

Debate:

**Stroke rehabilitation should be offered only in a rehab facility (for in or outpatients)
No, home is the best place for stroke rehabilitation**

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Limited evidence based information is available on the best way to organize stroke rehabilitation after hospital discharge. Since stroke is a medical condition with significant long-term impact there is a need for further discussion on the most effective rehabilitation options for these patients. Moreover, there is a growing interest in cost-effective care, as health systems suffer increased economic pressures and prioritize a short in-hospital care, even when the patients are not fully independent to live at home. Many recent studies have suggested that home rehabilitation is more effective and cheaper than the usual in- or out-patient rehabilitation care. However, stroke is a multidimensional disease and several factors should be taken into account in order to reach safe conclusions. These factors include the age, the type and location of stroke, the degree of disability and functional dependence, socioeconomic status, the availability of an accessible and safe house, the support of family caregivers, and access to community and health services. Considering these factors, I will build a case for the value of the early home-based rehabilitation on functional independence and quality of life. It appears that home rehabilitation accelerates recovery and improved cost-effectiveness by reducing the use of hospital rehabilitation beds without compromising clinical outcomes. Furthermore, interventions that performed in a real-life scenario, to which therapists and patients can adapt according to the limitations, offer patients the added psychological benefit of being at home. Certainly a sustained communication and coordination among mobile rehabilitation team members and patients' family, friends, and other caregivers are paramount in maximizing the effectiveness and efficiency of rehabilitation potential.