Many patients and families prefer home treatment for disabling conditions because of familiarity and convenience (Dorfman and Siebert 1994). Any stroke rehabilitation program should be goal-oriented. The goal of the home rehabilitation is to integrate the stroke patient back into the community and to continue addressing issues contributing to decrease impairment, activity limitations and participation restrictions. Depending on the stroke patient's needs and available resources, home care may range from routine physician follow-up to assess progress and maintenance of gains, to involve in a comprehensive interdisciplinary rehabilitation program. Continuous therapies and the home program should be reviewed with respect to content, progress, and goals. Since functioning at home is more environment-specific, treatment at home may be more effective in specific cases, although this kind of therapies are difficult to be achieved.

A series of studies has been done to clarify the efficacy of home rehabilitation compared to in-patient rehabilitation. The effect of domiciliary rehabilitation is not different for moderately impaired patients (Gladman, Lincoln et al. 1993), (Widen_Holmqvist, von_Koch et al. 1998), (von_Koch, Widen_Holmqvist et al. 2000). Home rehabilitation translates motor and functional gains that occur through natural recovery and rehabilitation into a greater degree of higher-level function and satisfaction with community reintegration, and these in turn were translated into a better physical health (Mayo, Wood-Dauphinee et al. 2000); (Indredavik, Fjaertoft et al. 2000). This intervention seem to be cost-effective (Anderson, Mhurchu et al. 2000), (Shepperd, Harwood et al. 1998). The occupational therapy provided at home improves the functional outcome and satisfaction of patients with stroke (Gilbertson, Langhorne et al. 2000). Occupational therapy in patients not admitted in hospital after stroke reduced disability and handicap in patients (Walker, Gladman et al. 1999). The context play a key role in home rehabilitation facilitating the motor activity (von Koch, Wottrich et al. 1998). Home-based exercise program for individuals with mild and moderate stroke poststroke exercise program is feasible. Measures of neurological impairments and lower extremity function showed the most benefit. Effects of the intervention on upper extremity dexterity and functional health status were equivocal (Duncan, Richards et al. 1998).

Usually the physician explores the patient in the outpatient clinic to follow up the evolution but to avoid continuous moves between home and hospital it would be useful to have a system which allow surveillance from the hospital with a specific software designed for this.

A web based system has been recently developed monitoring with telemedicine techniques the activity of upper limb at home (Grimes, Dubois et al. 2000).