

Table e-1

Regression analysis for usual care group only, showing that increased out of bed session frequency, and reduced time to first mobilisation significantly improve the odds of a favourable outcome. For every 5 minute reduction in total amount spent in out of bed activity significantly increases the odds of a favourable outcome (Model 2).

These findings are consistent with those reported for the whole group (see table 3, main paper) and confirm the importance of frequency on achieving a favourable outcome.

	Favourable outcome OR (95%CI)	p value
Model 1		
Time to first mobilisation (per extra hour)	0.98 (0.97–0.99)	0.002
Frequency, median daily sessions** (per one extra session)	1.12 (1.04–1.21)	0.004
Daily amount, median (per extra 5 minutes minutes)	1.00 (0.93–1.07)	0.942
Model 2		
Time to first mobilisation (per extra hour)	0.98 (0.97–0.99)	0.002
Frequency, median daily sessions (per one extra session)	1.15 (1.06–1.23)	0.0001
Total amount [#] (per extra 5 minute minutes over intervention period)	0.98 (0.98–0.99)	0.001

Favourable outcome=mRS score 0–2. All analyses are adjusted for age and baseline stroke severity (NIHSS).

Model 1 examines the effect of time to first mobilisation, median daily session frequency and an extra 5 minutes per day on a favourable outcome.

Model 2 examines the effect of an extra 5 minutes over the intervention period (<14 or discharge, whichever is sooner) on the odds of a favourable outcome.

**Frequency is derived from nursing and physiotherapist data.

Amount (minutes) is derived from physiotherapist data only.