Table 2 Summary of intervention details in individual studies

Author Year	Brief name	Why	What (materials)	What (procedures)	Who provided	How	Where	When and how much	Tailoring	Modifications of intervention throughout trial	Strategies to improve or maintain intervention fidelity	Extent of intervention on fidelity

Asano 2021	Progressive rehabilitation exercises through tele-rehabilitation	Tele-rehabilitation can enable therapists to work with and evaluate their patients remotely and the patients to perform rehabilitation in the comfort of their own home and at their own convenience	Not specified	(1) Participants and their caregivers were trained to use the hardware and software (2) Participants received progressive rehabilitation exercises including upper limb strengthening, lower limb strengthening, seated balance exercise, standing balance exercise and training of functional activities	(1) A research assistant trained the use of hardware and software: (2) A tele-therapist prescribed the progressive rehabilitation exercises and provided tele-consultations	Online exercises and video calls during a tele-consultation	(1) Training of the use of hardware and software: in acute hospital before discharge or in homes after discharge (2) The progressive rehabilitation exercises took place in participants' home	(1) Training of the use of hardware and software before discharge or after discharge from acute hospital: 1-3 sessions with each session being an hour long (2) The progressive rehabilitation exercises were provided in participants' home after discharge for three months, with tele-consultations once a week	The difficulty level and minimum range of motion desired for each exercise prescribed is determined by the tele-therapist who will assess and inform the patient of the change before increasing the difficulty level	Not described	Adherence of therapy was recorded by the subject in a diary to record the number of minutes subject spent each day. And the tele-therapist checked the entering data during tele-consultations	50/61 completed the 3-month assessment

Baskett 1999	Home-based self-directed exercises	Outpatient therapy might disempower the patient and caregiver from believing that they can be actively involved in their own rehabilitation programme. Furthermore, in the hospital setting, it is often difficult to plan ongoing therapy without a detailed understanding of and continuing supervision within the home environment. Therefore, this study investigated	Not specified	(1) Advice on the self-directed therapy programme (2) Self-directed exercises aiming at improve the ability of ADL were prescribed for patients and their caregivers	(1) A physiotherapist and an occupational therapist provided the advice (2) Home-based intervention for patients was mediated by themselves or caregivers	(1) Advice was provided during home visits (2) Home-based interventions for patients were provided by themselves with or without the help of caregivers at home	At patients' home	(1) Advice was provided by professionals once a week for as long as judged necessary, or for a maximum of 13 weeks (2) Patients was encouraged to attempt the prescribed home-based self-directed exercises programme several times a day	Not described	Not described	The subject or caregiver was asked to record the type and duration of activities they achieved each day	46/50 completed the 3-month assessment

		the feasibility of the home-based self-directed exercises programme										
Björkdahl 2006	Home-based intervention	Aiming to evaluate if three weeks of rehabilitation in the home setting of younger patients with stroke would improve activity to a larger extent than ordinary outpatient rehabilitation at the clinic and facilitate the rehabilitation process	Not specified	Home-based intervention which was focus on activities in patients' natural context, varing from personal care to shopping and leisure activities was provided	A physiotherapist and an occupational therapist provided the home-based intervention	Home-based interventions for patients were provided by professionals during home visits	At patients' home	9 hours of home-based training per week for three weeks was provided after discharge from the rehabilitation ward	Individually tailored training, based on the patient's needs and desires was provided	Not described	Not described	30/30 completed the 3-week assessment
Chen 2017	Home-based telesupervising rehabilitation	Aiming to evaluate the efficacy of a telerehabilitation system, which integrated	Not specified	(1) Home-based intervention including physical exercises with ADL	Therapists provided instructions and demonstrations of the home-based intervention and tele-supervision	(1) Instructions and demonstrations of the home-based intervention were provided	At patients' home	(1) Instructions and demonstrations of the home-based interventio	Individualized physical exercise plan was provided	Not described	The caregivers were asked to keep training logs in the record plate of the system	26/27 completed the 12-week assessment

		electromyography-triggered neuromuscular stimulation (ETNS) rehabilitation, detection of physiological parameters, medical history records, data storage, and high-quality video-audio system on physical function for stroke survivors		training and the ETNS therapy was prescribed and taught by professionals (2) The home-based intervention was performed by participants and the caregivers with the tele-supervision by professionals		by professionals face to face during home visits (2) Home-based interventions were performed by patients themselves with or without the help of caregivers at home		n were provided until the participants or the caregivers could manage it without the help of the therapists (2) The physical exercises with ADL training were conducted for 1 hour, twice in a working day for 12 weeks, a total of 60 sessions (3) The ETNS was conducted for 20 minutes, twice in a working day for 12 weeks, a			that faithfully recorded the survivors' daily training	

								total of 60 sessions				
Chen 2020	Home-based motor training telerehabilitation	Home-based telerehabilitation (TR) has been indicated that TR approaches can be as efficacious as conventional rehabilitation (CR) in improving activities of daily living (ADL), and enhanced the compliance of rehabilitation training. The study aimed to determine the effects of a 12-week home-based motor training TR procedure in subcortical stroke patients with	Not specified	(1) Home-based intervention including physical exercises with ADL training and the ETNS therapy was prescribed and taught by professionals (2) The home-based intervention was performed by participants and the caregivers with the tele-supervision by professionals	Therapists provided instructions and demonstrations of the home-based intervention and tele-supervision	(1) Instructions and demonstrations of the home-based intervention were provided by professionals face to face during home visits (2) Home-based interventions were performed by patients themselves with or without the help of caregivers at home	At patients' home	(1) Instructions and demonstrations of the home-based intervention were provided until the participants or the caregivers could manage it without the help of the therapists (2) The physical exercises with ADL training were conducted for 1 hour, twice in a working day for 12 weeks, a total of 60 sessions	Individualized physical exercise plan was provided	Not described	The caregivers were asked to keep training logs in the record plate of the system that faithfully recorded the survivors' daily training	26/26 completed the 12-week assessment

		motor dysfunction						(3) The ETNS was conducted for 20 minutes, twice in a working day for 12 weeks, a total of 60 sessions				
Gladman 1993; Gladman 1994	Domiciliary-based rehabilitation	Aiming to determine whether stroke patients would make greater improvements in ADL after discharge from hospital	Not specified	Home-based intervention including physiotherapy and occupational therapy	Two physiotherapists and one occupational therapist provided the domiciliary service	Home-based intervention was performed professionals during home visits	At patients' home	The domiciliary rehabilitation service was provided for up to six months	Not described	Not described	Not described	157/165 completed the domiciliary rehabilitation
Han 2020	Home-based reablement programme	There is evidence supporting that the reablement intervention leads to significant improvements in ADL for older adults.	Not specified	Home-based intervention of ADL training	One occupational therapist provided the home-based intervention	Home-based intervention was performed professionals during home visits	At patients' home	The home-based intervention was provided 50 minutes each time, once a week for 6 weeks	Not described	Not described	Not described	12/12 completed the 6-weeks assessment

		However, evidence on the effectiveness of reablement for patients with stroke is limited. The study aimed to investigate the effects of reablement in patients with stroke from the 3 concepts of ADL										
Hesse 2011	Intermittent high-intensity home-based physiotherapy programme	Aiming to evaluate whether patients undergoing the pulsed high-intensity treatment design would have better motor functions in one year compared to those	Not specified	(1) Intermittent high-intensity home-based intervention of physiotherapy based on the Bobath approach and the motor relearning programme was provided to	(1) Two physiotherapists provided the home-based intervention (2) Self-therapy was performed by patients themselves and their caregivers	(1) Home-based intervention was performed professionals during home visits (2) Self-therapy programme was performed by patients themselves and their caregivers at home	At patients' home	(1) The home-based intervention was provided in three two-month blocks (months 1 + 2, months 5 + 6, months 9 + 10), consisting of four therapy	Individualized self-therapy programme was prescribed	Not described	The patients and their caregivers kept a diary, in addition the therapists phoned the patients every 14 days during self-therapy period	25/25 completed the 12-months home-based intervention

		receiving continuous low-intensity training		improve motor function relevant for patients' everyday life (2) Self-therapy programme consisting of various stretching, strengthening and motor tasks was prescribed				sessions every week, one session lasted 30 to 45 minutes net. The three two-month blocks totalled 96 30 to 45 minute sessions (2) Self-therapy programme was performed between the treatment blocks (months 3 + 4, months 7 + 8, months 11 + 12) for at least 30 minutes in every workday				
Hofstad 2014	Early supported	Aimed to compare the	Not specified	Not specified	A multi-disciplinary	(3) Home-based interventions	At patients' home	(1) The scheduled	Not described	Not described	Not described	(1) Many patients

	discharge (ESD) to home with home-based intervention	rehabilitation results after ESD to rehabilitation as usual, and to investigate the effect of community treatment given in two different settings; either in a day unit or in the patients' homes			community health team, consisting of a nurse, a physiotherapist and an occupational therapist provided the home-based intervention	were provided during home visits		treatment period was five weeks and maximally four hours per day, five days a week (2) During the treatment period, team members were present three days a week, and the last two the days of the week the patients trained by themselves after instructions from the team				did not comply with the scheduled treatment (2) 85/104 completed the home-based intervention
Kalra 2000	Domiciliary stroke care	Aimed to compare the efficacy of stroke unit, stroke team,	Not specified	Not specified	A specialist stroke team provided the home-based intervention	Home-based interventions were provided during home visits	At patients' home	The home-based intervention was provided for a maximum	Individualised care plan outlining activities	Not described	Not described	144/153 (including 149 confirmed stroke and 10

		and domiciliary stroke care in reducing mortality, dependence, and institutionalisation in patients with moderately severe strokes						of 3 months	and the objectives of treatment were provided			confirmed no-stroke) completed the 12-months assessment
Özdemir 2001	Home-based rehabilitation	Aimed to test the hypothesis that medical rehabilitation gains can be obtained through home-based rehabilitation services with professional staff supervision of family members	Not specified	(1) Instructions from professional were provided (2) Home-based intervention including conventional exercises and provision of splints, orthoses and devices were provided	(1) A rehabilitation physician and a physiotherapist provided the instructions for family caregivers (2) Family caregivers performed the home-based intervention to patients	(1) Instructions were provided during home visits (2) Home-based interventions were provided by patients and their family caregivers at home	At patients' home	(1) The home-based intervention was provided for at least 2 hours a day, 7 days a week (2) The mean rehabilitation period at home was 64 days (range, 29–150 days)	Not described	Not described	Not described	Not specified
Pandian 2015	Family-led, trained caregiver-	The aim of this pilot study was to	A culturally appropriate, simple,	Home-based intervention including	(1) A physiotherapist prescribed	Home-based interventions were provided by	At patients' home	Caregivers performed the home-based	Not described	Not described	Not described	44/50 completed the 6-months

	delivered, home-based rehabilitation intervention	determine the feasibility of a multicenter, randomized, controlled trial in India of a family-led, trained caregiver-delivered, home-based rehabilitation intervention vs. routine care	pictorial 'manual' covering key exercises relevant to activities of daily living was provided for patients' caregivers	positioning, transfers, mobility, task-orientated training (particularly walking, upper-limb, and self-care tasks) was provided	the home-based intervention (2) Patients' caregivers delivered the home-based intervention to patients	patients' caregivers at home		intervention when the patients were discharged home				assessment
Redzuan 2012	Video-based therapy programme at home	Aiming to evaluate the effectiveness of an intervention using video to deliver therapy at home for patients with stroke	A self-instructional audiovisual DVD of standardized rehabilitation procedures and patient handling techniques was provided	Home-based self-instructional intervention including patient positioning and handling; bed mobility; passive range of motion exercises, stretching, and strengthening of the upper limbs and the lower limbs; transfer techniques from bed to	(1) Home-based self-instructional intervention was prescribed and taught to patients and/or their caregivers by therapists (2) Home-based self-instructional intervention was performed by patients and/or their	(1) Home-based self-instructional intervention was prescribed and taught to patients and/or their caregivers by therapists face to face (2) Home-based self-instructional intervention was performed by patients and/or their caregivers with the guidance of	At patients' home	Upon discharge, caregivers and/or patients were encouraged to do the exercises along with the video as often as possible	An investigator and the therapist would go through the video content with each patient and determine the appropriate sections and/or exercises and	Not described	Caregivers and/or patients were encouraged to do the exercises along with the video as often as possible and were asked to record their exercises in a diary	44/53 completed the 3-months assessment

				wheelchair and vice versa, and wheelchair into the car and vice versa; and activities of daily living	caregivers	a video at home			emphasize the important parts of the video according to the patient's stroke severity and resulting impairment			
Roderick 2001	Domiciliary rehabilitation service	Aiming to compare the effectiveness and costs of a new domiciliary rehabilitation service for elderly stroke patients with geriatric day-hospital care	Not specified	Not specified	Home-based intervention was provided by a physiotherapist and an occupational herapists	Home-based intervention was performed by professionals during home visits	At patients' home	The home-based intervention was provided until maximum potential for recovery was reached	Not described	Not described	Not described	54/66 completed the 6-months assessment
Taule 2015	Early supported discharge (ESD) at home	Current evidence supports ESD from hospital to home after acute hospital	Not specified	Home-based intervention was mainly directed towards ADLs, and function-specific treatment was also offered	An occupational therapist and/or a physiotherapist provided the home-based intervention	Home-based intervention was provided during home visits	At patients' home	(1) ESD intervention was provided during hospitalization and at home	Not described	Not described	Not described	39/53 completed the 3 months assessment

		treatment as patients have demonstrated benefits in independence. However, the influence of different rehabilitation models on the patients' ADL ability is still scarcely explored. This study aimed to compare three models of rehabilitation: ESD in a day unit, ESD at home and traditional treatment in the municipality						(2) A home visit was provided after discharge within three days, and lasted for a maximum of five weeks after the home visit				
Thorsén 2005; von Koch 2001;	Early supported discharge (ESD) and continued	Aiming to determine whether the home rehabilitation	Not specified	Home-based intervention emphasizing a task- and context-oriented	Two physical therapists, two occupational therapists, and one speech therapist	Home-based intervention was provided during home visits	At patients' home	The home-based intervention programme approximately	The home-based interventi on was	Not described	The duration and type of therapy were recorded in a protocol by	(1) 41/41 complete d the 3 months assessme

von Koch 2000; Widén Holmqvist 1998	rehabilitation at home	model as developed at the Department of Neurology was more effective and/or resource efficient than current, organizationally diverse rehabilitation in a hospital or day care or through outpatient care		approach, which implies that the patient performs guided, supervised, or self-directed activities in a functional and familiar context, was provided	provided the home-based intervention			3 to 4 months in duration. The frequency of therapy contacts for the patients receiving rehabilitation at home was decided by the providing therapist in consultation with the patient and his or her family. The frequency of home visits was gradually reduced until the therapist discharged the patient	tailored for each patient		the therapists. Patients were asked to keep diaries between therapy sessions on time and type of training	nt (2) 40/41 completed the 6 months assessment (3) 39/41 completed the 12 months assessment (4) 30/41 completed the 5 years assessment
Young 1992	Home physiotherapy	Aiming to compare the effectiveness of day hospital attendance with home physiotherapy for stroke patients to determine	Not specified	Not specified	One of five experienced community physiotherapists provided the home-based intervention	Home-based intervention was provided during home visits	At patients' home	Not specified	Not described	Not described	Not described	56/63 completed the 6 months assessment

		which service produces greater functional and social improvement for the patient, reduces emotional stress for the caregiver, and lessens the need for community support										
Barzel 2015	Home-based constraint-induced movement therapy (CIMT)	Home CIMT is a modified form of CIMT that reduces the need for professional assistance in ambulatory care, training the increased use of the stroke-affected arm in daily life within the patient's	Not specified	(1) Patients received information and instruction of home CIMT (2) Patients were supervised by a professional who solved problems and adjusted	(1) A physical or occupational therapist provided information and instruction of home CIMT and provided supervision and adjustment through problem solving (2) Home CIMT was coached	(1) 2 home visits to provide information and instruction (2) 3 home visits to supervise and adjust exercises and practice (3) Face-to-face coaching of home CIMT by non-professional	At patients' home	(1) 2 home visits of 50-60 min in the first week (2) 3 home visits of 50-60 min in the next 3 weeks (3) Home CIMT was recommended for 2 h each weekday, giving 40 h	Exercises were adapted to the patient's abilities	Not described	The non-professional coach| maintained a training diary to document the time per exercise (using a stopwatch), the number of repetitions, and the time of practising	82/85 completed the home CIMT

		home environment		exercises and practice which were relevant to everyday life with special focus on activities of daily living (ADL) (3) Patients were instructed to do home CIMT	by a non-professional (eg, family member)			of practice in 20 days				
Chaiyawat 2012	Home-based individual's exercise programme	The programme would be able to improve the ADL and function, decrease disability and increase quality of life	Standard materials on an audiovisual CD of rehabilitation procedures: passive exercise, active exercise, resistance exercise, and ADL	(1) Individual counseling, which focused on education, applying information learned in practical situations, and solving problems was offered to the caregiver if needed (2) The intervention	A physical therapist provided the individual counseling and home-based rehabilitation	Intervention was provided during home visits	At patients' home	(1) Individual counseling was provided before home-based rehabilitation (2) Home-based rehabilitation was provided once a month for 6 months; Each	Individual counseling, which focused on education, applying information learned in practical situations, and solving problems occurring at home	Not described	(1) The duration and type of therapy were recorded on a case report form by the therapist (2) Patients or caregivers were asked to keep	(1) 30/30 completed the home-based rehabilitation programme (2) Compliance with the intervention, as indicated by daily records was high

				strategy included exercises and ADL practice				home-based rehabilitation lasted approximately 1 h			diaries between therapy sessions on the time and type of training	
Chaiyawat 2009	Individual's home-based exercise programme	Because inpatient rehabilitation programmes in Thailand are not widely available, the demand for home rehabilitation is increasing. Therefore, a model for effective home rehabilitation for stroke patients will help improve stroke care	Standard materials on an audiovisual CD of rehabilitation procedures: passive exercise, active exercise, resistance exercise, and ADL	(1) Individual counseling, which focused on education, applying information learned in practical situations, and solving problems was offered to the caregiver if needed (2) The intervention strategy included exercises and ADL practice	A physical therapist provided the individual counseling and home-based rehabilitation	Intervention was provided during home visits	At patients' home	(1) Individual counseling was provided before home-based rehabilitation (2) Home-based rehabilitation was provided once a month for 3 months; Each home-based rehabilitation lasted approximately 1 h	Individual counseling, which focused on education, applying information learned in practical situations, and solving problems occurring at home	Not described	(1) The duration and type of therapy were recorded on a case report form by the therapist (2) Patients or caregivers were asked to keep diaries between therapy sessions on the time and type of training	(1) 30/30 completed the home-based rehabilitation programme (2) Compliance with the intervention (as indicated by daily records) at one, two, and three months was 94%, 95%, and 95%

Chen 2021	Nurse-guided home-based rehabilitation exercise programme	Exercise training is strongly recommended for patients post-stroke, and the time spent in hospital may not be sufficient to prepare patients for further rehabilitation. Also, home-based rehabilitation was proved to decrease the level of disability and correspondingly improve functional recovery among patients with motor impairments	Not specified	(1) Environmental modification was provided to diminish any environmental hazards (2) Exercise programme was provided which mainly included strengthening the lower limb muscle groups with exercises, such as joint training, sit-ups, balance training while standing, standing, bending to pick things up, straight leg-lifting, and	An advanced practice registered nurse (APRN) who had received professional physiotherapy training provided environmental modification and guidance of patients during the exercise programme	Environmental modification and exercise programme were provided during home visits	At participants' home	(1) During the first home visit, the nurse modified the environmental hazards (2) During the first 3 months, patients underwent three exercise sessions per week, with each session lasting 30 min (3) During the next 3 months, patients underwent one session per week (4) Thereafter, the frequency of the supervised	The home-based rehabilitation exercise programme was an individually tailored rehabilitation intervention programme	Not described	Not described	59/70 completed the home-based rehabilitation exercise programme

				climbing stairs				exercise dropped to once a month, and once every other month, up to 12 months				
Deng 2020	Integrated transitional care programme	Transitional care (TC) interventions have emerged as a potential solution to ensure the continuity and coordination of healthcare when patients transfer across care settings and between providers	Not specified	As soon as the patient was discharged to home, the home-based intervention was performed, including (1) ongoing stroke rehabilitation, (2) medication reconciliation and (3) self-management education regarding risk factors control and stroke warning signs	A multidisciplinary poststroke consultation team consisting of a community-based general practitioner, a nurse and a rehabilitation therapist. The extended team members included a neurologist, a rehabilitation specialist and social workers. To ensure the continuity of care delivery, a nurse in the community setting was designated as a coordinator	Home-based interventions were provided during home visits	At patients' home	(1) The scheduled treatment was 8 weeks and maximally 2 hours per day (2) During the first 4 weeks, team members were present three days a week (3) Periodic phone calls were used to understand patient changes. At a	Not described	Not described	Not described	49/49 completed the Integrated transitional care programme

								minimum, patients were contacted twice a week for the first four weeks postdischarge (4) During the next 4 weeks, team members were present once a week				
Duncan 1998	Therapist-supervised home-based exercise programme	Emerging evidence suggested that intensive remedial therapy like aerobic training may be beneficial for stroke survivors, as a result, researchers combined all 3	Not specified	(1) 10-minute warm-up session of stretching and flexibility exercise (2) The first block included assistive and resistive exercises using	A physical therapist provided the home-based exercise programme	Home-based interventions were provided during home visits	At patients' home	(1) The experimental exercise intervention was initiated within 5 days of baseline testing (2) The programme included 3 visits a week for 8	(1) Resistance progression was based on a protocol in which when subjects could	Not described	Not described	10/10 completed the home-based exercise programme

		components (strength, balance, and endurance) into 1 intervention		Proprioceptive Neuromuscular Facilitation Patterns (PNF) or Theraband exercise to the major muscle groups of the upper and lower extremities (3) The second block included 15 minutes of balance exercises, (4) In the third block, participants were encouraged to use the affected upper extremity in functional activities (5) The final block				weeks, and the patients were instructed to continue the exercise programme on their own for 4 additional weeks (3) Each exercise session lasted approximately 1.5 h	complete 2 sets of 10 repetitions through the available range of motion, resistance was increased by progression of Theraband elasticity (levels of resistance) or by incre			

				included a progressive walking programme or progressive exercise on a bicycle ergometer					ased manual resistance in PNF exercises (2) Individuals were instructed to walk at their usual pace or bicycle at low revolutions per minute			
Hofstad 2014	Early supported discharge (ESD) to	Aimed to compare the rehabilitation results after	Not specified	Not specified	A multi-disciplinary community health team, consisting of	Home-based interventions were provided during home visits	At patients' home	(1) The scheduled treatment period was	Not described	Not described	Not described	(3) Many patients did not comply

	home with home-based intervention	ESD to rehabilitation as usual, and to investigate the effect of community treatment given in two different settings; either in a day unit or in the patients' homes			a nurse, a physiotherapist and an occupational therapist provided the home-based intervention			five weeks and maximally four hours per day, five days a week (2) During the treatment period, team members were present three days a week, and the last two the days of the week the patients trained by themselves after instructions from the team				with the scheduled treatment (4) 85/104 completed the home-based intervention
Lincoln 2004	Home-based intervention performed by a community stroke team	Aimed to assess whether rehabilitation by a specialist multiprofessi	Not specified	Rehabilitation service including physiotherapy, occupational therapy, speech and language	A multidisciplinary team provided the home-based intervention	Home-based interventions were provided during home visits	At patients' home	Home-based rehabilitation was provided for as long as it was considered patients were benefiting	Not described	Not described	Not described	Not described

		onal team improved the outcome, in terms of functional abilities, mood, quality of life and satisfaction with care, as compared with conventional outpatient rehabilitation services		therapy								
Lindley 2017	Family-led rehabilitation after stroke in India	Given that low-income and middle-income countries have only about 3% equivalent purchasing power to spend on health care compared with high-income countries, any new	An intervention manual was provided for the patient and caregiver	(1) Family rehabilitation training involved training family members to provide a simplified version of evidence-based rehabilitation, and included comprehensive	(1) A rehabilitation professional provided the family rehabilitation training (2) Home-based intervention for patients was mediated by caregivers	(1) Family rehabilitation training was provided during home visits (2) Home-based interventions for patients were provided by caregivers at home	(1) The family rehabilitation training was started in hospital, and continued at home (2) The home-based intervention was performe	(1) The family rehabilitation training was designed to take place for about 1 h a day in hospital for about 3 days. After hospital discharge, up to six home visits were provided to	Not described	Not described	(1) For family rehabilitation training, a log of trial interventions was kept by the professional for each participant for hospital	(1) The family rehabilitation training programme was delivered as planned with a mean time of 3·0 h in hospital. And an additiona

		model of stroke rehabilitation should be both sustainable and effective. Researchers hypothesised that family caregiver delivered rehabilitation would increase independence and survival after stroke unit admission		impairment and disability assessment by the coordinators; information provision; joint goal setting with the patient and caregiver for basic activities of daily living (ADL), extended ADL (EADL), and communication; caregiver training for limb positioning; encouragement of the practice of task-specific activities;			d at home	assess progress, continue caregiver training activities, and reset goals (2) Patients and their caregivers were encouraged to performed the home-based intervention after discharge to home			and home visit activities (2) Patients and their caregivers were encouraged to perform family-led rehabilitation and they were encouraged to keep log of rehabilitation activities for 30 days after discharge	l 3·1 h of training were delivered during home visits (2) Patients and caregivers reported 17·8 h of family-led rehabilitation given in the first 30 days after hospital discharge

				and reminders to prepare the patient and carer for hospital discharge (2) Home-based intervention mediated by caregivers was prescribed for patients and their caregivers								
Mayo 2000	Tailor-made home programme of rehabilitation and nursing services with prompt discharge from hospital	Aimed to evaluate the effectiveness of prompt discharge combined with home rehabilitation on health-related quality of life (HRQL), community reintegration, and function	Not specified	Home-based intervention included physical therapy, occupational therapy, speech therapy, and dietary consultation	A multidisciplinary team provided the home-based intervention	Home-based interventions were provided during home visits and supplemented with telephone monitoring	At patients' home	(1) The duration of the intervention was 4 weeks (2) Subsequent home visits were arranged as needed	Intervention was individualized to a patient's needs	Not described	Not described	Not described
Rasmussen	Early home-based	Aimed to evaluate the	After being discharged to	(1) Home-based	A multidisciplinary,	Home-based interventions were	At patients' home	(1) As soon as an	Home-based	Not described	Not described	36/38 completed the

2016	rehabilitation	efficacy of early home-based rehabilitation compared with standard care three months after stroke onset.	homes, written plans for training sessions were given to patients	interventions before discharge included physical exercises and training of activities of daily living (2) After being discharged to homes, patients received written plans for training sessions, and received help to perform activities of daily living and continued rehabilitation training, which focused on the patient's occupational problems	intersectoral and interventional team including a nurse, physiotherapists, occupational therapists and physicians, provided the home-based intervention	provided during home visits		inpatient was able to train at home, home-based interventions were performed one to three times per week (2) After discharged to home, the home-based interventions were provided one to five days per week for up to four weeks according to the ability and needs of the patients	training was based upon the patient's needs and rehabilitation goals			home-based intervention

Santana 2017	Early home-supported discharge (EHSD) service	While EHSD services for stroke patients have been researched in Scandinavia and the United Kingdom, no trials have taken place in the health systems environment of Southern Europe. The present study was developed as part of a European project on integrated care	Not specified	(1) Patients and carers received education on healthy behaviours and information about stroke (2) The mix of physiotherapy, occupational therapy and psychology sessions was also adapted to the specific condition of each patient. Rehabilitation was focused on daily activities valued by the patient in their usual context (3) Caregivers	Two physiotherapists, two occupational therapists and a psychologist	Home-based interventions were provided during home visits	The EHSD intervention was started in hospital, and continued at home	(1) EHSD intervention started during patients' stay at the stroke unit (2) Approximately eight home-based training sessions for a maximum of one month were provided	(1) Information and training was tailored to the patient's needs (2) Rehabilitation was focused on daily activities valued by the patient in their usual context	Not described	Not described	Not described

				were trained and made aware of the competencies and ability of the patient and were encouraged to follow their progress								
Taule 2015	Early supported discharge (ESD) at home	Current evidence supports ESD from hospital to home after acute hospital treatment as patients have demonstrated benefits in independence. However, the influence of different rehabilitation models on the patients' ADL ability is still	Not specified	Home-based intervention was mainly directed towards ADLs, and function-specific treatment was also offered	An occupational therapist and/or a physiotherapist provided the home-based intervention	Home-based intervention was provided during home visits	At patients' home	(1) ESD intervention was provided during hospitalization and at home (2) A home visit was provided after discharge within three days, and lasted for a maximum of five weeks after the home	Not described	Not described	Not described	39/53 completed the 3 months assessment

		scarcely explored. This study aimed to compare three models of rehabilitation : ESD in a day unit, ESD at home and traditional treatment in the municipality						visit				
Walker 1999	Home-based occupational therapy	Aimed to evaluate the effect of occupational therapy on stroke patients who were not admitted to hospital	Not specified	Occupational therapy was provided to improve the independence in personal and instrumental ADL	A research occupational therapist provided the home-based intervention	Home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided for patients with stroke 1 month after onset for up to 5 months	The frequency of interventi on was agreed between the therapist, patients and if relevant, the carers	Not described	Not described	Not described
Wolfe 2000	Home-based rehabilitation	Stroke patients requiring rehabilitation , those not	Not specified	Not specified	A rehabilitation team including a physiotherapist, occupational therapist, a speech	Home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided for a maximum	Not described	Not described	Not described	Not described

		admitted to hospital were significantly less likely to receive rehabilitation than those admitted. In an attempt to redress this situation, researchers aimed to assess the effectiveness of providing rehabilitation to non-admitted stroke patients in a pilot trial			and language therapist and a therapy aid, provided the home-based intervention			of 3 months				
Azab 2009	Home-based constraint-induced movement therapy (CIMT) combined with usual care	Aiming to investigated the effect of home-based CIMT on the Barthel Index (BI)	Not specified	(1) Home-based CIMT consisted of the participant wearing a "mitt" on the uninvolved hand while practicing a	A family member supervised and encouraged the patients to perform the home-based intervention	A family member supervised and encouraged the patients to perform the home-based intervention	The home-based intervention was performed at patients' home	(1) The home-based intervention was performed for 6 to 7 hours per day for a period of 4 consecutive weeks (2) The usual	Participants were encouraged to progress the task goal according to their motor capabilities or the	Not described	Compliance was reported by the trained family member in the home diary activities sheet	Not described

				full functional task (2) Usual care included physical and occupational therapy which included active range of motion of bilateral upper extremities, stretching exercises in the upper extremity, hand-eye coordination activities, ambulation, and strengthening exercises for bilateral upper extremities				care was performed for 80 minutes, three times per week for 4 weeks	speed of performance			
Batchelor 2012	Home-based multifactorial Falls prevention	Aiming to determine whether a multifactoria	Not specified	(1) Home-based multifactorial Falls	A physiotherapist provided the home-based intervention	The home-based intervention was provided during home visits	The home-based intervention was	Not specified	Individualised home exercise	Not described	Adherence was assessed through exercise	(1) 75/85 completed the 12 months

	programme combined with usual care	l falls prevention programme reduces falls in people with stroke at risk of recurrent falls and whether this programme leads to improvements in gait, balance, strength, and fall-related efficacy		prevention programme included home-based exercise programme which addressed balance and mobility problems, falls risk minimization strategies and injury risk minimization strategies (2) Usual care including physical and occupational therapy was provided by professionals			performed at patients' home		programme was prescribed		diaries completed by participants and discussion with the physiotherapist at each review and following completion of the study	follow up (2) Of the 64 intervention participants for whom falls data were available, 16 (25.0%) fully adhered, 36 (56.3%) partially adhered, and 12 (18.7%) did not adhere to the exercise programme
Chumbler 2012	Multifaceted stroke telerehabilitation (STeleR) intervention combined	Aiming to determine whether a multifactorial falls prevention	Not specified	(1) Home televisits were provided to demonstrate exercise	A physiotherapist or an occupational therapist provided tele-rehabilitation intervention	The home-based intervention was provided through telerehabiltiation	At patients' home	The STeleR intervention lasted 3 months which included 3 1-hour home tele-visits and 5	The prescribed exercise was selected by the	Not described	An in-home messaging device (IHMD) was used to enhance	(1) 22/25 completed the 3 months follow up (2) 24/25

	with usual care	programme reduces falls in people with stroke at risk of recurrent falls and whether this programme leads to improvements in gait, balance, strength, and fall-related efficacy		which focused on strength and balance, to developed a treatment plan which might include modification of home environment and application of new adaptive equipment or techniques, to solve interval problems (2) Telephone intervention was provided to review current exercise regimen and assistive technology and to				telephone intervention calls	therapist based on patients' physical performance measures		exercise adherence	completed the 6 months follow up

				reassess and advance the exercise program (3) Routine Veterans Affairs (VA) care was provided								
Corr 1995	Home-based occupational therapy combined with usual care	Aiming to evaluate the influence of continued rehabilitative intervention by an occupational therapist on stroke patients after their discharge from a stroke unit	Not specified	(1) The home-based intervention including teaching new skills; facilitating more independence in activities of daily living; facilitating return of function; enabling patients to use equipment supplied by other agencie, was provided by an occupational therapist during home visits (2) Any other follow up	An occupational therapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Not specified	Appropriate therapeutic interventions were carried out as needed, based on the model of human occupation	Not described	Not described	46/55 completed the 1 year assessment

				services such as day-hospital attendance and community physiotherapy were provided								
Gilbertson 2000	Domiciliary occupational therapy combined with usual care	Aiming to establish if a brief programme of domiciliary occupational therapy could improve the recovery of patients with stroke discharged from hospital	Not specified	(1) Home-based intervention which was tailored to recovery ability of self-care or domestic or leisure activities (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	An occupational therapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided for 6 weeks for around 10 visits lasting 30-45 minutes	The home-based intervention was developed tailored to recovery goals identified by the patients	Not described	Not described	(1) 64/67 completed the 8 weeks assessment (2) 60/67 completed the 6 months assessment

				hospital								
Goldberg 1997	Home-based, case-managed care combined with usual care	Aiming to develop a systematic follow-up program for stroke survivors and their caregivers during the first year after discharge from inpatient rehabilitation, and to test a new model of delivery of health services to this population	A stroke educational manual with associated printed materials was provided	(1) Home-based intervention included therapeutic recreation, social work, and psychology consultation (2) Standard outpatient follow-up services included routine medical follow-up visits and, when indicated, outpatient rehabilitation service	A physiatrist, psychologist, and recreational therapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided bimonthly for hour-long	Not described	Not described	Not described	21/27 completed the 1 year assessment
Mandigout 2021	Individualized home-based coaching program combine with usual care	Aiming to investigate whether an individualised home coaching program improved walking capacity (at 6	Not specified	(1) The treatment strategy of home-based intervention was not specified (2) Usual care which might	A therapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided through home visits once every 3 weeks for 6 months	Individualized coaching program was provided	Not described	An activity tracker was used to monitor physical activities at home	39/42 completed the home-based intervention

		months) and promoted long-term benefits (at 12 months) in subacute post-stroke patients		include outpatient therapy, medical appointment								
Ricauda 2004	Home hospitalization service combined with usual care	Aiming to evaluate whether home-treated patients have different mortality rates from those of patients admitted to and treated on a general medical ward (GMW), and to evalute residual functional impairment, neurological deficit, depression, morbidity, and admission to long-term	Not specified	(1) The home-based intervention emphasized a task- and context-oriented approach, which recommended that the patient perform guided, supervised, and self-directed activities in a functional and familiar context (2) Routine hospital rehabilitation service	Physiotherapists, speech therapists, occupational therapists and psychologists, provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Not specified	Not described	Not described	Not described	39/60 completed the 6 months assessment

		facilities in the two groups of patients										
Rudd 1997	Early discharge with home rehabilitation combined with usual care	Aiming to assess the clinical effectiveness of an early discharge policy for patients with stroke by using a community-based rehabilitation team	Not specified	(1) Home-based intervention included physiotherapy, occupational therapy and speech therapy (2) Conventional care included in-patient treatment, discharge planning, and outpatient care	Therapists provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	The home-based intervention was provided for maximum once a day, for up to 3 months	Individual care plan was provided for each patient	Not described	Not described	136/167 completed the 12 months assessment
Wong 2015	4-week transitional care programme (TCP) with home-based intervention combined with usual care	Aiming to test the effects of a transitional care model with a specified dose of intervention	Not specified	(1) TCP included home-based intervention consisting of management and prevention of stroke	A trained nurse provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	(1) Home-based intervention was provided three days per week for 4 weeks (2) The routine	Not described	Not described	Not described	(1) 47/54 completed the 4 weeks assessment (2) 45/54 completed the 8 weeks

				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 Being; and emotion management (2) routine hospital-based physical training				hospital-based physical training programme was offered within the first 3 weeks after hospital discharge				assessment

				programme was provided								
Koç 2015	Home-based exercise	Aiming to assess the efficiency of structured home-based exercises for patients with subacute ischemic stroke in terms of their activities of daily living	Not specified	Home-based intervention including stretching and flexibility exercises, assistive and resistive exercises, active-assisted range of motion exercises, and progressive walking programme and relaxation	A nurse provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Home-based intervention was provided twice a week for 12 weeks, with each treatment session lasting 1 hour	Not described	Not described	Not described	Not described
Lin 2004	Home-based physical therapy programme	Aiming to examine the effects of low-intensity home-based physical therapy on the performance of ADL and motor	Not specified	Home-based intervention mainly consisted of motor facilitation, postural control training, functional ambulation training with	One of four physical therapists provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Home-based intervention was provided once a week for 10 consecutive weeks, with each treatment session lasting about 50 to 60 minutes	Daily exercise programmes were tailor-made to the patients' individual needs	Not described	Not described	9/10 completed the home-based intervention

		function in patients more than 1 year after stroke		gait correction, and ADL training								
Wade 1992	Home-based physiotherapy intervention	Aiming to determine whether the home-based intervention of a physiotherapist improved mobility in patients seen more than one year after stroke	Not specified	Home-based intervention included exercises to improve the walking and balance and ADL practice	A physiotherapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Home-based intervention was provided for 3 months	Not described	Not described	Not described	48/49 completed the 3 months assessment
Walker 1996	Home-based dressing practice	Aiming to investigate the intensive treatment for patients with persistent dressing problems at six months after discharge from hospital	Not specified	Home-based intervention involved 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	An occupational therapist provided the home-based intervention	The home-based intervention was provided during home visits	At patients' home	Home-based intervention was provided for 3 months	Not described	Not described	Not described	Not described

				to mark alignment of buttons, and advice on choice of clothing								
Wang 2015	Caregiver-mediated, home-based intervention (CHI)	Aiming to examine whether CHI based on the ICF conceptual framework was effective in improving the physical functioning of patients with chronic stroke	Individualized training guidelines and simple illustrations were provided by a physical therapist for the caregivers	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	(1) A physical therapist prescribed the home-based intervention and taught home-based intervention to patients and their caregivers (2) Patients and their caregivers performed the home-based intervention	(1) The teaching of the home-based intervention was provided during home (2) The home-based intervention was provided by caregivers at home	At patients' home	(1) The teaching of the home-based intervention was provided once a week for 12 weeks with each session lasting approximately 90 minutes (2) The home-based intervention was encouraged to be performed at least twice a week and, if possible, every day	A personalized training schedule was provided for each patient	Not described	Caregivers was requested to record the frequency of training and tasks completed each week, and during the home visits, the physical therapist examined the activities practiced, the frequency of practice, and the overall progress of the patient during the past week.	25/25 completed the home-based intervention