CHAPTER-V
CONCLUSIONS

Very early mobilisation along with the routine care prevented development of adverse effects of immobilization at three months, improved freedom in the activities of daily living and promoted physical and mental components of quality of life, reduced the disability, and improved the psychological status than the routine care alone following acute stroke.

Very early mobilisation is a safe and practical, further had short length of the hospital stay following acute stroke.
SCOPE FOR FURTHER WORK:

- Further studies can attempt to find out the comparison between the very early mobilisation (<48 hours) versus delayed mobilisation (>48 hours) following acute stroke.
- Further studies also can attempt to find out the effect of very early mobilisation on balance and postural control following acute stroke.
- Further studies can attempt to find out the effect of very early mobilisation on cost effective, family burden, care givers education following acute stroke.
- Further studies can attempt to find out the effect of very early mobilisation on functional status, quality of life, psychological wellbeing and disability and medical complications at one year follow-up after acute stroke.