
Early rehabilitation in acute hospitals

FROM THE SPECIALTIES

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In January 2022, Vestfold Hospital Trust established a specialised, multidisciplinary rehabilitation provision.

This is the second diagnosis-independent early rehabilitation provision in Norway, after Telemark Hospital Trust, which established capacity for six patients in 2012. Vestfold Hospital Trust can accommodate four patients and is led by a specialist in physical medicine and rehabilitation.

Early rehabilitation has attracted considerable attention recently, particularly following the publication of South-Eastern Norway Regional Health Authority's report on patient pathways in this area (*Pasientforløp tidligrehabilitering*) in May 2025 [\(1\)](#). We hope that our experiences can help inform other health authorities establishing a similar service provision.

Strong evidence

The robust evidence base shows the importance of early initiation of specialised rehabilitation [\(2\)](#). According to the 2024 report by the National Audit Office of Norway, little progress has been made in this area since 2012 [\(3\)](#). International studies suggest that early rehabilitation following acute illness or injury may be associated with improved functional outcomes [\(4–6\)](#). Despite this, rehabilitation in Norway's acute hospitals is often delivered by a single discipline – primarily physiotherapists – and rarely by an interdisciplinary team.

Since establishing its early rehabilitation provision, Vestfold Hospital Trust has systematically mapped patients' health-related quality of life and functional outcomes. Our unpublished data indicate that in 2025, patients showed, on average, clinically meaningful improvements in physical function during early rehabilitation, measured using the Chelsea Critical Care Physical Assessment Tool (CPAx) (7).

Health-related quality of life was assessed using the measuring tool EQ-5D (8). The scores indicate that early rehabilitation primarily improves physical function and the ability to perform activities of daily living (ADLs). Furthermore, Barthel-100 scores (9) increased from admission to discharge, reflecting a substantial reduction in the need for assistance with ADLs.

Important development

Diagnosis-independent early rehabilitation represents an important development in the field, and further research is needed to document its effect and establish a robust evidence base. As this service provision expands, it is crucial to recruit healthcare personnel with an interest in early rehabilitation. Knowledge of rehabilitation in the acute phase is an important learning objective for specialty registrars in physical medicine and rehabilitation.

To achieve a more consistent and comprehensive service provision, health authorities working in this area should aim to improve the shared understanding and ensure greater standardisation.

Clinical networks can help strengthen collaboration and facilitate the sharing of experiences and consistent development within the field.

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