Supplementary table 1 Characteristics of included studies

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

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

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

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

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

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

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

					multidisciplinary treatment)	unit			(2) There was no significant change in BI score in any groups between 3 and 12 months follow ups
	Institution-based intervention (in general ward) (n=150)	median (IQR): 77.3 (71-83)	74/76			Day-to-day treatment was prescribed by a specialist team and was provided by staff in the general ward			
Özdemir 2001	Home-based rehabilitation (n=30)	48-80	19/11	mean (range): 36 (15-75) days	Not specified	Home-based interventions including exercises and provision of splints, orthoses and devices were prescribed by professionals and was performed by patients and family members	Functional Independence Measure (FIM)	At treatment endpoint	(1) The institution-based intervention group showed improvement in FIM score at treatment endpoint (2) The institution-based intervention group showed greater improvement in FIM score than the home-based intervention group at treatment endpoint
	Institution-based intervention (n=30)		21/9	mean (range): 41 (10-82) days		Intense multidisciplinary rehabilitation 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 caregiver-delivered, home-based rehabilitation intervention (n=50)	60 (13)			residual disability (defined as requiring help from another person for everyday activities)	interventions including positioning, transfers, mobility, task-orientated training (particularly walking, upper-limb, and self-care tasks) prescribed by professionals were performed by patients' caregivers	(mRS)	(2) At 6 months follow up	a good outcome (mRS 0–2) and 64 (71%) a poor outcome (mRS 3–6) at 3 months follow up (2) 35 (39%) had a good outcome and 54 (61%) had a poor outcome at 6 months follow up
	Institution-based intervention (n=54)					Routine care was provided on an in- or out-patient basis			
Redzuan 2012	Video-based therapy programme at home (n=44)	mean (SD): 63.7 (12)	21/23	mean (SD): 12.9 (8) days staying in hospital	10 patients with mild stroke (NIHSS score < 6); 26 patients with moderate stroke (NIHSS score = 6-14); 8 patients with severe stroke (NIHSS score > 14)	Home-based interventions including exercises and training of activities of daily living were prescribed by professionals and were performed by patients and/or their caregivers	Modified Barthel Index (MBI)	At 3 months after discharge	(1) More patients in the home-based intervention group (60%) had improved MBI scores compared with patients in the control group (45.7%) (2) Both the home-based intervention group and control group showed improvements in MBI score at 3
	Institution-	mean (SD):	31/15	mean (SD):	17 patients with	Outpatient			

	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 severe stroke (NIHSS score > 14)	therapy for 1 hour each for physical and occupational therapy was provided weekly			months follow up
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 (2) There was no between-group difference 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			
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	(1) Assessment of Motor and Process Skills-motor scale (AMPS-motor scale) (2) modified Rankin Scale (mRS)	At 3 months follow-up	No within-group or between-group statistical analysis

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

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

	(n=40)				index of ADL with impaired motor capacity according to the Lindmark scale)	patient performs guided, supervised, or self-directed activities in a functional and familiar context, was provided by professionals during home visits			
	Institution-based intervention (n=38)	median (range): 73 (49-89)	21/17			Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care			
Widén Holmqvist 1998	Early supported discharge (ESD) with continued rehabilitation at home (n=41)	mean (SD): 70.8 (7.6)	22/19	5-7 days	Patients with moderate impairments (independence in feeding and continence according to Katz index of ADL with impaired motor capacity according to the Lindmark scale)	The home-based 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, was provided by professionals	Barthel Index (BI)	At 3 months after stroke	There was no between-group difference at 3 months follow up

						during home visits			
	Institution-based intervention (n=40)	mean (SD): 72.6 (8.9)	22/18			Routine rehabilitation service was provided in the hospital, day care, and/or outpatient care			
Young 1992	Home physiotherapy (n=63)	median (range): 70 (60-89)	38/25	Not specified but with description of patients with a new stroke episode	Not specified	Home-based intervention was provided by one of five experienced community physiotherapists during home visits	Barthel Index (BI)	At 6 months after discharge	(1) Both the home-based intervention group 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 intervention group at 6 months follow up
	Institution-based intervention (n=61)	median (range): 72 (60-88)	31/30			Rehabilitation was provided in one of four geriatric day hospitals twice a week			
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) months	Moderate: n=16 Major: n=1	physiotherapy and occupational therapy were performed by professionals either in a patient's home or in a therapeutic practice			showed no improvement in BI score either at treatment endpoint or at 6 months follow-up (3) There was no between-group difference at 6 months follow-up
Chaiyawat 2012	Home-based individual's exercise programme (n=30)	mean (SD): 67 (10)	14/16	Patients were screened for eligibility around 3 days after stroke onset	mean (SD): 16.4 (4.1) in the National Institute of Health Stroke Scale (NIHSS) score	Home-based individual's exercise programme included exercises and ADL practice was performed by a professional during home visits, with provision of standard materials on an audiovisual CD of rehabilitation procedures	Barthel Index (BI)	At 2 years after discharge from the hospital	(1) Both the home-based intervention group and the usual care group showed improvement in BI score at 2 years follow-up (2) The home-based intervention group showed significantly greater improvement than usual care group at 2 years follow-up
	Usual care (n=30)	mean (SD): 66 (11)	13/17		mean (SD): 17.8 (3.9) in the NIHSS score	Might include outpatient rehabilitation and instruction for home rehabilitation at the discretion of			

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

						lower muscle groups were provided by a nurse during home visits			rehabilitation (2) The home-based intervention group showed significantly greater improvement than usual care group at 3 months, 6 months and 12 months after initiation of rehabilitation
	Usual care (n=62)	mean (SD): 56.41 (6.13)	44/18	mean (SD): 3.23 (0.82) months		Conventional rehabilitation included issuing a rehabilitation manual for stroke, performing telephonic follow-up and completing follow-up medical appointments for assessment of recovery at 3, 6 and 12 months			
Deng 2020	Integrated transitional care programme (n=49)	mean (SD): 60.7 (17.8)	32/17	mean (SD): 15 (6) days' stay in stroke unit	mean (SD): 8.9 (4.9) in the NIHSS score	Stroke rehabilitation was provided by a multidisciplinary poststroke consultation team during home visits	Modified Barthel Index (MBI)	(1) At 4 weeks after discharge from stroke unit (2) At 8 weeks after discharge from stroke unit (at treatment endpoint)	(1) The home-based intervention group showed significantly higher MBI score than usual care group at 4 weeks and 8 weeks after discharge from stroke unit (2) The home-based intervention group showed significantly greater improvement than usual care group
	Usual care (n=49)	mean (SD): 62.9 (20.5)	30/19	mean (SD): 17 (9) days' stay in stroke unit	mean (SD): 9.1 (4.5) in the NIHSS score	Usual post-discharge care consisted of detection and			

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

									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 rehabilitation training including information provision, joint goal setting, carer training, and	Barthel Index (BI)	(1) At 3 months after randomization (2) At 6 months after randomization	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 caregivers			
	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)	(1) At 1 month (at treatment endpoint) (2) At 3 months follow-up	(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 consultation was provided by a multidisciplinary team during home visits			showed improvement in BI score at 1 month and at 3 months follow-up (3) There was no between-group difference either at 1 month or at 3 months follow-up
	Usual care (n=56)	mean (SD): 69.6 (12.7)	40/16		mean (SD): 8.9 (2.1) in the Canadian Neurological Scale (CNS) score	Usual care comprised a range of services, including PT, OT and ST as 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 2016	Early home-based rehabilitation (n=38)	median (IQR): 78 (72-84)	16/22	Not specified but with description of acute stroke	median (IQR): 44 (37-46) in the Scandinavian Stroke Scale Score	Home-based interventions including physical exercises and training of activities of daily living were provided by a multidisciplinary team during	Modified Barthel Index (MBI)	At 90 days follow-up	There was no between-group difference in MBI score at 90 days follow-up

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

						ambulatory rehabilitation, inpatient rehabilitation			
Taule 2015	Early supported discharge (ESD) 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 visits	(1) Assessment of Motor and Process Skills-motor scale (AMPS-motor scale) (2) modified Rankin Scale (mRS)	At 3 months follow-up	There were no between-group differences in the change of AMPS score and mRS score at 3 months from baseline
	Usual care (n=51)	median (range): 74 (32-98)	30/21			Usual care might involve no 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 1999	Home-based occupational therapy	mean (SD): 73.6 (8.1)	52/42	Within 1 month	Not specified	Home-based occupational therapy was	Barthel Index (BI)	At 6 months after randomisation	There was significant between-group difference in BI score in favour of

	(n=94)					provided to improve the independence in personal and instrumental ADL by a professional during home visits			the home-based intervention group at 6 months follow-up
	Usual care (n=91)	mean (SD): 75.1 (8.6)	42/49			Usual care involved existing services of routine rehabilitation			
Wolfe 2000	Home-based rehabilitation (n=23)	mean (SD): 72 (12)	10/13	Not specified	Not specified	Home-based intervention was provided by professionals during home visits	Modified Barthel Index (MBI)	At 1 year after randomisation	There was no between-group difference in MBI score at 1 year follow up
	Usual care (n=20)	mean (SD): 76 (7.04)	8/12			Usual care was defined as all other services apart from therapy in home-based intervention group			
Azab 2009	Home-based constraint-induced movement therapy (CIMT)	Not specified	Not specified	Not specified	Patients with mild (Brunnstrom recovery scale score of 5 to 6, or BI score of 65 to	(1) Home-based CIMT was supervised and encouraged by a trained	Barthel Index (BI)	(1) At 4 weeks following CIMT (at treatment endpoints) (2) At 6 months follow up	(1) The home-based intervention group showed greater improvement in BI score than the control group at treatment

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

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

	(n=55)			median (range): 50 (5-229) days staying in stroke unit		skills; facilitating more independence in 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 (n=55)	mean (range): 75.8 (54-94)	26/29	median (range): 10 (1-52) days from stroke onset to stroke unit admission; median (range): 50 (7-169) days staying in stroke unit		Any available services as required were provided			
Gilbertson 2000	Domiciliary occupational	median (IQR): 71 (28-89)	29/38	median (IQR): 31 (17-57) days	Not specified	(1) Home-based intervention	Barthel Index (BI)	(1) At 8 weeks (at treatment endpoint)	There was no between-group difference in BI

	therapy combined with usual care (n=67)					which was tailored to recovery ability 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		(2) At 6 months follow up	score either at treatment endpoint or at 6 months follow up
	Usual care (n=71)	median (IQR): 71 (31-89)	31/40	median (IQR): 23 (13-66) days		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			
Goldberg 1997	Home-based, case-managed care combined with usual care (n=21)	median (range): 72 (65-84)	10/11	Within 2-3 months	Patients without severe pre-morbid or comorbid conditions sufficient to impact significantly on their capacity to recover from the qualifying stroke	(1) Home-based intervention including therapeutic recreation, social work, and psychology consultation was provided by a treatment team during home visits (2) Standard outpatient follow-up services included routine medical follow-up visits and, when indicated,	Functional Independence Measure (FIM)	(1) At 6 months (2) At 1 year	No within-group or between-group statistical analysis

						outpatient rehabilitation service			
	Usual care (n=20)	median (range): 72 (65-81)	11/9			Standard outpatient follow-up services included routine medical follow-up visits and, when indicated, outpatient rehabilitation service			
Mandigout 2021	Individualized home-based coaching programme combine with usual care (n=41)	median (IQR): 63 (12)	30/11	Within 6 months	Not specified	(1) The treatment strategy of home-based intervention was not specified (2) Usual care which might include outpatient therapy, medical appointment	Barthel Index (BI)	(1) At 6 months (at treatment endpoint) (2) At 12 months follow up	There was no between-group difference in BI score either at treatment endpoint or at 12 months follow up
	Usual care (n=42)	median (IQR): 58 (24)	32/10			Usual care which might include outpatient therapy, medical appointments at 1, 6 and 12			

						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-based intervention emphasizing a task- and context-oriented approach, which recommended that the patient perform guided, supervised, and self-directed activities in a functional and familiar context was provided by professionals during home visits (2) Routine hospital rehabilitation service was provided by physical	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 (n=60)	median (IQR): 80 (74-87)	30/29		median (IQR): 24 (22-26.5) of NIHSS score	Routine hospital rehabilitation service was provided by physical therapists			
Rudd 1997	Early discharge with home rehabilitation combined with usual care (n=167)	mean (SD): 70 (11)	92/75	mean (SD): 22 (25) days staying in hospital before randomisation	Not specified	(1) Home-based intervention including physiotherapy, occupational therapy and speech therapy was provided by professionals during home visits (2) Conventional care included in-patient treatment, discharge planning, and outpatient care	Modified Barthel Index (MBI)	At 12 months after stroke	There was no between-group difference in MBI score at 12 months follow up
	Usual care (n=164)	mean (SD): 72 (12)	93/71	mean (SD): 25 (30) days staying in hospital before		Conventional care included in-patient treatment, discharge			

				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 Index (MBI)	(1) At 4 weeks after discharge (at treatment endpoint) (2) At 8 weeks after discharge	(1) Both the home-based intervention group and the control group showed improvement in MBI score at treatment endpoint and at 8 weeks follow up (2) The home-based intervention group showed higher MBI scores than the control group at treatment endpoint and at 8 weeks follow up

						Being; and emotion management (2) Routine hospital-based physical training programme was provided within the first 3 weeks after hospital discharge			
	Usual care (n=54)	mean (SD): 71.5 (11.6)	20/34			Routine hospital-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 motion exercises, and progressive	Barthel Index (BI)	(1) At 4 weeks (2) At 8 weeks (3) At 12 weeks (at treatment endpoint)	(1) The home-based intervention group showed improvement in BI score over time (2) The control group showed no improvement in BI score over time (3) The home-based intervention group showed higher BI score than the control

						walking programme and relaxation			group over time
	No intervention (n=37)					N/A			
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 unable to manage	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			N/A			

	intervention (n=45)	72.0 (10.6)			stairs, slopes, or uneven surfaces 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 1996	Home-based dressing practice (n=15)	mean (SD): 65.9 (8.16)	9/6	6 months	Patients with dressing problems	Home-based intervention involving teaching patients and carers appropriate techniques such as dressing the affected limb first, energy conservation, the use of red thread to overcome perceptual difficulties and to mark alignment of buttons, and advice on choice of clothing, was provided by an occupational therapist during home visits	Rivermead Activities of Daily Living scales (self-care)	At 3 months (at treatment endpoint)	(1) The home-based intervention group showed improvement in Rivermead Activities of Daily Living scales (self-care) score at treatment endpoint (2) The control group showed no improvement in Rivermead Activities of Daily Living scales (self-care) score at treatment endpoint (3) The home-based intervention group showed greater improvement in Rivermead Activities of Daily Living scales (self-care) score than the control group at treatment
	No intervention	mean (SD): 70.2 (10.35)	7/8			N/A			

	(n=15)								endpoint
Wang 2015	Caregiver-mediated, home-based intervention (CHI) (n=25)	mean (SD): 62.0 (9.5)	13/12	More than 6 months	Patients with mild to moderate disability (Brunnstrom recovery stages III-V)	Home intervention was designed to improve patients' body functions and structural components; to improve patients' ability to undertake everyday activities within their living environments using task-specific restorative and compensatory training methods; and to help the patients reintegrate into the society by participating in restorative outdoor leisure activities	Barthel Index (BI)	At 12 weeks (at treatment endpoint)	(1) The home-based intervention group showed improvement in BI score at treatment endpoint (2) The control group showed no improvement in BI score at treatment endpoint (3) The home-based intervention group showed greater improvement in BI score than the control group at treatment endpoint
	No intervention (n=26)	mean (SD): 65.4 (10.6)	17/9			N/A			

N/A: Not applicable