

**Early mobilisation of stroke patients Pathway**  
**Pathway detail**

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<b>Approved by</b>	Therapies Clinical Governance Approval Group
<b>Approval Date</b>	29 <sup>th</sup> March 2023
<b>Review Date</b>	29 <sup>th</sup> March 2026 This is the most current document and should be used until a revised version is in place

**Key Amendments**

<b>Date</b>	<b>Amendments</b>	<b>Approved by:</b>
25 <sup>th</sup> January 2023	Document extended to 30 <sup>th</sup> June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
March 2023	Document re-approved for 3 years	Therapies Clinical Governance Approval Group

Acute stroke patients should have a physiotherapy assessment (by a qualified stroke trained physiotherapist) within 24 hours; 72 hours if admitted over the weekend.

The medical status of the patient must be assessed before mobilisation of the stroke patient can be considered.

N.B If the systolic Blood Pressure is above 180, then it is recommended that a medical decision is made as to whether to mobilise the patient or not.

An impairment assessment (to include assessment of muscle tone, sensation, proprioception, joint range of movement and sitting balance) should be done to give an indication of their ability and safety to sit out

The most appropriate and safe methods of transfer and mobilisation should be determined, and the stroke team should be advised accordingly (through verbal communication and use of the functional charts).

All staff (primarily nurses) need to be trained in the positioning and handling of stroke patients. Positioning Guidelines can be accessed on the intranet.

Once the patient has been deemed medically fit, the early mobilisation criteria, Appendix 1, can be used to help the physiotherapist decide as to whether to mobilise a stroke patient or not.

The environment will need to be adapted to allow and facilitate early mobilisation. This might be as simple as removing objects that may cause the patient to trip, especially if they have neglect; ensure they have suitable footwear, ensure there is enough space to mobilise particularly if assistance is required each side of patient; adequate lighting is essential.