

EARLY MOBILIZATION FOLLOWING ACUTE STROKE - CONTROVERSIES AND ADVANTAGE

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Background: In 2006, Diserens et al proposed a 'rapid out of bed' treatment protocol for acute stroke that requires the patient to lie flat for the first 24 h after stroke onset.

Material and Method: There were included a number of 35 patients with ischemic stroke in the middle cerebral artery territory, with a mean age of 63.8. They presented hemiplegia without coma or aphasia. They were mobilized after 24 hours. The evaluation has been performed by comparison to 35 patients that were mobilized after 6 days. For evaluation it was used the NIHSS score and the Barthel index. Diffusion MRI exam was done twice. The study was performed in the Neurology Clinic of Arad, during 2008 – 2011.

Results: In the 35 patients that were mobilized early the NIHSS score was 21.3 at admission. After 2 weeks of surveillance, it improved to 14.8. The Barthel index showed the same improvement in the study group, but the NIHSS at 2 weeks in the control group was 16.2 (median NIHSS score at admission 22.1), showing that the patients mobilized at 6 days have a slower recovery. The diffusion MRI lesions at admission and after 2 weeks showed a slight improvement in both cases. There was noticed no mortality in the two groups.

Conclusions: Early mobilization is not harmful and may well be beneficial as there was noticed a slightly better rehabilitation of the patients with early mobilization.