

STAGES OF REHABILITATION IN PATIENTS AFTER STROKE**Kozimov Qudratillo Muhammadyusufovich**

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Abstract: Stroke is a severe medical condition resulting from acute cerebrovascular disorders, accompanied by neurological dysfunctions. Post-stroke rehabilitation aims to restore the patient's functional state, facilitate return to independent living, and reduce the risk of recurrence. This article analyses the stages of stroke rehabilitation, their content, applied methods, and patient-focused recommendations. The research is based on literature review, clinical case examples, and consideration of rehabilitation opportunities within Uzbekistan. The article highlights acute, subacute, and long-term rehabilitation phases, underlining physical, speech, psychological, and social adaptation elements. In conclusion, individualized approaches, teamwork, patient-family cooperation, and continuity of rehabilitation are key to successful recovery.

Keywords: stroke, rehabilitation, rehabilitation stages, functional recovery, neurological disorder, physical and psychological recovery

Introduction

Stroke, resulting from sudden disruption of blood supply to the brain (ischemic) or cerebral hemorrhage (hemorrhagic), is a leading cause of disability. Patients often suffer paralysis, speech disorders, balance problems, and cognitive impairments. In Uzbekistan, stroke prevalence is significant, and the quality of post-stroke rehabilitation services remains a public health concern. Recovery depends on multiple factors: stroke type and severity, age, medical care quality, early rehabilitation, and family support. This article seeks to analyse the rehabilitation stages of stroke patients, highlight methods and practical recommendations, and support clinical practice improvements.

Research methodology

This study follows a literature review approach. The methodology includes:

Review of national and international literature on stroke and rehabilitation, including encyclopedic sources and academic articles. Analysis of Uzbekistan-based publications on the effectiveness of rehabilitation in improving stroke patients' quality of life. Conceptual analysis of clinical and rehabilitation practices to systematize methods and recommendations. Limitations include a lack of extensive national data and empirical studies on stroke rehabilitation in Uzbekistan, making this article primarily descriptive and conceptual.

Main part**1. Acute phase rehabilitation**

This phase begins within the first 24–48 hours post-stroke and may continue for several days or weeks. It focuses on life-saving measures, preventing complications, and preparing for further rehabilitation.

Goals: Stabilize neurological function

Prevent complications (e.g., secondary stroke)

Begin early mobilization

Methods: Passive/active physical movements

Speech and swallowing assessment

Nasogastric feeding if necessary

Psychological support

Family engagement and environment preparation

Early and well-coordinated intervention at this stage significantly increases the chance of recovery.

2. Subacute and intermediate rehabilitation

This phase typically spans from 1 week to several months after stroke.

Goals: Restore mobility and self-care abilities

Improve speech and cognitive function

Reintegrate into daily life

Methods: Physiotherapy (movement coordination, walking exercises)

Occupational therapy (dressing, eating, hygiene tasks)

Speech therapy for aphasia

Neuropsychological support (memory, attention training)

Home and community adaptation

Intensive, early rehabilitation leads to faster and more complete recovery. Preventing recurrence via blood pressure control, diabetes management, and cardiac care is also emphasized.

3. Long-term rehabilitation and prevention

This stage can last from one year to a lifetime.

Goals: Maintain functional independence

Support return to work and social life

Prevent recurrent strokes

Methods: Continued physical and occupational therapy

Long-term speech and cognitive therapy

Workplace adaptation

Social integration and community participation

Lifestyle changes (nutrition, exercise, avoiding smoking)

Regular medical check-ups and secondary prevention

Tailored rehabilitation plans, family support, and consistent effort lead to significant quality-of-life improvements even when full recovery is not possible.

Analysis and results

The analysis confirms several key factors for successful stroke rehabilitation:

Timely intervention: Early and intensive rehabilitation improves outcomes.

Multidisciplinary teamwork: Collaboration among neurologists, physiotherapists, speech therapists, and psychologists is essential.

Family involvement: Encouraging active participation of the patient's family supports recovery.

Continuity: Ongoing rehabilitation and follow-up are vital for sustained functional improvement.

In Uzbekistan, initiatives like home-based care by patronage nurses are promising, but there is a need for structured protocols, professional training, and more research.

Conclusion

Stroke rehabilitation involves structured, goal-oriented stages that require a coordinated effort among healthcare providers, patients, and families. Early rehabilitation in the acute phase, regaining daily functions in the subacute phase, and maintaining quality of life through long-term care and prevention are all essential components. In Uzbekistan, the expansion of rehabilitation services is ongoing, yet the development of national protocols and evidence-based practices remains crucial. This article contributes practical recommendations for clinical application.

References:

1. Ibodullayev, Z. (2022). Psycho-rehabilitation in Stroke. Ibodullayev Encyclopedia. Retrieved from <https://asab.cc/uz/jenciklopediya/1810-insultda-psihoreabilitacija.html>
2. Islomova, D. T., & Maxamatjanova, N. M. (2025). Effectiveness of rehabilitation in ischaemic stroke patients. Shokh Library. Retrieved from <https://www.wosjournals.com/index.php/shokh/article/view/554>
3. Abduvorisova, X. P. (2025). Rehabilitation of hospitalised stroke patients. *Obrazovanie Nauka i Innovatsionnye Idei v Mire*, 66(2), 237-238. <https://scientific-jl.com/obr/article/view/6498>
4. Daryo.uz. (2025, April 4). Community nurses to provide home-based rehabilitation. <https://darakchi.uz/oz/198451>
5. Asab & Ruhayat Klinikasi. (n.d.). Diagnosis and differential diagnosis of strokes. <https://asab.cc/uz/jenciklopediya/1812-insultlar-tashhisi-va-iesij-tashhis.html>