

Insufficient evidence for benefits of very early mobilisation after stroke

Clinical question	How effective is very early mobilisation after stroke (commenced within 48 hours of stroke) compared to conventional care?
Bottom line	There is insufficient evidence regarding the benefits or harms of very early mobilisation after stroke to make any recommendation on the practice. One small trial found no difference in death and dependency at 3 months between those who undertook an early intensive mobilisation protocol and those who did not. No significant harms were identified, and a small reduction in non-serious adverse events was found. No significant difference on any secondary outcome of interest was found (quality of life, patient mood, performance of activities of daily living, requirement for institutional care, or time to walking unassisted).
Caveat	The review found only 1 small trial which met the inclusion criteria. Nineteen relevant trials from China failed to meet the inclusion criteria.
Context	Care in a stroke unit is recommended for patients early after stroke and results in reduced disability and an increased likelihood of returning home. Very early mobilisation (helping patients to get up out of bed very early and often after stroke symptom onset) is undertaken in some stroke units and is recommended in many acute stroke clinical guidelines. It is unclear whether very early mobilisation independently improves outcome after stroke.
Cochrane Systematic Review	Bernhardt J et al. Very early versus delayed mobilisation after stroke. Cochrane Reviews 2009, Issue 1. Article No. CD006187. DOI: 10.1002/14651858.CD006187.pub2. This review contains 1 study involving 71 participants.
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[References]

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