied, as 75% were married while 25% were single, demonstrating diverse caregiving experiences and support systems. Two female physical therapists contributed their shared and diverse experiences between 24 and 39. Patient care received a comprehensive treatment approach because the therapists had different experience levels.

Table 2: Profile of the Family Members

Profile	<i>f</i>	%
Age		
25	1	25%
40	1	25%
61	1	25%
63	1	25%
Sex		
Male	1	25%
Female	3	75%
Marital Status		
Married	3	75%
Single	1	25%

Table 3: Profile of the Physical Therapist

Profile	<i>f</i>	%
Age		
24	1	50%
39	1	50%
Sex		
Female	2	100%
Marital Status		
Married	1	50%
Single	1	50%

To achieve optimal recovery results, the study shows that rehabilitation programs must be designed specifically according to each patient's care, caregiver's, and therapist's individual needs.

Main Themes	Sub – Themes
1. Improvement in Mobility and Functionality through Physical Therapy	1.1 Increased Mobility
	1.2 Enhanced Strength and Coordination
2. Challenges in Physical Therapy	2.1 Patient Compliance and Commitment
	2.2 Physical Limitations and Progress
3. Progress in Physical Rehabilitation	3.1 Independence and Mobility
	3.2 Challenges and Setbacks
4. Emotional Responses to Therapy Progress	4.1 Joy in Progress
	4.2 Frustration and Setbacks
5. The Role of Support Systems in Physical Therapy	5.1 Family Involvement and Emotional Support
	5.2 Coping Mechanisms within Caregiving
6. The Impact of Positive Mindset on Recovery	6.1 Personal Inspiration and Motivation
	6.2 Support from Family and Primary Caregivers
7. Challenges and Barriers in the Rehabilitation Process	7.1 Financial Constraints and Accessibility
	7.2 Emotional and Psychological Hurdles
8. The Importance of Communication and Information Sharing in Rehabilitation	8.1 Effective Communication Between Healthcare Providers and Patients
	8.2 Peer Support and Shared Experiences

9. Perceptions of Quality and Effectiveness of Rehabilitation Services	9.1 Satisfaction with Therapy Outcomes
	9.2 Concerns About Accessibility and Resources
10. The Role of Motivation and Goals in Rehabilitation	10.1 Intrinsic Motivation for Recovery
	10.2 Support and Encouragement from Loved Ones
11. The Impact of Rehabilitation on Quality of Life	11.1 Improved Physical Functionality.
	11.2 Emotional and Psychological Well-Being
12. The Importance of Continuous Support and Follow-Up in Rehabilitation.	12.1 Healthcare Provider Engagement and Follow-Up
13. Effectiveness of Physical Therapy Service	13.1 Patient Progress and Improvement.
	13.2 Accessibility and Affordability of Services.
14. Diverse Therapeutic Interventions in Rehabilitation	14.1 Variety of Physical Therapy Techniques.
	14.2 Integration of Functional Activities
15. Patient-Centered Care and Empowerment	15.1 Patient Involvement in Treatment Decisions
	15.2 Building Confidence and Independence

Lived Experience on Physical Recovery Journey

Theme 1: Improvement in Mobility and Functionality through Physical Therapy

Physical therapy rehabilitation helps people regain flexibility and improve their capacity to conduct daily activities. When patients progress through their treatment, they tend to gain strength, coordination, and independence. Apart from physical recovery, such achievements inspire more work and raise self-confidence. Therapy patients work alongside therapists and primary caregivers to overcome challenges that improve their overall health.

Sub-Theme 1.1: Increased Mobility

The ability of patients to become mobile improves significantly until they stop using wheelchairs and adopt the support of walkers and canes to walk independently. These accomplishments are substantial steps toward independence, showing the positive impact of physical therapy.

"Before, the patient was wheelchair-bound, but now they are able to walk." (PC4, 25 years old, female)

"I used to use a wheelchair, then I started using a walker, and later I was using a cane." (P2, 63 years old, male)

Sub-Theme 1.2: Enhanced Strength and Coordination

Strength and coordination recovery are critical for regaining daily functionality. As patients regain control, their ability to perform daily activities independently also improves. These steady improvements in physical skills are integral to rehabilitation.

"His arm is moving better now, and he's also walking in good condition." (PC1, 61 years old, female)

"His hand has a little movement when he lies down." (PT1, 24 years old, female)

Theme 2: Challenges in Physical Therapy

Sub-Theme 2.1: Patient Compliance and Commitment

One of the biggest challenges in physical rehabilitation is patient commitment to therapy. Inconsistent attendance and lack of engagement can delay recovery, with financial difficulties sometimes preventing patients from continuing treatment.

"The patient is not consistent with the treatment." (PT2, 39 years old, female)

"The patient's effort is wasted." (PT2, 39 years old, female)

Sub-Theme 2.2: Physical Limitations and Progress

Physical barriers, like limited mobility, are common for post-stroke patients. Consistent progress over time suggests the benefits of continued physical therapy and commitment to healing.

"Limitation of motion, especially in walking." (P5, 50 years old, male)

"Before, it was challenging for me, but over time, I slowly improved." (P4, 39 years old, male)

Theme 3: Progress in Physical Rehabilitation

Sub-Theme 3.1: Independence and Mobility

Regaining independence in mobility is a significant achievement for many patients undergoing physical therapy. Patients feel a sense of accomplishment as they gain complete independence to carry out their daily routines without needing support.

"There has been significant progress, and I can walk without crutches." (P1, 65 years old, female)

"Can now walk independently even if 'kiang'." (P5, 50 years old, male)

Sub-Theme 3.2: Challenges and Setbacks

The therapy process brings successful results to most patients, but interruptions to the treatment frequently cause regression. The disruptions prevent patients from reaching their recovery goals due to sliding setbacks that block their ongoing progress.

"There's still only a little improvement... but we had to stop going to PT because the therapist handling my wife had to leave for a few months." (PC2, 63 years old, male)

Lived Experience on Psychological and Emotional Impact

Theme 1: Emotional Responses to Therapy Progress

Subtheme 1.1: Joy in Progress

Patients and therapists alike experience moments of happiness and fulfillment when progress is made, no matter how small. These moments serve as motivation, reinforcing the importance of perseverance in rehabilitation.

"Rewarding for you can see the progress on the pt, for example for us it is just a small progress but for the pt they are giving all their best." (PT2, 39 years old, female)

"I feel better and very happy." (P4, 39 years old, male)

Subtheme 1.2: Frustration and Setbacks

Therapy progress consists mainly of joyous moments but brings emotional struggles to both client and caregiver whenever treatment encounters setbacks. When therapy is disrupted patients can become disheartened eventually causing emotional pain to both patients and their caregivers.

"I am happy now but I was dismayed when the therapy was stopped for about 2 months." (P2, 62 years old, female)

"I'm really worried because my wife is still having difficulty." (PC2, 63 years old, male)

Theme 2: The Role of Support Systems in Physical Therapy

Subtheme 2.1: Family Involvement and Emotional Support

Family members play a crucial role in providing both emotional and practical support during rehabilitation. During therapy sessions, patients gain emotional comfort and spurring effect from the presence of psychiatric nurse practitioners.

"They've been there for him 100% of the time when he needed anything." (PC1, 61 years old, female)

"At first, we really felt sad because it happened so suddenly but over time, things improved." (PC4, 25 years old, female)

Subtheme 2.2: Coping Mechanisms within Caregiving

Primary caregivers experience a complex range of emotions and employ different coping mechanisms to manage the stress associated with their role. Their support is integral to the patient's overall recovery and emotional well-being.

"I have felt many emotions like sadness, anxiety, and happy and coped by being by her side." (PC2, 63 years old, male)

"He was trying his very best to move." (PC3, 40 years old, female)

Theme 3: The Impact of Positive Mindset on Recovery

Subtheme 3.1: Personal Inspiration and Motivation

Having a sense of purpose and motivation significantly influences a patient's ability to persevere through therapy. Personal aspirations, such as returning to work, serve as strong driving forces in rehabilitation.

"My job is where I get my inspiration. Before I had a stroke, I used to make and sell goods. It gave me a fighting spirit to be able to walk again so I can go back to work and I have a lot of goods to sell." (P2, 62 years old, female)

"The role of hope and optimism has helped me and given me strength." (P5, 50 years old, male)

Subtheme 3.2: Support from Family and Primary Caregivers

Positive mindset recovery requires family members and caregivers to offer encouragement and reinforcement through their support.

"Yes, it was a big help because if he wasn't optimistic, there wouldn't be any chance at all. If he was always negative, nothing would happen; things would just stay the same." (PC4, 25 years old, female)

"Yes, this mindset is good because it helps her develop positive actions, as a positive attitude can lead to positive movements." (PC2, 63 years old, male)

Lived Experience in Social Support and Interpersonal Dynamics

Theme 1: Challenges and Barriers in the Rehabilitation Process

Sub-Theme 1.1: Financial Constraints and Accessibility

Financial limitations create an important obstacle through which patients and their families face challenges when accessing therapy while also continuing their treatment. Medical patients may experience financial difficulties that prevent them from attending therapy appointments as scheduled.

"Transportation is a challenge because I don't always have money for it. Sometimes, I have to find ways to earn again just to continue my sessions." (P4, 39 years old, male)

"Our youngest child is the one supporting us financially... it's been difficult." (PC2, 63 years old, male)

Sub-Theme 1.2: Emotional and Psychological Hurdles

Emotional strain can affect both patients and primary caregivers, often leading to feelings of sadness, anxiety, and frustration. These emotional challenges impact motivation and can hinder recovery if not addressed.

"I have felt many emotions like sadness, anxiety, and happiness." (PC2, 63 years old, male)

"I was dismayed when the therapy was stopped for about two months." (PT2, 39 years old, female)

Theme 2: The Importance of Communication and Information Sharing in Rehabilitation

Sub-Theme 2.1: Effective Communication Between Healthcare Providers and Patients

Clear communication from healthcare providers is essential for ensuring that both patients and caregivers understand the rehabilitation process. Proper guidance enhances engagement and facilitates progress in therapy.

"Doctors and therapists mostly provided me with this information." (P1, 66 years old, male)

Sub-Theme 2.2: Peer Support and Shared Experiences

Interacting with peers who are undergoing similar rehabilitation journeys can offer motivation and encouragement. However, some patients may find it challenging to engage in these interactions, which can limit the effectiveness of peer support.

"Yes, because I was the first to start physical therapy, and I encouraged them to keep going with their treatment." (P5, 50 years old, male)

"Every time we come to rehab, they don't talk much... but even when they're together here, they still don't really interact." (PC2, 63 years old, male)

Theme 3: Perceptions of Quality and Effectiveness of Rehabilitation Services

Sub-Theme 3.1: Satisfaction with Therapy Outcomes

A large number of patients express satisfaction with their care and praise physical therapists for their role in their recovery pathway. Healthcare professionals who show dedication toward patients together with their approachability achieve better outcomes for rehabilitation.

"The physical therapists in Pilar are skilled at handling patients and are approachable, which is why I enjoy my therapy sessions." (P5, 50 years old, male)

"Because of the hard work and assistance from the PTs here, my wife has made noticeable improvements." (PC2, 63 years old, male)

Sub-Theme 3.2: Concerns About Accessibility and Resources

Numerous patients keep encountering barriers to treatment services despite positive therapy outcomes because they face financial challenges and interrupted therapy sessions. The present accessibility issues emphasize the pressing need for better quality rehabilitation support.

"I did not have the money for it." (P4, 39 years old, male)

"We were the ones who had to stop the therapy." (PC3, 40 years old, female)

Lived Experience on Meaning-making and Life Perspectives

Theme 1: The Role of Motivation and Goals in Rehabilitation

Sub-Theme 1.1: Intrinsic Motivation for Recovery

Patients often possess a strong internal drive to regain their health and independence, significantly impacting their engagement in the rehabilitation process. This intrinsic motivation is key to sustaining effort in therapy and striving toward personal goals.

"I want to help my family again." (P5, 50 years old, male)

"I do PT so I can move." (P2, 62 years old, female)

Sub-Theme 1.2: Support and Encouragement from Loved Ones

Patients need family support to maintain their commitment toward recovery. When primary caregivers provide their support they create external motivation which generates a positive feedback mechanism that sustains dedication toward rehabilitation.

"We could really see that he wanted to get better, so we fully supported him." (PC4, 25 years old, female)

"We continue to hold on to the hope that she will recover, and that hope is what gives us a sense of purpose." (PC2, 63 years old, male)

Theme 2: The Impact of Rehabilitation on Quality of Life

Sub-Theme 2.1: Improved Physical Functionality

Rehabilitation often leads to significant improvements in physical capabilities, allowing patients to regain independence and engage more fully in daily activities, contributing to an enhanced quality of life.

"I feel better now, and I can do more things than before." (P5, 50 years old, male)

"I can manage to do things by myself now." (P2, 62 years old, female)

Sub-Theme 2.2: Emotional and Psychological Well-Being

Rehabilitation participation leads patients toward improved physical health and important emotional and psychological advantages. During their rehabilitation process, patients tend to discover emotional betterment alongside a new perspective.

"It felt like a weight was lifted... he was happy when he started walking." (PC4, 25 years old, female)

"Yes, physical therapy changed my perspective of life." (P4, 39 years old, male)

Theme 3: The Importance of Continuous Support and Follow-Up in Rehabilitation

Sub-Theme 3.1: Healthcare Provider Engagement and Follow-Up

Structured follow-up appointments are essential in maintaining momentum throughout the rehabilitation process. Such appointments enable essential modification of therapy plans, and they provide sustained patient support for continuous development.

"Transportation is nearby, and we follow Sir Benj's schedule." (PC4, 25 years old, female)

"I will call the therapy for the schedule, and when Monday arrives, I'll try my best to be there." (P4, 39 years old, male)

Strategies and Intervention

Theme 1: Effectiveness of Physical Therapy Service

Sub-Theme 1.1: Patient Progress and Improvement

Several patients shared positive recovery stories, highlighting their progress and improved mobility. These stories underscore the effectiveness of therapy in helping patients regain functionality and improve their health.

"It is my ambition to be healed. It gave me improvements. I now know how to walk..." (P1, 66 years old, male)

"The treatments I received were very effective." (P2, 62 years old, female)

Sub-Theme 1.2: Accessibility and Affordability of Services

The Pilar Physical Therapy Center serves patients through accessible quality services at reasonable costs mainly catering to financially vulnerable individuals. Primary caregivers noticed that services at Pilar Physical Therapy Center were more affordable than private therapy options making them feel relieved.

"When we're talking about budget it's alright because you just have to give donations compared to private physical therapists..." (PC3, 40 years old, female)

Theme 2: Diverse Therapeutic Interventions in Rehabilitation

Sub-Theme 2.1: Variety of Physical Therapy Techniques

The physical therapy center utilizes various techniques to address patients' needs, including traditional exercises and innovative activities. This diversity helps enhance recovery by targeting multiple physical limitations.

"Stretching, squats, lunges, manual exercises with dumbbells." (P1, 66 years old, male)

"Exercises with dumbbells." (P2, 62 years old, female)

Sub-Theme 2.2: Integration of Functional Activities

Integrating functional and recreational activities into therapy motivates patients and enhances the rehabilitation experience. Such activities improve daily living skills and the overall quality of life.

"I experienced during rehabilitation included playing 'sungka' and puzzles." (P2, 62 years old, female)

Theme 3: Patient-Centered Care and Empowerment

Sub-Theme 3.1: Patient Involvement in Treatment Decisions

Through active patient involvement in treatment decisions at the center, therapists allow clients to express their concerns and preferences. The team approach creates motivational factors that enhance therapeutic connections between therapists and their clients.

"They asked me what I felt was important for my treatment." (P1, 66 years old, male)

Sub-Theme 3.2: Building Confidence and Independence

The therapy focuses on improving physical abilities and fostering confidence and independence. Empowering patients to regain control over their mobility boosts their self-efficacy, enhancing their recovery journey.

"My husband feels confident when he walks with the walker now." (PC2, 63 years old, male)

DISCUSSIONS

The current study assessed psychological, emotional, and social factors that impact recovery outcomes and patients' subjective experiences of the rehabilitative process. Participants faced enormous challenges; however, it was apparent that they also experienced remarkable achievements in recovery related to their physical aspects, as witnessed by previous research. The rehabilitation process demonstrated a clear need for persistence along with supportive networks and positive thinking regardless of patient compliance problems, financial difficulties, and emotional disorders.

The responses suggest that mobility improvements represented key milestones in the recovery. Improvements in physical ability encouraged independence and increased the patient's self-esteem and sense of achievement in their continuing rehabilitation. This also aligns with past literature that has shown rehabilitation to be significant in developing physical ability and promoting more independence in activities of daily living. The physical improvements were easy to observe, but restrictions on movement and therapy interruptions weakened patients during their rehabilitation process. Past research shows that unexpected treatment interruptions, caused mainly by scheduling or budget limitations, lead to hindrances that decrease patient motivation and recovery, according to participants.

Inconsistencies in patient commitment to their therapy proved to be an essential obstacle to recovery. Patients tend to leave therapy treatment because they face financial problems and experience therapy availability issues and emotional hurdles that hinder their ability to stick to plans. Research confirms that economic pressures and logistical barriers prevent patients from receiving continuous care, resulting in poor rehabilitation results. The patients frequently experienced psychological distress through a combination of frustration with sadness and anxiety when their therapy required emotional stress or when they faced treatment delays. These emotional struggles are every day in rehabilitation settings as patients adjust to their "new normal" after an injury or illness, which can undermine their motivation to continue with therapy. Psychological support through counseling services, together with peer support networks, should be integrated into rehabilitation programs to help patients cope with their concerns and maintain emotional health as well as therapy compliance.

The lack of a social support network amplifies the emotional and psychological challenges experienced by patients and caregivers. The research participants pointed out how family engagement is key for offering emotional backing and practical support throughout rehabilitation programs. Post-stroke patients receive encouragement and care from their family members, who motivate them. The research results validate previous studies showing caregiver assistance as a significant component for better physical and psychological recovery. The rehabilitation process contributes substantially to patient motivation, and family members and caregivers sustain this motivation by providing essential emotional support and promoting persistence and consistency in physical therapy.

Research data demonstrates that patients' psychological condition determines how well they recover. Patients who kept their hope along with optimism and clear rehabilitation goals managed all the obstacles leading to their rehabilitation goals. The theme deploys motivational interviewing with therapeutic communication methods to boost positive thinking that results in better patient readiness for rehabilitation practices. Healthcare providers should actively create optimism for patients and families because it leads to effective long-term recovery, especially in challenging situations.

Accessible rehabilitation services warrant emphasis because people with financial limitations need reliable access to these services. Patients faced challenges related to health services transportation and treatment costs that prevented regular session attendance. Other studies have demonstrated that people face financial hurdles that stop them from accessing rehabilitation services evenly. Patients' rehabilitation outcomes will improve significantly with accessible and affordable service strategies like community programs and financial aid for needy patients. The research data indicates that healthcare providers must create customized patient rehabilitation treatment plans. Patients require different interventions because their physical and emotional requirements are unique, so rehabilitation programs need individualized care. The evidence shows that precise treatment strategies that feature each patient's specific goals and capabilities influence better outcomes when compared to standardized treatment protocols. Healthcare professionals must evaluate each patient's needs before generating detailed rehabilitation strategies that lead to superior outcomes in patient recovery.

CONCLUSIONS

The investigation provides necessary information about physical rehabilitation processes including patient needs during treatment with emphasis on elements that impact patient recovery motivation. The research participants noted numerous challenges after their rehabilitation, so they requested specialized assistance for physical and psychological obstacles. Patients need personalized therapy with psychological counseling as well as social support networks to receive home-based rehabilitation services that address their various needs. The optimization of recovery depends on offering patients affordable treatment, which duplicates personalized care for both physical and mental well-being. Professional care needs the support of family members and caregivers to maintain active

rehabilitation participation among patients. Future research should explore the impact of specific community-based rehabilitation programs and assess the effectiveness of these services in improving long-term rehabilitation outcomes.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Centers for Disease Control and Prevention. (2024). About stroke. Centers for Disease Control and Prevention. <https://www.cdc.gov/stroke/about/index.html>
2. Chau, J. P. C., Lo, S. H. S., Butt, L., & Liang, S. (2022). Post-stroke experiences and rehabilitation needs of community-dwelling Chinese stroke survivors: a qualitative study. *International Journal of Environmental Research and Public Health*, 19(23), 16345. <https://shorturl.at/FPXnY>
3. Chen, W., Jiang, T., Huang, H., & Zeng, J. (2023). Post-stroke fatigue: a review of development, prevalence, predisposing factors, measurements, and treatments. *Frontiers in neurology*, 14, 1298915.
4. Collantes, M. V., Zuñiga, Y.H., Granada, C. N., Uezono, D.R., De Castillo, L. C., Enriquez, C. G., Ignacio, K. D., Ignacio, S. D., & Jamora, R. D. (2021). Current State of Stroke Care in the Philippines. *Frontiers in Neurology*, 12, 665086. <https://rb.gy/p1mf0i>
5. Dresser, L. P., & Kohn, M. A. (2023). Artificial intelligence and the evaluation and treatment of stroke. *Delaware Journal of Public Health*, 9(3), 82. <https://tinyurl.com/p3c87jyt>
6. Jindal, M., Chaiyachati, K. H., Fung, V., Manson, S. M., & Mortensen, K. (2023). Eliminating health care inequities through strengthening access to care. *Health services research*, 58, 300-310. <https://tinyurl.com/5n9axyst>
7. Feigin, V. L., Forouzanfar, M. H., Krishnamurthi, R., Mensah, G. A., Connor, M., Bennett, D. A., Moran, A. E., Sacco, R. L., Anderson, L., & Truelsen, T. (2014). Global and regional burden of stroke during 1990–2010: findings from the Global Burden of Disease Study 2010. *The Lancet*, 383(9913), 245-255. [https://doi.org/10.1016/S0140-6736\(13\)61953-4](https://doi.org/10.1016/S0140-6736(13)61953-4)
8. Gandhi, N., & Sharma, D. (2020). Role of platelet indices in predicting severity of disease in patients of acute ischemic stroke and its correlation with NIHSS (National Institute Of Health Stroke Scale) score. *Age (yrs)*, 62(10.74), 61-21. <https://tinyurl.com/2s436a2b>
9. Ghrouz, A., Marco, E., Muñoz-Redondo, E., Boza, R., Ramirez-Fuentes, C., & Duarte, E. (2022). The effect of motor relearning on balance, mobility and performance of activities of daily living among post-stroke patients: Study protocol for a randomised controlled trial. *European Stroke Journal*, 7(1), 76-84. <https://shorturl.at/ouc4U>
10. Ho, A., Nicholas, M. L., Dagli, C., & Connor, L. T. (2021). Apathy, cognitive impairment, and social support contribute to participation in cognitively demanding activities poststroke. *Behavioural Neurology*, 2021(1), 8810632. <https://shorturl.at/AcE8C>
11. Ignacio, K. H. D., Muir, R. T., Diestro, J. D. B., Singh, N., Yu, M. H. L. L., El Omari, O., ... & Almekhlafi, M. A. (2024). Prevalence of depression and anxiety symptoms after stroke in young adults: A systematic review and meta-analysis. *Journal of Stroke and Cerebrovascular Diseases*, 33(7). <https://tinyurl.com/mvkatrjk>
12. Kuriakose, D., & Xiao, Z. (2020, October 15). *Pathophysiology and treatment of stroke: Present status and future perspectives*. MDPI. <https://shorturl.at/Bxo5o>
13. Kurniawati, N. D., Rihi, P. D., & Wahyuni, E. D. (2020). Relationship of family and self efficacy support to the rehabilitation motivation of stroke patients. *EurAsian Journal of BioSciences Eurasia J Biosci*, 14(1), 2427-2430. <https://rb.gy/jodpvc>
14. Mapa, D. S. (2021). Causes of Deaths in the Philippines (Preliminary): January to December 2020. Philippine Statistics Authority. <https://rb.gy/g6qvqy>
15. Molla, G., & Bitew, M. (2024). Revolutionizing Personalized Medicine: Synergy with Multi-Omics Data Generation, Main Hurdles, and Future Perspectives. *Biomedicines*, 12(12), 2750. <https://www.mdpi.com/2227-9059/12/12/2750>
16. Rost, N. S., Meschia, J. F., Gottesman, R., Wruck, L., Helmer, K., Greenberg, S. M., & DISCOVERY Investigators*. (2021). Cognitive impairment and dementia after stroke: design and rationale for the DISCOVERY study. *Stroke*, 52(8), e499-e516. <https://tinyurl.com/bdrwny9b>

17. Ryan, R. M., & Deci, E. L. (2020). Intrinsic and extrinsic motivation from a self-determination theory perspective: Definitions, theory, practices, and future directions. *Contemporary educational psychology*, 61, 101860. <https://tinyurl.com/3uukehh5>
18. Saceleanu, V. M., Toader, C., Ples, H., Covache-Busuioc, R. A., Costin, H. P., Bratu, B. G., ... & Ciurea, A. V. (2023). Integrative approaches in acute ischemic stroke: from symptom recognition to future innovations. *Biomedicines*, 11(10), 2617. <https://tinyurl.com/4kzyk3td>
19. Sese, L. V. C., & Guillermo, M. C. L. (2023, August 31). *Strengthening stroke prevention and awareness in the Philippines: A conceptual framework*. *Frontiers in neurology*. <https://shorturl.at/OO9fA>
20. Shen, J., Gu, X., Yao, Y., Li, L., Shi, M., Li, H., ... & Fu, J. (2023). Effects of virtual reality–based exercise on balance in patients with stroke: a systematic review and meta-analysis. *American journal of physical medicine & rehabilitation*, 102(4), 316-322. <https://tinyurl.com/3293kr4w>
21. Smith, A., Hewitt, J., Quinn, T. J., & Robling, M. (2021). Patient-reported outcome measures (PROMs) use in post-stroke patient care and clinical practice: a realist synthesis protocol. *Systematic Reviews*, 10(1), 128. <https://shorturl.at/8kZuQ>
22. Virani, S. S., Alonso, A., Benjamin, E. J., Bittencourt, M. S., Callaway, C. W., Carson, A. P., ... & American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. (2020). Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*, 141(9), e139-e596. <https://rb.gy/73yxor>
23. Yetman, D. (2023, August 28). *Physical therapy for stroke patients: Benefits, techniques, more*. *Healthline*. <https://rb.gy/16epop>
24. Yoo, Y. J., & Lim, S. H. (2022). Assessment of lower limb motor function, ambulation, and balance after stroke. *Brain & Neurorehabilitation*, 15(2), e17. <https://tinyurl.com/tc7m3y46>