## Supplementary table 1 Characteristics of included studies

Author	Grouping		Characteristics	s of participants		Brief	Outcome mea	surement of BADL	Results
Year	(Number of	Age (year):	Gender:	Time after	Disability level	description of	Measurement tools	Measurement timepoints	
	participants)		Male/Female	stroke onset	of stroke	intervention			
						(Treatment			
						strategy, mode			
						of delivery,			
						treatment			
						provider)			
Asano	Home-based	mean (range):	32/29	Within 4 weeks	Not specified	Progressive	Modified Barthel Index	At 3 months after post	(1) Both the home-based
2021	tele-	63.8 (40.8-89.6)				rehabilitation	(MBI)	rehabilitation (at treatment	intervention group
	rehabilitation					exercises		endpoints)	and control group
	(n=61)					including			showed
						exercise training			improvements in
						and training of			MBI score at
						functional			treatment endpoint
						activities were			(2) There was no
						prescribed by a			between-group
						tele-therapist and			difference at
						performed by			treatment endpoint
						patients			
						themselves			
	Institution-	mean (range):	33/30			Centre-based			
	based	64.4 (40.7-86.6)				outpatient			
	intervention					rehabilitation			
	(n=63)					was provided			
						approximately			
						once or twice a			
		( - · ·		4		week			
Baskett	Home-based	mean (SD):	27/23	mean (SD):	Not specified	Home-based self-	Modified Barthel Index	(1) At 6 weeks after discharge	(1) There was no
1999	self-directed	67.8 (11.6)		38.6 (28.1) days		directed	(MBI)	from hospital	between-group
	exercises			staying in		exercises aiming		(2) At 3 months after	difference either at 6
	(n=50)			hospital		at improve the		discharge from hospital (at	weeks after discharge

						ability of ADL		treatment endpoints)	or at treatment
						were prescribed		1 /	endpoint
						by professionals			1
						for patients and			
						their caregivers			
	Institution-	mean (SD):	30/20	mean (SD):		Outpatient or day			
	based	71.7 (9.1)		37.5 (36.4) days		hospital therapy			
	intervention	, ,		staying in		was provided			
	(n=50)			hospital		•			
Björkdahl	Home-based	median (range):	22/8	mean (range):	Not specified	Home-based	Functional Independence	(1) At 3 weeks after discharge	(1) The home-based
2006	intervention	52 (28-61)		27 (9-58) days	•	intervention	Measure (FIM)	(at treatment endpoint)	intervention group
	(n=30)			staying in acute		which was focus	, , ,	(2) At 3 months	showed no improvement
				hospital;		on activities in		(3) At 1 year follow-up	in FIM motor sum score
				mean (range):		patients' natural			from discharge to the 1
				66 (24-155) days		context was			year follow-up
				staying in		provided by			(2) The control group
				rehabilitation		professionals			(day clinic group) showed
				unit		during home			improvements in FIM
						visits			motor sum score from
	Institution-	median (range):	22/7	mean (range):		Outpatient			discharge to the 1 year
	based	55 (27-64)		30 (7-70) days		therapy which			follow-up and from 3
	intervention			staying in acute		was focus on the			months follow-up to 1
	(n=29)			hospital;		training of			year follow-up
				mean (range):		deficits or			(3) There was no
				61 (20-134) days		components of			between-group difference
				staying in		function was			either at treatment
				rehabilitation		provided in a day			endpoint or at follow-up
				unit		clinic			
Chen	Home-based	mean (SD):	18/9	14 to 90 days	National Institute	Home-based	Modified Barthel Index	(1) At 12 weeks after	(1) Both the home-based
2017	telesupervisin	66.52 (12.08)			of Health Stroke	intervention	(MBI)	randomisation (at treatment	intervention group and
	g				Scale (NIHSS)	including		endpoint)	control group showed
	rehabilitation				scores from 2 to	physical		(2) At 24 weeks after	improvements in MBI
	(n=27)				20 and modified	exercises with		randomisation	score at treatment
					Rankin Scale	ADL training and			endpoint

					(mRS) scores	the ETNS			(2) There was no
					from 1 to 5	therapy was			between-group difference
						performed by			either at treatment
						patients			endpoint or at follow-up
						themselves with			
						or without			
						caregivers' help			
						under the tele-			
						supervision by			
						professionals			
	Institution-	mean (SD):	15/12			Outpatient			
	based	66.15 (12.33)				rehabilitation			
	intervention					with the same			
	(n=27)					treatment			
						strategy of home-			
						based			
						intervention was			
						provided by			
						professionals			
Chen	Home-based	mean (SD):	14/12	Within 1-3 weeks	National Institute	Home-based	Modified Barthel Index	(1) At 12 weeks after	There was no between-
2020	motor training	64.19 (9.42)				intervention	(MBI)	randomisation (at treatment	group difference in the
	telerehabilitati				Scale (NIHSS)	including		endpoint)	mean change score of
	on				scores from 2 to	physical		(2) At 24 weeks after	MBI either at treatment
	(n=26)				20	exercises with		randomisation	endpoint or at follow-up
						ADL training and			
						the ETNS			
						therapy was			
						performed by			
						patients themselves with			
						or without caregivers' help			
						under the tele-			
						supervision by			
						supervision by	<u> </u>		

						professionals			
	Institution-	mean (SD):	12/14			Outpatient			
	based	59.42 (10.00)	12/14			rehabilitation			
	intervention	37.42 (10.00)				with the same			
	(n=26)					treatment			
	(11–20)					strategy of home-			
						based			
						intervention was			
						provided by professionals			
Cladana	D		85/77	NI-4: 6 - 1 14	N-4 : C - 1	•	D41 -1 I - 1 (DI)	Α	There was no between-
Gladman 1993	Domiciliary-	mean:	85///	Not specified but	Not specified	Home-based intervention was	Barthel Index (BI)	At 6 months after discharge	
1993	based rehabilitation	/0		with description of acute stroke				(at treatment endpoint)	group difference in the BI
				of acute stroke		performed by			score at treatment
	(n=162)					professionals			endpoint
						during home			
			00.75	_		visits			
	Institution-	mean:	88/77			Outpatient			
	based	70				rehabilitation			
	intervention					according to the			
	(n=165)					usual practices in			
						Nottingham,			
						where there had			
						hitherto been no			
						domiciliary			
						rehabilitation			
						service was			
						provided			
Gladman	Domiciliary-	mean:	85/77	Not specified but	Not specified	Home-based	Barthel Index (BI)	At 12 months after discharge	There was no between-
1994	based	70		with description		intervention was			group difference in the BI
	rehabilitation			of acute stroke		performed by			score at 12 months follow
	(n=162)					professionals			up
						during home			
				_		visits			
	Institution-	mean:	88/77			Outpatient			

	based	70				rehabilitation			
	intervention					according to the			
	(n=165)					usual practices in			
						Nottingham,			
						where there had			
						hitherto been no			
						domiciliary			
						rehabilitation			
						service was			
						provided			
Han	Home-based	mean (SD):	8/4	mean (SD):	modified Rankin	Home-based	Barthel Index (BI))	At 6 weeks (at treatment	(1) There was no
2020	reablement	70.8 (6.5)		22.8 (17.7)	Scale (mRS)	intervention of		endpoint)	between-group
	programme			months	scores from 2 to 4	ADL training			difference in the
	(n=12)					was provided by			change score of BI at
						professionals			treatment endpoint
						during home			(2) There was no
						visits			between-group
	Institution-	mean (SD):	9/5	mean (SD):		Conventional			difference in the BI
	based	65.4 (16.7)		53.5 (43.7)		rehabilitation			score at treatment
	intervention			months		including 30			endpoint
	(n=14)					minutes of			
						occupational			
						therapy and 30			
						minutes of			
						physical therapy			
						for training			
						motor and			
						cognitive			
						functions was			
						provided in the			
						hospital for twice			
						a week			
Hesse	Intermittent	mean (SD):	13/12	mean (SD):	Patients could	(1) An		(1) At every second month	(1) Both the home-based
2011	high-intensity	62.4 (11.3)		12.9 (2.3) weeks	walk	intermittent	Daily Living scales	from the discharge from	intervention group

Supplemental material

home-based				independently	high-	inpatient rehabilitation to	and control group
physiotherapy				within their home	intensity	home during the 12-	showed
programme				- technical aids	home-based	months study period (at 2	improvements in
(n=25)				were allowed -	physiotherap	months after discharge;	Rivermead Activities
				but they still	y programme	at 4 months after	of Daily Living
				needed help with	was provided	discharge; at 6 months	scales (self-care)
				personal hygiene,	by	after discharge; at 8	score overt time
				dressing, feeding	professional	months after discharge;	(2) There were no
				and stair	during home	at 10 months after	between-group
				climbing,	visits	discharge; at 12 months	differences in
				resulting in a	(2) Self-therapy	after discharge which	Rivermead Activities
				Barthel Index	programme	was at treatment	of Daily Living
				(BI, 0–100)	consisting of	endpoint)	scales (self-care)
				ranging from 55	various	(2) At 15 months after	score at any time
				to 80	stretching,	discharge (at 3 months	
					strengthenin	after treatment)	
					g and motor		
					tasks was		
					performed		
					by patients		
					and their		
					caregivers		
Institution-	mean (SD):	14/11	mean (SD):		Regular		
based	61.9 (9.4)		14.8 (3.9) weeks		physiotherapy		
intervention					programme		
(n=25)					which treatment		
					strategy was		
					similar to the		
					home-based		
					intervention,		
					consisting of two		
					weekly 30 to 45		
					minutes		
					physiotherapy		

		l				_			1
						sessions was			
						provided by a			
						physiotherapist			
						in the private unit			
Hofstad	Early	mean (range):	61/43	Within 7 days	NIHSS score of	Home-based	Barthel Index (BI)	(1) At 3 months follow-up	(1) The home-based
2014	supported	72.00 (27-92)			2-26, and NIHSS	intervention was		(2) At 6 months follow-up	intervention group
	discharge to				<2 with modified	provided by a			showed improvement
	home with				Rankin Scale	multi-			in BI score at 3
	home-based				(mRS) score ≥2	disciplinary			months follow-up,
	intervention					community			and a trend for
	(n=104)					health team			improvement at 6
						during home			months follow-up
						visits			(2) The institution-based
	Institution-	mean (range):	56/47			Rehabilitation			intervention group
	based	70.61 (29-91)				treatment was			showed improvement
	intervention					provided by			in BI score at 3
	(n=103)					professionals in a			months and 6 months
						community day			follow-up
						unit			(3) There was no
									between-group
									difference either at 3
									months or 6 months
									follow-up
Kalra	Domiciliary	median (IQR):	81/68	Within 72 hours	Moderately	Home-based	Barthel Index (BI)	(1) At 3 months after stroke	(1) A favourable
2000	stroke care	77.7 (67-83)			severe stroke	intervention was		onset	outcome of BI score
	(n=149)				(patients with	provided by a		(2) At 12 months after stroke	15-20 at 3 months
					persistent	specialist stroke		onset	was seen in 82% of
					neurological	team during			patients in the stroke-
					deficit affecting	home visits			unit group compared
	Institution-	median (IQR):	79/69		continence,	Coordinated	]		with 70% of patients
	based	75 (72-84)			mobility, and	treatment was			in the stroke team
	intervention				ability to look	provided by a			and 74% of patients
	(in stroke unit)				after themselves,	multidisciplinary			in the domiciliary-
	(n=148)				requiring	team in the stroke			care group
	based intervention (in stroke unit)	, - ,	79/69		continence, mobility, and ability to look after themselves,	Coordinated treatment was provided by a multidisciplinary			with 70% of patie in the stroke team and 74% of patier in the domiciliary

					multidisciplinary	unit				(2) There was no
	Institution-	median (IQR):	74/76		treatment)	Day-to-day				significant change in
	based	77.3 (71-83)				treatment was				BI score in any
	intervention					prescribed by a				groups between 3 and
	(in general					specialist team				12 months follow ups
	ward)					and was provided				
	(n=150)					by staff in the				
						general ward				
Özdemir	Home-based	48-80	19/11	mean (range):	Not specified	Home-based	Functional Indepen	ndence	At treatment endpoint	(1) The institution-based
2001	rehabilitation			36 (15-75) days		interventions	Measure (FIM)			intervention group
	(n=30)					including				showed improvement
						exercises and				in FIM score at
						provision of				treatment endpoint
						splints, orthoses				(2) The institution-based
						and devices were				intervention group
						prescribed by				showed greater
						professionals and				improvement in FIM
						was performed				score than the home-
						by patients and				based intervention
						family members				group at treatment
	Institution-		21/9	mean (range):		Intense				endpoint
	based			41 (10-82) days		multidisciplinary				
	intervention					rehabilitation				
	(n=30)					services				
						including				
						therapeutical and				
						neuromuscular				
						exercises with				
						occupational				
						therapy were				
						provided in the				
						rehabilitation				
						clinic				
Pandian	Family-led,	mean (SD):	61/43	Within 1 month	Patients with	Home-based	modified Rankin	Scale	(1) At 3 months follow up	(1) 26 (29%) patients had

2015	trained	60 (13)			residual	interventions	(mRS)	(2) At 6 months follow up	a good outcome
	caregiver-				disability	including		1	(mRS 0–2) and 64
	delivered,				(defined as	positioning,			(71%) a poor
	home-based				requiring help	transfers,			outcome (mRS 3–6)
	rehabilitation				from another	mobility, task-			at 3 months follow up
	intervention				person for	orientated			(2) 35 (39%) had a good
	(n=50)				everyday	training			outcome and 54
					activities)	(particularly			(61%) had a poor
						walking, upper-			outcome at 6 months
						limb, and self-			follow up
						care tasks)			Tene w up
						prescribed by			
						professionals			
						were performed			
						by patients'			
						caregivers			
	Institution-					Routine care was			
	based					provided on an			
	intervention					in- or out-patient			
	(n=54)					basis			
Redzuan	Video-based	mean (SD):	21/23	mean (SD):	10 patients with	Home-based	Modified Barthel Index	At 3 months after discharge	(1) More patients in the
2012	therapy	63.7 (12)		12.9 (8) days	mild stroke	interventions	(MBI)		home-based
	programme at			staying in	(NIHSS score <	including			intervention group
	home			hospital	6);	exercises and			(60%) had improved
	(n=44)				26 patients with	training of			MBI scores
					moderate stroke	activities of daily			compared with
					(NIHSS score =	living were			patients in the control
					6-14);	prescribed by			group (45.7%)
					8 patients with	professionals and			(2) Both the home-based
					severe stroke	were performed			intervention group
					(NIHSS score >	by patients			and control group
					14)	and/or their			showed
						caregivers			improvements in
	Institution-	mean (SD):	31/15	mean (SD):	17 patients with	Outpatient			MBI score at 3

	based intervention (n=46)	59.4 (11)		10.9 (7) days staying in hospital	mild stroke (NIHSS score < 6); 24 patients with moderate stroke (NIHSS score = 6-14); 5 patients with	therapy for 1 hour each for physical and occupational therapy was provided weekly			months follow up
					severe stroke (NIHSS score > 14)				
Roderick 2001	Domiciliary rehabilitation service (n=66)	mean (range): 78.3 (62-91)	33/33	median (IQR): 50 (36.8, 85.3) days staying in hospital	Not specified	Home-based intervention was provided by a physiotherapist and an occupational therapist	Barthel Index (BI)	At 6 months follow up	(1) Both the home-based intervention group and control group showed improvements in BI score at 6 months follow up
	Institution- based intervention (n=74)	mean (range): 79.6 (60-95)	32/42	median (IQR): 48 (30, 80) days staying in hospital		Therapy was provided by multi-disciplinary teams in day hospitals			(2) There was no between-group difference at 6 months follow up
Taule 2015	Early supported discharge at home (n=53)	median (range): 74 (42-92)	29/24	Within 1-7 days	2-26 in the NIHSS score	Home-based intervention was mainly directed towards ADLs, and function-specific treatment was also provided by a professional during home	<ul> <li>(1) Assessment of Motor and Process Skillsmotor scale (AMPSmotor scale)</li> <li>(2) modified Rankin Scale (mRS)</li> </ul>	At 3 months follow-up	No within-group or between-group statistical analysis

						visits			
	Institution-	mean (range):	29/21			Therapy which			
	based	72 (29-90)				focused on			
	intervention					specific functions			
	(n=50)					and on specific			
						instrumental			
						ADL activities			
						was provided by			
						the municipal			
						health-care team			
						in a day unit			
Thorsén	Early	mean:	15/15	5-7 days	Patients with	The home-based	Barthel Index (BI)	At 5 years after stroke	There was no between-
2005	supported	71			mild to moderate	intervention			group difference at 5
	discharge				impairments	emphasizing a			years follow up
	(ESD) with				(independence in	task- and			
	continued				feeding and	context-oriented			
	rehabilitation				continence	approach, which			
	at home				according to Katz	implies that the			
	(n=30)				index of ADL	patient performs			
					with impaired	-			
					motor capacity	supervised, or			
					according to the	self-directed			
					Lindmark scale)	activities in a			
						functional and			
						familiar context,			
						was provided by			
						professionals			
						during home			
		<u> </u>  -				visits			
	Institution-		14/10			Routine			
	based					rehabilitation			
	intervention					service was			
	(n=24)					provided in the			
						hospital, day			

						care, and/or			
						outpatient care			
von Koch	Early	Not specified	Not specified	5-7 days	Patients with	The home-based	Barthel Index (BI)	At 12 months after stroke	There was no between-
2001	supported	1 vot specifica	1 tot specifica	3 / days	moderate	intervention	Burther mack (B1)	710 12 months after stroke	group difference at 12
2001	discharge				impairments	emphasizing a			months follow up
	(ESD) with				(independence in	task- and			months follow up
	continued				feeding and	context-oriented			
	rehabilitation				continence	approach, which			
	at home				according to Katz	implies that the			
	(n=39)				index of ADL	patient performs			
	(11 25)				with impaired	guided,			
					motor capacity	supervised, or			
					according to the	self-directed			
					Lindmark scale)	activities in a			
						functional and			
						familiar context,			
						was provided by			
						professionals			
						during home			
						visits			
	Institution-					Routine			
	based					rehabilitation			
	intervention					service was			
	(n=38)					provided in the			
	, ,					hospital, day			
						care, and/or			
						outpatient care			
von Koch	Early	median (range):	22/18	5-7 days	Patients with	The home-based	Barthel Index (BI)	At 6 months after stroke	There was no between-
2000	supported	72 (49-84)			moderate	intervention			group difference at 6
	discharge				impairments	emphasizing a			months follow up
	(ESD) with				(independence in	task- and			
	continued				feeding and	context-oriented			
	rehabilitation				continence	approach, which			
	at home				according to Katz	implies that the			

with impaired motor capacity according to the Lindmark scale)  Institution—based 73 (49-89)  Widén Holmqvist 1998  Widén Holmqvist 1998  (ESD) with continued continued rehabilitation  Widen Holmqvist 1998  (ESD) with continued rehabilitation  With impaired motor capacity according to the Lindmark scale)  With impaired motor capacity according to the Lindmark scale)  Lindmark scale)  With impaired motor capacity according to the Lindmark scale)  Lindmark scale)  With impaired motor capacity according to the Lindmark scale)  Routine rehabilitation  Service was provided by professionals during home visits  Routine rehabilitation  Service was provided in the hospital, day care, and/or outpatient care outpatient care impairments (independence in feeding and context-oriented continued rehabilitation  Widen (ESD) with continued (ESD) with continued rehabilitation  With impaired motor capacity activites in a functional additivities in a functional activites in a functional additivities in a functional activities in a functional additivities in a functional activities in a functional activitie		(n=40)				index of ADL	patient performs			
motor capacity according to the Lindmark scale)  Institution- based 73 (49-89) intervention (n=38)  Widén Holmqvist 1998 (ESD) with continued rehabilitation  (Institution- based 73 (49-89)  (Institution- based 74 (49-89)  (Institution- based 74 (49-89)  (Institution- based 74 (49-89)  (Institution- based 74 (49-89)  (Institution		(11 40)								
Act 3 months after stroke   Self-directed										
Lindmark scale)  Lindmark scale)  Lindmark scale)  Lindmark scale)  Activities in a functional and familiar context, was provided by professionals during home visits  Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care  Widén Holmqvist 1998  Lindmark scale)  Lindmark scale)  Activities in a functional and familiar context, was provided by professionals during home visits  Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care outpatient care  Patients with moderate intervention impairments (independence in feeding and continence rephabilitation service was provided in the hospital, day care, and/or outpatient care  Widén Holmqvist 1998  Lindmark scale)  Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care intervention impairments (independence in feeding and continence approach, which							_			
Institution-based rehabilitation   The twas no between group difference at 3 months follow up										
Institution-based intervention (n=38)   Institution-based intervention (n=38)   Early mean (SD): 70.8 (7.6)   There was no between the long visit apported discharge (ESD) with continued rehabilitation   (independence in feeding and contence approach, which   Continued rehabilitation   Con						Lindinark scale)				
Institution-based relabilitation   median (range): 21/17										
Institution-based intervention (n=38)  Widen Holmqvist 1998  (ESD) with continued rehabilitation    Reading (range): 21/17   Part   Par							-			
Institution-based 73 (49-89)							=			
Institution-based intervention (n=38)  Widén Early Holmqvist 1998 discharge (ESD) with continued rehabilitation    (ESD) with continued										
Institution-based 73 (49-89)  Widén Holmqvist 1998 (ESD) with continued rehabilitation  Institution-based (intervention (n=38))  Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care impairments (independence in feeding and continued rehabilitation)  Routine rehabilitation  Service was provided in the hospital, day care, and/or outpatient care  Patients with moderate intervention emphasizing a (independence in feeding and context-oriented approach, which										
based intervention (n=38)  Widén Early Holmqvist Holmqvist 1998  ESD) with continued rehabilitation  based intervention (n=38)  Table 1998  Barthel Index (BI)  At 3 months after stroke There was no between group difference at 3 months follow up  There was no between group difference at 3 months follow up  There was no between group difference at 3 months follow up		Institution	madian (nanga).	21/17	-					
intervention (n=38)  Widén Holmqvist 1998  (ESD) with continued rehabilitation  intervention (n=38)  Barthel Index (BI)  At 3 months after stroke  Barthel Index (BI)  At 3 months after stroke  There was no between group difference at 3 months follow up  (independence in feeding and context-oriented renabilitation    Service was provided in the hospital, day care, and/or outpatient care    At 3 months after stroke   There was no between group difference at 3 months follow up				21/1/						
Widén Holmqvist 1998 discharge (ESD) with continued rehabilitation (ESD) with continued rehabilitation (ESD) with continued a rehabilitation (ESD) (ESD) with continued a rehabilitation (ESD) (			/3 (49-89)							
Widén Early mean (SD): 70.8 (7.6)  Widén Early supported Holmqvist supported (ESD) with continued rehabilitation  Widén Early mean (SD): 70.8 (7.6)  Description outpatient care outpatient ca										
Widén Early mean (SD): 22/19 5-7 days Patients with moderate intervention supported discharge (ESD) with continued rehabilitation		(11–36)					_			
Widén Early mean (SD): 22/19 5-7 days Patients with The home-based intervention emphasizing a discharge (ESD) with continued rehabilitation (ESD) with continued rehabilitation (ESD) with continued rehabilitation (ESD) with continued (ESD) with continued rehabilitation (ESD) with continued (ESD) with continued (ESD) (ESD) with continued (ESD) (ESD) with continued (ESD) (										
Widén Early mean (SD): Holmqvist supported rehabilitation  Early mean (SD):  5-7 days  Patients with moderate intervention emphasizing a feeding and continued rehabilitation  The home-based intervention emphasizing a context-oriented approach, which							*			
Holmqvist supported discharge (ESD) with continued rehabilitation   To.8 (7.6)   moderate intervention   moderate impairments   months follow up   moderate impairments   mo							outpatient care			
discharge (ESD) with continued rehabilitation  discharge (ESD) with continued rehabilitation  impairments (independence in feeding and context-oriented approach, which	Widón	Eorly,	moon (SD):	22/10	5.7 days	Dationts with	The home based	Dorthal Inday (DI)	At 2 months after stroke	There was no between
(ESD) with continued rehabilitation (independence in feeding and context-oriented approach, which		· ·		22/19	5-7 days			Barthel Index (BI)	At 3 months after stroke	There was no between-
continued feeding and context-oriented approach, which	Holmqvist	supported		22/19	5-7 days	moderate	intervention	Barthel Index (BI)	At 3 months after stroke	group difference at 3
rehabilitation continence approach, which	Holmqvist	supported discharge		22/19	5-7 days	moderate impairments	intervention emphasizing a	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with		22/19	5-7 days	moderate impairments (independence in	intervention emphasizing a task- and	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued		22/19	5-7 days	moderate impairments (independence in feeding and	intervention emphasizing a task- and context-oriented	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued rehabilitation		22/19	5-7 days	moderate impairments (independence in feeding and continence	intervention emphasizing a task- and context-oriented approach, which	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz	intervention emphasizing a task- and context-oriented approach, which implies that the	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued rehabilitation		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided,	Barthel Index (BI)	At 3 months after stroke	group difference at 3
	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided, supervised, or	Barthel Index (BI)	At 3 months after stroke	group difference at 3
functional and	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity according to the	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided, supervised, or self-directed	Barthel Index (BI)	At 3 months after stroke	group difference at 3
familiar context,	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided, supervised, or self-directed activities in a	Barthel Index (BI)	At 3 months after stroke	group difference at 3
was provided by	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity according to the	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided, supervised, or self-directed activities in a functional and	Barthel Index (BI)	At 3 months after stroke	group difference at 3
professionals	Holmqvist	supported discharge (ESD) with continued rehabilitation at home		22/19	5-7 days	moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity according to the	intervention emphasizing a task- and context-oriented approach, which implies that the patient performs guided, supervised, or self-directed activities in a functional and familiar context,	Barthel Index (BI)	At 3 months after stroke	group difference at 3

Young 1992	Institution- based intervention (n=40)  Home physiotherapy	mean (SD): 72.6 (8.9)  median (range): 70 (60-89)	22/18	Not specified but with description	Not specified	during home visits  Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care  Home-based intervention was	Barthel Index (BI)	At 6 months after discharge	(1) Both the home-based intervention group
	Institution-based intervention	median (range): 72 (60-88)	31/30	of patients with a new stroke episode		provided by one of five experienced community physiotherapists during home visits  Rehabilitation was provided in one of four geriatric day			and control group showed improvements in BI score at 6 months follow up (2) The home-based intervention showed greater improvement in BI score than the institution-based
	(n=61)					hospitals twice a week			intervention group at 6 months follow up
Barzel 2015	Home-based constraint- induced movement therapy (CIMT) (n=85)	mean (SD): 62.55 (13.73)	51/34	mean (SD): 56.57 (47.36) months	Minor: n=68 Moderate: n=16 Major: n=1	Home CIMT which was relevant to everyday life was performed with the coaching by non-professional (eg, family member)	Barthel Index (BI)	(1) At 4 weeks after intervention (at treatment endpoint) (2) At 6 months follow-up	(1) The home-based intervention group showed improvement in BI score at treatment endpoint relative to baseline, but showed no improvement at 6 months follow-up
	Usual care	mean (SD):	43/28	mean (SD):	Minor: n=54	Traditional			(2) The usual care group

	(n=71)	65.30 (12.63)		45.65	(57.69)	Moderate: n=16	physiotherapy			showed no
	(11 /1)	03.30 (12.03)		months	(37.03)	Major: n=1	and occupational			improvement in BI
				1110111111		1.1 <b>.1.</b> 1	therapy were			score either at
							performed by			treatment endpoint or
							professionals			at 6 months follow-
							either in a			up
							patient's home or			(3) There was no
							in a therapeutic			between-group
							practice			difference at 6
							1			months follow-up
Chaiyawat	Home-based	mean (SD):	14/16	Patients	were	mean (SD):	Home-based	Barthel Index (BI)	At 2 years after discharge	(1) Both the home-based
2012	individual's	67 (10)		screened	for	16.4 (4.1) in the	individual's		from the hospital	intervention group
	exercise			eligibility	around	National Institute	exercise			and the usual care
	programme			3 days	after	of Health Stroke	programme			group showed
	(n=30)			stroke ons	set	Scale (NIHSS)	included			improvement in BI
						score	exercises and			score at 2 years
							ADL practice			follow-up
							was performed			(2) The home-based
							by a professional			intervention group
							during home			showed significantly
							visits, with			greater improvement
							provision of			than usual care group
							standard			at 2 years follow-up
							materials on an			
							audiovisual CD			
							of rehabilitation			
							procedures			
	Usual care	mean (SD):	13/17			mean (SD):	Might include			
	(n=30)	66 (11)				17.8 (3.9) in the	outpatient			
						NIHSS score	rehabilitation and			
							instruction for			
							home			
							rehabilitation at			
							the discretion of			

						their physicians			
Chaiyawat	Home-based	mean (SD):	14/16	Not specified	mean (SD):	Home-based	Barthel Index (BI)	At 3 months after discharge	(1) The home-based
2009	individual's	67 (10)			16.4 (4.1) in the	individual's		from the hospital	intervention group
	exercise				National Institute	exercise			showed improvement
	programme				of Health Stroke	programme			in BI score at 3
	(n=30)				Scale (NIHSS)	included			months
					score	exercises and			(2) The home-based
						ADL practice			intervention group
						was performed			showed significantly
						by a professional			greater improvement
						during home			than usual care group
						visits, with			at 3 months
						provision of			
						standard			
						materials on an			
						audiovisual CD			
						of rehabilitation			
						procedures			
	Usual care	mean (SD):	13/17		mean (SD):	Might include			
	(n=30)	66 (11)			17.8 (3.9) in the	outpatient			
					NIHSS score	rehabilitation and			
						instruction for			
						home			
						rehabilitation at			
						the discretion of			
						their physicians			
Chen	Nurse-guided	mean (SD):	41/18	mean (SD):	Not specified	Environmental	Barthel Index (BI)	(1) At 3 months after	(1) The home-based
2021	home-based	55.41 (6.78)		3.41 (0.79)		modification of		initiation of	intervention group
	rehabilitation			months		home and		rehabilitation	showed significantly
	exercise					exercise		(2) At 6 months after	higher BI score than
	programme					programme		initiation of	usual care group at 3
	(n=59)					mainly including		rehabilitation	months, 6 months
						strengthening		(3) At 12 months after	and 12 months after
						training of the		initiation of	initiation of

						lower muscle		rehabilitation (at	rehabilitation
						groups were		treatment endpoint)	(2) The home-based
						provided by a		•	intervention group
						nurse during			showed significantly
						home visits			greater improvement
	Usual care	mean (SD):	44/18	mean (SD):		Conventional			than usual care group
	(n=62)	56.41 (6.13)		3.23 (0.82)		rehabilitation			at 3 months, 6
				months		included issuing			months and 12
						a rehabilitation			months after
						manual for			initiation of
						stroke,			rehabilitation
						performing			
						telephonic			
						follow-up and			
						completing			
						follow-up			
						medical			
						appointments for			
						assessment of			
						recovery at 3, 6			
						and 12 months			
Deng	Integrated	mean (SD):	32/17	mean (SD):	mean (SD):	Stroke	Modified Barthel Index	` ′	, ,
2020	transitional	60.7 (17.8)		15 (6) days' stay	8.9 (4.9) in the	rehabilitation	(MBI)	discharge from stroke	intervention group
	care			in stroke unit	NIHSS score	was provided by		unit	showed significantly
	programme					a		(2) At 8 weeks after	
	(n=49)					multidisciplinary		discharge from stroke	
						poststroke		unit (at treatment	
						consultation team		endpoint)	weeks after discharge
						during home			from stroke unit
						visits			(2) The home-based
	Usual care	mean (SD):	30/19	mean (SD):	mean (SD):	Usual post-			intervention group
	(n=49)	62.9 (20.5)		17 (9) days' stay	9.1 (4.5) in the	discharge care			showed significantly
				in stroke unit	NIHSS score	consisted of			greater improvement
						detection and			than usual care group

						control of			at 4 weeks and 8
						potential risk			weeks after discharge
						*			from stroke unit
						factors and			from stroke unit
						medication			
						therapy based on			
						secondary stroke			
						prevention			
						strategy			
Duncan	Therapist-	mean (SD):	Not described	30 to 90 days	Minimal or	Home-based	Barthel Index (BI)	At 12 weeks after the	There was no between-
1998	supervised	67.3 (9.6)			moderately	exercises were		baseline assessment (at	group difference at 12
	home-based				impaired	provided by a		treatment endpoint)	weeks follow-up
	exercise				sensorimotor	physical therapist			
	programme				function (Fugl-	during home			
	(n=10)				Meyer Motor	visits			
	Usual care	mean (SD):			Score 40 to 90	Usual care			
	(n=10)	67.8 (7.2)				included home			
						health visits and			
						outpatient			
						therapy			
Hofstad	Early	mean (range):	61/43	Within 7 days	NIHSS score of	Home-based	Barthel Index (BI)	(1) At 3 months follow-up	(1) The home-based
2014	supported	72.00 (27-92)			2-26, and NIHSS	intervention was		(2) At 6 months follow-up	intervention group
	discharge				<2 with modified	provided by a			showed improvement
	(ESD) to				Rankin Scale	multi-			in BI score at 3
	home with				(mRS) score ≥2	disciplinary			months follow-up,
	home-based					community			and a trend for
	intervention					health team			improvement at 6
	(n=104)					during home			months follow-up
	(= 10.)					visits			(2) The usual care group
	Usual care	mean (range):	52/47	1		Usual care	1		showed no
	(n=99)	74.19 (32-98)	32/1/			without any			improvement in BI
	(11 )))	7 1.17 (32-70)				intervention from			score either at 3
						the study			months or 6 months
						ine study			follow-up
									(3) There was no
								<u> </u>	(3) There was no

									between-group difference either at 3 months or 6 months follow-up
Lincoln 2004	Home-based intervention (n=189)	mean (SD): 72.8 (11.4)	94/95	Within 2 years	Not described	Home-based intervention including physiotherapy, occupational therapy, speech and language therapy were provided by a multidisciplinary team during home visits	Barthel Index (BI)	At 6 months after randomization	There was no between- group difference in BI score at 6 months after randomization
	Usual care (n=232)	mean (SD): 71.2 (11.5)	128/104			Routine rehabilitation services included day hospitals, outpatients departments and social services occupational therapy			
Lindley 2017	Family-led home-based rehabilitation (n=623)	mean (SD): 57.5 (12.92)	421/202	Within 1 month	mean (SD): 10.1 (4.9) in the NIHSS score	(1) Family rehabilitatio n training including information provision, joint goal setting, carer training, and	Barthel Index (BI)	<ul> <li>(1) At 3 months after randomization</li> <li>(2) At 6 months after randomization</li> </ul>	There was no between- group difference in BI score either at 3 months or at 6 months follow-up

						task-specific training was performed by a professional during home visits  (2) Home-based intervention for patients was mediated by			
	Usual care (n=627)	mean (SD): 58.0 (14.21)	416/211		mean (SD): 9.6 (4.8) in the NIHSS score	Usual care consisted of some therapy, in the form of assessment and treatment by a physiotherapist, during hospital stay, with post-discharge care varying from no therapy to some outpatient therapy sessions			
Mayo 2000	Tailor-made home programme with prompt discharge from hospital (n=58)	mean (SD): 70.3 (12.7)	37/21	28 days	mean (SD): 8.9 (2.2) in the Canadian Neurological Scale (CNS) score	Home-based intervention including physical therapy, occupational therapy, speech therapy, and	Barthel Index (BI)	<ul><li>(1) At 1 month (at treatment endpoint)</li><li>(2) At 3 months follow-up</li></ul>	(1) The home-based intervention group showed improvement in BI score at 1 month and at 3 months follow-up (2) The usual care group

						dietary			showed improvement
						consultation was			in BI score at 1
									month and at 3
						provided by a			
						multidisciplinary			months follow-up
						team during			(3) There was no
						home visits			between-group
	Usual care	mean (SD):	40/16		mean (SD):	Usual care			difference either at 1
	(n=56)	69.6 (12.7)			8.9 (2.1) in the	comprised a			month or at 3 months
					Canadian	range of services,			follow-up
					Neurological	including PT, OT			
					Scale (CNS)	and ST as			
					score	requested by the			
						patient's care			
						provider and			
						offered through			
						extended acute-			
						care hospital			
						stay; inpatient or			
						outpatient			
						rehabilitation; or			
						home care via			
						local community			
						health clinics.			
Rasmussen	Early home-	median (IQR):	16/22	Not specified but	median (IQR):	Home-based	Modified Barthel Index	At 90 days follow-up	There was no between-
2016	based	78 (72-84)		with description	44 (37-46) in the	interventions	(MBI)		group difference in MBI
	rehabilitation			of acute stroke	Scandinavian	including	,		score at 90 days follow-
	(n=38)				Stroke Scale	physical			up
					Score	exercises and			r
						training of			
						activities of daily			
						living were			
						provided by a			
						multidisciplinary			
						team during			

						home visits			
	Usual care	median (IQR):	14/19	_	median (IQR):		-		
			14/19			Usual care was			
	(n=33)	79 (71-85)			42 (31-46) in the	provided by			
					Scandinavian	professionals in			
					Stroke Scale	the stroke unit			
					Score	and after hospital			
_			1-110			discharge			
Santana	Early home-	, ,	47/48	Not specified	Had some	Home-based	Functional Independence		There was no between-
2017	supported	67.5 (40-84)			residual	interventions	Measure (FIM)	randomisation	group difference in FIM
	discharge				disability in the	including		(2) At 6 months after	score either at 2 months
	(EHSD)				form of an initial	physiotherapy,		randomisation	or at 6 months
	service				Functional	occupational			
	(n=95)				Independence	therapy and			
					Measure (FIM)	psychology			
					of up to 100	which was			
						focused on			
						training of daily			
						activities were			
						provided by			
						professionals			
						during home			
						visits			
	Usual care	mean (range):	54/41			Usual care			
	(n=95)	66.5 (35-84)				included standard			
						care in the stroke			
						unit and standard			
						rehabilitation			
						available in the			
						region following			
						discharge			
						including no			
						further			
						rehabilitation,			
						further			
	1	<u> </u>		1	<u> </u>		1		

						ambulatory			
						rehabilitation,			
						inpatient			
						rehabilitation			
Taule	Early	median (range):	29/24	Within 1-7 days	2-26 in the	Home-based	(1) Assessment of Motor	At 3 months follow-up	There were no between-
2015	supported	74 (42-92)			NIHSS score	intervention was	and Process Skills-		group differences in the
	discharge					mainly directed	motor scale (AMPS-		change of AMPS score
	(ESD) at home					towards ADLs,	motor scale)		and mRS score at 3
	(n=53)					and function-	(2) modified Rankin		months from baseline
						specific	Scale (mRS)		
						treatment was			
						also provided by			
						a professional			
						during home			
						visits			
	Usual care	median (range):	30/21	-		Usual care might	-		
	(n=51)	74 (32-98)	30/21			involve no			
	(11–31)	74 (32-76)				follow-up			
						rehabilitation,			
						· ·			
						treatment at			
						home by a nurse,			
						physical			
						therapist, or			
						occupational			
						therapist from the			
						home			
						municipality			
						and/or treatment			
						by a private			
						practising			
						physiotherapist			
Walker	Home-based	mean (SD):	52/42	Within 1 month	Not specified	Home-based	Barthel Index (BI)	At 6 months after	There was significant
1999	occupational	73.6 (8.1)				occupational	, ,	randomisation	between-group difference
	therapy					therapy was			in BI score in favour of
		l		1	l	mus was	1		m 21 30010 m 10, 001 01

Wolfe   Home-based   rehabilitation   (n=23)   Usual care   mean (SD):   72 (12)   Usual care   mean (SD):   42/49   Not specified   Not specified   Not specified   Home-based   intervention was provided by professionals   during home visits   Usual care   mean (SD):   10/13   Not specified   Not specified   Not specified   Home-based   intervention was provided by professionals   during home visits   Usual care was   defined as all other services apart from therapy in home-based   other services apart from the services apart from t					1		I	1		I
Wolfe   Home-based rehabilitation (n=23)   Usual care (n=0)   75 (12)   Usual care (n=0)   76 (7.04)   Wolfe (n=0)   Wolfe		(n=94)					*			the home-based
Wolfe 2000 rehabilitation (n-23)  Usual care (n=91)  Wolfe 2000 rehabilitation (n-23)  Usual care (n=0):  Wolfe 2000 rehabilitation (n-23)  Usual care (n=0):  Wolfe 2000 rehabilitation (n-23)  Wolfe (n=0):  Wolfe 2000 rehabilitation (n-24)  Wolfe 2000 rehabilitation (n-25):  Wolfe 2000 rehabilitation (n-26):  Wolfe 2000 rehabilitation (n-27):  Wolfe 2000 rehabilitation (n-28):  Wolfe 2000 rehabilit							*			intervention group at 6
Susual care   mean (SD):   42/49							independence in			months follow-up
Usual care (n=91) 75.1 (8.6)   42/49   Usual care (n=91) 75.1 (8.6)   Wolfe 2000   Usual care (n=20) 76 (7.04)   Usual care (n=20) 76 (7.04)   Wolfe (n=20) 75.1 (8.6)   Wol							personal and			
Usual care							instrumental			
Usual care (n=91)   75.1 (8.6)   42/49     Usual care involved existing services of routine rehabilitation (n=23)   Usual care mean (SD):   10/13   Not specified   Not specified   Home-based intervention was provided by professionals during home visits   Usual care was defined as all other services apart from therapy in home-based   Usual care wisits   Usual care was defined as all other services apart from therapy in home-based   Usual care wisits   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from therapy in home-based   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services apart from the provided by professionals   Usual care was defined as all other services   Usual care was defined as all other services   Usual care was defined as all other services   Usual care was defined as all other serv							ADL by a			
Usual care (n=91) 75.1 (8.6)  Wolfe 2000 rehabilitation (n=23)  Usual care involved existing services of routine rehabilitation (n=23)  Usual care involved existing services of routine rehabilitation (n=23)  Not specified Not specified intervention was provided by professionals during home visits  Usual care (n=20) 76 (7.04)  Wolfe 2000 rehabilitation (n=23)  Usual care mean (SD): 8/12  Usual care mean (SD): 8/12  Usual care was defined as all other services apart from therapy in home-based intervention was provided by professionals during home therapy in home-based other services apart from therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based intervention was provided by professionals during home the professionals during home therapy in home-based intervention was provided by professionals during home therapy in home-based interventi							professional			
Usual care (n=91)   75.1 (8.6)   42/49     Usual care involved existing services of routine rehabilitation   Not specified   Not specified   Home-based intervention was provided by professionals during home visits      Usual care (n=20)   76 (7.04)   76 (7.04)   75.1 (8.6)   42/49							during home			
Wolfe   Home-based rehabilitation (n=23)   Telephone (n=20)   Teleph							visits			
Wolfe 2000   Home-based rehabilitation (n=23)   Wolfe 2000   Toutine rehabilitation (n=24)   Wolfe 2000   Toutine rehabilitation (n=25)   Wolfe 2000   Toutine rehabilitation (n=26)   Wolfe 2000   Toutine rehabilitation (n=27)   Wolfe 2000   Wolfe 2000		Usual care	mean (SD):	42/49			Usual care			
Wolfe 2000 Home-based rehabilitation (n=23) There was no between the provided provided by professionals during home visits  Usual care (n=20) 76 (7.04) Short specified (n=20) To (7.04) There was no between the provided provided by professionals during home visits and the provided by professionals defined as all other services apart from the pased intervention was provided by professionals during home visits and the provided by professionals defined as all other services apart from the pased intervention was provided by professionals during home visits and the provided by professionals defined as all other services apart from the pased intervention was provided by professionals during home based by professionals defined as all other services apart from the pased intervention was provided by professionals during home based by professionals during home by		(n=91)	75.1 (8.6)				involved existing			
Wolfe Home-based rehabilitation (n=23)  Wolfe 2000 rehabilitation (n=23)  Usual care (n=20)  The mean (SD): 76 (7.04)  Wolfe rehabilitation (n=23)  Wot specified Not specified home-based intervention was provided by professionals during home visits  Usual care was defined as all other services apart from therapy in home-based  Wolfied Barthel Index At 1 year after randomisation (MBI)  There was no between the provided by professionals during home visits  Usual care was defined as all other services apart from therapy in home-based							services of			
Wolfe 2000 Home-based rehabilitation (n=23) To (12) To (12) To (13) Not specified Provided by professionals during home visits  Usual care (n=20) To (7.04) To (7.04)  Wolfe 2000 Home-based intervention was provided by professionals during home visits  Usual care (n=20) To (7.04) To (7.04)  Wolfe 2001 Home-based intervention was provided by professionals during home visits  Usual care was defined as all other services apart from therapy in home-based							routine			
rehabilitation (n=23)  rehabilitation (n=23)  rehabilitation (n=23)  Reproved by professionals during home visits  Usual care (n=20)  rehabilitation (n=23)  Usual care mean (SD):  Reproved by professionals during home visits  Usual care was defined as all other services apart from therapy in home-based  Reproved by professionals during home visits  Usual care was defined as all other services apart from therapy in home-based							rehabilitation			
(n=23)    provided by professionals during home visits    Usual care mean (SD): (n=20) 76 (7.04)   8/12     Usual care was defined as all other services apart from therapy in home-based   1 year follows:	Wolfe	Home-based	mean (SD):	10/13	Not specified	Not specified	Home-based	Modified Barthel Index	At 1 year after randomisation	There was no between-
Usual care mean (SD): 8/12  Usual care was defined as all other services apart from therapy in home-based	2000	rehabilitation	72 (12)				intervention was	(MBI)		group difference in MBI
Usual care mean (SD): 8/12 Usual care was defined as all other services apart from therapy in home-based		(n=23)					provided by			score at 1 year follow up
Usual care mean (SD): 8/12 Usual care was defined as all other services apart from therapy in home-based							professionals			
Usual care mean (SD): (n=20) 76 (7.04)  Usual care was defined as all other services apart from therapy in homebased							during home			
defined as all other services apart from therapy in homebased							visits			
other services apart from therapy in home- based		Usual care	mean (SD):	8/12			Usual care was			
apart from therapy in homebased		(n=20)	76 (7.04)				defined as all			
therapy in home-based							other services			
based							apart from			
							therapy in home-			
							based			
intervention							intervention			
group							group			
Azab Home-based Not specified Not specified Not specified Patients with (1) Home-based Barthel Index (BI) (1) At 4 weeks following (1) The home-based	Azab	Home-based	Not specified	Not specified	Not specified	Patients with	(1) Home-based	Barthel Index (BI)	(1) At 4 weeks following	(1) The home-based
2009 constraint- mild CIMT was CIMT (at treatment intervention gr	2009	constraint-				mild	CIMT was		CIMT (at treatment	intervention group
induced (Brunnstrom supervised endpoints) showed greater		induced				(Brunnstrom	supervised		endpoints)	showed greater
movement recovery scale and (2) At 6 months follow up improvement in		movement				recovery scale	and		(2) At 6 months follow up	improvement in BI
therapy score of 5 to 6, or encouraged score than the c		therapy				score of 5 to 6, or	encouraged		_	score than the control
(CIMT) BI score of 65 to by a trained group at treatm		(CIMT)				BI score of 65 to	by a trained			group at treatment

	combined with				90) to moderate	family			endpoint
	usual care				(Brunnstrom	member			(2) The home-based
	(n=20)				recovery scale	(2) Usual care			intervention group
					score of 3 to 4, or	included			showed improvement
					BI score of 30 to	physical and			in BI score at 6
					64) hemiparesis	occupational			months follow up
					of the affected	therapy			
	Usual care				upper limb	Usual care			
	(n=17)					included physical			
						and occupational			
						therapy			
Batchelor	Home-based	mean (SD):	45/26	mean (SD):	Patients with	(1) Home-based	Functional Independence	At 12 months after baseline	(1) There was no within-
2012	multifactorial	70.8 (11.4)		3.0 (1.6) months	high falls risk	exercise	Measure (FIM)	assessment	group difference of
	Falls				who either had	programme			FIM score either in
	prevention				fallen during	addressing			the home-based
	programme				hospital	balance and			intervention group or
	combined with				admission or had	mobility			in the control group
	usual care				a Step Test worse	problems			at 12 months follow
	(n=71)				leg score of less	and falls risk			up
					than 7, or a Berg	minimizatio			(2) There was no
					Balance Scale	n strategies			between-group
					score of less than	and injury			difference in FIM
					49	risk			score at 12 months
						minimizatio			follow up
						n strategies			
						were			
						performed			
						by a			
						professional			
						(2) Usual care			
						including			
						physical and			
						occupational			
						therapy was			

	1	T		1			T		
						provided by			
						professionals			
	Usual care	mean (SD):	54/31	mean (SD):		Usual care			
	(n=85)	72.2 (9.9)		3.1 (1.9) months		including			
						physical and			
						occupational			
						therapy was			
						provided by			
						professionals			
Chumbler	Multifaceted	mean (SD):	24/1	Within 24	mean (SD):	(1) The STeleR	The motor subscale of the	(1) At 3 months (at	There was no between-
2012	stroke	67.1 (9.5)		months	6.7 (1.3) of the	intervention	Telephone Version of the	treatment endpoint)	group difference in
	telerehabilitati				Goldstein and	included home	Functional Independence	(2) At 6 months follow up	FONEFIM score either at
	on (STeleR)				Chilukuri	televisits and	Measure (FONEFIM)		treatment endpoint or at 6
	intervention				algorithm of the	telephone			months follow up
	combined with				Canadian	intervention calls			_
	usual care				Neurological	performed by a			
	(n=25)				Scale score	teletherapist			
						(2) Routine			
						Veterans Affairs			
						(VA) care was			
						provided			
	Usual care	mean (SD):	23/0		mean (SD):	Usual VA or non-			
	(n=23)	67.7 (10.0)			6.8 (1.4) of the	VA care was			
					Goldstein and	provided			
					Chilukuri				
					algorithm of the				
					Canadian				
					Neurological				
					Scale score				
Corr	Home-based	mean (range):	15/40	median (range):	Not specified	(1) The home-	Barthel Index (BI)	At 1 year after stroke	There was no between-
1995	occupational	75.1 (41-96)		11 (2-88) days	_	based	, ,		group difference in BI
	therapy			from stroke onset		intervention			score at 1 year follow up
	combined with			to stroke unit		including			
	usual care	1		admission;		teaching new			

	(n=55)			median (range):		skills; facilitating			
				50 (5-229) days		more			
				staying in stroke		independence in			
				unit		activities of daily			
						living;			
						facilitating return			
						of function;			
						enabling patients			
						to use equipment			
						supplied by other			
						agencies, was			
						provided by an			
						occupational			
						therapist during			
						home visits			
						(2) Any other			
						follow up			
						services such as			
						day-hospital			
						attendance and			
						community			
						physiotherapy			
						were provided			
	Usual care	mean (range):	26/29	median (range):		Any available			
	(n=55)	75.8 (54-94)		10 (1-52) days		services as			
				from stroke onset		required were			
				to stroke unit		provided			
				admission;					
				median (range):					
				50 (7-169) days					
				staying in stroke					
				unit					
Gilbertson	Domiciliary	median (IQR):	29/38	median (IQR):	Not specified	(1) Home-based	Barthel Index (BI)	(1) At 8 weeks (at treatment	There was no between-
2000	occupational	71 (28-89)		31 (17-57) days		intervention		endpoint)	group difference in BI

	therapy				which was	(2) At 6 months follow up	score either at treatment
	combined with				tailored to		endpoint or at 6 months
	usual care				recovery ability		follow up
	(n=67)				of self-care or		
					domestic or		
					leisure activities		
					was provided by		
					an occupational		
					therapist during		
					home visits		
					(2) Routine		
					services included		
					inpatient		
					multidisciplinary		
					rehabilitation, a		
					predischarge		
					home visit for		
					selected patients,		
					the provision of		
					support services		
					and equipment,		
					regular		
					multidisciplinary		
					review at a stroke		
					clinic, and		
					selected patients		
					referred to a		
					medical day		
					hospital		
Γ	Usual care	median (IQR):	31/40	median (IQR):	Routine services		
	(n=71)	71 (31-89)		23 (13-66) days	included		
					inpatient		
					multidisciplinary		
					rehabilitation, a		

		ı					T	1	
						predischarge			
						home visit for			
						selected patients,			
						the provision of			
						support services			
						and equipment,			
						regular			
						multidisciplinary			
						review at a stroke			
						clinic, and			
						selected patients			
						referred to a			
						medical day			
						hospital			
Goldberg	Home-based,	median (range):	10/11	Within 2-3	Patients without	(1) Home-based	Functional Independence	(1) At 6 months	No within-group or
1997	case-managed	72 (65-84)		months	severe pre-	intervention	Measure (FIM)	(2) At 1 year	between-group statistical
	care combined					including			analysis
	with usual				comorbid	therapeutic			
	care				conditions	recreation, social			
	(n=21)				sufficient to	work, and			
					impact	psychology			
					significantly on	consultation was			
					their capacity to	provided by a			
					recover from the	treatment team			
					qualifying stroke	during home			
						visits			
						(2) Standard			
						outpatient			
						follow-up			
						services included			
						routine medical			
						follow-up visits			
						and, when			
						indicated,			
	İ	l				,			

Supplemental material

						months was provided for 12 months			
Ricauda 2004	Home hospitalization service combined with usual care (n=60)	median (IQR): 83 (78-89)	24/37	Within 24 hours	median (IQR): 24 (22-26.5) of NIHSS score	(1) The home-	Functional Independence Measure (FIM)	At 6 months	(1) Both the home-based intervention group and the control group showed improvement in FIM score at 6 months follow up (2) There was no between-group difference in FIM score at 6 months follow up

						therapists				
	Usual care	median (IQR):	30/29		median (IQR):	Routine hospital				
	(n=60)	80 (74-87)			24 (22-26.5) of	rehabilitation				
					NIHSS score	service was				
						provided by				
						physical				
						therapists				
Rudd	Early	mean (SD):	92/75	mean (SD):	Not specified	(1) Home-based	Modified	Barthel Inde	At 12 months after stroke	There was no between-
1997	discharge with	70 (11)		22 (25) days		intervention	(MBI)			group difference in MBI
	home			staying in		including				score at 12 months follow
	rehabilitation			hospital before		physiotherap				up
	combined with			randomisation		у,				
	usual care					occupational				
	(n=167)					therapy and				
						speech				
						therapy was				
						provided by				
						professionals				
						during home				
						visits				
						(2) Conventiona				
						l care				
						included in-				
						patient				
						treatment,				
						discharge				
						planning, and				
						outpatient care				
	Usual care	mean (SD):	93/71	mean (SD):		Conventional				
	(n=164)	72 (12)	93/11	mean (SD): 25 (30) days		care included in-				
	(11-104)	12 (12)		staying in		patient treatment,				
				hospital before		discharge				
				nospitai before		discharge			_1	

				randomisation		planning, and outpatient care			
Wong 2015	4-week transitional care programme (TCP) with home-based intervention combined with usual care (n=54)	mean (SD): 67.5 (11.6)	20/34	Not specified	Patients with slight to moderate neurological deficits (NIHSS score ≥4 or < 16) and with slight to moderate level of disability (mRS score ≥2 to ≤4)	(1) TCP included home-based intervention consisting of management and prevention of stroke recurrence; symptoms assessment and management; enhancing physical function: self-care abilities and exercise; healthy behaviour: adherence to medication and diet; building resilience: connections with the self, family, social life and a Higher	Modified Barthel Ind (MBI)	ex (1) At 4 weeks after discharge (at treatment endpoint) (2) At 8 weeks after discharge	intervention group and the control group

						Being; and emotion management  (2) Routine hospital-			
						based physical training			
						programme was provided within the first 3 weeks			
	Usual care	mean (SD):	20/34			after hospital discharge Routine hospital-			
	(n=54)	71.5 (11.6)	20/31			based physical training programme was			
						provided within the first 3 weeks after hospital			
						discharge			
Koç 2015	Home-based exercise (n=35)	Not specified	Not specified	30-90 days	Patients with baseline Barthel index (BI) scores of 60–80 who were ambulatory with supervision and/or an assistive device	Home-based intervention including stretching and flexibility exercises, assistive and resistive exercises, active-assisted range of	Barthel Index (BI)	(1) At 4 weeks (2) At 8 weeks (3) At 12 weeks (at treatment endpoint)	<ul> <li>(1) The home-based intervention group showed improvement in BI score over time</li> <li>(2) The control group showed no improvement in BI score over time</li> <li>(3) The home-based intervention group</li> </ul>
						motion exercises, and progressive			showed higher BI score than the control

	No intervention (n=37)					walking programme and relaxation N/A			group over time
Lin 2004	Home-based physical therapy programme (n=9)	mean (SD): 61.4 (11.2)	7/2	More than 1 year	Severe to moderate residual disability with BI score 5–14	Home-based intervention mainly consisted of motor facilitation, postural control training, functional ambulation training with gait correction, and ADL training	Barthel Index (BI)	At 11 weeks (at treatment endpoint)	The intervention group showed greater improvement in BI score than the control group
	No intervention (n=10)	mean (SD): 62.8 (9.4)	6/4			N/A			
Wade 1992	Home-based physiotherapy intervention (n=49)	mean (SD): 72.3 (9.7)	27/22	More than 1 year	Patients had mobility problems more than one year after stroke: they used a walking or mobility aid, other than just a stick; had had a fall in the previous three months; were	The home-based intervention including exercises to improve the walking and balance and ADL practice was provided by a physiotherapist during home visits	Barthel Index (BI)	At 3 months (at treatment endpoint)	There was no between- group difference in BI score at treatment endpoint
	No	mean (SD):	20/25		unable to manage	N/A			

	intervention	72.0 (10.6)			stairs, slopes, or				
	(n=45)	72.0 (10.0)			uneven surfaces				
	(11-43)								
					independently; or				
					had a slow gait				
					speed >10 s over				
					10m if under				
					60,>12.5 s if 60-				
					69, >16.5 s if				
					over 70				
Walker	Home-based	mean (SD):	9/6	6 months	Patients with	Home-based	Rivermead Activities of	`	(1) The home-based
1996	dressing	65.9 (8.16)			dressing	intervention	Daily Living scales (self-	endpoint)	intervention group
	practice				problems	involving	care)		showed improvement
	(n=15)					teaching patients			in Rivermead
						and carers			Activities of Daily
						appropriate			Living scales (self-
						techniques such			care) score at
						as dressing the			treatment endpoint
						affected limb			(2) The control group
						first, energy			showed no
						conservation, the			improvement in
						use of red thread			Rivermead Activities
						to overcome			of Daily Living
						perceptual			scales (self-care)
						difficulties and to			score at treatment
						mark alignment			endpoint
						of buttons, and			(3) The home-based
						advice on choice			intervention group
						of clothing, was			showed greater
						provided by an			improvement in
						occupational			Rivermead Activities
						therapist during			of Daily Living
						home visits			scales (self-care)
	No	mean (SD):	7/8	1		N/A	1		score than the control
	intervention	70.2 (10.35)							group at treatment
L		1 . ( , , , , , , , , , , , , , , , , , ,	1	I.	l .	1	1	l	<i>U</i> 1

	(n=15)										endpoint
Wang	Caregiver-	mean (SD):	13/12	More	than	6	Patients with		Barthel Index (BI)	At 12 weeks (at treatment	(1) The home-based
2015	mediated,	62.0 (9.5)		months	3		mild to moderate	intervention was		endpoint)	intervention group
	home-based						disability	designed to			showed improvement
	intervention						(Brunnstrom	improve patients'			in BI score at
	(CHI)						recovery stages	body functions			treatment endpoint
	(n=25)						III-V)	and structural			(2) The control group
								components; to			showed no
								improve patients'			improvement in BI
								ability to			score at treatment
								undertake			endpoint
								everyday			(3) The home-based
								activities within			intervention group
								their living			showed greater
								environments			improvement in BI
								using task-			score than the control
								specific			group at treatment
								restorative and			endpoint
								compensatory			
								training methods;			
								and to help the			
								patients			
								reintegrate into			
								the society by			
								participating in			
								restorative			
								outdoor leisure			
								activities			
	No	mean (SD):	17/9					N/A			
	intervention	65.4 (10.6)									
N/A: Not appl	(n=26)										

N/A: Not applicable