

OP002 ACTIVE MOBILITY EARLY AFTER STROKE (AMOBES) A RANDOMISED CONTROLLED TRIAL.

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Purpose: Active and intensive physical therapy (PT) has been proven to be efficient in motor control recovery when provided at a subacute stage (few weeks or months) after stroke. Very few studies investigated the role of intensive PT in the acute stage, within the 2 first weeks. This period could be crucial for neural plasticity stimulation but too early intensive exercises could also aggravate the ischemia. **Methods and tools:** This multicentre randomized controlled trial has been designed to compare "soft" (20mn/day apart from respiratory needs) versus "intensive" (id + 45 minutes of intensive exercises) physical therapy, initiated within the 72 first hours after a first hemispheric stroke. Blind assessment has been made on the motor control (Fugl Meyer at day 90 as main criteria), length of hospital stay, autonomy (Rankin and Functional Independence Measurement), quality of life (Stroke Impact Scale), unexpected medical events. Setting: 9 stroke units with PRM team. **Results:** 103 among the 104 included patients could be analysed, 64 males, 67 right hemispheric lesions, 80 ischemic lesions, NIHSS <8 = 19, 8-15 = 42, >15 = 42; control group/experimental group 52/51, age 66.2 ± 13/67.2 ± 11. No difference between groups was observed according to the main criteria, neither at day 30 nor 45. **Discussion and conclusion:** at the early stage after stroke, intensive physical therapy does not seem to be more effective on motor control recovery than a soft PT preventing immobility related complications.