GRADE tables for review question: B.1a What physical rehabilitation interventions are effective and acceptable for adults with complex rehabilitation needs after traumatic injury?

Early weight-bearing to mobilise

Table 11: Clinical evidence profile for early weight-bearing: Early weight-bearing versus late weight-bearing in unstable ankle fracture rehabilitation (outcomes reported as counts (%) and analysed accordingly)

| | | Qua | lity assessr | ment | | | No of p | atients | Ef | fect | | |
|-------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|-------------------------|------------------------------|--|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Relative (95% CI) | Absolute | Quality | Importance |
| Return to | work (meas | ured using | number of | participants | returned to | work at ea | ch time po | int) - 6 wee | eks post-o _l | peration (inte | ervention o | completion) |
| 1 (Dehgha n 2016) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 23/49 (46.9%) | 22/46 (47.8%) | RR 0.98 (0.64 to 1.5) | 10 fewer per 1000 (from 172 fewer to 239 more) | VERY LOW | CRITICAL |
| Return to | work (meas | ured using | number of p | participants | returned to | work at ea | ch time po | int) - 3 mo | nth post-o | peration (6 w | eek follow | /-up) |
| 1 (Dehgha n 2016) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 38/49 (77.6%) | 36/44 (81.8%) | RR 0.95 (0.77 to 1.16) | 41 fewer per 1000 (from 188 fewer to 131 more) | VERY LOW | CRITICAL |
| Return to | work (meas | ured using | number of | participants | returned to | work at ea | ch time po | int) - 6 mo | nths post- | operation | | |
| 1 (Dehgha | randomis ed trials | very serious ¹ | no serious | no serious | no serious | none | 44/46 (95.7%) | 40/43 (93%) | RR 1.03 (0.93 to | 28 more per 1000 | LOW | CRITICAL |

| | | Qua | lity assessi | nent | | | No of p | atients | Ef | fect | | |
|-------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------|------------------------------|--|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Relative (95% CI) | Absolute | Quality | Importance |
| n 2016) | | | inconsist ency | indirectn ess | imprecisi on | | | | 1.14) | (from 65 fewer to 130 more) | | |
| Return to | work (meas | ured using | number of | participants | returned to | work at ea | ch time po | int) - 12 m | onths post | -operation | | |
| 1 (Dehgha n 2016) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 49/50 (98%) | 40/43 (93%) | RR 1.05 (0.96 to 1.15) | 47 more per 1000 (from 37 fewer to 140 more) | LOW | CRITICAL |

CI: Confidence interval; RR: Risk ratio

Table 12: Clinical evidence profile for early weight-bearing: Early weight-bearing versus late weight-bearing in unstable ankle fracture rehabilitation (outcomes reported as means only and analysed accordingly)

| No of studies No of studies Design Other Considerations Early weight- bearing Late weight- bearing mean bearing mean Late weight- bearing mean Late weight- bearing mean Design | | | Qua | lity assessn | nent | • | | No of p | | Ef | fect | | |
|--|----------|--------|-----|---------------|--------------|-------------|-------|---------|------|----|----------|---------|------------|
| | o | Design | of | Inconsistency | Indirectness | Imprecision | Other | | - 17 | | we or | Quality | Importance |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 2 MIDSs (for all RR 0.8 and 1.25) 3 95% CI crosses 1 MID (for all RR 0.8 and 1.25)

| | | Qua | ılity assessn | nent | | | No of p | atients | Ef | fect | | |
|------------------------|----------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Early weight- bearing mean | Late weight- bearing mean | Quality | Importance |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 40 | 37 | 51.2 ³ | 47.8 ³ | VERY LOW | CRITICAL |
| | | | sing total an | | cion/plantar | flexion rang | e of moti | on in deg | rees; bette | er indicated | by higher v | values) – 6 |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 53 | 54 | 41 ⁴ | 29 ⁴ | VERY LOW | CRITICAL |
| | | measured us n (6 week fo | | kle dorsifle | cion/plantar | flexion rang | e of motion | on in deg | rees; bette | er indicated | by higher v | values) – 3 |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 49 | 51 | 49 ⁵ | 49 ⁵ | VERY LOW | CRITICAL |
| | n mobility (rost-operation | | sing total an | kle dorsifle | cion/plantar | flexion rang | e of motion | on in deg | rees; bette | er indicated | by higher v | values) – 6 |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 46 | 46 | 56 ⁵ | 53 ⁵ | VERY LOW | CRITICAL |
| | | neasured us n (6 week fo | | kle dorsifle | cion/plantar | flexion rang | e of motion | on in deg | rees; bette | er indicated | by higher \ | /alues) – 12 |
| 1 (Dehghan | randomis ed trials | very serious ¹ | no serious | no serious | very serious ² | none | 50 | 52 | 60 ⁵ | 61 ⁵ | VERY LOW | CRITICAL |

| | | Qua | ılity assessn | nent | | | No of p | atients | Ef | fect | | |
|------------------------|-------------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Early weight- bearing mean | Late weight- bearing mean | Quality | Importance |
| 2016) | | | inconsiste ncy | indirectne ss | | | | | | | | |
| | | neasured us | | Molander ar | kle function | ns scores; ra | nge 0-10 | 0; better i | indicated b | y higher va | lues) – 6 w | eeks post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 53 | 54 | 45 ⁶ | 32 ⁶ | VERY LOW | CRITICAL |
| | n mobility (r (6 week folk | | sing Olerud/ | Molander ar | kle function | ns scores; ra | nge 0-10 | 0; better i | indicated b | y higher va | lues) – 3 m | onths post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 49 | 51 | 625 | 56 ⁵ | VERY LOW | CRITICAL |
| Changes in operation | n mobility (r | neasured us | sing Olerud/ | Molander ar | kle function | ns scores; ra | nge 0-10 | 0; better i | indicated b | y higher va | lues) – 6 m | onths post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 46 | 46 | 77 ⁵ | 73 ⁵ | VERY LOW | CRITICAL |
| Changes in operation | n mobility (r | neasured us | sing Olerud/ | Molander ar | kle function | scores; ra | nge 0-10 | 0; better i | indicated I | y higher va | lues) – 12 r | months post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 50 | 52 | 89 ⁵ | 85 ⁵ | VERY LOW | CRITICAL |

| | | Qua | ılity assessr | nent | | | No of p | atients | Eff | fect | | |
|--|---------------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Early weight- bearing mean | Late weight- bearing mean | Quality | Importance |
| Overall quality of life (measured using SF-36 Physical component score; range 0-100; better indicated by higher values) – 6 weeks post-operation (intervention completion) | | | | | | | | | | | | |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 53 | 54 | 51 ⁷ | 42 ⁷ | VERY LOW | CRITICAL |
| | ality of life ((6 weeks fol | | sing SF-36 I | Physical cor | nponent sco | ore; range 0- | 100; bett | er indicat | ed by high | er values) - | - 3 months | post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 49 | 51 | 66 ⁵ | 64 ⁵ | VERY LOW | CRITICAL |
| Overall qui | ality of life (| measured u | sing SF-36 I | Physical cor | nponent sco | ore; range 0- | ·100; bett | er indicat | ed by high | er values) - | - 6 months | post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 46 | 46 | 79 ⁸ | 72 ⁸ | VERY LOW | CRITICAL |
| Overall que operation | ality of life (| measured u | sing SF-36 I | Physical cor | nponent sco | ore; range 0- | -100; bett | er indicat | ed by high | er values) - | - 12 months | s post- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 50 | 52 | 85 ⁹ | 7 9 ⁹ | VERY LOW | CRITICAL |
| | ality of life (on completi | | sing SF-36 ı | mental comp | oonent scor | e; range 0-10 | 00; better | indicate | d by highe | r values) – 6 | weeks pos | st-operation |

| | | Qua | llity assessn | nent | | | No of p | atients | Eff | iect | | |
|--------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early weight- bearing | Late weight- bearing | Early weight- bearing mean | Late weight- bearing mean | Quality | Importance |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 53 | 54 | 66 ¹⁰ | 54 ¹⁰ | VERY LOW | CRITICAL |
| Overall qu (6 weeks f | | measured u | sing SF-36 r | mental comp | onent scor | e range 0-10 | 0; better i | indicated | by higher | values) – 3 | months po | st-operation |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 49 | 51 | 74 ⁵ | 73 ⁵ | VERY LOW | CRITICAL |
| Overall qu | ality of life (| measured u | sing SF-36 r | mental comp | onent score | e; range 0-1 | 00; better | indicate | d by highe | r values) – 6 | months po | ost-operation |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 46 | 46 | 8411 | 79 ¹¹ | VERY LOW | CRITICAL |
| Overall quoperation | ality of life (| measured u | sing SF-36 r | mental comp | onent scor | e; range 0-10 | 00; better | indicate | d by highe | r values) – 1 | 2 months p | oost- |
| 1 (Dehghan 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 50 | 52 | 8712 | 8312 | VERY LOW | CRITICAL |

SF-36: 36-item Short Form Survey

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to lack of SD reporting and no published MIDs, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analysis performed by the authors, there is no significant difference between the means of each group (p=0.72, unclear which statistical test the authors used)

- 4 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p<0.0001, unclear which statistical test the authors used)
- 5 According to the statistical test performed by the authors, there is no significant difference between the means of each group (p value not reported, unclear which statistical test the authors used)
- 6 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p=0.0007, unclear which statistical test the authors used)
- 7 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p=0.0008, unclear which statistical test the authors used)
- 8 According to the statistical analysis performed by the authors, there is no significant difference between the means of each group (p=0.07, unclear which statistical test the authors used)
- 9 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p=0.04, unclear which statistical test the authors used)
- 10 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p=0.0008, unclear which statistical test the authors used)
- 11 According to the statistical analysis performed by the authors, there is no significant difference between the means of each group (p=0.08, unclear which statistical test the authors used)
- 12 According to the statistical analysis performed by the authors, there is no significant difference between the means of each group (p=0.09, unclear which statistical test the authors used)

Table 13: Clinical evidence profile for early weight-bearing: Early ambulation versus late ambulation in hip fracture rehabilitation (outcomes reported as means (range) and analysed accordingly)

| dies | sign of bias of bias sistency sistency scribion scribion scriber erations | | | | | | | | arly Ilation (range) | | Quality | Importance |
|---------------------------|---|------------------------------|------------------------------------|-----------------------------------|------------------------------|--------------|---------------------|-----------------------|--------------------------------|----------------------------------|-------------|------------|
| No of | Design | Risk of | Inconsistency | Indirectness | Imprecision | Other | Early ambulation | Delayed ambulation | Ea ambu mean | Del ambı mean | | |
| Changes in | n mobility (n | neasured us | ing distance | e walked in i | n; better inc | dicated by h | igher valu | ies) - Day | 7 post-ope | ration (inte | rvention c | ompletion) |
| 1 (Oldmead ow 2006) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 29 | 31 | 66 (not reported) ³ | 29.71 (0 to 150) ³ | VERY LOW | CRITICAL |

m: metre

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to lack of reported SD and published MIDs, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

3 According to the statistical test performed by the authors, the mean is significantly higher (better) in the intervention group (p=0.03, Wilcoxon rank sum test)

Table 14: Clinical evidence profile for early weight-bearing: Early ambulation versus late ambulation in hip fracture rehabilitation (outcomes reported as counts (%) and analysed accordingly)

| | | Qua | lity assessi | ment | | | No of p | atients | E | ffect | | |
|------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------------|------------------------------|------------------------------|--|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early ambulation | Delayed ambulation | Relative (95% CI) | Absolute | Quality | Importance |
| Changes | in ADL (mea | asured as r | umber of p | articipants | able to inde | ependently | negotiate o | one step) - | Day 7 pos | t-operation (in | tervention | completion) |
| 1 (Oldmea dow 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 10/23 (43.5%) | 23/24 (95.8%) | RR 0.45 (0.28 to 0.73) | 527 fewer per 1000 (from 259 fewer to 690 fewer) | LOW | CRITICAL |
| Changes | in ADL (mea | asured as r | number of p | articipants | able to inde | ependently | transfer on | e step) - D | ay 7 post- | operation (inte | ervention o | ompletion) |
| 1 (Oldmea dow 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 16/26 (61.5%) | 4/25 (16%) | RR 3.85 (1.49 to 9.93) | 456 more per 1000 (from 78 more to 1000 more) | LOW | CRITICAL |

ADL: Activities of daily living: CI: confidence interval; RR: Risk ratio

Table 15: Clinical evidence profile for early weight-bearing: Weight-bearing versus non weight-bearing in hip fracture rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance |
|--------------------|----------------|--------|---------|------------|
|--------------------|----------------|--------|---------|------------|

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Weight-bearing | Non weight- bearing | Relative (95% CI) | Absolute | | |
|-----------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|----------------------|----------------|------------------------|----------------------|---|--------------|-----------|
| Changes i | | measured u | sing step to | est repetitio | ns in affect | ed leg ran | ge; better i | ndicated b | y highe | r values) - 2 wee | eks (interve | ntion |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.8 higher (0.26 lower to 1.86 higher) | VERY LOW | CRITICAL |
| Changes i completion | | measured u | sing step to | est repetitio | ns in non-a | ffected leg | j; better in | dicated by | higher | values) - 2 week | s (interven | tion |
| 1 (Sherring ton 2003) | randomis ed trials | very serious¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 1.6 higher (0.01 lower to 3.21 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured u | ısing veloci | ty in m/sec; | better indi | cated by h | igher value | es) - 2 weel | ks (inter | vention comple | tion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.06 higher (0.03 lower to 0.15 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured u | ising caden | ce in steps/ | sec; better | indicated | by higher v | /alues) - 2 | weeks (| intervention cor | mpletion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.2 higher (0.02 lower to 0.42 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured u | sing step le | ength in affe | ected leg in | cm; better | indicated | by higher | values) | - 2 weeks (inter | vention cor | mpletion) |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 19 | 22 | - | MD 2.7 higher (6.81 lower to 12.21 higher) | VERY LOW | CRITICAL |
| Changes i completion | | measured u | sing step le | ength in nor | n-affected le | eg in cm; b | etter indic | ated by hig | gher val | ues) - 2 weeks (| interventio | 1 |

| | | Qual | ity assessm | nent | | | No of p | oatients | | Effect | | |
|-----------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|----------------|------------------------|------------------------------------|---|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Weight-bearing | Non weight- bearing | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ³ | none | 19 | 22 | - | MD 0.6 lower (8.01 lower to 6.81 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured ເ | using time to | stand in s | ec; better ir | ndicated by | y lower val | lues) - 2 we | eks (int | ervention comp | letion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.05 higher (0 to 0.1 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured ເ | using time to | sit up in s | ec; better ir | ndicated by | y lower val | lues) - 2 we | eks (int | ervention comp | letion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.03 higher (0.02 lower to 0.08 higher) | VERY LOW | CRITICAL |
| | | | using Physic | cal Perform | ance and M | obility Exa | mination | score; rang | je 0-12; | better indicated | by higher | values) - 2 |
| weeks (int | ervention c | ompletion) | | | | | | | | | | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 40 | 37 | - | MD 0.7 higher (0.53 lower to 1.93 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured ເ | ısing lateral | step up in | affected leg |) - 2 weeks | s (interven | tion compl | letion) | | | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 22/40 (55%) | 7/37 (18.9%) | RR 2.91 (1.41 to 5.99) | 361 more per 1000 (from 78 more to 944 more) | LOW | CRITICAL |

| | | Qual | ity assessm | ient | | | No of p | atients | | Effect | | |
|-----------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|------------------|------------------------|------------------------------------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Weight-bearing | Non weight- bearing | Relative (95% CI) | Absolute | Quality | Importance |
| Changes in | n mobility (| measured u | sing partici | pants who | became abl | e to do lat | eral step u | p with affe | cted leg |) - 2 weeks (inte | rvention co | ompletion) |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 16/40 (40%) | 6/37 (16.2%) | RR 2.47 (1.08 to 5.63) | 238 more per 1000 (from 13 more to 751 more) | VERY LOW | CRITICAL |
| Changes in | n mobility (| measured u | ising lateral | step up in | non-affecte | d leg) - 2 v | veeks (inte | rvention c | ompletio | on) | | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ³ | none | 26/40 (65%) | 21/37 (56.8%) | RR 1.15 (0.8 to 1.64) | 85 more per 1000 (from 114 fewer to 363 more) | VERY LOW | CRITICAL |
| Changes in completion | | measured u | sing partici | pants who | became abl | e to do lat | eral step u | p with non | -affecte | d leg) - 2 weeks | (interventi | on |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ³ | none | 15/40 (37.5%) | 13/37 (35.1%) | RR 1.07 (0.59 to 1.93) | 25 more per 1000 (from 144 fewer to 327 more) | VERY LOW | CRITICAL |
| Changes in | n mobility (| measured u | sing numb | er of partici | pants unab | le to walk | 6 m) - 2 we | eks (interv | ention o | completion) | | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ³ | none | 7/41 (17.1%) | 4/39 (10.3%) | RR 1.66 (0.53 to 5.24) | 68 more per 1000 (from 48 fewer to 435 more) | VERY LOW | CRITICAL |
| | n mahilitu / | magaired i | icina numb | or of portion | nanta abla t | a malle C m | | | alsa (inte | ervention compl | a4: a.m\ | |

| | | Qual | ity assessm | ient | | | No of p | atients | | Effect | | |
|-----------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|----------------------|------------------|------------------------|--|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Weight-bearing | Non weight- bearing | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 20/41 (48.8%) | 23/39 (59%) | RR 0.83 (0.55 to 1.24) | 100 fewer per 1000 (from 265 fewer to 142 more) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured u | ising numbe | er of partici | pants able t | o walk 6 n | n with 2 sti | cks) - 2 we | eks (int | ervention comp | letion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 22/41 (53.7%) | 7/39 (17.9%) | RR 2.99 (1.44 to 6.2) | 357 more per 1000 (from 79 more to 933 more) | LOW | CRITICAL |
| Changes i | n mobility (| ising numbe | er of partici | pants able t | o walk 6 n | n with 1 sti | ck or no ai | d) - 2 w | eeks (interventio | on completi | ion) | |
| 1 (Sherring ton 2003) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 8/41 (19.5%) | 2/39 (5.1%) | RR 3.8 (0.86 to 16.8 2) | 144 more per 1000 (from 7 fewer to 811 more) | VERY LOW | CRITICAL |

Cl: confidence interval; cm: centimetre; m: metre; MD: mean difference; RR: Risk ratio; sec: second

Table 16: Clinical evidence profile for early weight-bearing: Comprehensive geriatric care versus orthopaedic care in hip fracture rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance | |
|--------------------|----------------|--------|---------|------------|--|
|--------------------|----------------|--------|---------|------------|--|

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for step test, affected leg +/-0.3; for step test, non-affected leg +/-0.65; for velocity +/-0.045; for cadence +/-0.165; for step length, affected leg +/-7.6; for time to stand +/-0.035; for time to sit up +/-0.035; for Physical Performance and Mobility Examination +/-1.25; for all RR 0.8 and 1.25)

^{3 95%} CI crosses 2 MIDs (for step length, non-affected leg +/-4.65; for all RR 0.8 and 1.25)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Comprehensive geriatric care | Orthopaedic care | Relative (95% CI) | Absolute | | |
|---------------------------|-----------------------|------------------------------|---------------------------------|----------------------|-------------------------------|---------------|---------------------------------|---------------------|----------------------|---|-------------|-------------|
| Changes in | n mobility (m | easured usi | ng upright ti | me in min; b | etter indicate | ed by higher | values) - | Day 4 (| post-op | eration) | | |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | no serious imprecisio n | none | 175 | 142 | - | MD 12.5 higher (1.33 lower to 26.33 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (m | easured usi | ng number o | f upright eve | ents range; b | etter indicat | ed by hig | her valu | ies) - Da | ay 4 post-ope | ration | |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | serious ³ | none | 175 | 142 | - | MD 5.1 higher (0.85 to 9.35 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (m | easured usi | ng Cumulati | ve Ambulation | on Score; rar | nge 0-18; bet | ter indica | ited by I | nigher v | values) - Day 1 | -3 post-op | eration |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | no serious imprecisio n | none | 175 | 142 | - | MD 0.5 higher (0.35 lower to 1.35 higher) | VERY LOW | CRITICAL |
| Changes in operation | n mobility (m | easured usi | ng Short Phy | sical Perfor | mance Batte | ry score; rar | ige 0-12; | better ir | ndicated | d by higher va | lues) - Day | / 5 post- |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | serious ³ | none | 175 | 142 | - | MD 0.6 higher (0.2 to 1 higher) | VERY LOW | CRITICAL |
| Changes in 00:00-06:00 | | sing upright | time during | a 24 hour pe | riod in min; | better indica | ted by hi | gher val | ues) - C | ay 4 post-ope | eration (du | ring night, |
| 1 (Taraldse | randomise d trials | very serious ¹ | no serious inconsiste | serious ² | no serious imprecisio | none | 175 | 142 | - | MD 0.5 lower (2.14 | VERY LOW | CRITICAL |

| | | Qua | ality assessn | nent | | | No of pa | atients | | Effect | | |
|---------------------------|------------------------------|------------------------------|---------------------------------|----------------------|-------------------------------|---------------|---------------------------------|---------------------|----------------------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Comprehensive geriatric care | Orthopaedic care | Relative (95% CI) | Absolute | Quality | Importance |
| n 2014) | | | ncy | | n | | | | | lower to 1.14 higher) | | |
| Changes in 06:00-12:00 | | sing upright | time during | a 24 hour pe | riod in min; | better indica | ted by hi | gher va | lues) - C | ay 4 post-ope | eration (du | ring day, |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | very serious ⁴ | none | 175 | 142 | - | MD 4.6 higher (33.24 lower to 42.44 higher) | VERY LOW | CRITICAL |
| | mobility (us 12:00-18:00) | | time during | a 24 hour pe | riod in min; | better indica | ted by hi | gher va | lues) - C | ay 4 post-ope | eration (du | ring |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | no serious imprecisio n | none | 175 | 142 | - | MD 4.9 higher (0.19 lower to 9.99 higher) | VERY LOW | CRITICAL |
| Changes in evening, 18 | | sing upright | time during | a 24 hour pe | riod in min; | better indica | ted by hi | gher va | lues) - C | ay 4 post-ope | eration (du | ring |
| 1 (Taraldse n 2014) | randomise d trials | very serious ¹ | no serious inconsiste ncy | serious ² | no serious imprecisio n | none | 175 | 142 | - | MD 3.2 higher (0.59 lower to 6.99 higher) | VERY LOW | CRITICAL |

CI: confidence interval; cm: centimetre; m: metre; MD: mean difference; min: minute 1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB

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Exercise class, reconditioning, cardiovascular and fitness training

Table 17: Clinical evidence profile for exercise class/reconditioning/cardiovascular/fitness training: Aerobic exercise + standard rehabilitation versus standard rehabilitation only in SCI rehabilitation

| - | | | | | | COLICIAN | | | | | | | |
|--------------------|--|------------------------------|------------------------------------|-----------------------------------|------------------------------|--------------|--|------------------------------|---|--|--------------|---------------|--|
| | | Qua | lity assessi | ment | | | No of p | atients | Ef | fect | | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Aerobic exercise + standard rehabilitation | Standard rehabilitation only | Aerobic exercise + standard rehabilitation | Standard rehabilitation only | Quality | Importance | |
| | Quality of Life (measured using WHOQOL-Bref-Tr physical domain score; scale not reported; better indicated by higher values) - 6 weeks from baseline (during intervention) | | | | | | | | | | | | |
| 1 (Akkurt 2017) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 17 | 16 | Median (range): 11.4 (6.9- 14.3) ³ | Median (range): 10.86 (8.6- 13.7) ³ | VERY LOW | IMPORTANT | |
| | Life (measintervention | | | Bref-Tr phys | sical domai | n score; sca | ale not rep | orted; bett | er indicate | d by higher | values) - 12 | 2 weeks from | |
| 1 (Akkurt 2017) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 17 | 16 | Median (range): 10.9 (7.4- 13.1) ³ | Median (range): 10.9 (6.3- 14.3) ³ | VERY LOW | IMPORTANT | |
| | Life (measeline (during | | | Bref-Tr psyc | chological c | lomain sco | e; scale no | ot reported | l; better inc | licated by h | igher value | es) - 6 weeks | |
| 1 (Akkurt | randomis | very | no | no | very | none | 17 | 16 | Median | Median | VERY | IMPORTANT | |

² Intervention is indirect: multi-disciplinary intervention that has an early mobilisation component

^{3 95%} CI crosses 1 MID (for number of upright events +/-8.25; for Short Physical Performance Battery +/-0.8)

^{4 95%} CI crosses 2 MIDs (for upright time between 06:00-12:00 +/-11.45)

| | | Qua | lity assessı | nent | | | No of p | atients | Eff | fect | | |
|--------------------|--------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------|--|---------------------------------|---|--|-------------|----------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Aerobic exercise + standard rehabilitation | Standard rehabilitation only | Aerobic exercise + standard rehabilitation | Standard rehabilitation only | Quality | Importance |
| 2017) | ed trials | serious ¹ | serious inconsist ency | serious indirectn ess | serious ² | | | | (range): 13.3 (10.0- 7.3) ³ | (range): 12.0 (7.3- 14.7) ³ | LOW | |
| | Life (measeline (interve | | | Bref-Tr psyc | chological o | lomain scor | re; scale no | ot reported | l; better ind | licated by h | igher value | es) - 12 weeks |
| 1 (Akkurt 2017) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 17 | 16 | Median (range): 13.7 (5.0- 17.0) ³ | Median (range): 12.7 (9.0- 17.0) ³ | VERY LOW | IMPORTANT |
| Changes i | in ADL (mea | asured usin | g FIM score | e; range 18- | ·126; better | indicated b | y higher va | alues) - 6 v | veeks from | baseline (d | uring inter | vention) |
| 1 (Akkurt 2017) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 17 | 16 | Median (range): 63 (50- 118) ³ | Median (range): 72 (56- 94) ³ | VERY LOW | IMPORTANT |
| Changes i | in ADL (mea | asured usin | g FIM score | e; range 18- | -126; better | indicated b | y higher va | alues) - 12 | | n baseline (| interventio | n completion) |
| 1 (Akkurt 2017) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 17 | 16 | Median (range): 62.5 (50- 118) ³ | Median (range): 74 (56- 119) ³ | VERY LOW | IMPORTANT |

ADL: Activities of daily living; FIM: Functional independence measure; IQR: Interquartile range; WHOQOL-Bref-Tr: World Health Organization abbreviated Quality of Life Questionnaire [Turkish language]

Table 18: Clinical evidence profile for exercise class/reconditioning/cardiovascular/fitness training: Upper-body exercise training + standard rehabilitation versus standard rehabilitation only in hip fracture rehabilitation

| | | Qua | lity assessr | ment | | | No of par | tients | | Effect | | |
|-------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|---------------|---|------------------------------------|----------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Upper body exercise training + standard rehabilitation | Standard rehabilitation only | Relative | Absolute (95% CI) | Quality | Importance |
| Changes i completio | | measured | using Time | d Up and G | o test in sec | c; better inc | licated by low | er values) | - 4 we | eks from bas | eline (inter | vention |
| 1 (Mendels ohn 2008) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 9 | 9 | - | MD 14.8 lower (24.64 to 4.96 lower) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured | using 2MW | T in meters | ; better indi | cated by hi | gher values) - | 4 weeks fi | rom ba | aseline (interv | ention con | npletion) |
| 1 (Mendels ohn 2008) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 10 | 10 | - | MD 154.5 higher (105.49 to 203.51 higher) | LOW | CRITICAL |
| Changes i | n mobility (| measured | using 10MV | VT in meters | s; better inc | dicated by h | nigher values) | - 4 weeks | from k | paseline (inter | vention co | mpletion) |
| 1 (Mendels ohn 2008) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 10 | 10 | - | MD 146 higher (27.82 to 264.18 higher) | VERY LOW | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels

³ According to the statistical analyses performed by the author, the median difference was not statistically significant between groups (p>0.05, Mann-Whitney U test)

| | | Qua | lity assessı | ment | | | No of pa | tients | | Effect | | |
|-------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|---|------------------------------------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Upper body exercise training + standard rehabilitation | Standard rehabilitation only | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Mendels ohn 2008) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 10 | 10 | - | MD 3.4 higher (2.61 lower to 9.41 higher) | VERY LOW | IMPORTANT |

2MWT: 2 minute walk test; 10MWT: 10 minute walk test; CI: confidence interval; FIM: Functional independence measure; MD: Mean difference

Table 19: Clinical evidence profile for exercise class/reconditioning/cardiovascular/fitness training: Aerobic exercise versus standard rehabilitation in hip fracture rehabilitation

| | | • | | | | | | | | | | |
|------------------------|-----------------------|----------------------|---------------------------------|--------------------------------|----------------------|----------------|---------------------|-------------------------|----------|--|------------|------------|
| | | Qua | ality assessn | nent | | | No of p | oatients | | Effect | | |
| No of studies | Design | Ri: | | Indirectness | Imprecision | Other | Aerobic exercise | Standard rehabilitation | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in | n mobility (m | neasured usi | ing SAM; be | tter indicated | d by higher | values) - 12 i | months fr | om baseli | ne (int | ervention co | ompletion) | |
| 1 (Resnick 2007) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 35 | 40 | - | MD 2399 higher (363.63 lower to | LOW | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for TUG +/-6.15; for 10MWT +/-37.85; for FIM +/-4.15)

| | | Qua | ality assessn | nent | | | No of | patients | | Effect | | |
|------------------------|-----------------------|----------------------|---------------------------------|--------------------------------|---|-------------------------|---------------------|-------------------------|----------|---|--------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Aerobic exercise | Standard rehabilitation | Relative | Absolute (95% CI) | Quality | Importance |
| | | | | | | | | | | 5161.63 higher) ³ | | |
| Changes in | n mobility (m | neasured us | ing YPAS-E | in hours; bet | tter indicate | d by higher | values) - | 2 months f | ollow- | -up (during i | nterventior | າ) |
| 1 (Resnick 2007) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious imprecisio n ⁴ | none | 40 | 42 | - | MD 0.07 higher (0.93 lower to 1.07 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (m | neasured us | ing YPAS-E | in hours; bet | tter indicated | d by higher | values) - | 6 months f | rom b | aseline (dur | ing interve | ntion) |
| 1 (Resnick 2007) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 39 | 43 | - | MD 1.25 higher (0.5 to 2 higher) | LOW | IMPORTANT |
| Changes in | n mobility (m | neasured us | ing YPAS-E | in hours; be | tter indicated | d by higher | values) - | 12 months | from | baseline (int | tervention | completion) |
| 1 (Resnick 2007) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 35 | 40 | - | MD 2.42 higher (1.05 to 3.79 higher) | MODER ATE | IMPORTANT |

Cl: confidence interval; SAM: Step Activity Measure; YPAS-E; Yale Physical Activity Survey Exercise sub-score

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 95% CI crosses 1 MID (for SAM +/-3239.98; for YPAS-E +/-0.714)

³ It should be noted that, in contrast to our findings, the analysis performed by the study authors concluded that this result was significantly higher (better) in the intervention group (p=0.03, Wald statistics) 4 95% CI crosses 2 MIDs (for YPAS-E +/-0.714)

Table 20: Clinical evidence profile for exercise class/reconditioning/cardiovascular/fitness training: Step exercises versus control (no details reported) in hip fracture rehabilitation

| | | Qua | ality assessn | nent | | | No of p | atients | ı | Effect | | | | |
|-----------------------------|--|------------------------------|---------------------------------|--------------------------------|------------------------------|-------------------------|----------------|------------|----------|---|-------------|------------|--|--|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Step exercises | Control | Relative | Absolute (95% CI) | Quality | Importance | | |
| | nanges in mobility (measured using velocity in m/sec; better indicated by higher values) - At intervention completion (time of measurement not early reported) | | | | | | | | | | | | | |
| 1 (Sherringt on 1997) | randomise d trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 20 | 20 | - | MD 0.01 higher (0.2 lower to 0.22 higher) | VERY LOW | CRITICAL | | |
| Changes in not clearly | | easured usin | ig cadence ir | n step/min; b | etter indicat | ed by higher | values) | - At inter | vention | completion | (time of m | easurement | | |
| 1 (Sherringt on 1997) | randomise d trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 20 | 20 | - | MD 1.8 lower (21.96 lower to 18.36 higher) | VERY LOW | CRITICAL | | |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

Gait re-education

Table 21: Clinical evidence profile for gait re-education: Body weight supported gait training (BWSGT) on a fixed track versus standard care

| Quality assessment | No of patients | Effect | Quality Im | nportance |
|--------------------|----------------|--------|------------|-----------|
|--------------------|----------------|--------|------------|-----------|

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^{2 95%} CI crosses 2 MIDs (for velociy +/-0.165; for cadence +/-16.05)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | BWSGT on a fixed track | Standard care | Relative (95% CI) | Absolute | | |
|------------------|--------------|--------------|-------------------------------|----------------------------|-------------------------------|---------------|------------------------------|------------------|----------------------|--|-------------|---------------|
| | • | • | faction with Abi | lities and Well-E | Being Scale (SA | WS; scale n | ot reported | ; better inc | dicated by | lower values | s) - at we | ek 13 from |
| 1 | randomis | very | | no serious indirectness | serious³ | none | 14 | 12 | - | MD 3.4 higher (2.59 lower to 9.39 higher) | VERY LOW | CRITICAL |
| | • | | faction with Abi | | • | | ot reported | ; better inc | dicated by | lower values | s) - at we | ek 17 from |
| 1 | randomis | very | no serious | | very serious ⁴ | none | 14 | 12 | - | MD 1 higher (3.57 lower to 5.57 higher) | VERY LOW | CRITICAL |
| | quality of I | | 6 General health | perception sco | ore ¹ (scale not r | eported; bet | ter indicate | ed by lowe | r values) - | at week 13 fr | om base | line (after |
| 1 | randomis | very | | no serious indirectness | serious ³ | none | 14 | 12 | - | MD 0.3 lower (0.88 lower to 0.28 higher) | VERY LOW | IMPORTAN T |
| | • | | 6 General health mpletion) | perception sco | ore ¹ (scale not r | eported; bet | ter indicate | ed by lowe | r values) - | at week 17 fr | om base | line (4 |
| 1 | randomis | very | no serious | no serious indirectness | serious ³ | none | 14 | 12 | - | MD 0.3 lower (0.96 lower to 0.36 higher) | VERY LOW | IMPORTAN T |
| Overall completi | • | ife: SF-3 | 6 Energy score ¹ | (scale not repo | rted; better ind | icated by lov | ver values) | - at week | 13 from ba | seline (after | intervent | ion |
| 1 | randomis | | no serious inconsistency | no serious indirectness | serious³ | none | 14 | 12 | - | MD 1 lower (3.27 lower | VERY LOW | IMPORTAN T |

| a 2011) | | | | | | | | | | to 1.27 higher) | | |
|--------------------------|-----------------------|------|--|-----------------------------------|-------------------------------|----------------|--------------|-------------|-------------|--|-------------|---------------|
| | • | | 6 Energy score [°] ed by lower val | l (scale not repo ues) | orted; better ind | licated by low | ver values) | - at week 1 | 17 from b | aseline (4 wee | ks after | intervention |
| 1 (Alexeev a 2011) | randomis ed trials | | no serious inconsistency | no serious indirectness | serious ³ | none | 14 | 12 | - | MD 3.3 higher (1.22 to 5.38 higher) | VERY LOW | IMPORTAN T |
| | quality of l | | 6 Mental health | perception Sco | re ¹ (scale not re | eported; bette | er indicated | l by highe | r values) · | at week 13 fr | om base | eline (after |
| 1 (Alexeev a 2011) | randomis ed trials | | no serious inconsistency | no serious indirectness | serious ³ | none | 14 | 12 | - | MD 0.5 higher (0.85 lower to 1.85 higher) | VERY LOW | IMPORTAN T |
| | • | | 6 Mental health mpletion) | perception Sco | re ¹ (scale not re | eported; bette | er indicated | l by higher | r values) | - at week 17 f | rom bas | eline (4 |
| 1 | randomis | very | no serious inconsistency | no serious indirectness | very serious ³ | none | 14 | 12 | - | MD 0.4 higher (1.02 lower to 1.82 higher) | VERY LOW | IMPORTAN T |
| | • | | 6 Fatigue score ed by higher va | ¹ (scale not repoleus) | orted; better ind | dicated by hig | gher values |) - at weel | k 13 from | baseline (afte | r interve | ention |
| 1 | randomis | very | no serious inconsistency | no serious indirectness | very serious ⁴ | none | 14 | 12 | - | MD 0 higher (2.06 lower to 2.06 higher) | VERY LOW | IMPORTAN T |
| | • | | | 1 (scale not repo | | dicated by hig | gher values |) - at week | 17 from | baseline (4 we | eks afte | r |
| 1 | randomis | very | no serious inconsistency | no serious indirectness | very serious ⁴ | none | 14 | 12 | - | MD 0.4 lower (3.21 lower to 2.41 higher) | VERY LOW | IMPORTAN T |

CI: Confidence interval; MD: Mean difference; SF-36: the Short Form (36) Health Survey
1 Study authors report using measurements derived from corresponding SF-36 domains, but not all questions.

Table 22: Clinical evidence profile for gait re-education: Body weight supported gait training (BWSGT) on a treadmill versus standard care

| | | | Quality as: | sessment | | | No of p | atients | E | ffect | | |
|---|-----------------------|-----------------|--------------------------------------|----------------------------|---------------------------|----------------------|----------------------------|------------------|----------------------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWSGT on a treadmill | Standard care | Relative (95% CI) | Absolute | Quality | Importance |
| Patient acceptability: Satisfaction with Abilities and Well-Being Scale (SAWS; scale not reported; better indicated by lower values) - at week 13 fbaseline (after intervention completion) | | | | | | | | | | | | k 13 from |
| 1 (Alexeeva 2011) | randomis ed trials | | no serious inconsistency | no serious indirectness | serious ³ | none | 9 | 12 | - | MD 6.2 higher (1.03 lower to 13.43 higher) | VERY LOW | CRITICAL |
| | | • | action with Abilitry vention complet | ies and Well-Beir ion) | ng Scale (SAWS | ; scale not | reported; k | etter indic | ated by lo | ower values) | - at wee | k 17 from |
| | randomis ed trials | • | no serious inconsistency | no serious indirectness | very serious ² | none | 9 | 12 | - | MD 0.2 lower (6.17 lower to 5.77 higher) | VERY LOW | CRITICAL |
| Overall quintervention | - | | General health p | perception score | 4 (scale not repo | rted; better | indicated | by lower v | alues) - a | t week 13 fro | om basel | ine (after |
| 1 (Alexeeva 2011) | randomis ed trials | | no serious inconsistency | no serious indirectness | very serious ² | none | 9 | 12 | - | MD 0.2 lower (1.05 lower to 0.65 higher) | VERY LOW | CRITICAL |

² Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

³ Confidence intervals crosses 1 MID (for SF-36 General health perception score +/- 0.40; SF-36 Energy score +/- 2.15; SAWS +/- 4.45; SF-36 Mental health perception Score +/- 1.00)

⁴ Confidence intervals crosses 2 MIDs (for SF-36 Mental health perception Score +/- 1.00; SF-36 Fatigue score +/- 1.35)

| | uality of li ter interve | | | perception score | ⁴ (scale not rep | orted; better | indicated | by lower va | alues) - a | nt week 17 fro | m basel | ine (4 |
|--------------------------|------------------------------------|-----------|-----------------------------|------------------------------|-----------------------------|----------------|--------------|-------------|------------|--|-------------|-------------|
| 1 (Alexeeva 2011) | randomis ed trials | • | no serious inconsistency | no serious indirectness | serious ³ | none | 9 | 12 | - | MD 0.7 lower (1.64 lower to 0.24 higher) | VERY LOW | CRITICAL |
| Overall q | • | fe: SF-36 | Energy score ⁴ (| scale not reporte | ed; better indica | ted by lower | values) - a | at week 13 | from bas | seline (after in | nterventi | on |
| 11 (Alexeeva 2011) | randomis ed trials | • | no serious inconsistency | no serious indirectness | serious ³ | none | 9 | 12 | - | MD 0.9 lower (3.56 lower to 1.76 higher) | VERY LOW | CRITICAL |
| Overall q | • | fe: SF-36 | Energy score ⁴ (| scale not reporte | ed; better indica | ited by lower | values) - a | at week 17 | from bas | seline (4 week | s after i | ntervention |
| 1 | randomis ed trials | • | no serious inconsistency | no serious indirectness | serious ³ | none | 9 | 12 | - | MD 1.6 lower (4.91 lower to 1.71 higher) | VERY LOW | CRITICAL |
| | • | | Mental health p | erception Score ⁴ | (scale not repo | rted; better i | ndicated b | y higher v | alues) - a | it week 13 fro | m basel | ine (after |
| 1 | ion compl randomis ed trials | very | no serious inconsistency | no serious indirectness | Serious ³ | none | 9 | 12 | - | MD 1.2 higher (0.23 lower to 2.63 higher) | VERY LOW | CRITICAL |
| | uality of li ter interve | | | erception Score ⁴ | (scale not repo | rted; better i | ndicated b | y higher va | alues) - a | it week 17 fro | m basel | ine (4 |
| 1 | randomis | very | no serious inconsistency | no serious indirectness | very serious ² | none | 9 | 12 | - | MD 0.3 lower (1.87 lower to 1.27 higher) | VERY LOW | CRITICAL |
| Overall q | | fe: SF-36 | Fatigue score4 | (scale not reporte | ed; better indica | ated by highe | er values) - | at week 13 | 3 from ba | seline (after | interven | tion |
| 1 | randomis ed trials | | no serious inconsistency | no serious indirectness | very serious ² | none | 9 | 12 | - | MD 0.2 lower (2.82 lower to | VERY LOW | CRITICAL |

| | | | | | | | | | | 2.42 higher) | | | | |
|-------------------------|---|--------|--------------------------|----------------------------|---------------------------|------|---|----|---|--|-------------|----------|--|--|
| - | Overall quality of life: SF-36 Fatigue score ⁴ (scale not reported; better indicated by higher values) - at week 17 from baseline (4 weeks after | | | | | | | | | | | | | |
| interventi | on compl | etion) | | | | | | | | | | | | |
| 1 (Alexeeva 2011) | randomis ed trials | , | no serious inconsistency | no serious indirectness | very serious ² | none | 9 | 12 | - | MD 1.4 higher (1.69 lower to 4.49 higher) | VERY LOW | CRITICAL | | |

CI: Confidence interval; MD: Mean difference; SF-36: Short Form Health Survey – 36 item

Table 23: Clinical evidence profile for gait re-education: Body-weight supported gait training versus over ground training in SCI rehabilitation (outcomes reported as medians (IQR) and analysed accordingly)

| • | Cilabilitati | on (outoo | nico report | ica ao mica | ilalio (iait) | and analy | sea accord | 9.7/ | | | | |
|-----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|--------------|---|----------------------|---|--|-------------|----------------|
| | | Qua | lity assessr | ment | | | No of pa | atients | Ef | fect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Body-weight supported gait training | Over ground training | Body-weight supported gait training | Over ground training | Quality | Importance |
| | in mobility (| • | using FIM-L | score in A | SIA B + C p | atients; ran | ige 1-7; bette | er indicate | d by highe | values) - 6 | months (3 | months after |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 52 | 57 | Median (IQR): 6 (1-6) ³ | Median (IQR): 6 (2-6) ³ | VERY LOW | CRITICAL |
| | | | IA C + D whention comp | | e to walk at | 6 months n | neasured us | ing FIM-L; | range 1-7; | better indic | ated by hig | jher values) - |
| 1 (Dobkin | randomis ed trials | very serious ¹ | no serious | no serious | very serious ² | none | 27 | 18 | Median (IQR): 6 | Median (IQR): 6 (| VERY LOW | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 2 MIDs (for SF-36 General health perception score +/- 0.40; SF-36 Fatigue score +/- 1.35; SF-36 Mental health perception Score +/- 1.00; SAWS +/- 4.45)

^{3 95%} CI crosses 1 MID (for SF-36 General health perception score +/- 0.40; SF-36 Energy score +/- 2.15; SF-36 Mental health perception Score +/- 1.00; SAWS +/- 4.45)

⁴ Study authors report using measurements derived from corresponding SF-36 domains, but not all questions.

| | | Qua | lity assessi | nent | | | No of pa | atients | Ef | fect | | |
|-----------------------|--------------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---|----------------------|--|--|-------------|----------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Body-weight supported gait training | Over ground training | Quality | Importance |
| 2006) | | | inconsist ency | indirectn ess | | | | | (6-7)4 | 6-7)4 | | |
| | in mobility (iter interver | | using veloc | ity in ASIA | C + D (UMN | and LMN) | patients in n | n/sec; bett | er indicate | d by higher | values) - 6 | months (3 |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 35 | 33 | Median (IQR): 1.1 (0.8- 1.4) ⁵ | Median (IQR): 1.0 (0.7-1.5) ⁵ | VERY LOW | CRITICAL |
| | in mobility (on completi | | IA C + D pa | tients meas | sured using | velocity in | m/sec; bette | er indicated | d by higher | values) - 6 | months (3 | months after |
| 1 (Dobkin 2006) | randomis ed trials | very serious¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 30 | 25 | Median (IQR): 1.0 (0.6- 1.5) ⁶ | Median (IQR): 1.2 (0.9-1.7) ⁶ | VERY LOW | CRITICAL |
| | | | IA C + D whention con | | e to walk at | 6 months, I | measured us | sing veloci | ty in m/sec | ; better indi | cated by h | igher values) |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 27 | 18 | Median (IQR): 1.1 (0.6- 1.5) ⁷ | Median (IQR): 1.1 (0.4-1.7) ⁷ | VERY LOW | CRITICAL |
| | | | IA C + D whation comple | | e to walk at | 6 months, r | measured us | sing distan | ce in m; be | etter indicate | ed by highe | er values) - 6 |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist | no serious indirectn | very serious ² | none | 27 | 18 | Median (IQR): 312 | Median (IQR): 401 (366- | VERY LOW | CRITICAL |

| | | Qua | lity assessı | ment | | | No of pa | atients | Ef | fect | | |
|-----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---|----------------------|--|--|--------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Body-weight supported gait training | Over ground training | Quality | Importance |
| | | | ency | ess | | | | | (165- 477) ⁸ | 483) ⁸ | | |
| | | | | no were able | | 6 months, i | measured us | sing LEMS | score; ran | ge 0-50; bet | ter indicate | ed by higher |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 27 | 18 | Median (IQR): 45 (43- 49) ⁹ | Median (IQR): 45 (36-49) ⁹ | VERY LOW | CRITICAL |
| | | | | | | | measured us completion) | | ng Index fo | r Spinal Cor | d Injury so | ore; range 0- |
| 1 (Dobkin 2006) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 27 | 18 | Median (IQR): 18 (13- 19) ¹⁰ | Median (IQR): 18 (13-19) ¹⁰ | VERY LOW | CRITICAL |

ASIA: American Spinal Injury Association; FIM-L: Functional independence measure locomotion sub-scale; IQR: Interquartile range; LEMS: Lower extremity motor score; m: metre; UMN: upper motor neurone; SCI: Spinal cord injury; sec: second

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¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.39, regression analysis)

⁴ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.69, regression analysis)

⁵ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.65, regression analysis)

⁶ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.58, regression analysis)

⁷ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.98, regression analysis) 8 According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.27, regression analysis)

⁹ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.27, regression analysis)

¹⁰ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.69, regression analysis)

Table 24: Clinical evidence profile for gait re-education: Body-weight supported gait training versus over ground training in SCI rehabilitation

| | | Qua | lity assessr | nent | | | No of pa | atients | ı | Effect | | | |
|--------------------|--|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|----------------------|----------------------|--|--------------|------------|--|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance | |
| | Changes in mobility (in participants with SCI level of ASIA B measured using FIM-L; range 1-7; better indicated by higher values) - 6 weeks during intervention) | | | | | | | | | | | | |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 14 | 17 | - | MD 0.01 higher (0.17 lower to 0.19 higher) | LOW | CRITICAL | |
| | n mobility (i | | nts with SCI | level of ASI | A B measur | ed using Fl | M-L; range | 1-7; bette | er indicat | ed by higher | values) - 12 | 2 weeks | |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 13 | 16 | - | MD 0.63 lower (1.67 lower to 0.41 higher) | VERY LOW | CRITICAL | |
| | n mobility (i | in participar | nts with SCI | level of ASI | A B measur | ed using LE | MS; range | 0-50; bet | ter indica | ated by highe | r values) - | 6 weeks | |
| 1 (Dobkin 2007) | 1 | very serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 14 | 16 | - | MD 0.5 lower (4.79 lower to 3.79 higher) | LOW | CRITICAL | |

| | | Qua | llity assessr | nent | | | No of pa | itients | E | Effect | | |
|--------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---|----------------------|----------------------|---|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ³ | none | 13 | 16 | - | MD 1.2 lower (8.08 lower to 5.68 higher) | VERY LOW | CRITICAL |
| | n mobility (i ervention c | | nts with SCI | level of ASI | A B measur | ed using wa | alking dista | nce in m | ; better ir | ndicated by hi | gher value | es) - 12 |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ³ | none | 9 | 12 | - | MD 5.7 lower (35.01 lower to 23.61 higher) | VERY LOW | CRITICAL |
| Changes in | | n participar | nts with SCI | level of ASI | A C + D mea | asured using | g FIM-L; ra | nge 1-7; I | better ind | licated by hig | her values |) - 6 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 39 | 39 | - | MD 0.9 lower (1.83 lower to 0.03 higher) | VERY LOW | CRITICAL |
| | n mobility (i on completi | | nts with SCI | level of ASI | A C + D mea | asured using | g FIM-L; ra | nge 1-7; I | better ind | licated by hig | her values |) - 12 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 43 | 40 | - | MD 0.8 lower (1.56 to 0.04 lower) | VERY LOW | CRITICAL |

| | | Qua | lity assessn | nent | | | No of pa | atients | E | Effect | | |
|--------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|----------------------|----------------------|--|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance |
| Changes in | • • | n participan | ts with SCI | level of ASI | A C + D mea | asured using | g velocity i | n m/sec; | better in | dicated by hig | her values | s) - 6 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 21 | 29 | - | MD 0.18 higher (0.05 lower to 0.41 higher) | VERY LOW | CRITICAL |
| | n mobility (i on completi | | ts with SCI | level of ASI | A C + D mea | asured using | g velocity i | n m/sec; | better inc | dicated by hig | her values | s) - 12 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 34 | 37 | - | MD 0.01 higher (0.24 lower to 0.26 higher) | LOW | CRITICAL |
| Changes in | | n participan | ts with SCI | level of ASI | A C + D mea | asured using | g LEMS; ra | nge 0-50 | ; better in | idicated by hi | gher value | s) - 6 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 40 | 39 | - | MD 0.4 lower (6.09 lower to 5.29 higher) | LOW | CRITICAL |
| | | n participan on) (Better | | | | asured using | g LEMS; ra | nge 0-50 | ; better in | dicated by hi | gher value | s) - 12 weeks |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist | no serious indirectne | no serious imprecisi | none | 43 | 40 | - | MD 1 lower (6.3 lower to 4.3 | LOW | CRITICAL |

| | | Qua | lity assessr | nent | | No of patients | | Effect | | | | |
|--------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|----------------------|----------------------|---|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance |
| | | | ency | SS | on | | | | | higher) | | |
| | n mobility (i ervention c | | its with SCI | level of ASI | A C + D mea | asured usin | g walking o | distance i | n m; bett | er indicated k | oy higher v | alues) - 12 |
| 1 (Dobkin 2007) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 34 | 36 | - | MD 3.6 lower (95.27 lower to 88.07 higher) | LOW | CRITICAL |

ASIA: American Spinal Injury Association; CI: Confidence interval; FIM-L: Functional independence measure locomotion sub-scale; LEMS: Lower extremity motor score; m: metre; MD: Mean difference; UMN: upper motor neurone; SCI: Spinal cord injury; sec: second

Table 25: Clinical evidence profile for gait re-education: Body-weight supported gait training versus over ground training in SCI rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance |
|--------------------|----------------|--------|---------|------------|
|--------------------|----------------|--------|---------|------------|

¹ Very serious risk of bias in the evidence contributing to the evidence as per RoB2

^{2 95%} CI crosses 1 MID (for FIM-L in participants with SCI ASIA B +/-0.865; for FIM-L in SCI ASIA C+D +/-0.7; for velocity in SCI ASIA C+D +/-0.27)

^{3 95%} CI crosses 2 MIDs (for LEMS score in ASIA B +/-5.15; for distance walked in ASIA B +/-18.15)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | | |
|-------------------------|--------------------------|--------------------------|-----------------------------|--------------------------------|----------------------------------|----------------|---|----------------------|----------------------|---|---------------|----------|
| Changes | in mobility | <mark>/ (meas</mark> ur | ed using veloc | ity in m/sec; b | etter indica | ted by highe | r values) - 1 | 12 week | s (interve | ention comple | etion) | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | serious ² | none | 12 | 12 | - | MD 0.27 higher (0.16 lower to 0.7 higher) | LOW | CRITICAL |
| Changes | in mobility | / (measur | ed using durat | ion of gait cyc | ele in sec; be | etter indicate | ed by lower | values) | - 12 weel | ks (interventi | on comple | tion) |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 1.25 higher (0.57 to 1.93 higher) | MODER ATE | CRITICAL |
| Changes completion | | (measur | ed using perce | ntage stance | of whole ga | it cycle; bett | er indicated | d by low | er values | s) - 12 weeks | (intervention | on |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 5.99 lower (7.57 to 4.41 lower) | MODER ATE | CRITICAL |
| Changes completion | | (measur | ed using perce | ntage swing o | of whole gai | cycle; bette | er indicated | by high | ner values | s) - 12 weeks | (interventi | on |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 7.26 higher (5.56 to 8.96 higher) | MODER ATE | CRITICAL |
| Changes | in mobility | / (measur | ed using step l | ength in cm; | better indica | ted by highe | er values) - | 12 weel | ks (interve | ention compl | etion) | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio | none | 12 | 12 | - | MD 13.31 higher (11.2 to | MODER ATE | CRITICAL |

| | | | Quality asses | sment | | | No of pat | tients | E | ffect | | |
|---------------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------------|----------------------------------|-------------------------|---|----------------------|----------------------|--|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance |
| | | | | | n | | | | | 15.42 higher) | | |
| Changes | in mobility | (measur | ed using distar | nce walked in | m; better in | dicated by h | igher value | s) - 12 v | veeks (int | ervention co | mpletion) | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 12.25 higher (5.71 to 18.79 higher) | MODER ATE | CRITICAL |
| Changes | in mobility | (measur | ed using cader | nce in steps/m | nin; better in | dicated by h | igher value | s) - 12 v | weeks (int | ervention co | mpletion) | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 14.72 higher (7.83 to 21.62 higher) | MODER ATE | CRITICAL |
| | | (measur | ed using maxir | num dorsiflex | ion during s | stance, right | leg; better | indicate | ed by high | er values) - (| Gain during | 9 |
| interventi 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.9 lower (1.4 to 0.4 lower) | MODER ATE | CRITICAL |
| Changes | in mobility | (measur | ed using maxir | num dorsiflex | ion during s | tance, left le | g; better in | dicated | by highe | r values) - G | ain during | intervention |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.7 lower (1.2 to 0.2 lower) | MODER ATE | CRITICAL |
| Changes | in mobility | (measur | ed using maxir | num hip exter | nsion during | stance, righ | t leg; bette | r indica | ted by high | her values) | - Gain duri | na |

| | | | Quality asses | sment | | | No of pat | tients | E | ffect | | |
|-------------------------|--------------------------|--------------------------|-----------------------------|--------------------------------|----------------------------------|-------------------------|---|----------------------|----------------------|--|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance |
| intervent | ion | | | | | | | | | | | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 7.6 higher (6.04 to 9.16 higher) | MODER ATE | CRITICAL |
| Changes intervent | | / (measur | ed using maxir | num hip exter | nsion during | stance, left | leg; better | indicate | ed by high | ner values) - | Gain durin | g |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 7.6 higher (6.03 to 9.17 higher) | MODER ATE | CRITICAL |
| Changes intervent | | (measur | red using maxir | num hip flexio | on during ga | it cycle, righ | t leg; bette | r indica | ted by hig | gher values) | - Gain duri | ng |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.3 lower (4.58 lower to 3.98 higher) | MODER ATE | CRITICAL |
| Changes intervent | | (measur | ed using maxir | num hip flexio | on during ga | it cycle, left | leg; better | indicate | ed by high | ner values) - (| Gain during | 9 |
| 1 (Lucareli 2011) | randomi sed trials | seriou s¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.4 lower (4.68 lower to 3.88 | MODER ATE | CRITICAL |

| | | | Quality asses | sment | | | No of patients | | E | ffect | | | |
|-------------------------|---|--------------------------|--------------------------|--------------------------------|--|----------------|---|----------------------|----------------------|--|--------------|------------|--|
| No of studies | Design | Risk of bias | Inconsistency | | Imprecision Other considerations | | Body-weight supported gait training | Over ground training | Relative (95% CI) | Absolute | Quality | Importance | |
| | | | | | | | | | | higher) | | | |
| Changes intervent | • | / (measur | ed using maxir | num knee ext | ension durir | ıg stance, riç | ght leg; bet | ter indi | cated by h | nigher values |) - Gain du | ring | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.3 lower (4.77 lower to 4.17 higher) | MODER ATE | CRITICAL | |
| _ | Changes in mobility (measured using maximum knee extension during stance, left leg; better indicated by higher values) - Gain during intervention | | | | | | | | | | | | |
| 1 (Lucareli 2011) | randomi sed trials | seriou s ¹ | no serious inconsistency | no serious indirectnes s | no serious imprecisio n | none | 12 | 12 | - | MD 0.3 lower (4.71 lower to 4.11 higher) | MODER ATE | CRITICAL | |

Cl: confidence interval; cm: centimetre; m: metre; MD: mean difference; min: minute; sec: second

Table 26: Clinical evidence profile for gait re-education: High intensity gait re-education versus standard care in hip fracture rehabilitation (outcomes reported at means (SD) or counts (%) and analysed accordingly)

| | | • | ` | ` ' | 0 3 7 | | | |
|---|----|------------------|----------|----------------|--------|---------|------------|--|
| Quality assessment No of patients Effect Quality Importance | Qu | ality assessment | | No of patients | Effect | Quality | Importance | |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses1 MID (for velocity +/-0.305)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High intensity gait re-training | Standard care | Relative (95% CI) | Absolute | | |
|-------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|------------------------------------|------------------|------------------------------|---|-------------|-----------------|
| Changes | in mobility | (measured | as particip | oants able | to walk una | aided or wit | h sticks o | crutches) | - 4 weeks | (during interve | ntion) | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 26/78 (33.3%) | 23/80 (28.8%) | RR 1.16 (0.73 to 1.85) | 46 more per 1000 (from 78 fewer to 244 more) | VERY LOW | CRITICAL |
| Changes | in mobility | (measured | as particip | oants able | to walk una | aided or wit | h sticks o | crutches) | - 16 weeks | s (intervention o | completion | 1) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 44/73 (60.3%) | 46/77 (59.7%) | RR 1.01 (0.78 to 1.31) | 6 more per 1000 (from 131 fewer to 185 more) | VERY LOW | CRITICAL |
| Changes interventi | | (measured | as partici _l | oants repoi | ting good | mobility co | mpared to | those repo | orted poor | or fair mobility | - 4 weeks | (during |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 28/78 (35.9%) | 29/80 (36.3%) | RR 0.99 (0.65 to 1.5) | 4 fewer per 1000 (from 127 fewer to 181 more) | VERY LOW | CRITICAL |
| Changes completic | | (measured | as particip | oants repoi | ting good | mobility co | mpared to | those repo | orted poor | or fair mobility | - 16 week | s (intervention |
| 1 (Mosele y 2009) | randomi sed trials | serious1 | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 41/73 (56.2%) | 34/77 (44.2%) | RR 1.27 (0.92 to 1.76) | 119 more per 1000 (from 35 fewer to 336 more) | LOW | CRITICAL |
| Changes | in mobility | (measured | as partici | oants that f | ell during | study perio | d) - 16 wee | ks (interve | ention com | pletion) | | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 19/73 (26%) | 22/77 (28.6%) | RR 0.91 (0.54 to 1.54) | 26 fewer per 1000 (from 131 fewer to 154 more) | VERY LOW | CRITICAL |
| Changes interventi | | (measured | using Mod | dified Falls | Efficacy S | cale; range | 0-140; bet | ter indicate | ed by high | er values) - 4 w | eeks (durir | ng |

| | | Qual | lity assessı | ment | | | No of p | atients | E | Effect | | |
|-------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------|------------------------------------|---------------|----------------------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High intensity gait re-training | Standard care | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 78 | 79 | - | MD 4 higher (5.56 lower to 13.56 higher) | MODER ATE | CRITICAL |
| Changes i | | (measured | l using Mod | dified Falls | Efficacy So | cale; range | 0-140; bet | ter indicate | ed by high | er values) - 16 v | weeks (inte | rvention |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 72 | 76 | - | MD 3 higher (8 lower to 14 higher) | MODER ATE | CRITICAL |
| Changes i | in mobility | (measured | using velo | ocity in m/s | ec; better i | ndicated by | y higher va | ılues) - 4 w | eeks (duri | ng intervention |) | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 78 | 80 | - | MD 0.05 higher (0.02 lower to 0.12 higher) | LOW | CRITICAL |
| Changes i | in mobility | (measured | l using velo | ocity in m/s | ec; better i | ndicated by | y higher va | lues) - 16 | weeks (inte | ervention comp | letion) | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 73 | 77 | - | MD 0.03 higher (0.07 lower to 0.13 higher) | LOW | CRITICAL |
| Changes i | in mobility | (measured | PPME sco | re; range (|)-12; better | indicated b | y higher v | alues) - 4 | weeks (dur | ing interventio | n) | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious inconsist ency | none | 78 | 80 | - | MD 0.2 higher (0.39 lower to 0.79 higher) | MODER ATE | CRITICAL |
| Changes | in mobility | (measured | PPME sco | re; range 0 |)-12; better | indicated b | y higher v | alues) - 16 | weeks (in | tervention com | pletion) | |

| | | Qua | lity assess | ment | | | No of p | atients | E | Effect | | |
|-------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|------------------------------------|---------------|----------------------|---|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High intensity gait re-training | Standard care | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 73 | 77 | - | MD 0.2 higher (0.57 lower to 0.97 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using Sit- | to-stand te | st in sec; b | etter indica | ated by hig | her values |) - 4 weeks | (during interve | ention) | |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 78 | 80 | - | MD 0.05 higher (0.01 to 0.09 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using Sit- | to-stand te | st in sec; b | etter indica | ated by hig | her values |) - 16 week | s (intervention | completio | n) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 73 | 77 | - | MD 0.04 higher (0 to 0.08 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using ste | test stand | ding on affe | ected leg; b | etter indica | ated by hig | her values | s) - 4 weeks (du | ring interv | ention) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 78 | 80 | - | MD 1.90 higher (0.34 lower to 3.46 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using ste | test stand | ding on affe | ected leg; b | etter indica | ated by hig | gher values | s) - 16 weeks (ir | tervention | completion) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 73 | 77 | - | MD 1.4 higher (0.23 lower to 3.03 higher) | LOW | CRITICAL |

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| | | Qua | lity assessi | ment | | | No of p | atients | E | Effect | | |
|-------------------------|---|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|------------------------------------|------------------|------------------------------|---|--------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High intensity gait re-training | Standard care | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 34/78 (43.6%) | 39/80 (48.8%) | RR 0.89 (0.64 to 1.25) | 54 fewer per 1000 (from 176 fewer to 122 more) | VERY LOW | IMPORTANT |
| Pain (mea | | articipants | reporting | no or sligh | t pain com | pared to th | ose reporti | ng some, | moderate o | r severe pain) | - 16 weeks | (intervention |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 43/73 (58.9%) | 48/77 (62.3%) | RR 0.94 (0.73 to 1.22) | 37 fewer per 1000 (from 168 fewer to 137 more) | LOW | IMPORTANT |
| Overall q | uality of life | e (measure | d using EQ | -5D score; | scale not r | eported; be | etter indica | ted by hig | her values | - 4 weeks (dui | ing interve | ention) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 78 | 80 | - | MD 0.01 higher (0.07 lower to 0.09 higher) | MODER ATE | IMPORTANT |
| Overall q | Overall quality of life (measured using EQ-5D score; scale not report | | | | | | etter indica | ted by hig | her values |) - 16 weeks (in | tervention | completion) |
| 1 (Mosele y 2009) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 73 | 77 | | MD 0 higher (0.09 lower to 0.09 higher) | MODER ATE | IMPORTANT |

CI: confidence interval; EQ-5D: EuroQol 5 dimensions; PPME: Physical Performance and Mobility Examination; RR: risk ratio; SD: standard deviation

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 2 MIDs (for all RR 0.8 and 1.25)

^{3 95%} CI crosses 1 MID (for all RR 0.8 and 1.25; for velocity +/-0.08; for PPME +/-0.8; for Sit-to-stand +/-0.04; for step test +/-1.05)

Table 27: Clinical evidence profile for gait re-education: High intensity gait re-education versus standard care in hip fracture (outcomes reported at means (IQR) and analysed accordingly)

| | | Qua | lity assessr | nent | | | No of p | atients | Eff | ect | | |
|------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---|---------------|--|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High intensity gait re- education | Standard care | High intensity gait re- education | Standard care | Quality | Importance |
| Changes i | n ADL (mea | sured using | Barthel In | dex score; ı | ange 0-100 | ; better indi | cated by | higher va | alues) - 4 we | eks (during | interventio | n) |
| 1 (Moseley 2009) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 78 | 80 | Mean (IQR): 93 (85-100) ³ | Mean (IQR): 90 (85-95) ³ | VERY LOW | IMPORTANT |
| Changes i | n ADL (mea | sured using | g Barthel In | dex score; ı | ange 0-100 | ; better indi | cated by | higher va | alues) - 16 w | eeks (interv | ention com | pletion) |
| 1 (Moseley 2009) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 73 | 77 | Mean (IQR): 95 (90-100) ⁴ | Mean (IQR): 95 (85-100) ⁴ | VERY LOW | IMPORTANT |

ADL: Activities of daily living; ANOVA: Analysis of variance; IQR: Interquartile range

Table 28: Clinical evidence profile for gait re-education: Gait training versus no gait training in SCI rehabilitation (outcomes reported at counts (%) and analysed accordingly)

| , | | | | |
|---|----------------|--------|---------|------------|
| | | | | |
| Quality assessment | No of patients | Effect | Quality | Importance |
| Luam, accessment | no or panomo | | quality | portailee |
| | | | | |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analysis performed by the authors, the mean difference was not significantly different between groups (p=0.196, ANOVA)

⁴ According to the statistical analysis performed by the authors, the mean difference was not significantly different between groups (p=0.771, ANOVA)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Gait training | No gait training | Relative (95% CI) | Absolute | | |
|-------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|--------------------|------------------|-------------------------------------|--|-----|----------|
| Changes i | in mobility | (measured | using numb | er of partic | ipants walk | ing at discl | harge) | | | | | |
| 1 (Rigot 2018) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 109/430 (25.3%) | 1/317 (0.32%) | RR 80.36 (11.28 to 572.52) | 250 more per 1000 (from 32 more to 1000 more) | LOW | CRITICAL |

CI: confidence interval; RR: risk ratio

Table 29: Clinical evidence profile for gait re-education: Gait training versus no gait training in SCI rehabilitation (outcomes reported at medians (IQR) and analysed accordingly)

| | | (,) | unanyood | <u> </u> | , | | | | | | | |
|-------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|------------|---------------|------------------|--|--|--------------|------------|
| | | Qua | lity assessr | nent | | | No of p | atients | Effe | ect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Gait training | No gait training | Gait training | No gait training | Quality | Importance |
| | n mobility (by higher va | | | | independen | ce sub-sco | re among | those pr | imarily using | wheelchair; | range 0-10 | 00; better |
| 1 (Rigot 2018) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 144 | 299 | Median (IQR): 88.0 (48-100) ³ | Median (IQR): 96 (76-100) ³ | LOW | CRITICAL |
| Changes i | n mobility (| measured u | sing CHAR | T-Mobility s | sub-score ai | mong those | primarily | using w | heelchair; ran | nge 0-100; be | etter indica | ited by |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

| | | Qua | lity assessr | ment | | | No of p | atients | Effe | ect | | |
|-------------------|---|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------|------------------|--|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Gait training | No gait training | Gait training | No gait training | Quality | Importance |
| higher val | ues) - 1 yea | r after discl | narge | | | | | | | | | |
| 1 (Rigot 2018) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 140 | 297 | Median (IQR): 77 (57-100) ⁴ | Median (IQR): 89 (63-100) ⁴ | LOW | CRITICAL |
| | | | scale repor ar after disc | | oain over la | st 4 weeks a | mong th | ose prima | arily using wh | eelchair; rai | nge 1-10; b | etter |
| 1 (Rigot 2018) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 152 | 296 | Median (IQR): 5 (3- 7) ⁵ | Median (IQR): 4 (1-6) | LOW | CRITICAL |
| | verall quality of life (measured using Diener Satisfaction With Life scale among those primarily using wheelchair; range 5-35; better indicated v higher values) - 1 year after discharge | | | | | | | | | | | |
| 1 (Rigot 2018) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious imprecisi on | none | 124 | 261 | Median (IQR): 19 (12-25) ⁶ | Median (IQR): 22 (14-26) ⁶ | VERY LOW | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analysis performed by the authors, the median difference was significantly lower (worse) in the intervention group (p=0.002, unclear which statistical test the authors used)

⁴ According to the statistical analysis performed by the authors, the median difference was significantly lower (worse) in the intervention group (p=0.024, unclear which statistical test the authors used)

⁵ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.70, unclear which statistical test the authors used)

⁶ According to the statistical analysis performed by the authors, the median difference was not significantly different between groups (p=0.89, unclear which statistical test the authors used)

Table 30: Clinical evidence profile for manual therapy interventions: Massage + standard care versus standard care only in burn rehabilitation

| | | Qua | llity assessn | nent | | No of p | atients | E | ffect | | | |
|-----------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|--|-----------|----------------------|-----------|--|--------------|-----------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations Massage + standard care only Relative | | Absolute (95% CI) | Quality | Importance | | |
| Pain (mea | sured using | VAS score; | range 0-10; | better indic | ated by low | er values) - | At discha | rge (spec | ific time | frame not re | ported) | |
| 1 (Cho 2014) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 76 | 70 | - | MD 1.45 lower (1.81 to 1.09 lower) | MODER ATE | IMPORTANT |

CI: Confidence interval; MD: Mean difference; VAS: Visual analogue scale

Table 31: Clinical evidence profile for manual therapy interventions: Early muscle energy technique versus delayed muscle energy technique in elbow fracture rehabilitation

| | | Qua | lity assessn | nent | | No of p | atients | Ef | fect | | | |
|-------------------|-----------------------|------------------------------|---------------|---------------|---------------|-----------|----------------------------------|------------------------------------|-------------|----------------------|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Early muscle energy technique | Delayed muscle energy technique | Relative | Absolute (95% CI) | Quality | Importance |
| Upper limb | function (n | neasured us | ing DASH s | core; range | r indicated b | y lower v | /alues) - 3 | 3 weeks (i | ntervention | completio | n) | |
| 1 (Faqih 2019) | randomis ed trials | very serious ¹ | no serious | no serious | no serious | none | 13 | 14 | - | MD 18.2 higher | LOW | CRITICAL |

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¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

| | | Qua | ality assessn | nent | | | No of p | atients | Ef | fect | | |
|-------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|----------------------------------|------------------------------------|-------------|--|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Early muscle energy technique | Delayed muscle energy technique | Relative | Absolute (95% CI) | Quality | Importance |
| | | | inconsiste ncy | indirectne ss | imprecisio n | | | | | (13.8 to 22.6 higher) ² | | |
| Changes in | n mobility (n | neasured us | sing elbow fl | exion; bette | r indicated I | oy higher va | lues) - 3 v | weeks (in | tervention | n completio | n) | |
| 1 (Faqih 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 13 | 14 | - | MD 11.7 higher (6.32 to 17.08 higher) | LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | sing elbow e | xtension; be | etter indicate | ed by lower | values) - | 3 weeks (| (interventi | on complet | tion) | |
| 1 (Faqih 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 13 | 14 | - | MD 8.6 lower (12.53 to 4.67 lower) | LOW | CRITICAL |
| Pain (meas | sured using | VAS; range | 0-10; better | indicated b | y lower valu | es) - 3 week | s (interve | ntion co | mpletion) | | | |
| 1 (Faqih 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 13 | 14 | - | MD 1.3 higher (0.77 to 1.83 higher) ² | LOW | IMPORTANT |

CI: Confidence interval; MD: Mean difference

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² The authors of this paper have interpreted higher DASH and VAS scores as better function and better pain respectively. However, when used as validated, both measurement tools report that lower values are better. The paper makes no mention of inversion of data scales or transformation.

Table 32: Clinical evidence profile for manual therapy interventions: Ankle stretching versus no ankle stretching in SCI rehabilitation

| Table 32. C | illiicai evic | derice profit | ie ioi iliani | іаі іпегару | mervende | JIIS. Alikie | Stretching | versus | no ank | ie stretching | ili Sci le | паршаноп |
|--------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------------|------------------------|-----------|--|--------------|-------------|
| | | Qua | lity assessn | nent | | | No of pa | atients | | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Ankle stretching | No ankle stretching | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ing mobility ough interve | | de with no t | orque and k | nee extend | led in deg | grees; b | etter indicate | d by highe | values) - 2 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 14 | 14 | - | MD 1 lower (5.4 lower to 3.4 higher) | LOW | CRITICAL |
| | | | ing mobility on completi | | de with no t | orque and k | nee extend | ded in deg | grees; b | etter indicate | d by highei | values) - 4 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 14 | 14 | - | MD 2 higher (2.7 lower to 6.7 higher) | LOW | CRITICAL |
| | | neasured us 1 week follo | | around anl | de with no t | orque and k | nee extend | led in deg | grees; b | etter indicate | d by higher | values) - 5 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 1 lower (4.7 lower to 2.7 higher) | MODER ATE | CRITICAL |
| | | | ing mobility ough interve | | de with no t | orque and k | nee flexed | in degree | es; bette | er indicated by | y higher va | lues) - 2 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 2 higher (1.2 lower to 5.2 higher) | MODER ATE | CRITICAL |
| Changes in | n mobility (n | neasured us | ing mobility | around anl | de with no t | orque and k | nee flexed | in degree | es; bette | er indicated by | y higher va | lues) - 4 |

| | | Qua | ılity assessn | nent | | | No of pa | atients | | Effect | | |
|--------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------|---------------------|------------------------|-----------|--|--------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Ankle stretching | No ankle stretching | Relative | Absolute (95% CI) | Quality | Importance |
| weeks from | n baseline (| at interventi | on completi | on) | | | | | | | | |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 2 higher (0 to 4 higher) | MODER ATE | CRITICAL |
| | | neasured us 1 week follo | | around anl | de with no t | orque and k | nee flexed | in degree | es; bette | er indicated by | y higher va | ilues) - 5 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 1 higher (2.3 lower to 4.3 higher) | MODER ATE | CRITICAL |
| | | | | | kle with 10n | m torque an | d knee exte | ended in | degrees | ; better indicate | ated by hig | her values) - |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 1 higher (2.5 lower to 4.5 higher) | MODER ATE | CRITICAL |
| | | | sing mobility | | kle with 10n | m torque an | d knee exte | ended in | degrees | ; better indica | ated by hig | her values) - |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 0 higher (3.3 lower to 3.3 higher) | MODER ATE | CRITICAL |
| | | neasured us (1 week fol | | around anl | kle with 10n | m torque an | d knee ext | ended in | degrees | ; better indica | ated by hig | her values) - |
| 1 (Harvey | randomis | serious ¹ | no | no | no | none | 14 | 14 | - | MD 0 | MODER | CRITICAL |

| | | Qua | llity assessn | nent | | | No of pa | atients | | Effect | | |
|--------------------|--------------------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------------|------------------------|----------|--|--------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Ankle stretching | No ankle stretching | Relative | Absolute (95% CI) | Quality | Importance |
| 2000) | ed trials | | serious inconsiste ncy | serious indirectne ss | serious imprecisi on | | | | | higher (3 lower to 3 higher) | ATE | |
| | n mobility (n n baseline (l | | | | de with 10n | m torque an | d knee flex | ed in deg | rees; b | etter indicated | d by higher | values) - 2 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 14 | 14 | - | MD 2 higher (2.7 lower to 6.7 higher) | LOW | CRITICAL |
| | n mobility (n n baseline (a | | | | de with 10n | m torque an | d knee flex | ed in deg | rees; b | etter indicated | d by higher | values) - 4 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 0 higher (2.7 lower to 2.7 higher) | MODER ATE | CRITICAL |
| | n mobility (n n baseline (| | | around anl | de with 10n | m torque an | d knee flex | ed in deg | rees; b | etter indicated | d by higher | values) - 5 |
| 1 (Harvey 2000) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 14 | 14 | - | MD 0 higher (3.2 lower to 3.2 higher) | MODER ATE | CRITICAL |

CI: Confidence interval; MD: Mean difference; nm: Newton metre

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for ankle mobility with no torque, knee extended +/-5.15; for ankle mobility with 10nm torque, knee flexed +/-5.1)

Table 33: Clinical evidence profile for manual therapy interventions: Hamstring stretching versus no hamstring stretching in SCI rehabilitation

| • | Citabilitatio | •• | | | | | | | | | | |
|--------------------|-----------------------|--------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|----------|--|-------------|------------|
| | | Qua | llity assessn | nent | | | No of p | atients | ı | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Hamstring stretching | No hamstring stretching | Relative | Absolute (95% CI) | Quality | Importance |
| | | etched and utervention c | | | ith 48nr | n torque and | d knee flex | ed in | | | | |
| 1 (Harvey 2003) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 14 | 14 | - | MD 1 higher (2 lower to 4 higher) | VERY LOW | CRITICAL |

CI: Confidence interval; MD: Mean difference

Table 34: Clinical evidence profile for manual therapy interventions: Ankle passive movement versus no ankle passive movement in SCI rehabilitation

| | | Qua | lity assessn | nent | | | No of p | atients | E | Effect | | |
|---------------|--------|--------------|---------------|--------------|-------------|-------------------------|---------------------------|------------------------------|----------|----------------------|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Ankle passive movement | No ankle passive movement | Relative | Absolute (95% CI) | Quality | Importance |

Changes in mobility (measured using passive ankle dorsiflexion range of motion with 2nm torque applied in degrees; better indicated by higher

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to no reporting of SD and no published MIDs so was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

| | | Qua | ality assessn | nent | | | No of p | oatients | ı | Effect | | |
|--------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|---------------------------|------------------------------|-----------|--|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Ankle passive movement | No ankle passive movement | Relative | Absolute (95% CI) | Quality | Importance |
| values) - 6 | months + 1 | day (interve | ntion compl | etion) | | | | | | | | |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 20 | - | MD 3 higher (2.9 lower to 8.9 higher) | LOW | CRITICAL |
| | | neasured us day (interve | | | lexion range | of motion w | ith 3nm to | orque app | lied in d | legrees; bett | ter indicate | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 20 | - | MD 3 higher (2.58 lower to 8.58 higher) | LOW | CRITICAL |
| | | neasured us day (interve | | | lexion range | of motion w | ith 5nm to | orque appl | lied in d | legrees; bett | ter indicate | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 20 | - | MD 3 higher (2.58 lower to 8.58 higher) | LOW | CRITICAL |
| | | neasured us day (interve | | | lexion range | of motion w | ith 7nm to | orque app | lied in d | legrees; bett | ter indicate | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious | no serious | serious ² | none | 20 | 20 | - | MD 3 higher | LOW | CRITICAL |

| | | Qua | ality assessn | nent | | | No of p | patients | | Effect | | |
|--------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---------------------------|------------------------------|----------|--|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Ankle passive movement | No ankle passive movement | Relative | Absolute (95% CI) | Quality | Importance |
| | | | inconsiste ncy | indirectne ss | | | | | | (2.9 lower to 8.9 higher) | | |
| | | | ing passive ntion compl | | lexion range | of motion w | rith 8nm t | orque appl | ied in d | legrees; bett | er indicate | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 20 | - | MD 4 higher (1.9 lower to 9.9 higher) | LOW | CRITICAL |
| | | | ing passive ntion compl | | exion range | of motion w | ith 10nm | torque app | olied in | degrees; be | tter indicat | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 20 | 20 | - | MD higher (5 lower to 5 higher) | VERY LOW | CRITICAL |
| | | | ing passive ntion compl | | lexion range | of motion w | vith 12nm | torque app | olied in | degrees; be | tter indicat | ed by higher |
| 1 (Harvey 2009) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 20 | - | MD 4 higher (1.9 lower to 9.9 higher) ⁴ | LOW | CRITICAL |

CI: Confidence interval; MD: Mean difference; nm: Newton metre

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for ankle dorsiflexion with 2nm torque +/-3.5; for ankle dorsiflexion with 3nm torque +/-3.5; for ankle dorsiflexion with 7nm torque +/-3.5; for ankle dorsiflexion with 10nm torque +/-3.5; for ankle dorsiflexion with 12nm torque +/-4.5)

Table 35: Clinical evidence profile for manual therapy interventions: Active controlled motion + physiotherapy versus physiotherapy only in unstable ankle fracture rehabilitation (outcomes reported as means (SD) and analysed appropriately)

| | , | | | | . (************************************ | о горогион | ao moano | (C D) un | a amang c | ca appropr | iato.y, | |
|--|-----------------------|------------------------------|------------------------------------|-----------------------------------|---|---------------|--|-----------------------|------------|---|---------------|------------|
| | | Qua | ality assessn | nent | | | No of pa | ntients | E | ffect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Active controlled motion + physiotherapy | Physiotherapy only | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in completion | | neasured us | sing range o | f motion of a | ankle joint; l | better indica | ted by high | ner value | s) - 6 wee | eks post-ope | eration (inte | ervention |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 24 | - | MD 7.7 higher (2.2 to 13.2 higher) | VERY LOW | CRITICAL |
| Changes in follow-up) | n mobility (r | neasured us | sing range o | f motion of a | ankle joint; l | better indica | ted by high | ner value | s) - 12 we | eks post-op | eration (6 | weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 22 | 22 | - | MD 4.6 higher (0.94 lower to 10.14 higher) | VERY LOW | CRITICAL |
| Changes in mobility (measured using range of motion of subtalar joint; better indicated by higher values) - 6 weeks post-operation (intervention completion) | | | | | | | | | | | | |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste | no serious indirectne | serious ² | none | 24 | 24 | - | MD 2.3 higher (1.1 lower | VERY LOW | CRITICAL |

^{3 95%} CI crosses 2 MIDs (for ankle dorsiflexion with 10nm torque +/-3.5)

⁴ This 95% CI has been calculated but using the data reported in the article and calculated in Revman. However, it should be noted that it differs from the confidence interval reported in the article (2-6 degrees).

| | | Qua | ality assessn | nent | | | No of pa | tients | E | ffect | | |
|-----------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|---------------|--|--------------------|------------|---|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Active controlled motion + physiotherapy | Physiotherapy only | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ncy | SS | | | | | | to 5.7 higher) | | |
| Changes in follow-up) | n mobility (r | neasured us | sing range of | f motion of | subtalar join | t; better ind | icated by h | igher val | lues) - 12 | weeks post | -operation | (6 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 22 | 22 | - | MD 44.2 higher (38.5 to 49.9 higher) | LOW | CRITICAL |
| | n mobility (r on completi | | sing VAS for | foot and an | kle; range 0 | -100; better | indicated b | y higher | values) - | 6 weeks po | st-operation | on |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 24 | 24 | - | MD 15.4 higher (8.49 to 22.31 higher) | LOW | CRITICAL |
| Changes in follow-up) | n mobility (r | neasured us | sing VAS for | foot and an | kle; range 0 | -100; better | indicated b | y higher | values) - | · 12 weeks p | ost-operat | ion (6 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 22 | 22 | - | MD 16.3 higher (7.38 to 25.22 higher) | LOW | CRITICAL |
| Changes in completion | • • | measured us | sing Philip s | core; scale | not reported | ; better indi | cated by hi | gher valu | ues) - 6 w | eeks post-o | peration (i | ntervention |

| | | Qua | llity assessn | nent | | | No of pa | atients | E | ffect | | |
|-----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|----------------|--|--------------------|-------------|---|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Active controlled motion + physiotherapy | Physiotherapy only | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 24 | - | MD 6.7 higher (1.33 lower to 14.73 higher) | VERY LOW | CRITICAL |
| Changes in follow-up) | n mobility (n | neasured us | ing Philip so | core; scale i | not reported | ; better indi | cated by hi | igher valu | ues) - 12 v | weeks post- | operation (| 6 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 22 | 22 | - | MD 19 higher (8.85 to 29.15 higher) | VERY LOW | CRITICAL |
| Changes in completion | | neasured us | ing Mazur s | core; scale | not reported | l; ; better in | dicated by | higher va | alues) - 6 | weeks post- | operation | (intervention |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 24 | - | MD 7.7 higher (0.88 to 14.52 higher) | VERY LOW | CRITICAL |
| Changes in follow-up) | n mobility (n | neasured us | ing Mazur s | core; scale | not reported | l; ; better in | dicated by | higher va | alues) - 12 | 2 weeks pos | t-operatior | n (6 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste | no serious indirectne | serious ² | none | 22 | 22 | - | MD 10.8 higher (3.4 to | VERY LOW | CRITICAL |

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| | | Qua | ılity assessn | nent | | | No of pa | atients | E | ffect | | |
|--------------------|-----------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|--------------|--|--------------------|-----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Active controlled motion + physiotherapy | Physiotherapy only | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ncy | SS | | | | | | 18.2 higher) | | |
| | n mobility (nation (interve | | sing America eletion) | n Orthopae | dic Foot and | d Ankle scor | e; range 0- | 100; bett | er indica | ted by highe | r values) - | 6 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 24 | - | MD 7.6 higher (1.67 to 13.53 higher) | VERY LOW | CRITICAL |
| | n mobility (nation (6 week | | sing America | n Orthopae | dic Foot and | d Ankle scor | e; range 0- | 100; bett | er indica | ted by highe | r values) - | 12 weeks |
| 1 (Jansen 2018) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 22 | 22 | - | MD 12.3 higher (6.4 to 18.2 higher) | VERY LOW | CRITICAL |

AOFAS: American Orthopaedic Foot and Ankle score; Cl: Confidence interval; MD: Mean difference; SD: standard deviation; VAS: Visual analogue scale 1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

Table 36: Clinical evidence profile for manual therapy interventions: Active controlled motion + physiotherapy versus physiotherapy only in unstable ankle fracture rehabilitation (outcomes reported as means (range) and analysed appropriately)

^{2 95%} CI crosses 1MID (for ankle range of motion +/-4.05; for subtalar range of motion +/-2.85; for Philip score +/-7.15; for Mazur score +/-5.9; for AOFAS +/-8.35)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Active controlled motion + physiotherapy | Physiotherapy only | Active controlled motion + physiotherapy | Phzysiotherapy only | | |
|-----------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|---------------|--|--------------------|--|--|-------------|-----------|
| Return to | work (meas | sured using | mean weel | ks to return | to work; be | etter indicat | ed by lower | values) | - No time poi | nt reported | d | |
| 1 (Jansen 2018) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 24 | 24 | Mean 10.5 (range 3- 17) ³ | Mean 14.7 (range 9-26) ³ | VERY LOW | IMPORTANT |

CI: Confidence interval; MD: Mean difference

Nutrition support

Table 37: Clinical evidence profile for nutrition support interventions: rehabilitation + essential amino acids versus rehabilitation + placebo in hip fracture rehabilitation

| | | Qua | lity assessi | ment | | | No of p | atients | ı | Effect | | |
|-------------------------|-----------------------|------------------------------|----------------------------|----------------------------|----------------------|----------------------|--|-----------------------------|----------------------|--------------------------------------|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Essential amino acids + rehabilitation | Placebo + rehabilitation | Relative (95% CI) | Absolute | Quality | Importance |
| Changes | in mobility | (measured | using 6MW | /T in m; bet | ter indicate | ed by highe | r values) - | At dischar | ge | | | |
| 1 (Aquilani 2019) | randomi sed trials | very serious ¹ | no serious inconsist | no serious indirectn | serious ² | none | 28 | 28 | - | MD 18.8 higher (35.42 lower to | VERY LOW | CRITICAL |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to no reporting of SD and no published MIDs so was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analysis performed by the authors, the mean difference is significantly lower (better) in intervention group (p=0.02, unable to discern statistical test)

| | Quality assessment | | | | | | | atients | ı | Effect | | |
|-------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|--|-----------------------------|------------------------------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Essential amino acids + rehabilitation | Placebo + rehabilitation | Relative (95% CI) | Absolute | Quality | Importance |
| | | | ency | ess | | | | | | 73.02 higher) | | |
| Changes score) | in mobility | (measured | using 6MW | /T in m; bet | ter indicate | ed by highe | r values) – | Gain durir | ng interver | tion (discharge | score - ac | lmission |
| 1 (Aquilani 2019) | randomi sed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 28 | 28 | - | MD 44.6 higher (0.07 to 89.13 higher) | VERY LOW | CRITICAL |
| Patients a | chieving m | inimal Clin | ically impo | rtant differe | ent in 6MW | Т | | | | | | |
| 1 (Aquilani 2019) | randomi sed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 21/28 (75%) | 13/28 (46.4%) | RR 1.62 (1.06 to 1.95) | 288 more per 1000 (from 28 more to 441 more) | VERY LOW | CRITICAL |

6MWT: 6 minute walk test; CI: confidence interval; m: metre

Table 38: Clinical evidence profile for nutrition support interventions: vitamin D supplementation versus no treatment in hip fracture rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance |
|--------------------|----------------|--------|---------|------------|
|--------------------|----------------|--------|---------|------------|

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 95% CI crosses 1 MID (for 6MWT +/-35.95, for patients achieving minimal clinical significance 0.8 and 1.25)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Vitamin D (all groups) | No treatment | Relative (95% CI) | Absolute | | |
|-------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|---------------------------|----------------|------------------------------|---|-------------|----------|
| Changes | in mobility | (measured | as experien | ce of falls) | - At 12-mor | ths follow- | up | | | | | |
| 1 (Harwoo d 2004) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 4/31 (12.9%) | 3/9 (33.3%) | RR 0.39 (0.07 to 1.37) | 203 fewer per 1000 (from 310 fewer to 123 more) | VERY LOW | CRITICAL |

CI: confidence interval

Table 39: Clinical evidence profile for nutrition support interventions: whey protein + standard rehabilitation versus standard rehabilitation in hip fracture rehabilitation (outcomes reported as medians (IQR) and analysed appropriately)

| | | Qua | llity assessr | nent | | | No of pati | ients | Eff | fect | | |
|--------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--|-------------------------|--|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Whey protein + standard rehabilitation | Standard rehabilitation | Whey protein + standard rehabilitation | Standard rehabilitation | Quality | Importance |
| | n mobility (ı on completi | | sing Barthe | Index Walk | ing score; r | ange 0-15; l | better indica | ted by h | nigher valu | es) - Day 14 | Post-oper | ation |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ² | none | 20 | 18 | Median (IQR):15 (15-15) ³ | Median (IQR): 10 (10-15) ³ | VERY LOW | CRITICAL |
| Changes in | n mobility (ı | measured u | sing Barthe | Index Stair | score; rang | ge 0-10; bett | er indicated | by high | er values) | - Day 14 Po | st-operatio | n |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 2 MIDs (for experience of falls 0.8 and 1.25)

| | | Qua | ılity assessı | ment | | | No of pat | ients | Eff | fect | | |
|--------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--|-------------------------|--|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Whey protein + standard rehabilitation | Standard rehabilitation | Whey protein + standard rehabilitation | Standard rehabilitation | Quality | Importance |
| (interventi | ion complet | ion) | | | <u> </u> | | | 1 | | | | |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ² | none | 20 | 18 | Median (IQR): 5 (5-5) ⁴ | Median (IQR): 5 (5-5) ⁴ | VERY LOW | CRITICAL |

IQR: Interquartile range

Table 40: Clinical evidence profile for nutrition support interventions: whey protein + standard rehabilitation versus standard rehabilitation in hip fracture rehabilitation (outcomes reported as means (SD) and analysed appropriately)

| | | Qua | llity assessr | nent | | · | No of pa | | | Effect | | |
|--------------------|-----------------------|------------------------------|---------------|---------------|----------------------|-------------------------|--|-------------------------|-----------|-----------------------|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Whey protein + standard rehabilitation | Standard rehabilitation | Relative | Absolute (95% CI) | Quality | Importance |
| Pain at res | t (measured | l using VAS | ; range 0-10 | ; better indi | cated by low | /er values) - | Day 7 Post | t-operatio | n (during | g intervention |) | |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious | no serious | serious ² | none | 20 | 18 | - | MD 0.4 lower (1.39 | VERY LOW | IMPORTANT |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analyses performed by the author, the median was significantly higher in the intervention group (p<0.05, Mann-Whitney U test)

⁴ According to the statistical analyses performed by the author, the median difference was not statistically significant between groups (p>0.05, Mann-Whitney U test)

| | | Qua | ality assessr | nent | | | No of pa | atients | ı | Effect | | |
|--------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|--|-------------------------|------------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Whey protein + standard rehabilitation | Standard rehabilitation | Relative | Absolute (95% CI) | Quality | Importance |
| | | | inconsiste ncy | indirectne ss | | | | | | lower to 0.59 higher) | | |
| Pain at res | st (measured | dusing VAS | ; range 0-10 | ; better indic | cated by low | ver values) - | Day 14 Pos | st-operati | on (inter | vention comp | letion) | |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 18 | - | MD 0.4 lower (1.04 lower to 0.24 higher) | VERY LOW | IMPORTANT |
| Pain in mo | tion (measu | red using V | AS; range 0 | -10; better ii | ndicated by | lower value | s) - Day 7 F | ost-opera | ation (du | ring intervent | ion | |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 18 | - | MD 1.5 lower (3.03 lower to 0.03 higher) | VERY LOW | IMPORTANT |
| Pain in mo | tion (measu | red using V | AS; range 0 | -10; better ii | ndicated by | lower value | s) - Day 14 | Post-ope | ration (in | tervention co | mpletion) | |
| 1 (Niitsu 2016) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 20 | 18 | - | MD 2.2 lower (3.47 to 0.93 lower) | VERY LOW | IMPORTANT |

CI: confidence intervals; VAS: Visual analogue scale

Table 41: Clinical evidence profile for nutrition support interventions: Omega-3 supplements versus placebo in SCI rehabilitation

| Table 111 children of the first term of the firs | | rerede practice is | | |
|--|----------------|--------------------|---------|------------|
| Quality assessment | No of patients | Effect | Quality | Importance |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for pain at rest +/-0.75; for pain in motion +/-1.2)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Omega-3 supplement | Placebo | Relative | Absolute (95% CI) | | |
|--------------------------------|-----------------------|----------------------|---------------------------------|--------------------------------|------------------------------|---------------|-----------------------|----------|-----------|--|-------------|-----------|
| Changes in | mobility (m | easured usi | ng FIM+FAM | Motor sub-s | score; range | 16-112; bette | er indicat | ed by h | igher va | lues) - 14 m | onths follo | ow-up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 54 | 50 | - | MD 5.2 lower (13.36 lower to 2.96 higher) | LOW | CRITICAL |
| Changes in | mobility (m | easured usi | ng FIM+FAM | Locomotion | sub-score; | range 7-49; I | better ind | icated I | oy highe | er values) - 1 | 4 months | follow-up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 54 | 50 | - | MD 2.72 lower (7.21 lower to 1.77 higher) | LOW | CRITICAL |
| Changes in | ADL (meas | ured using F | IM+FAM Tot | al score; ran | ige 30-210; b | etter indicat | ed by hig | her valu | ues) - 14 | months fol | low-up | |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 54 | 50 | - | MD 6.21 lower (16.82 lower to 4.4 higher) | LOW | IMPORTANT |
| Changes in | ADL (meas | ured using F | IM+FAM Co | gnitive sub-s | score; range | 14-98; better | rindicate | d by hig | gher val | ues) - 14 mc | nths follow | v-up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 54 | 50 | - | MD 0 higher (3.32 lower to 3.32 higher) | VERY LOW | IMPORTANT |

| | | Qua | ılity assessn | nent | | | No of pa | atients | E | Effect | | |
|--------------------------------|-----------------------|----------------------|---------------------------------|--------------------------------|--|-------------------------|-----------------------|----------|----------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Omega-3 supplement | Placebo | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in | ADL (meas | ured using F | IM+FAM Psy | chosocial s | ub-score; ra | nge 9-63; be | tter indica | ated by | higher v | values) - 14 | months fol | low-up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 54 | 50 | - | MD 0.88 lower (3.23 lower to 1.47 higher) | LOW | IMPORTANT |
| Changes in | ADL (meas | ured using F | IM+FAM Cor | nmunication | sub-score; | range 5-35; | better ind | icated b | y highe | er values) - 1 | 14 months | follow-up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n ⁴ | none | 54 | 50 | - | MD 0.03 higher (1.69 lower to 1.75 higher) | MODER ATE | IMPORTANT |
| Changes in | ADL (meas | ured using F | IM+FAM Sel | f-care sub-se | core; range 7 | 7-49; better i | ndicated | by high | er value | es) - 14 mon | ths follow- | up |
| 1 (Norouzi Javidan 2014) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 54 | 50 | - | MD 1.89 lower (5.73 lower to 1.95 higher) | LOW | IMPORTANT |

ADL: Activities of daily living; CI: confidence interval; FIM+FAM: Functional independence measure and functional assessment measure 1 Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

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^{2 95%} CI crosses 1 MID (for FIM+FAM Motor sub-score +/-10.83; for FIM+FAM Locomotion sub-score +/-6.015; for FIM+FAM total score +/-13.21; for FIM+FAM Psychosocial sub-score +/-3.09; for FIM+FAM Self-care sub-score +/-4.91)

^{3 95%} CI crosses 2 MIDs (for FIM+FAM Cognitive sub-score +/-3.125)

⁴ The article reported a standard deviation of 0 for the control group FIM+FAM Communication sub-score so we were unable to calculate the MID using this figure. Instead we chose to use the standard deviation of the control group at follow-up to calculate the MIDs for imprecision and clinical importance.

Table 42: Clinical evidence profile for nutrition support interventions: High vitamin D versus low vitamin D supplementation in hip fracture rehabilitation

| | acture rem | | | | | | | | | | | |
|------------------------|-----------------------|------------------------------|---------------------------------|----------------------|------------------------------|-------------------------|------------|------------|----------|---|-------------|-------------|
| | | Qua | ality assessn | nent | | | No of p | atients | | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | High Vit D | Low Vit D | Relative | Absolute (95% CI) | Quality | Importance |
| Quality of and 6 mon | | ed using cha | anges in the | EQ-5D-3L in | dex value; s | cale not rep | orted; be | etter indi | cated b | y higher value | es) - Betwe | en baseline |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ² | very serious ³ | none | 60 | 60 | - | MD 0.02 lower (0.16 lower to 0.12 higher) | VERY LOW | IMPORTANT |
| Quality of and 12 mo | | ed using cha | anges in the | EQ-5D-3L in | dex value; s | cale not rep | orted; be | etter indi | cated b | y higher value | es) - Betwe | en 6 months |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ² | serious ⁴ | none | 60 | 59 | - | MD 0.07 lower (0.17 lower to 0.03 higher) | VERY LOW | IMPORTANT |
| Quality of and 12 mo | | ed using cha | anges in the | EQ-5D-3L in | dex value; s | cale not rep | orted; be | etter indi | cated b | y higher value | es) - Betwe | en baseline |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ² | very serious ³ | none | 60 | 59 | - | MD 0.05 higher (0.1 lower to 0.2 higher) | VERY LOW | IMPORTANT |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

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² Study marked down for indirectness because drop out is only reported for the whole RCT population (4 arms, baseline N = 173, at 6 months N = 120, at 12 months N = 119). For the purposes of analysis, we have assumed dropout was equal between the study arms but cannot be certain.

^{3 95%} CI crosses 2 MIDs (for EQ-5D-3L Index value +/-0.074)

^{4 95%} CI crosses 1 MID (for EQ-5D-3L Index value +/-0.074)

Scar, swelling and oedema management

Table 43: Clinical evidence profile for scar, swelling and oedema management interventions: active laser therapy versus placebo laser therapy in burn rehabilitation

| | aser therap | by in burn i | enabilitati | on | | | | | | | | |
|-----------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|-------------------------|--------------------------|------------|---|---------------|------------|
| | | Qua | lity assessr | nent | | | No of p | atients | E | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Active laser therapy | placebo laser therapy | Relative | Absolute(95% CI) | Quality | Importance |
| Quality of | life (measur | red using M | DLQI; range | 0-21; bette | r indicated k | y lower val | ues) - 6 w | eeks fro | m baselin | e (interventio | n completi | on) |
| 1 (Ebid 2017) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 24 | 25 | - | MD 3 lower (5.25 to 0.75 lower) | LOW | IMPORTANT |
| Quality of completion | | red using M | DLQI; range | 0-21; bette | r indicated k | y lower val | ues) - 12 v | weeks fro | om baseli | ne (6 weeks a | ifter interve | ention |
| 1 (Ebid 2017) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 24 | 25 | - | MD 5.1 lower (7.24 to 2.96 lower) | MODER ATE | IMPORTANT |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated l | oy lower val | ues) - 6 wee | ks from k | oaseline (| (intervent | ion completion | on) | |
| 1 (Ebid 2017) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 24 | 25 | - | MD 3.85 lower (5.84 to 1.86 lower) | LOW | IMPORTANT |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated l | oy lower val | ues) - 12 we | eks from | baseline | (6 weeks | s after interve | ntion comp | oletion) |
| 1 (Ebid 2017) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 24 | 25 | - | MD 3.23 lower (5.41 to 1.05 lower) | LOW | IMPORTANT |

CI: confidence interval; MDLQI: modified Dermatology life quality index; VAS: Visual analogue scale 1 Serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 95% CI crosses 1 MID (for MDLQI +/-2.4; for VAS +/-2.25)

Table 44: Clinical evidence profile for scar, swelling and oedema management interventions: pressure garment therapy + massage versus massage only in burn rehabilitation

| | | | ality assessn | | | | No of pa | atients | E | ffect | | |
|--------------------------|-----------------------|------------------------------|---------------------------------|--------------------------------|----------------------|--------------|----------------------------------|--------------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Pressure garment + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| Pain (meas | sured using | VAS; range | 0-10; better i | indicated by | lower value | s) at 2 mont | hs from ba | seline (d | uring in | tervention) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 30 | 21 | - | MD 1.59 higher (0.55 to 2.63 higher) | VERY LOW | IMPORTANT |
| Pain (meas | sured using | VAS; range | 0-10; better i | indicated by | lower value | s) at 4 mont | hs from ba | seline (dı | uring in | tervention) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 30 | 21 | - | MD 0.84 higher (0.38 lower to 2.06 higher) | VERY LOW | IMPORTANT |
| Pain (meas | sured using | VAS; range | 0-10; better i | indicated by | lower value | s) at 6 mont | hs from ba | seline (in | tervent | ion comple | etion) | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 12 | - | MD 1.16 higher (0.58 lower to 2.9 higher) | VERY LOW | IMPORTANT |

| | | Qua | ality assessn | nent | | | No of pa | atients | E | ffect | | |
|--------------------------|-----------------------|------------------------------|---------------------------------|--------------------------------|----------------------|--------------|----------------------------------|--------------|----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Pressure garment + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| Pain (meas | sured using | VAS; range | 0-10; better | indicated by | lower value | s) at 7 mont | hs from ba | seline (1 | month | follow-up) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 12 | - | MD 0.64 higher (0.82 lower to 2.1 higher) | VERY LOW | IMPORTANT |

CI: confidence interval; MD: mean difference; VAS: Visual analogue scale

Table 45: Clinical evidence profile for scar, swelling and oedema management interventions: silicone gel sheeting + massage versus massage only in burn rehabilitation

| | | Qua | lity assessn | nent | | | No of pati | ients | ı | Effect | | |
|-----------------|-----------------------|------------------------------|---------------|---------------|----------------------|--------------|---------------------------------------|--------------|----------|----------------------|-------------|------------|
| No of studies | sk De | | | | | | Silicone gel sheeting + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| Pain (meas | sured using | VAS; range | 0-10; bette | r indicated I | oy lower val | ues) at 2 mo | onths from b | aseline | (during | intervention | | |
| 1 (Li- Tsang | randomis ed trials | very serious ¹ | no serious | no serious | serious ² | none | 24 | 21 | - | MD 0.78 higher | VERY LOW | IMPORTANT |

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¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for VAS +/-1.235)

| | | Qua | llity assessr | nent | | | No of pat | ients | | Effect | | |
|--------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|--------------|---------------------------------------|--------------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Silicone gel sheeting + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| 2010) | | | inconsist ency | indirectne ss | | | | | | (0.13 lower to 1.69 higher) | | |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated I | by lower val | ues) at 4 mo | onths from b | aseline | (during | intervention) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 24 | 21 | - | MD 0.47 lower (1.36 lower to 0.42 higher) | VERY LOW | IMPORTANT |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated I | by lower val | ues) at 6 mo | onths from b | aseline | (interve | ention comple | etion) | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 22 | 12 | - | MD 0.7 lower (2.12 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated I | by lower val | ues) at 7 mo | onths from b | aseline | (1 mont | th follow-up) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 22 | 12 | - | MD 1.26 lower (2.26 to 0.26 lower) | VERY LOW | IMPORTANT |

CI: confidence interval; MD: mean difference; VAS: Visual analogue scale

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 95% CI crosses 1 MID (for VAS +/-1.235)

Table 46: Clinical evidence profile for scar, swelling and oedema management interventions: pressure garment therapy + silicone gel sheeting + massage versus massage only in burn rehabilitation

| 3 | nccting + n | nassage ve | ersus mass | age only in | Duili Tellak | mitation | | | | | | |
|--------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|--|--------------|----------|---|-------------|------------|
| | | Qua | ality assessn | nent | | | No of pat | ients | E | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Pressure garment + silicone gel sheeting + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| Pain (meas | ured using | VAS; range | 0-10; better | indicated by | lower value | es) - 2 month | s from base | eline (d | uring in | tervention) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 21 | - | MD 0.59 higher (0.14 lower to 1.32 higher) | VERY LOW | IMPORTANT |
| Pain (meas | ured using | VAS; range | 0-10; better | indicated by | lower value | es) at 4 mont | hs from ba | seline (| during i | ntervention) | | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 21 | - | MD 0.61 lower (1.53 lower to 0.31 higher) | VERY LOW | IMPORTANT |
| Pain (meas | sured using | VAS; range | 0-10; better | indicated by | lower value | es) at 6 mont | hs from ba | seline (| interven | tion comple | etion) | |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 12 | - | MD 1.08 lower (2.41 lower to 0.25 higher) | VERY LOW | IMPORTANT |
| Pain (meas | ured using | VAS; range | 0-10; better | indicated by | lower value | es) at 7 mont | hs from ba | seline (| 1 month | follow-up) | | |

| | | Qua | ality assessn | nent | | | No of pat | ients | ı | Effect | | |
|--------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|--|--------------|----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Pressure garment + silicone gel sheeting + massage | Massage only | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Li- Tsang 2010) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 24 | 12 | - | MD 1.03 lower (2.1 lower to 0.04 higher) | VERY LOW | IMPORTANT |

CI: confidence interval; MD: mean difference; VAS: Visual analogue scale

Table 47: Clinical evidence profile for scar, swelling and oedema management interventions: compression bandage versus ice and elevation in ankle fracture rehabilitation

| | | Qua | ality assessn | nent | | | No of pa | atients | Effe | ect | | |
|---------------------------|--|------------------------------|-----------------------------|-----------------------------|------------------------------|-------------------------|------------------------|----------------------|---------------------------------|-----------------------------|-------------|------------|
| No of studies | Design Risk of bias Inconsistency Indirectness | | | | Imprecision | Other considerations | Compression bandage | lce and elevation | Compression bandage | Ice and elevation | Quality | Importance |
| Patient acc | eptability (r | measured us | sing VAS; ra | inge 0-100; l | oetter indica | ted by high | er values) | at 12 w | eeks from b | aseline | | |
| 1 (Rohner- Spengler | randomis ed trials | very serious ¹ | no serious inconsiste | no serious indirectne | very serious ² | none | 20 | 22 | Median (IQR): 85 (74-93)3 | Median (IQR): 80 (67- | VERY LOW | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for VAS +/-1.235)

| | | Qua | llity assessn | nent | | | No of pa | atients | Effe | ect | | |
|------------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|------------------------|----------------------|---|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Compression bandage | lce and elevation | Compression bandage | Ice and elevation | Quality | Importance |
| 2014) | | | ncy | SS | | | | | | 90)3 | | |
| Patient acc | ceptability (r | neasured us | sing VAS; ra | nge 0-100; k | etter indica | ted by high | er values) | at 1 year | ar from base | eline | | |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 19 | 22 | Median (IQR): 83 (64-95) ³ | Median (IQR): 90 (80- 96) ³ | VERY LOW | CRITICAL |
| Changes in completion | | neasured us | sing degrees | of plantar f | lexion; bette | er indicated | by higher | values |) at 6 weeks | from base | line (interv | ention |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 22 | Median (IQR): 35 (30-42) ³ | Median (IQR): 35 (30- 42) ³ | VERY LOW | CRITICAL |
| Changes in completion | | neasured us | sing degrees | of dorsiflex | tion; better i | ndicated by | higher va | alues) a | t 6 weeks fro | om baselin | e (interven | tion |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 22 | Median (IQR): 0 (-4-9) ³ | Median (IQR): 5 (0-10) ³ | VERY LOW | CRITICAL |
| Pain (meas | sured using | VAS; range | 0-10; better | indicated b | y lower valu | es) at 6 wee | ks from b | aseline | (interventio | n complet | ion) | |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 22 | Median (IQR): 0 (0-6.3) ³ | Median (IQR): 6.3 (0- 10) ³ | VERY LOW | IMPORTANT |

CI: confidence interval; MD: mean difference; VAS: Visual analogue scale

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

3 According to the statistical analyses performed by the author, the median difference was not statistically significant

Table 48: Clinical evidence profile for scar, swelling and oedema management interventions: intermittent compression versus ice and elevation in ankle fracture rehabilitation

| | | Qua | llity assessn | nent | | | No of pa | tients | Eff | ect | | |
|------------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|---------------|-----------------------------|----------------------|--|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Intermittent compression | Ice and elevation | Intermittent compression | Ice and elevation | Quality | Importance |
| Patient acc | eptability (r | neasured us | ing VAS; rai | nge 0-100; b | etter indicat | ed by higher | values) a | ıt 12 we | eks post-o | peratively | | |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 11 | 22 | Median (IQR): 70 (59- 76) ³ | Median (IQR): 80 (67- 90) ³ | VERY LOW | CRITICAL |
| Patient acc | eptability (r | neasured us | ing VAS; rai | nge 0-100; b | etter indicat | ed by higher | values) a | ıt 1 yeaı | from base | eline | | |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 11 | 21 | Median (IQR): 87 (54- 100) ³ | Median (IQR): 90 (80- 96) ³ | VERY LOW | CRITICAL |
| Changes in completion | | neasured us | ing degrees | of plantar flo | exion; bette | r indicated b | y higher v | /alues) | at 6 weeks | from base | line (interv | rention |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 12 | 22 | Median (IQR): 35 (30- 50) ³ | Median (IQR): 35 (30- 42) ³ | VERY LOW | CRITICAL |
| Changes in completion | • • | neasured us | ing degrees | of dorsiflexi | on; better in | ndicated by I | nigher val | ues) at | 6 weeks fr | om baselin | e (interven | tion |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 12 | 22 | Median (IQR): 10 (0- 10) ³ | Median (IQR): 5 (0-10) ³ | VERY LOW | CRITICAL |

| | | Qua | ality assessn | nent | | | No of pa | itients | Eff | ect | | |
|------------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--------------------------|----------------------|---|---|-------------|------------|
| No of studies | Design | Risk of bias | Risk of Inconsis | | Imprecision | Other considerations | Intermittent compression | lce and elevation | Intermittent compression | lce and elevation | Quality | Importance |
| Pain (meas | sured using | VAS; range | 0-10; better | indicated by | lower value | es) at 6 week | s from ba | seline (| interventio | n complet | ion) | |
| 1 (Rohner- Spengler 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 12 | 22 | Median (IQR): 0 (0-11) ³ | Median (IQR): 6.3 (0- 10) ³ | VERY LOW | IMPORTANT |

CI: confidence interval; MD: mean difference; VAS: Visual analogue scale

Table 49: Clinical evidence profile for scar, swelling and oedema management interventions: low energy extracorporeal shockwave therapy versus placebo extracorporeal shockwave therapy

| | | 1,7 | | Quality as: | sessment | | , , | No of pa | tients | E | ffect | | |
|----|-----------------|------------|-----------------|-----------------|-----------------|---------------------------|-------------|--------------------|-----------------|-----------------------|-----------------|------------|------------|
| | No of audies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Low energy ESWT | Placebo ESWT | Low energy ESWT | Placebo ESWT | Quality | Importance |
| Pa | ain (me | easured us | sing Num | erical Rating S | cale; range 0-1 | 10; better indi | cated by lo | wer values) | (4 weeks fi | om base | line, at inter | vention co | mpletion) |
| 1 | | randomise | serious1 | no serious | no serious | very serious ² | none | 22 | 23 | Median | Median | VERY | IMPORTAN |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analyses performed by the author, the median difference was not statistically significant

| (Samha d trials | inconsistency indirectness | (range): | (range): 6 | LOW | Т |
|-----------------|----------------------------|----------------------|------------|-----|---|
| n 2019) | | 2 (0-4) ³ | $(5-9)^3$ | | |

ESWT: Extracorporeal schockwave therapy

Splinting and orthotics

Table 50: Clinical evidence profile for splinting and orthotic interventions: thoracolumbosacral orthosis versus immediate mobilisation in rehabilitation for thoracolumbar burst fracture without neurological deficit

| mobilisation in rehabilitation for thoracolumbar burst fracture without neurological deficit | | | | | | | | | | | | |
|--|--|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------------------------|---------------------------|----------|---|---------|------------|
| Quality assessment | | | | | | No of patients | | Effect | | | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Thoracolumbos acral orthosis | Immediate mobilisation | Relative | Absolute (95% CI) | Quality | Importance |
| | Changes in mobility (measured using Roland Morris Disability Questionnaire; range 0-24; better indicated by lower values) - Average of all follow-up time points (at discharge, 2 and 6 weeks, 3, 6, 12 and 24 months post-injury) | | | | | | | | | | | |
| 1 (Bailey 2014) | randomis ed trials | no serious risk of bias | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 47 | 49 | - | MD 1.1 lower (1.36 to 0.84 lower) | HIGH | CRITICAL |
| Patient acceptability (measured using Satisfactions with treatment score; scale 1-7; better indicated by higher values) - Average of all follow-up time points (at discharge, 2 and 6 weeks, 3, 6, 12 and 24 months post-injury) | | | | | | | | | | | | |
| 1 (Bailey 2014) | randomis ed trials | no serious risk of bias | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 47 | 49 | - | MD 0.2 higher (0.16 to 0.24 higher) | HIGH | CRITICAL |
| | Quality of life (measured using SF-36 Physical component score; scale not reported; better indicated by higher values) - Average of all follow-up time points (at discharge, 2 and 6 weeks, 3, 6, 12 and 24 months post-injury) | | | | | | | | | | | |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 2} Imprecision could not be assessed using GRADE default values due to the design of the study, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analyses performed by the author, the median was significantly lower in the intervention group (p<0.012, Mann-Whitney U test)

| | | Qua | llity assessr | nent | | | No of pa | atients | | Effect | | |
|--------------------|-----------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---------------------------------|---------------------------|----------|---|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Thoracolumbos acral orthosis | Immediate mobilisation | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Bailey 2014) | randomis ed trials | no serious risk of bias | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 47 | 49 | - | MD 2.5 higher (2.06 to 2.94 higher) | HIGH | IMPORTANT |
| | | | | component , 12 and 24 i | | | ed; better i | indicated | by high | ier values) - A | verage of | all follow-up |
| 1 (Bailey 2014) | randomis ed trials | no serious risk of bias | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 47 | 49 | - | MD 1.4 higher (0.92 to 1.88 higher) | HIGH | IMPORTANT |
| | | | | AS; range 0 nths post-in | | ndicated by | lower valu | ıes) - Ave | rage of | all follow-up | time points | s (at |
| 1 (Bailey 2014) | randomis ed trials | no serious risk of bias | no serious inconsist ency | no serious indirectne ss | no serious imprecisi on | none | 47 | 49 | - | MD 0.7 lower (0.8 to 0.6 lower) | HIGH | IMPORTANT |

CI: Confidence interval; MD: mean difference; SF-36: 36 item short-form survey; VAS: VAS: Visual analogue scale

Table 51: Clinical evidence profile for splinting and orthotic interventions: metacarpophalangeal orthosis versus no orthosis in burn rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance |
|--------------------|----------------|--------|---------|------------|
| | | | | |

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Metacarpophala ngeal orthosis | No orthosis | Relative | Absolute (95% CI) | | |
|--------------------|-------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|----------------------------------|-------------|-----------|---|-------------|------------|
| Upper limi | b function (C | Frip strength | n of right hai | nd, measure | d in kg; bet | ter indicated | l by highe | er values) | - 8 wee | ks (interventi | ion comple | tion) |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 21 | - | MD 1.1 higher (4.88 lower to 7.08 higher) | VERY LOW | CRITICAL |
| Upper lim l | b function (C | Frip strength | n of left hand | d, measured | in kg; bette | er indicated l | by higher | values) - | 8 week | s (interventio | n completi | on) |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 21 | 21 | - | MD 0.5 lower (4.32 lower to 3.32 higher) | VERY LOW | CRITICAL |
| | b function (E ervention co | | nd writing n | neasured us | ing Jebsen | Taylor hand | function | test in se | ecs; bet | ter indicated | by lower va | alues) - 8 |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 21 | 21 | - | MD 4.2 lower (5.58 to 2.82 lower) | LOW | CRITICAL |
| Upper limi | b function (r | neasured us | sing MHOQ; | range 0-100 | ; better indi | cated by hig | her value | s) - 8 wee | eks (inte | ervention com | pletion) | |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 21 | 21 | - | MD 21.2 higher (5.04 to 37.36 higher) | VERY LOW | CRITICAL |
| Quality of | life (measur | ed using Bu | ırn Specific | Health Scale | e score; bet | ter indicated | by highe | r values) | - 8 wee | ks (interventi | on comple | tion) |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 21 | - | MD 8 higher (7.05 lower to 23.05 | VERY LOW | IMPORTANT |

| | | Qua | ılity assessr | nent | | | No of p | atients | | Effect | | |
|----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|----------------------------------|-------------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Metacarpophala ngeal orthosis | No orthosis | Relative | Absolute (95% CI) | Quality | Importance |
| | | | | | | | | | | higher) | | |
| | | | | | | | | | ntervent | ion completion | | |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 21 | 21 | - | MD 3.5 lower (9.74 lower to 2.74 higher) | VERY LOW | IMPORTANT |
| Changes in | n ADL (mea | sured using | MHOQ ADL | Score; rang | ge 0-100; be | tter indicate | d by high | er values |) - 8 we | eks (intervent | ion comple | etion) |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 21 | - | MD 10.4 higher (13.98 lower to 34.78 higher) | VERY LOW | IMPORTANT |
| Pain (meas | sured using | MHOQ Pain | Score; rang | ge 0-100; be | tter indicate | d by lower v | values) - 8 | weeks (i | nterven | tion completi | on) | |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 21 | - | MD 5.4 higher (14.39 lower to 25.19 higher) | VERY LOW | IMPORTANT |
| Patient accompletion | | measured u | sing MHOQ | Aesthetics S | Score; range | e 0-100; bett | er indicat | ed by hig | her valu | ies) - 8 weeks | (intervent | ion |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste | no serious indirectne | very serious ² | none | 21 | 21 | - | MD 0 higher (20.4 lower | VERY LOW | CRITICAL |

| | | Qua | llity assessn | nent | | | No of p | atients | | Effect | | | | |
|------------------|---|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|----------------------------------|-------------|----------|---|-------------|------------|--|--|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Metacarpophala ngeal orthosis | No orthosis | Relative | Absolute (95% CI) | Quality | Importance | | |
| | | | ncy | SS | | | | | | to 20.4 higher) | | | | |
| | Patient acceptability (measured using MHOQ Satisfaction with hand function score; range 0-100; better indicated by higher values) - 8 weeks (intervention completion) | | | | | | | | | | | | | |
| 1 (Choi 2011) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 21 | 21 | - | MD 3.3 higher (15.5 lower to 22.1 higher) | VERY LOW | CRITICAL | | |

ADL: activities of daily living; CI: confidence interval; FIM: Functional independence measure; MD: mean difference; MHOQ: Michigan Hand Outcomes Questionnaire 1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

Table 52: Clinical evidence profile for splinting and orthotic interventions: multi-axis shoulder abduction splint versus no splint in burn injury

| | | Qua | ılity assessn | nent | No of pa | atients | | Effect | | | | |
|---------------|--------|--------------|---------------|--------------|-------------|---------|-----------------|-----------|----------|----------------------|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Shoulder splint | No splint | Relative | Absolute (95% CI) | Quality | Importance |

^{2 95%} CI crosses 2 MID (for right hand grip strength +/- 4.05; for BSHS QoL +/-6.05; for MHOQ ADL score +/-13.8; for MHOQ Pain score +/- 13.8; for MHOQ Aesthetics score +/-2.2; for MHOQ Satisfaction score +/-8.85)

^{3 95%} CI crosses 1 MID (for left hand grip strength +/-3.8; for MHOQ +/-8; for FIM +/-5.55)

| | | Qua | ılity assessn | nent | | | No of pa | atients | | Effect | | |
|-------------------|-----------------------|----------------------|---------------------------------|--------------------------------|------------------------------|-------------------------|-----------------|-----------|----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Shoulder splint | No splint | Relative | Absolute (95% CI) | Quality | Importance |
| Upper limb | function (m | easured usi | ng shoulder | abduction a | ngle in degr | ees; better in | dicated b | y highe | r values | s) – 1 week (fr | om baselir | ne) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 5.8 higher (9.91 lower to 21.51 higher) | LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | abduction a | ngle in degre | ees; better in | dicated b | y highe | r values | s) - 2 weeks (f | rom baseli | ne) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 2.3 higher (13.19 lower to 17.79 higher) | VERY LOW | CRITICAL |
| Upper limb | function (m | easured usii | ng shoulder | abduction a | ngle in degr | ees; better in | dicated b | y highe | r values | s) – 3 weeks (1 | from basel | ine) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 5.6 higher (10.81 lower to 22.01 higher) | VERY LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | abduction a | ngle in degre | ees; better in | dicated b | y highe | r values | s) – 4 weeks (| from basel | ine) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 7.8 higher (8.6 lower to 24.2 higher) | LOW | CRITICAL |

| | | Qua | ality assessn | nent | | | No of pa | atients | | Effect | | |
|-------------------|-----------------------|----------------------|---------------------------------|--------------------------------|----------------------|-------------------------|-----------------|-----------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Shoulder splint | No splint | Relative | Absolute (95% CI) | Quality | Importance |
| Upper limb | function (m | easured usin | ng shoulder | flexion angle | e in degrees | ; better indic | ated by h | igher va | lues) – | 1 week (from | baseline) | |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 17.2 higher (2.68 lower to 37.08 higher) | LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | flexion angle | e in degrees | ; better indic | ated by h | igher va | ılues) – | 2 weeks (from | n baseline) |) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 17.1 higher (2.44 lower to 36.64 higher) | LOW | CRITICAL |
| Upper limb | function (m | easured usir | ng shoulder | flexion angle | e in degrees | ; better indic | ated by h | igher va | ılues) – | 3 weeks (fror | n baseline) |) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 13.6 higher (5.63 lower to 32.83 higher) | LOW | CRITICAL |
| Upper limb | function (m | easured usin | ng shoulder | flexion angle | e in degrees | ; better indic | ated by h | igher va | lues) – | 4 weeks (from | n baseline) |) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 11 | 13 | - | MD 7.3 higher (13.13 lower to 27.73 higher) values) – 1 w | LOW | CRITICAL |

| | | Qua | ality assessn | nent | | | No of pa | atients | | Effect | | |
|------------------|-----------------------|----------------------|---------------------------------|--------------------------------|------------------------------|--------------|-----------------|-----------|----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Shoulder splint | No splint | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 2.5 higher (15.79 lower to 20.79 higher) | VERY LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | external rota | ation angle i | n degrees; b | etter indic | cated by | higher | values) - 2 w | eeks (from | baseline) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 1.5 lower (21.17 lower to 18.17 higher) | VERY LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | external rota | ation angle i | n degrees; b | etter indic | ated by | higher | values) - 3 w | eeks (from | baseline) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 8.2 lower (31.29 lower to 14.89 higher) | VERY LOW | CRITICAL |
| Upper limb | function (m | easured usi | ng shoulder | external rota | ation angle i | n degrees; b | etter indic | cated by | higher | values) - 4 w | eeks (from | baseline) |
| 1 (Jang 2015) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ³ | none | 11 | 13 | - | MD 1 higher (20.64 lower to 22.64 higher) | VERY LOW | CRITICAL |

CI: confidence interval; MD: mean difference

Table 53: Clinical evidence profile for splinting and orthotic interventions: thoracolumbosacral orthosis versus immediate mobilisation in rehabilitation thoracolumbar burst fracture without neurological deficit

| | | Qua | llity assessr | nent | | | No of p | patients | | Effect | | |
|---|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|---------------|---------------------------------|-----------------------------|----------|--|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Thoracolumbos acral orthosis | Ambulation encouragement | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in mobility (lumbar specific disability measured using revised Oswestry Disability Index score; range 0-100; better indivalues) - At 6 months follow-up | | | | | | | | | | | | ed by lower |
| 1 (Shamji 2014) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 12 | 11 | - | MD 3 higher (2.35 lower to 8.35 higher) | VERY LOW | CRITICAL |
| Pain (mea | sured using | VAS; range | e 0-10; bette | r indicated I | by lower val | ues) - At 6 r | nonths fo | llow-up | | | | |
| 1 (Shamji 2014) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 12 | 11 | - | MD 1.2 higher (0.81 lower to 3.21 higher) | VERY LOW | IMPORTANT |
| Quality of | life (measur | red using SI | -36 physica | al componer | nt score; rar | nge 0-100; b | etter indi | cated by h | igher va | alues) - At 6 m | onths follo | ow-up |
| 1 (Shamji 2014) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ³ | none | 12 | 11 | - | MD 0.4 higher (9.98 lower to 10.78 higher) | VERY LOW | IMPORTANT |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for shoulder abduction +/-10.7; for shoulder flexion +/-14.1)

^{3 95%} CI crosses 2 MIDs (for shoulder abduction +/-10.7; for shoulder external rotation +/- 11.2)

| | | Qua | lity assessr | nent | | | No of | patients | | Effect | | |
|--------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|---------------|---------------------------------|-----------------------------|-----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Thoracolumbos acral orthosis | Ambulation encouragement | Relative | Absolute (95% CI) | Quality | Importance |
| Quality of | life (measur | red using SF | -36 mental | component | score; 0-10 | 0; better inc | dicated by | higher va | lues) - A | At 6 months fo | ollow-up | |
| 1 (Shamji 2014) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ³ | none | 12 | 11 | - | MD 3.3 lower (12.41 lower to 5.81 higher) | VERY LOW | IMPORTANT |

CI: Confidence interval; MD: mean difference; SF-36: 36 item short-form survey; VAS: VAS: Visual analogue scale

Table 54: Clinical evidence profile for paraplegic gait orthosis plus functional training versus standard care

| | | | | Quality ass | | | | No of pa | tients | E | ffect | | |
|---------|----------------|--------|--------------|---------------|--------------|-------------|-------------------------|---|----------|----------------------|-------|---------|------------|
| l st | lo of udies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Paraplegic gait orthosis plus functional training | Stanuaru | Relative (95% CI) | | Quality | Importance |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for Oswestry Disability Index +/-3.5; for VAS +/-1.05)

^{3 95%} CI crosses 2 MIDs (for SF-36 physical component +/-6.65; SF-36 mental component +/-5.35)

| _ | s in activity | - | / living: modifi | ed Barthel Inde | ex (mBI; range | 0-100; better | r indicated by | higher valı | ues) [at 3 | months foll | ow-up afte | r |
|-------------------|-----------------------|----------------------|--------------------------|-------------------------|---------------------------|---------------|----------------|-------------|------------|---|------------|---------------|
| 1 (Shuai 2016) | randomise d trials | serious ¹ | no serious inconsistency | no serious indirectness | no serious imprecision | none | 18 | 18 | - | MD 33.94 higher (14.08 to 53.8 higher) | TE | IMPORTAN T |

CI: Confidence interval; MD: Mean difference

Strengthening, balance, proprioception, vestibular rehabilitation and training

Table 55: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Extended physical therapy + exercise therapy versus home exercise training in hip fracture rehabilitation

| | | Qual | ity assessm | ent | | | No of p | atients | | Effect | | |
|------------------------|----------------------------|----------------------|------------------------------------|-----------------------------------|----------------------|------------|--|---------------------------|----------|---|--------------|----------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Extended physical therapy + exercise therapy | Home exercise training | Relative | Absolute (95% CI) | Quality | Importance |
| Change in intervention | | easured us | ing Modified | l Physical P | erformance | Test score | e; range 0- | 36; better i | ndicate | d by higher v | alues) - 3 n | nonths (during |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 44 | 39 | - | MD 2.8 higher (0.38 lower to 5.98 higher) | LOW | CRITICAL |
| | mobility (m on completi | | ing Modified | l Physical P | erformance | Test score | e; range 0- | 36; better i | ndicate | d by higher v | alues) - 6 n | nonths |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist | no serious indirectne | serious ² | none | 37 | 43 | - | MD 5.7 higher (2.74 to | LOW | CRITICAL |

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¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2.

| | | Qua | lity assessm | nent | | | No of p | atients | | Effect | | |
|--------------------|-----------------------------|----------------------|------------------------------------|-----------------------------------|----------------------|-------------|--|------------------------|------------------------------------|--|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Extended physical therapy + exercise therapy | Home exercise training | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ency | ss | | | | | | 8.66 higher) | | |
| Changes i | n mobility (| measured a | s number of | participant | s not using | assistive o | device for c | ait if requ | ired at b | paseline) - Tin | ne point no | t reported |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 19/33 (57.6%) | 11/35 (31.4%) | RR 1.83 (1.04 to 3.24) | 261 more per 1000 (from 13 more to 704 more) | LOW | CRITICAL |
| | n ADL (mea on) (Better i | | | | stionnaire s | core; rang | je 0-36; bet | ter indicat | ed by Id | ower values) - | 3 months | (during |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 45 | 41 | - | MD 2.1 higher (0.13 lower to 4.33 higher) | LOW | IMPORTANT |
| | | | | | stionnaire s | core; rang | je 0-36; bet | ter indicat | ed by Id | wer values) - | 6 months | (intervention |
| | n) (Better in | | lower values | s) | | | | | | | | |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 40 | 43 | - | MD 2.5 higher (0.07 to 4.93 higher) | LOW | IMPORTANT |
| Changes i | | sured using | g Instrument | al Activities | of Daily Liv | ing score | ; range 0-1 | 4; better in | dicated | by higher va | lues) - 3 m | onths (during |
| | randomis | serious1 | no | no | serious ² | none | 45 | 41 | - | MD 0.7 | LOW | IMPORTANT |

| | | Qual | ity assessm | nent | | | No of p | atients | | Effect | | |
|---------------------|---------------------------|----------------------|------------------------------------|-----------------------------------|----------------------|------------|--|---------------------------|----------|---|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Extended physical therapy + exercise therapy | Home exercise training | Relative | Absolute (95% CI) | Quality | Importance |
| 2004) | ed trials | | serious inconsist ency | serious indirectne ss | | | | | | higher (0.34 lower to 1.74 higher) | | |
| | n ADL (mea on completi | | Instrument | tal Activities | of Daily Liv | ving score | ; range 0-1 | 4; better in | dicated | by higher va | lues) - 6 m | onths |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 40 | 43 | - | MD 0.6 higher (0.5 lower to 1.7 higher) | LOW | IMPORTANT |
| Changes i | | sured using | Basic Activ | vities of Dai | ly Living sc | ore; range | 0-14; bette | r indicated | d by hig | her values) - 3 | 3 months (| during |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 45 | 41 | - | MD 0.4 higher (0.11 lower to 0.91 higher) | LOW | IMPORTANT |
| Changes i completio | | sured using | Basic Activ | vities of Dai | ly Living sc | ore; range | 0-14; bette | r indicated | d by hig | her values) - (| 6 months (| intervention |
| 1 (Binder 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | serious ² | none | 41 | 43 | - | MD 0.4 higher (0.13 lower to 0.93 higher) | LOW | IMPORTANT |

ADL: Activities of daily living; CI: Confidence interval; MD: Mean difference

Table 56: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Physiotherapy + gym session + mobility versus physiotherapy only in general trauma rehabilitation

| | | Quali | ty assessm | ent | | | No of pa | atients | Ef | fect | | |
|---------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--|--------------------------|------------------------------|---|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + gym session + mobility | Physiotherapy only | Relative (95% CI) | Absolute | Quality | Importance |
| Patient ac | ceptability (| measured a | as number o | of patients r | eporting ve | ry satisfi | ed with trea | tment ¹) - T | ime point r | not reported | | |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ² | no serious inconsist ency | no serious indirectn ess | serious ³ | none | 28/41 (68.3%) | 16/41 (39%) | RR 1.75 (1.13 to 2.71) | 293 more per 1000 (from 51 more to 667more) | VERY LOW | CRITICAL |
| Changes i | n mobility (| measured u | ising numbe | er of partici | pants repor | ting prob | olems in mol | bility doma | ain on EQ-5 | 5D) - At 6 mo | nths follow | ving injury |
| 1 (Calthorp e 2004) | randomis ed trials | serious ⁴ | no serious inconsist ency | no serious indirectn ess | very serious ⁵ | none | 14/34 (41.2%) | 20/39 (51.3%) | RR 0.80 (0.48 to 1.33) | 103 fewer per 1000 (from 267 fewer to 169 more) | VERY LOW | CRITICAL |
| Pain (mea | sured using | number of | participant | s reporting | problems in | n pain/dis | scomfort do | main on E | Q-5D) - At (| 6 months fol | lowing inju | ıry |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ² | no serious inconsist ency | no serious indirectn ess | very serious ⁵ | none | 17/34 (50%) | 23/39 (59%) | RR 0.85 (0.55 to 1.30) | 88 fewer per 1000 (from 265 fewer to 177 more) | VERY LOW | IMPORTANT |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for modified Physical Performance Test score +/-4.1; for assistive devices 0.8 and 1.25; for Functional Status Questionnaire +/-2.75; for Instrumental Activities of Daily Living +/-1.3; for Basic Activities of Daily Living +/-0.65)

| | | Quali | ty assessm | ent | | | No of pa | atients | Ef | fect | | |
|---------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|--|-----------------------|------------------------------|---|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + gym session + mobility | Physiotherapy only | Relative (95% CI) | Absolute | Quality | Importance |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ² | no serious inconsist ency | no serious indirectn ess | very serious ⁵ | none | 10/34 (29.4%) | 10/39 (25.6%) | RR 1.15 (0.54 to 2.42) | 38 more per 1000 (from 118 fewer to 364 more) | VERY LOW | IMPORTANT |
| Changes i | n ADL (mea | sured using | g number o | f participan | ts reporting | problem | s in usual a | ctivity don | nain on EQ | -5D) - At 6 m | onths follo | owing injury |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ² | no serious inconsist ency | no serious indirectn ess | very serious ⁵ | none | 12/34 (35.3%) | 10/39 (25.6%) | RR 1.38 (0.68 to 2.78) | 97 more per 1000 (from 82 fewer to 456 more) | VERY LOW | IMPORTANT |

CI: Confidence interval; EQ-5D: EuroQol 5 dimensions; MD: Mean difference; OR: Odds ratio

Table 57: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Physiotherapy + gym session + mobility versus physiotherapy only in general trauma rehabilitation (outcomes reported as medians (IQR) and analysed appropriately)

| Quality assessment No of patients Effect Quality Importance |
|---|
|---|

¹ Study reported satisfaction with treatment as a choice between not satisfied, somewhat satisfied, satisfied or very satisfied. Odds ratio was calculated by dichotomising answers into not satisfied/somewhat satisfied/satisfied compared and very satisfied

² Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{3 95%} CI crosses 1 MID (for number participants reporting vert satisfied with treatment 0.8 and 1.25)

⁴ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{5 95%} CI crosses 2 MIDs (for number participants reporting problems in any given domain on EQ-5D 0.8 and 1.25)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Physiotherapy + gym session + mobility | Physiotherapy only | Physiotherapy + gym session + mobility | Physiotherapy only | | |
|---------------------------|----------------------------|------------------------------|------------------------------------|-----------------------------------|------------------------------|--------------|--|--------------------|--|---|--------------|--------------|
| Changes i day 3 | n mobility (| measured (| using measu | ured by mod | dified lowa l | Level of Ass | sistance sc | ore; ran | ige 0-36; bet | ter indicate | d by lower | values) - At |
| 1 (Calthorp e 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 43 | 44 | Median (IQR): 7 (1-15) ³ | Median (IQR): 10 (4-19) ³ | VERY LOW | CRITICAL |
| Changes i day 5 | n mobility (| measured (| using measu | ured by mod | dified lowa l | Level of Ass | sistance sc | ore; ran | ige 0-36; bet | ter indicate | d by lower | values) - At |
| 1 (Calthorp e 2004) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 43 | 44 | Median (IQR): 7.5 (2-15) ⁴ | Median (IQR): 16 (4-24) ⁴ | VERY LOW | CRITICAL |
| | life (measu data (exact | | | tcome Scale | e-Extended; | range 0-8; | better indic | ated by | / higher valu | ies) - Part of | 6-monthly | routinely |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ⁵ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 34 | 39 | Median (IQR): 6 (3.7) ⁶ | Median (IQR): 6 (5-6) ⁶ | VERY LOW | IMPORTANT |
| | life (measu data (exact | | | al compone | ent score; r | ange 0-100; | better indi | cated b | y higher val | ues) - Part o | of 6-monthly | y routinely |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ⁵ | no serious inconsist ency | no serious indirectn ess | very serious ² | none | 25 | 32 | Median (IQR): 36 (29-49) ⁷ | Median (IQR): 33 (26-56) ⁷ | VERY LOW | IMPORTANT |
| | life (measu data (exact | | | l componen | t score; ran | ige 0-100; b | etter indica | ited by | higher value | s) - Part of (| 6-monthly i | outinely |
| 1 (Calthorp e 2004) | randomis ed trials | very serious ⁵ | no serious inconsist | no serious indirectn | very serious ² | none | 25 | 32 | Median (IQR): 54 (37-58) ⁸ | Median (IQR): 55 (50-58) ⁸ | VERY LOW | IMPORTANT |

| | | Qua | llity assessi | ment | | | No of par | tients | Eff | ect | | |
|---------------|--------|--------------|---------------|--------------|-------------|-------------------------|--|-----------------------|--|-----------------------|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + gym session + mobility | Physiotherapy only | Physiotherapy + gym session + mobility | Physiotherapy only | Quality | Importance |
| | | | ency | ess | | | | | | | | |

IQR: Interquartile range; SF-12: 12 item short-form survey;

Table 58: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Progressive resistance training + routine care versus routine care only in SCI rehabilitation

| , and the second se | | | |
|--|--------|---------|------------|
| Quality assessment No of patients | Effect | Quality | Importance |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to no reporting of SD and no published MIDs so was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels. Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

³ According to the statistical analyses performed by the author, the median difference was statistically significantly higher in the intervention group (p<0.02, ANOVA). However, the pre-defined MID of 8.5 was not exceeded so the difference is not clinically important.

⁴ According to the statistical analyses performed by the author, the median difference was statistically significantly higher in the intervention group (p<0.04, ANOVA). The predefined MID of 8.5 was reached and so the difference is clinically important.

⁵ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

⁶ According to the statistical analyses performed by the author, the median difference was not statistically significant between groups (p=0.65, ordinal logistics regression analysis)

⁷ According to the statistical analyses performed by the author, the median difference was not statistically significant between groups (p=0.96, unclear which statistical test was used)

⁸ According to the statistical analyses performed by the author, the median difference was not statistically significant between groups (p=0.37, unclear which statistical test was used

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Progressive resistance training + routine care | Routine care only | Relative | Absolute(95% CI) | | |
|------------------------|--------------------------|----------------------------------|------------------------------------|-----------------------------------|------------------------------|---------------|--|-------------------|-----------|--|--------------|------------------|
| | | | sing COPM p eks (interver | | | tisfaction sc | ore; range | 1-10; be | etter inc | dicated by hi | igher value | es; better |
| 1 (Glinsky 2008) | randomis ed trials | no serious risk of bias | no serious inconsiste ncy | no serious indirectne ss | very serious ¹ | none | 15 | 16 | - | MD 0.1 lower (1.83 lower to 1.63 higher) | LOW | CRITICAL |
| | eptability (raseline and | | sing COPM p | articipant pe | erception sa | tisfaction sc | ore; range | 1-10; be | etter inc | dicated by h | igher value | es) - Difference |
| 1 (Glinsky 2008) | randomis ed trials | no serious risk of bias | no serious inconsiste ncy | no serious indirectne ss | very serious ¹ | none | 15 | 16 | - | MD 0.40 lower (1.74 lower to 0.94 higher) | LOW | CRITICAL |
| Changes in completion | | sured using | COPM partic | ipant perce | ptions score | e; range 1-10 | ; better ind | icated k | y highe | er values) – | 8 weeks (in | ntervention |
| 1 (Glinsky 2008) | randomis ed trials | no serious risk of bias | no serious inconsiste ncy | no serious indirectne ss | very serious ¹ | none | 15 | 16 | - | MD 0.3 lower (1.88 lower to 1.28 higher) | LOW | IMPORTANT |
| Changes in baseline ar | | sured using | COPM partic | cipant perce | ptions score | e; range 1-10 | ; better ind | icated k | y highe | er values) - I | Difference I | between |
| 1 (Glinsky 2008) | randomis ed trials | no serious risk of | no serious inconsiste | no serious indirectne | very serious ¹ | none | 15 | 16 | - | MD 0.3 lower (1.81 | LOW | IMPORTANT |

| | | Qua | ılity assessn | nent | | | No of pat | ients | ı | Effect | | |
|---------------|--------|--------------|---------------|--------------|-------------|-------|--|-------------------|----------|-----------------------------|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Progressive resistance training + routine care | Routine care only | Relative | Absolute(95% CI) | Quality | Importance |
| | | bias | ncy | ss | | | | | | lower to 1.21 higher) | | |

ADL: Activities of daily living; CI: Confidence interval; COPM: Canadian Occupational Performance Measure; MD: Mean difference 1 95% CI crosses 2 MIDs (for COPM Satisfaction +/-0.8; for COPM Perception +/-1.05)

Table 59: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Physiotherapy + strengthening exercises versus physiotherapy + motor exercises in injurious falls rehabilitation

| | - | | lity assessi | | | | No of p | | | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|---|---|----------------|--|----------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| Upper lim | b function | (measured | as hand g | rip strengtl | h in kilo pa | scal; better | indicated | by higher | values) - Inte | ervention con | npletion | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 4.63 lower (19.55 lower to 10.29 higher) | LOW | CRITICAL |

| | | Qual | ity assessı | ment | | | No of p | atients | Ef | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---|----------------|--|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| Upper lim | b function | (measured | as hand g | rip strengtl | h in kilo pa | scal; better | indicated | by higher | values) - At | 3 months follo | ow up | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 3.05 lower (20.24 lower to 14.14 higher) | LOW | CRITICAL |
| Changes | | (measured | with Time | d Up and G | io in secon | ds; better i | ndicated b | | lues) - Interv | ention comp | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 24 | 23 | - | MD 10.46 lower (16 to 4.92 lower) | MODER ATE | CRITICAL |
| Changes | in mobility | (measured | with Time | d Up and G | o in secon | ds; better i | ndicated b | y lower va | lues) - At 3 r | months follow | up | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 3.5 lower (10.67 lower to 3.67 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | using velo | ocity in m/s | ec; better i | ndicated b | y higher va | alues) - Inte | ervention co | mpletion | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 24 | 23 | - | MD 0.2 higher (0.1 to 0.3 higher) | MODER ATE | CRITICAL |
| Changes | in mobility | (measured | using velo | ocity in m/s | ec) - At 3 n | nonths follo | ow up | | | | | |
| 1 (Hauer | randomi | serious ¹ | no | no | no | none | 23 | 22 | - | MD 0.17 | MODER | CRITICAL |

| | | Qua | lity assess | ment | | | No of p | atients | Ef | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---|--------------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| 2001) | sed trials | | serious inconsist ency | serious indirectn ess | serious imprecisi on | | | | | higher (0.06 to 0.28 higher) | ATE | |
| Changes | in mobility | (measured | l using cha | ir-rise time | in sec; bet | ter indicate | ed by lowe | r values) - | Intervention | completion | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 24 | 23 | - | MD 6.15 lower (8.94 to 3.36 lower) | MODER ATE | CRITICAL |
| Changes | in mobility | (measured | l using cha | ir-rise time | in sec; bet | ter indicate | ed by lowe | r values) - | At 3 months | follow up | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 4.28 lower (7.89 to 0.67 lower) | LOW | CRITICAL |
| Changes | in mobility | (measured | l maximal b | ox step in | cm; better | indicated b | y higher v | alues) - Int | ervention co | mpletion | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 8.62 higher (0.56 lower to 17.8 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l maximal k | ox step in | cm; better | indicated b | y higher v | alues) - At | 3 months fo | llow up | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 7.01 higher (2.12 lower to 16.14 higher) | LOW | CRITICAL |

| | | Qua | lity assess | ment | | | No of p | atients | Ef | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---|----------------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| Changes | in mobility | (measured | l using stai | r flight in c | m; better i | ndicated by | lower valu | ues) - Inter | vention com | pletion | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 9.31 lower (14.68 to 3.94 lower) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using stai | r flight in c | m; better i | ndicated by | lower valu | ues) - At 3 | months follo | ow up | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 6.18 lower (10.74 to 1.62 lower) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using phy | sical/sport | s activity s | core; bette | r indicated | by higher | values) - Int | ervention co | mpletion | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 24 | 23 | - | MD 13.17 higher (11.13 to 15.21 higher) | MODER ATE | CRITICAL |
| Changes | in mobility | (measured | l using phy | sical/sport | s activity s | core; bette | r indicated | by higher | values) - 3 r | months follow | /-up | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 22 | 22 | - | MD 2.81 higher (0.04 to 5.58 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l using tota | l physical | activity sco | re; better i | ndicated b | y higher va | alues) - Inter | vention comp | oletion | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist | no serious indirectn | no serious imprecisi | none | 24 | 23 | - | MD 13.68 higher (11.16 to | MODER ATE | CRITICAL |

| | | Qua | lity assess | ment | | | No of p | atients | Eff | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------|----------------------|---|---|--|--|-------------|----------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ency | ess | on | | | | | 16.2 higher) | | |
| Changes | in mobility | (measured | l using tota | l physical | activity sco | re; better i | ndicated b | y higher va | alues) - 3 mo | nths follow-เ | ıp | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 22 | 22 | - | MD 3.71 higher (0.03 to 7.39 higher) | LOW | CRITICAL |
| Changes | in mobility | (measured | l as incider | nce of falls) | - 3 months | s follow up | (covering | 6 month re | call) | | | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 45% of 23 participa nts | 60% of 21 or 22 participa nts | RR 0.753 (0.455 to 1.245) ³ | Not reported | LOW | CRITICAL |
| | in ADL (me | | ing Tinetti | Performand | ce Orientato | ed Mobility | Assessme | ent score; i | ange 0-28; b | etter indicate | ed by highe | r values) - |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 4.37 higher (2.05 to 6.69 higher) | LOW | IMPORTANT |
| Changes 3 months | | easured us | ing Tinetti | Performand | ce Orientate | ed Mobility | Assessme | ent score; i | ange 0-28; b | etter indicate | ed by highe | r values) - At |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 2.95 higher (0.19 to 5.71 | LOW | IMPORTANT |

| | | Qua | lity assess | ment | | | No of p | atients | Eff | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|---|---|---------------|--|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Physiotherapy + strengthening exercises | Physiotherapy and motor exercises | Relative | Absolute (95% CI) | Quality | Importance |
| | | | | | | | | | | higher) | | |
| Changes | in ADL (me | easured us | ing Barthel | ADL Index | score; ran | ge 0-100; b | etter indic | ated by high | gher values) | - Intervention | completion | n |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 1.82 higher (2.32 lower to 5.96 higher) | LOW | IMPORTANT |
| Changes | in ADL (me | easured us | ing Barthel | ADL Index | score; ran | ge 0-100; b | etter indic | ated by hig | gher values) | - At 3 months | follow up | |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 0.47 higher (3.76 lower to 4.7 higher) | LOW | IMPORTANT |
| Changes | in ADL (me | easured us | ing Lawton | Instrumen | tal ADL Ind | lex score; ı | ange 0-8; | better indic | cated by high | ner values) - / | At 3 months | s follow up |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 23 | 22 | - | MD 0.59 higher (0.42 lower to 1.6 higher) | LOW | CRITICAL |
| Changes | in ADL (me | easured us | ing Lawton | Instrumen | tal ADL Ind | lex score; ı | ange 0-8; | better indic | cated by high | ner values) - I | nterventio | n completion |
| 1 (Hauer 2001) | randomi sed trials | serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 24 | 23 | - | MD 0.95 higher (0.04 lower to 1.94 higher) | LOW | IMPORTANT |

ADL: Activities of daily living; CI: Confidence interval; cm: centimetre; MD: Mean difference; RR: Relative risk; secs: seconds

Table 60: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Self-exercise programme + standard rehabilitation versus standard rehabilitation only in hip fracture rehabilitation

| | | Qua | llity assessr | nent | | | No of pa | ntients | E | ffect | | |
|-----------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|--|------------------------------------|-------------|--|-------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Self-exercise programme + standard rehabilitation | Standard rehabilitation only | Relative | Absolute (95% CI) | Quality | Importance |
| Changes i reported) | n mobility (| measured ι | using discha | arge motor | FIM score; ı | ange 13-91; | ; better indic | ated by hi | gher valu | es) - At disc | harge (tim | e point not |
| 1 (Kasuga 2019) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 146 | 229 | - | MD 17.6 higher (13.75 to 21.45 higher) | LOW | CRITICAL |
| Changes i reported) | n mobility (| measured ι | ısing motor | FIM score | gain; range | 13-91; bette | er indicated b | by higher v | values) - A | At discharge | time poir | nt not |
| 1 (Kasuga 2019) | observati onal studies | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 146 | 229 | - | MD 9.7 higher (6.47 to 12.93 higher) | VERY LOW | CRITICAL |

CI: Confidence interval; FIM: Functional independence measure; MD: Mean difference

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for hand grip strength +/-14.475; for Timed Up and Go +/-4.03; for chair rise time +/-2.36; for maximal box step +/- 7.875; for stair flight +/-6.97; for physical/sports activity score +/-2.32; for total physical activity score +/-2.67; for incidence of falls 0.8 and 1.25; for Tinetti Performance Orientated Mobility Assessment +/-2.115; for Barthel ADL Index +/-4.165; for Lawton Instrumental ADL Index +/-0.895)

³ According to the statistical analyses performed by the author, the relative risk was not significant (p = 0.2, chi-square).

¹ Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

^{2 95%} CI crosses 1 MID (for motor FIM gain +/-8.35)

Table 61: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Physiotherapy + strength training versus physiotherapy only in hip fracture rehabilitation

| | | Qua | ılity assessn | nent | | | No of pa | tients | Effect | | | |
|--------------------------|-----------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|---------------|---|-----------------------|----------|--|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Physiotherapy + strength training | Physiotherapy only | Relative | Absolute (95% CI) | Quality | Importance |
| Changes i | n mobility (ı | measured w | ith Timed U | and Go in | seconds; b | etter indicat | ed by lower | values) - | Interve | ention comple | tion | |
| 1 (Kronbor g 2017) | randomis ed trials | no serious risk of bias | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 39 | 39 | - | MD 1.5 higher (3.27 lower to 6.27 higher) | HIGH | CRITICAL |
| Changes i | n mobility (ı | measured w | ith Timed Up | and Go in | seconds; b | etter indicat | ed by highe | r values) | - Gain | during interve | ntion | |
| 1 (Kronbor g 2017) | randomis ed trials | no serious risk of bias | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 39 | 39 | - | MD 2.90 higher (0.99 lower to 6.79 higher) | HIGH | CRITICAL |

CI: Confidence interval; MD: Mean difference

Table 62: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Unstable core training versus stable core training in SCI rehabilitation

| Importance | Quality | Effect | No of patients | Quality assessment |
|------------|---------|--------|----------------|--------------------|
|------------|---------|--------|----------------|--------------------|

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Unstable core training | Stable core training | Relative | Absolute (95% CI) | | |
|-----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|---------------|------------------------|----------------------|-----------|--|-------------|------------------|
| Changes in | n mobility (n | neasured us | ing stride lei | ngth, units n | ot reported; | better indic | ated by | higher va | alues) - | 12 weeks (inte | ervention o | completion) |
| 1 (Liu 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 14 | 15 | - | MD 0.11 higher (0.02 lower to 0.24 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | ing cadence | , units not re | eported; bet | ter indicated | by high | er values | s) - 12 w | reeks (interve | ntion comp | oletion) (Better |
| 1 (Liu 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 14 | 15 | - | MD 0.13 higher (0.21 lower to 0.46 higher) | LOW | CRITICAL |
| Changes in completion | | neasured us | ing comforta | able walking | speed, unit | s not reporte | ed; bette | er indicate | ed by hi | gher values) - | - 12 weeks | (intervention |
| 1 (Liu 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 14 | 15 | - | MD 0.14 higher (0.01 lower to 0.29 higher) | VERY LOW | IMPORTANT |

CI: Confidence interval; MD: Mean difference

Table 63: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Balancing exercises versus standard physiotherapy in hip fracture rehabilitation

| • | | | | | |
|---|----------------|--------|---------|------------|--|
| Quality assessment | No of patients | Effect | Quality | Importance | |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 2 95% CI crosses 1 MID (for stride length +/-0.085; for comfortable walking speed +/-0.0795)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% Cl) | | |
|---------------------------|--------------------------|----------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------------|---------------------------|----------|--|--------------|-----------|
| | mobility (mon completion | | ng WOMAC _I | ohysical sub | -score; rang | e 0-100; bett | er indica | ted by lo | ower va | lues) - 3 we | eks from ba | aseline |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 25.4 lower (28.72 to 22.08 lower) | MODER ATE | CRITICAL |
| Changes in from hospit | | easured usir | ng WOMAC _I | ohysical sub | -score; rang | e 0-100; bett | er indica | ted by lo | ower va | lues) - 12 m | onths after | discharge |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 25.3 lower (30.19 to 20.41 lower) | MODER ATE | CRITICAL |
| | mobility (mon completion | | ng WOMAC s | stiffness sub | -score; rang | je 0-100; bett | er indica | ted by l | ower va | lues) - 3 we | eks from b | aseline |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 22.5 lower (30.5 to 14.5 lower) | MODER ATE | CRITICAL |
| Changes in from hospit | | easured usir | ng WOMAC s | stiffness sub | -score; rang | je 0-100; bett | er indica | ted by l | ower va | lues) - 12 m | onths after | discharge |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 23.8 lower (33.69 to 13.91 lower) | MODER ATE | CRITICAL |

| | | Qua | ality assessn | nent | | | No of p | atients | E | Effect | | |
|--|--|----------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------|------------------------|--|--------------|--|--------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Monticon e 2018) | (Monticon d trials inconsiste indirectne imprecisio ncy ss n | | | | | | 26 | 26 | - | MD 37.6 lower (42.9 to 32.3 lower) | MODER ATE | IMPORTANT |
| Pain (meas | Pain (measured using WOMAC pain sub-score; range 0-100; better indicated by lo | | | | | ated by lowe | er values |) - 12 mc | onths af | ter discharg | je from hos | pital |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 26.5 lower (33.69 to 19.31 lower) | MODER ATE | IMPORTANT |
| Pain (meas completion | | SF-36 bodily | pain domain | sub-score; | range 0-100 | ; better indic | ated by h | nigher va | alues) - | 3 weeks fro | m baseline | (intervention |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 26.9 higher (11.75 to 42.05 higher) | MODER ATE | IMPORTANT |
| Pain (meas hospital | Pain (measured using SF-36 bodily pain domain sub-score; range 0-100; better indicated by higher values) - 12 months after discharge from hospital | | | | | | | | | | | |
| 1 (Monticon e 2018) randomise d trials serious¹ no serious inconsiste ncy serious¹ no serious indirectne indirectne ss no serious inconsiste ncy ss no serious inconsiste ncy ss no serious inconsiste indirectne inconsiste ncy ss no serious inconsiste indirectne inconsiste ncy no serious inconsiste indirectne inconsiste | | | | none | 26 | 26 | - | MD 37 higher (23.88 to 50.12 higher) | MODER ATE | IMPORTANT | | |
| Pain (meas | (measured using current pain intensity numerical rating score; range 0-10; | | | | | | | ted by lo | wer val | ues) - 3 wee | eks from ba | seline |

| | | Qua | ality assessn | nent | | | No of pa | atients | E | Effect | | |
|---------------------------|-------------------------------|----------------------|---------------------------------|--------------------------------|-------------------------------|---------------------------|------------|----------------------|----------|--|--------------|-----------|
| No of studies | Design | Inco | | Other | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% CI) | Quality | Importance | | |
| (intervention | ntervention completion) | | | | | | | | | | | |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 3.5 lower (4.12 to 2.88 lower) | MODER ATE | IMPORTANT |
| Pain (meas from hospi | | current pain | intensity nur | merical rating | g score; ran | ge 0-10; bett | er indicat | ted by Id | ower va | lues) - 12 m | onths after | discharge |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 2.9 lower (3.49 to 2.31 lower) | MODER ATE | IMPORTANT |
| | ife (measure ntervention o | | 36 physical f | unction dom | ain sub-sco | re; range 0-1 | 00; bette | r indica | ted by h | igher value | s) - 3 week | s from |
| 1 (Monticon e 2018) | randomise d trials | | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 26 | - | MD 18.10 higher (5.45 to 30.75 higher) | LOW | IMPORTANT |
| | ife (measure rom hospita | | 36 physical f | unction dom | ain sub-sco | re; range 0-1 | 00; bette | r indica | ted by h | nigher value | s) - 12 mon | ths after |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 28.1 higher (16.78 to 39.42 | MODER ATE | IMPORTANT |

| | | Qua | llity assessn | nent | | | No of pa | atients | E | Effect | | |
|---------------------------|------------------------------|----------------------|---------------------------------|--------------------------------|-------------------------------|---------------|------------------------|---------------------------|----------|--|--------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% CI) | Quality | Importance |
| | | | | | | | | | | higher) | | |
| | ife (measure on completio | ed using SF-3 | 36 physical r | ole domain s | sub-score; ra | ange 0-10; be | etter indic | cated by | higher | values 0) - 3 | 3 weeks fro | m baseline |
| 1 (Monticon e 2018) | randomise d trials | | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 32.6 higher (16.34 to 48.86 higher) | MODER ATE | IMPORTANT |
| | ife (measure rom hospita | d using SF-3 | 36 physical r | ole domain s | sub-score; ra | ange 0-100; k | etter ind | icated b | y highe | r values) - 1 | 2 months a | after |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 26 | - | MD 24.8 higher (8.14 to 41.46 higher) | LOW | IMPORTANT |
| | ife (measure on completio | d using SF-3 | 86 general he | ealth domain | sub-score; | range 0-100; | better in | dicated | by high | er values) - | 3 weeks fr | om baseline |
| 1 (Monticon e 2018) | | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 19.4 higher (10.35 to 28.45 higher) | MODER ATE | IMPORTANT |
| | ife (measure rom hospita | d using SF-3 | 36 general he | ealth domain | sub-score; | range 0-100; | better in | dicated | by high | er values) - | 12 months | after |
| 1 (Monticon | randomise d trials | serious ¹ | no serious inconsiste | no serious indirectne | no serious imprecisio | none | 26 | 26 | - | MD 19.7 higher | MODER ATE | IMPORTANT |

| | | Qua | ality assessn | nent | | | No of pa | atients | E | Effect | | |
|---|---|----------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------------|---------------------------|--------------|--|--------------|-------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% CI) | Quality | Importance |
| e 2018) | uality of life (measured using SF-36 mental health domain sub-score; range 0-10 | | | | | | | | | (8.3 to 31.1 higher) | | |
| Quality of life (measured using SF-36 mental health domain sub-score; range 0 (intervention completion) | | | | | | ange 0-100; | better inc | dicated | by high | er values) - | 3 weeks fro | om baseline |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 26 | - | MD 10.2 higher (1.19 lower to 21.59 higher) | LOW | IMPORTANT |
| | ife (measure rom hospita | ed using SF-3 | 36 mental he | alth domain | sub-score; r | ange 0-100; | better ind | dicated | by high | er values) - | 12 months | after |
| 1 (Monticon e 2018) | | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 26 | 26 | - | MD 20.7 higher (8.79 to 32.61 higher) | LOW | IMPORTANT |
| Changes in | | ured using F | IM score; ra | nge 8-126; b | | ed by higher | | | s from I | | | |
| 1 (Monticon e 2018) | randomise d trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 26 | 26 | - | MD 16.3 higher (9.65 to 22.95 higher) | MODER ATE | IMPORTANT |
| Changes in | Changes in ADL (measured using FIM score; range 18-126; better indicated by h | | | | ted by highe | r values) | - 12 mc | nths af | ter discharg | e from hos | pital | |
| 1 | randomise | serious ¹ | no serious | no serious | no serious | none | 26 | 26 | - | MD 20.8 | MODER | IMPORTANT |

| | Quality assessment | | | | | | | atients | E | Effect | | |
|----------------------|--------------------|--------------|-------------------|------------------|-----------------|-------------------------|------------------------|---------------------------|----------|---|---------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Balancing exercises | Standard physiotherapy | Relative | Absolute (95% CI) | Quality | Importance |
| (Monticon e 2018) | d trials | | inconsiste ncy | indirectne ss | imprecisio n | | | | | higher (13.86 to 27.74 higher) | ATE | |

ADL: Activities of daily living; CI: Confidence interval; FIM: Functional independence measure; MD: Mean difference; SF-36: SF-36: 36 item short-form survey; WOMAC: Western Ontario and McMaster Universities Osteoarthritis Index

Table 64: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Strengthening training programme versus usual care in hip fracture rehabilitation

| | | Qua | ality assessn | nent | | | No of pa | atients | | Effect | | |
|-----------------------|-----------------------|------------------------------|------------------------------------|---|----------------------|------------|--|------------|----------|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness Imprecision Other considerations | | | Strengthening training programme | Usual care | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in completion | | neasured us | ing improve | ment of dist | ance achiev | ed in 2MWT | in m; bett | er indica | ted by h | nigher values) | - Intervent | tion |
| 1 (Rau 2007) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 29 | - | MD 11.22 higher (1.77 to 20.67 | VERY LOW | CRITICAL |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for SF-36 physical function +/-6.95; for SF-36 physical role +/-8.45; for SF-36 mental health +/-12.7)

| | | Qua | ality assessn | nent | | | No of pa | atients | | Effect | | |
|-----------------|---|------------------------------|------------------------------------|-----------------------------------|----------------------|----------------|--|------------|----------|--|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Strengthening training programme | Usual care | Relative | Absolute (95% CI) | Quality | Importance |
| | Changes in mobility (measured using improvement of walking speed in m/m | | | | | | | | | higher) | | |
| Changes i | Changes in mobility (measured using improvement of walking speed in m/min | | | | | n m/min; bet | ter indica | ted by hi | gher va | lues) - Interve | ntion com | pletion |
| 1 (Rau 2007) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 29 | - | MD 6.14 higher (1.31 to 10.97 higher) | VERY LOW | CRITICAL |
| Changes i | n mobility (n | neasured us | ing Locomo | tor Capabilit | y Index sco | re; scale 0-42 | 2; better ii | ndicated | by high | er values) - In | tervention | completion |
| 1 (Rau 2007) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 29 | - | MD 0.1 lower (2.44 lower to 2.24 higher) | VERY LOW | CRITICAL |
| Changes i | Changes in mobility (measured with Timed Up and Go in seconds; better in | | | | | | by lower | values) - | Interve | ention comple | tion | |
| 1 (Rau 2007) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 29 | 29 | - | MD 0.77 higher (0.54 lower to 2.08 higher) | VERY LOW | CRITICAL |

2MWT: 2 minute walk test; CI: Confidence interval; m: metre; MD: Mean difference; min: minute

Table 65: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Home exercise versus no home exercise in hip fracture rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance |
|--------------------|----------------|--------|---------|------------|

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for 2MWT +/-9.76; for improvement of walking speed +/-5.075; for Locomotor Capability Index +/-2.34; for Timed Up and Go +/-1.365)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Home exercise | No home exercise | Relative | Absolute (95% CI) | | |
|------------------------|-----------------------|------------------------------|------------------------------------|----------------------|------------------------------|-------------------------|---------------|---------------------|----------|--|-------------|-------------|
| Quality of and 6 mon | | ed using cha | anges in the | EQ-5D-3L ir | ndex value; | scale not rep | orted; be | tter indi | cated b | y higher value | es) - Betwe | en baseline |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ² | very serious ³ | none | 60 | 60 | - | MD 0.02 higher (0.12 lower to 0.16 higher) | VERY LOW | IMPORTANT |
| Quality of and 12 mo | | ed using cha | anges in the | EQ-5D-3L ir | ndex value; | scale not rep | orted; be | tter indi | cated b | y higher value | es) - Betwe | en 6 months |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ³ | serious ⁴ | none | 60 | 59 | - | MD 0.1 lower (0.2 lower to 0 higher) | VERY LOW | IMPORTANT |
| Quality of and 12 mo | | ed using cha | anges in the | EQ-5D-3L ir | idex value; | scale not rep | orted; be | tter indi | cated b | y higher value | es) - Betwe | en baseline |
| 1 (Renerts 2019) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | serious ² | serious ⁴ | none | 60 | 59 | - | MD 0.12 higher (0.03 lower to 0.27 higher) | VERY LOW | IMPORTANT |

CI: Confidence interval; EQ-5D-3L: EuroQol 5 dimensions and 3 levels; MD: Mean difference

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Study marked down for indirectness because drop out is only reported for the whole RCT population (4 arms, baseline N = 173, at 6 months N = 120, at 12 months N = 119). For the purposes of analysis, we have assumed dropout was equal between the study arms but cannot be certain.

^{3 95%} CI crosses 2 MIDs (for EQ-5D-3L Index value +/-0.074)

^{4 95%} CI crosses 1 MID (for EQ-5D-3L Index value +/-0.074)

Table 66: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: HIPFIT (High intensity progressive resistance training) versus standard care in hip fracture rehabilitation (outcomes reported as means (SD) and analysed appropriately)

| _ | | and and | эса арргор | | | | | | | | | |
|-------------------|--|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|-------------|---------------|-----------|--|--------------|------------|
| | | Qua | ılity assessr | nent | | | No of p | atients | ı | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | HIPFIT | Standard care | Relative | Absolute (95% CI) | Quality | Importance |
| Changes i | Changes in mobility (measured by use of assistive devices) - 12 months fol | | | | | hs follow-u | o (Better i | ndicated | by lower | values) | | |
| 1 (Singh 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 62 | 62 | - | MD 1.2 lower (2.13 to 0.27 lower) | LOW | CRITICAL |
| Changes i | n ADL (meas | sured using | ALSAR skil | ls score; rar | nge 0-22; be | tter indicate | d by lowe | er values) | - 12 mor | ths follow-up | | |
| 1 (Singh 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 62 | 62 | - | MD 0.70 higher (1.25 lower to 2.65 higher) | LOW | IMPORTANT |
| Changes i | n ADL (meas | sured using | NHANES so | ore; range (| 0-3; better in | dicated by I | ower valu | ues) - 12 i | months fo | ollow-up | | |
| 1 (Singh 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 62 | 62 | - | MD 0.03 lower (0.31 lower to 0.25 higher) | MODER ATE | IMPORTANT |

ADL: Activities of daily living; ALSAR: Assessment of Living Skills and Resources; CI: Confidence interval; MD: Mean difference; NHANES: National Health and Nutrition Examination Survey

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¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (use of assistive devices +/-1.5; for ALSAR score +/-1.8)

Table 67: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: HIPFIT (High intensity progressive resistance training) versus standard care in hip fracture rehabilitation (outcomes reported as medians (range) and analysed appropriately)

| | | Qua | lity assessn | nent | | | No of | patients | Ef | fect | | |
|-------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|---------------|---------|---------------|---|---|-------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | HIPFIT | Standard care | HIPFIT | Standard care | Quality | Importance |
| Changes in | n ADL (mea | sured using | FIM score; | range 18-12 | 26; better in | dicated by h | igher v | alues) - 1 | 2 months fo | llow-up | | |
| 1 (Singh 2012) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ² | none | 62 | 62 | Median (range): 106.7 (56- 126) ³ | Median (range): 101.5 (34- 126) ³ | VERY LOW | IMPORTANT |
| Changes in | n ADL (mea | sured using | Katz ADL s | core; range | 0-12; bette | r indicated I | y lowe | r values) | - 12 months | follow-up | | |
| 1 (Singh 2012) | randomis ed trials | serious ¹ | no serious inconsist ency | no serious indirectne ss | very serious ² | none | 62 | 62 | Median (range): 0.5 (0-9) ⁴ | Median (range): 1.0 (0-12) ⁴ | VERY LOW | IMPORTANT |

ADL: Activities of daily living; FIM: Functional independence measure

Table 68: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Physical activity enhancing programme (PEP) + standard care versus standard care only in hip fracture rehabilitation

| Quality assessment | No of patients | Effect | Quality | Importance | |
|--------------------|----------------|--------|---------|------------|--|
|--------------------|----------------|--------|---------|------------|--|

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

² Imprecision could not be assessed using GRADE default values due to no reporting of SD and no published MIDs so was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.

³ According to the statistical analyses performed by the author, the median difference was not significantly different between groups (p=0.84, unclear which statistical test was used)

⁴ According to the statistical analyses performed by the author, the median difference was not significantly different between groups (p=0.06, unclear which statistical test was used)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | PEP + standard care | Standard care only | Relative | Absolute (95% CI) | | |
|---------------------------|--------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|---------------|------------------------|--------------------|----------|---|--------------|--------------|
| | n mobility (C values) - 6 w | | ical activity | measured u | sing Interna | itional Physi | cal Activ | ity Quest | ionnaire | e; scale not re | ported; bett | er indicated |
| 1 (Suwanpa su 2014) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 23 | 23 | - | MD 961.37 higher (461.42 to 1461.33 higher) | LOW | CRITICAL |

CI: Confidence interval; MD: Mean difference

Table 69: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Twice per week exercise programme versus no exercise programme in hip fracture rehabilitation

| | | Qua | lity assessn | nent | | | No of p | patients | ı | Effect | | |
|-------------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|--------------------|--------------------------|----------|--|---------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| | | neasured us post-injury) | | and test in s | seconds; be | tter indicate | d by lowe | er values) - | · 3 mont | hs from bas | seline (inter | rvention |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 100 | 50 | - | MD 15.8 lower (18.5 to 13.1 lower) | MODER ATE | CRITICAL |

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

| | | Qua | llity assessn | nent | | | No of p | oatients | E | Effect | | |
|-------------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------|---------------|-----------------------|--------------------------|-----------|---|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in months po | | neasured us | sing 6MWT i | n m; better i | ndicated by | higher valu | es) - 3 mo | nths from | baselin | e (intervent | ion comple | tion, 6 |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 100 | 50 | - | MD 56.5 higher (23.93 to 89.07 higher) | LOW | CRITICAL |
| | | neasured us post-injury) | | m velocity i | n m/sec; be | tter indicate | d by high | er values) | - 3 mon | ths from ba | seline (inte | rvention |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 100 | 50 | - | MD 0.07 higher (0.03 lower to 0.17 higher) | LOW | CRITICAL |
| | | neasured Ti post-injury) | | -Go test in s | sec; better i | ndicated by | lower valu | ues) - 3 mo | onths fro | om baseline | (interventi | on |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 100 | 50 | - | MD 6.5 lower (9.51 to 3.49 lower) | LOW | CRITICAL |
| Changes in months po | | neasured us | sing step hei | ght in cm; k | etter indica | ted by highe | er values) | - 3 months | s from b | aseline (into | ervention c | ompletion, 6 |
| 1 (Sylliaas | randomis ed trials | serious ¹ | no serious | no serious | serious ² | none | 100 | 50 | - | MD 9 higher | LOW | CRITICAL |

| | | Qua | ılity assessn | nent | | | No of p | oatients | E | Effect | | |
|-------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|--------------|-----------------------|--------------------------|-----------|--|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| 2011) | | | inconsiste ncy | indirectne ss | | | | | | (5.06 to 12.94 higher) | | |
| | | | SF-12 Phys s post-injury | | nent score; | range 0-100 | ; better in | dicated by | / higher | values) - 3 | months fro | m baseline |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 100 | 50 | - | MD 0.1 higher (1.79 lower to 1.99 higher) | MODER ATE | IMPORTANT |
| | | | s SF-12 Mens s post-injury | | ent score; ra | nge 0-100; k | etter indi | icated by h | nigher va | alues) - 3 m | onths from | baseline |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 100 | 50 | - | MD 1 lower (4.01 lower to 2.01 higher) | LOW | IMPORTANT |
| | | | Nottingham s post-injury | | ADL score; r | ange 0-66; k | etter indi | cated by h | igher va | alues) - 3 mo | onths from | baseline |
| 1 (Sylliaas 2011) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 100 | 50 | - | MD 4.9 higher (0.48 to 9.32 higher) | LOW | IMPORTANT |

6MWT: 6 minute walk test; ADL: Activities of daily living; CI: Confidence interval; cm: Centimetre; m: metre; MD: Mean difference; min: minute; sec: Seconds; SF-12: 12 item short-form survey

Table 70: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Once per week exercise programme versus no exercise programme in hip fracture rehabilitation

| | | in the second | J | | pro. | gramme in | | | | - | | |
|-------------------------|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|-----------------------|--------------------------|----------|--|---------------|------------|
| | | Qua | llity assessr | nent | | | No of p | oatients | E | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| | | neasured us post-injury) | | tand test in | seconds; be | etter indicate | d by lowe | er values) · | - 3 mont | hs from bas | seline (inter | vention |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 10 lower (11.49 to 8.51 lower) | MODER ATE | CRITICAL |
| Changes i | | neasured us | sing 6MWT i | n m; better i | ndicated by | higher valu | es) - 3 mc | onths from | baselin | e (intervent | ion comple | tion, 9 |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 108 higher (85.24 to 130.76 higher) | MODER ATE | CRITICAL |
| | | measured us post-injury) | | m velocity i | n m/sec; be | tter indicate | d by high | er values) | - 3 mon | ths from ba | seline (inte | rvention |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste | no serious indirectne | very serious ² | none | 48 | 47 | - | MD 0.5 higher (0.62 | VERY LOW | CRITICAL |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for 6MWT +/- 41.8; for maximum velocity over 10m +/-0.1; for Timed Up and Go +/-4; for step height +/-6.5; for SF-12 mental component +/-3.95; for Nottingham ADL +/-4.55)

| | | Qua | ality assessn | nent | | | No of p | atients | ı | Effect | | |
|-------------------------|------------------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|-----------------------|--------------------------|----------|--|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ncy | SS | | | | | | lower to 1.62 higher) | | |
| | n mobility (r n, 9 months | | | l-Go test in s | sec; better i | ndicated by | lower valu | ues) - 3 mo | nths fro | om baseline | (interventi | on |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 3.5 lower (3.9 to 3.1 lower) | MODER ATE | CRITICAL |
| Changes i | | measured us | sing step hei | ight in cm; b | petter indica | ted by highe | er values) | - 3 months | s from b | paseline (into | ervention c | ompletion, 9 |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 2.8 higher (0.61 lower to 6.21 higher) | MODER ATE | CRITICAL |
| | | | e SF-12 Physis post-injur | | nent score; | range 0-100 | ; better in | dicated by | higher | values) - 3 | months fro | m baseline |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 3.4 higher (2.33 to 4.47 higher) | MODER ATE | IMPORTANT |

| | | Qua | ılity assessn | nent | | | No of p | oatients | E | Effect | | |
|-------------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|-----------------------|--------------------------|----------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise programme | No exercise programme | Relative | Absolute (95% CI) | Quality | Importance |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 48 | 47 | - | MD 4.4 higher (1.78 to 7.02 higher) | LOW | IMPORTANT |
| | n ADL (mea | | | | ADL score; | range 0-66; k | oetter indi | cated by h | igher va | alues) - 3 mo | onths from | baseline |
| 1 (Sylliaas 2012) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisi on | none | 48 | 47 | - | MD 4.4 higher (2.24 to 6.56 higher) | MODER ATE | IMPORTANT |

6MWT: 6 minute walk test; ADL: Activities of daily living; CI: Confidence interval; cm: centimetre; m: metre; MD: Mean difference; min: minute; sec: seconds; SF-12: 12 item short-form survey

Table 71: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Computer-assisted rehabilitation therapy versus standard rehabilitation in traumatic hand injury rehabilitation

| Quality assessment No of patients Effect Quality Importance | <u>-</u> | · · | | | | | |
|---|----------|--------------------|----------------|--------|---------|------------|--|
| | | Quality assessment | No of patients | Effect | Quality | Importance | |

¹ Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 2 MIDs (for maximum velocity over 10 m +/-0.35)

^{3 95%} CI crosses 1 MID (for SF-12 mental component +/-1.9)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | Computer- assisted rehabilitation therapy | Standard rehabilitation | Relative | Absolute (95% CI) | | |
|------------------|-----------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|--------------|--|-------------------------|----------|---|--------------|---------------|
| | b function (ion complet | | ısing total a | ctive hand | motion in d | egrees; bett | er indicated b | y higher | values | s) - 4 weeks fr | om baselii | ne |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 26 | 25 | - | MD 13.34 lower (123.9 lower to 97.22 higher) | VERY LOW | CRITICAL |
| Upper lim | b function (| measured u | ising total a | ctive hand | motion in d | egrees; bett | er indicated b | y higher | values | s) - Difference | before-aft | er training |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 26 | 26 | - | MD 2.5 higher (34.3 lower to 39.3 higher) | LOW | CRITICAL |
| Upper lim | b function (| measured a | s hand grip | strength in | kg; better | indicated by | higher values | s) - 4 wee | eks fro | m baseline (i | ntervention | n completion) |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 26 | 25 | - | MD 1.63 higher (0.15 lower to 3.41 higher) | VERY LOW | CRITICAL |
| Upper lim | b function (| measured a | s hand grip | strength in | kg; better | indicated by | higher values | s) - Diffeı | ence | oefore-after tr | aining | |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 26 | 25 | - | MD 1.97 higher (1.77 to 2.17 higher) | LOW | IMPORTANT |
| Upper limi | | measured u | ısing 2-poin | t pinch stre | ength in kg; | better indic | ated by highe | r values) | - 4 we | eks from bas | eline (inter | vention |
| 1 (Xiao | randomis | very | no | no | serious ² | none | 26 | 25 | - | MD 0.48 | VERY | CRITICAL |

| | | Qua | llity assessr | ment | | | No of pat | ients | | Effect | | |
|------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|--|-------------------------|----------|---|---------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Computer- assisted rehabilitation therapy | Standard rehabilitation | Relative | Absolute (95% CI) | Quality | Importance |
| 2018) | ed trials | serious ¹ | serious inconsist ency | serious indirectn ess | | | | | | higher (0.2 to 0.76 higher) | LOW | |
| Upper lim | b function (| measured u | ısing 2-poin | t pinch stre | ngth in kg; | better indic | ated by highe | r values) | - Diffe | erence before | -after traini | ng |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 26 | 25 | - | MD 0.35 higher (0.14 to 0.56 higher) | LOW | CRITICAL |
| | b function (intervention | | | extremity for | unction inde | ex score; so | ale not report | ed; bette | r indic | cated by highe | er values) - | 4 weeks from |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | serious ² | none | 26 | 25 | - | MD 4.77 higher (2.12 lower to 11.66 higher) | VERY LOW | CRITICAL |
| | b function (er training | measured u | ising upper | extremity for | unction inde | ex score; so | ale not report | ed; bette | r indic | cated by highe | er values) - | Difference |
| 1 (Xiao 2018) | randomis ed trials | very serious ¹ | no serious inconsist ency | no serious indirectn ess | no serious imprecisi on | none | 26 | 25 | - | MD 8.61 higher (7.24 to 9.98 higher) | LOW | CRITICAL |

CI: Confidence interval; kg: kilogram; MD: Mean difference
1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2
2 95% CI crosses 1 MID (for hand motion +/-114.65; for hand grip strength +/-1.19; for 2 point grip strength +/-0.245; for upper extremity function index +/-6.345)

Table 72: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions:

Proprioceptive neuromuscular facilitation versus traditional prosthetic training in transfemoral amputation rehabilitation

| • | торпосор | ivo noaron | raooarar ra | omiation v | oroug tradit | ilonal proof | inotio traii | inig in tru | | iorai amput | ation rend | Dilitation |
|----------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---------------------------------|----------|--|--------------|--------------|
| | | Qua | llity assessn | nent | | | No of p | atients | | Effect | | |
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Proprioceptive neuromuscular facilitation | Traditional prosthetic training | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in reported) | n mobility (n | neasured us | ing percent | age weight l | pearing; bet | ter indicated | l by higher | values) - A | At inter | vention com | pletion (tin | ne point not |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 25 | 25 | - | MD 10.87 higher (7.63 to 14.11 higher) | LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | ing percenta | age weight l | pearing; bet | ter indicated | l by higher | values) - [| Differer | nce before-af | ter training | I |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 25 | 25 | - | MD 8.24 higher (4.49 to 11.99 higher) | VERY LOW | CRITICAL |
| Changes in reported) | n mobility (n | neasured us | sing stride le | ngth in cm; | better indic | ated by high | ner values) | - At interv | ention | completion (| time point | not |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 5.88 higher (0.3 lower to 12.06 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | ing stride le | ngth in cm; | better indic | ated by high | ner values) | - Difference | e befo | re-after train | ing | |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste | no serious indirectne | no serious imprecisio | none | 25 | 25 | - | MD 6.54 higher (5 to 8.08 | LOW | CRITICAL |

| | | Qua | llity assessn | nent | | | No of p | atients | | Effect | | |
|-------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---------------------------------|----------|--|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Proprioceptive neuromuscular facilitation | Traditional prosthetic training | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ncy | SS | n | | | | | higher) | | |
| Changes in point not re | • • | neasured us | ing amputat | ed side step | length in c | m; better in | dicated by | higher valu | ues) - A | At intervention | n complet | ion (time |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 1.52 higher (1.05 lower to 4.09 higher) | VERY LOW | CRITICAL |
| Changes in | | neasured us | ing amputat | ed side step | | m; better in | | | ues) - [| Difference be | | |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 1.54 lower (2.69 to 0.39 lower) | VERY LOW | CRITICAL |
| Changes in not reporte | • • | neasured us | ing sound s | ide step len | gth in cm; b | etter indicat | ted by high | er values) | - At int | tervention co | mpletion (| time point |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 4.36 higher (1.7 to 7.02 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | ing sound s | ide step len | gth in cm; b | etter indica | ed by high | er values) | - Diffe | rence before- | after traini | ing |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 25 | 25 | - | MD 5 higher (3.24 to 6.76 higher) red by higher | LOW | CRITICAL |

| | | Qua | ility assessn | nent | | | No of p | atients | | Effect | | |
|------------------------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|---|---------------------------------|----------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Proprioceptive neuromuscular facilitation | Traditional prosthetic training | Relative | Absolute (95% CI) | Quality | Importance |
| intervention | n completion | n (time poir | nt not report | ed) | | | | | | | | |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 5.96 higher (1.64 to 10.28 higher) | VERY LOW | CRITICAL |
| Changes in before-after | | neasured us | ing cadence | e with self-s | elected com | fortable gai | in steps/m | nin; better | indicat | ed by higher | values) - [| Difference |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 6.48 higher (4.48 to 8.48 higher) | VERY LOW | CRITICAL |
| | | neasured us | ing cadence | of fast gait | in steps/mi | n; better ind | icated by h | nigher valu | es) - A | t interventior | n completion | on (time |
| point not r 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 5.96 higher (1.64 to 10.28 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | ing cadence | of fast gait | in steps/mi | n; better ind | icated by h | nigher valu | es) - D | ifference bef | ore-after tr | aining |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 25 | 25 | - | MD 6.88 higher (4.92 to 8.84 higher) | LOW | CRITICAL |

| Quality assessment | | | | | | | No of patients | | Effect | | | |
|---------------------|-----------------------|------------------------------|------------------------------------|-----------------------------------|----------------------|-------------------------|---|---------------------------------|----------|--|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Proprioceptive neuromuscular facilitation | Traditional prosthetic training | Relative | Absolute (95% CI) | Quality | Importance |
| Changes in | n mobility (n | neasured us | sing velocity | in cm/sec; | better indica | ated by high | er values) - | - At interve | ention (| completion (t | ime point r | not reported) |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 4.51 higher (0.24 lower to 9.26 higher) | VERY LOW | CRITICAL |
| Changes in | n mobility (n | neasured us | sing velocity | in cm/sec; | better indica | ated by high | er values) - | - Difference | e befor | e-after trainir | ng | |
| 1 (Yigiter 2002) | randomis ed trials | very serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ² | none | 25 | 25 | - | MD 5.12 higher (3.07 to 7.17 higher) | VERY LOW | CRITICAL |

ADL: Activities of daily living; CI: Confidence interval; cm: centimetre; MD: Mean difference; min: minute; sec: seconds

Table 73: Clinical evidence profile for strengthening, balance, proprioception, vestibular rehabilitation/training interventions: Circuit resistance training + standard care versus standard care only

| Quality assessment | No of patients | Effect | Quality | Importance | |
|--------------------|----------------|--------|---------|------------|--|
|--------------------|----------------|--------|---------|------------|--|

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

^{2 95%} CI crosses 1 MID (for percentage weight bearing +/-2.62; for stride length +/-3.585; for amputated side step length +/-2.255; sound side step length +/-2.795; for self-selected gait cadence +/-4.75; for fast-gait cadence +/-4.085; for velocity +/-4.395)

| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CRT + standard care | Standard care only | Relative | Absolute (95% CI) | | |
|--|-----------------------|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|------------------------|--------------------|----------|--|--------------|------------|
| Upper body function (measured using Total work/Body weight (J/kg), left side, 180/sec, extension; better indicated by higher values) (6 weeks from baseline, at intervention completion) | | | | | | | | | | | | |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 13 | 13 | - | MD 10.1 lower (34.56 lower to 14.36 higher) | VERY LOW | CRITICAL |
| | | measured us on completic | | ork/Body we | eight (J/kg), | left side, 18 | 0/sec, flexio | on; better | indicat | ed by higher | values) (6 | weeks from |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 12.1 higher (0.65 lower to 24.85 higher) | LOW | CRITICAL |
| | | measured us | | ork/Body we | eight (J/kg), | left side, 60 | /sec, exten | sion; bette | r indic | ated by high | er values) (| 6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 14.7 higher (8.96 lower to 38.6 higher) | LOW | CRITICAL |
| | | measured us | | ork/Body we | eight (J/kg), | left side, 60 | /sec, flexio | n; better ir | ndicate | d by higher v | values) (6 v | veeks from |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 13 | 13 | - | MD 39.50 higher (19.24 to 59.76 higher) dicated by higher | MODER ATE | CRITICAL |

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| | | Qua | llity assessn | nent | | | No of p | atients | | Effect | | |
|----------------------|-----------------------|----------------------------|------------------------------------|-----------------------------------|------------------------------|---------------|---------------------|--------------------|----------|---|--------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other | CRT + standard care | Standard care only | Relative | Absolute (95% CI) | Quality | Importance |
| from basel | ine, at inter | vention com | pletion) | | | | | | | | | |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 13 | 13 | - | MD 5.10 higher (17.96 lower to 28.16 higher) | VERY LOW | CRITICAL |
| | | measured us vention com | | ork/Body w | eight (J/kg), | right side, 1 | 80/sec, flex | cion; bette | r indica | ated by highe | er values) (| 6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 10.67 higher (3.02 to 18.32 higher) | LOW | CRITICAL |
| | | measured u | | ork/Body w | eight (J/kg), | right side, 6 | 60/sec, exte | nsion; bet | ter indi | icated by hig | her values |) (6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 8.6 higher (13.47 lower to 30.67 higher) | LOW | CRITICAL |
| | | measured u | | ork/Body w | eight (J/kg), | right side, 6 | 0/sec, flexi | on; better | indicat | ted by higher | values) (6 | weeks from |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste | no serious indirectne | serious ³ | none | 13 | 13 | - | MD 30.8 higher (6 to 55.6 | LOW | CRITICAL |

| | | Qua | llity assessn | nent | No of p | atients | | Effect | | | | |
|----------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|-------------------------|------------------------|--------------------|----------|--|-------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CRT + standard care | Standard care only | Relative | Absolute (95% CI) | Quality | Importance |
| | | | ncy | SS | | | | | | higher) | | |
| | | | | | weight (Nm/ | kg), left side | , 180/sec, e | extension; | better | indicated by | higher val | ues) (6 |
| | | | on completion | | | | 40 | 40 | | MD 4.4 | VEDV | ODITIOAL |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 13 | 13 | - | MD 1.1 lower (11.75 lower to 9.55 higher) | VERY LOW | CRITICAL |
| | | measured us | | rque/Body | weight (Nm/ | kg), left side | , 180/sec, f | lexion; bet | ter ind | icated by hig | her values | s) (6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 5.6 higher (0.38 lower to 11.58 higher) | LOW | CRITICAL |
| | | measured us | | rque/Body | weight (Nm/ | kg), left side | , 60/sec, ex | tension; b | etter ir | ndicated by h | igher valu | es) (6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 4.8 higher (7.87 lower to 17.47 higher) | LOW | CRITICAL |
| | | measured us | | rque/Body | weight (Nm/ | kg), left side | , 60/sec, fle | exion; bett | er indi | cated by high | er values) | (6 weeks |
| 1 (Yildirim | randomis | serious ¹ | no | no | serious ³ | none | 13 | 13 | - | MD 13.50 | LOW | CRITICAL |

| Quality assessment | | | | | | | | No of patients | | Effect | | |
|----------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|------------------------|--------------------|----------|--|--------------|--------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CRT + standard care | Standard care only | Relative | Absolute (95% CI) | Quality | Importance |
| 2016) | ed trials | | serious inconsiste ncy | serious indirectne ss | | | | | | higher (4.76 to 22.24 higher) | | |
| | | | sing Peak to on completion | | weight (Nm/ | kg), right sic | le, 180/sec | extension | ; bette | r indicated b | y higher va | alues) (6 |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 13 | 13 | - | MD 1 higher (12.8 lower to 14.8 higher) | VERY LOW | CRITICAL |
| | | measured u | | rque/Body | weight (Nm/ | kg), right sic | le, 180/sec | flexion; b | etter ir | ndicated by h | igher value | es) (6 weeks |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | no serious imprecisio n | none | 13 | 13 | - | MD 9.9 higher (6.57 to 13.23 higher) | MODER ATE | CRITICAL |
| | | | sing Peak to on completion | | weight (Nm/ | kg), right sic | le, 60/sec, | extension; | better | indicated by | higher val | ues) (6 |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | very serious ² | none | 13 | 13 | - | MD 3.3 higher (11.63 lower to 18.23 higher) | VERY LOW | CRITICAL |

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| Quality assessment | | | | | | | No of pa | atients | Effect | | | |
|----------------------|-----------------------|----------------------|------------------------------------|-----------------------------------|----------------------|----------------------|------------------------|--------------------|----------|---|-------------|---------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CRT + standard care | Standard care only | Relative | Absolute (95% CI) | Quality | Importance |
| from basel | ine, at interv | vention com | pletion) | | | | | | | | | |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 7.9 higher (0.54 lower to 16.34 higher) | LOW | CRITICAL |
| Overall qua | ality of life (| measured u | sing QoL sc | ale) (6 week | s from base | line, at inter | vention co | mpletion; | better i | ndicated by | higher valu | ıes) |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 28.5 lower (101.1 lower to 44.1 higher) | LOW | IMPORTAN T |
| Changes in values) | n ADL (meas | sured using | total FIM sc | ore; range 1 | 8-126) (6 we | eeks from ba | iseline, at i | nterventio | n comp | oletion; bette | r indicated | by higher |
| 1 (Yildirim 2016) | randomis ed trials | serious ¹ | no serious inconsiste ncy | no serious indirectne ss | serious ³ | none | 13 | 13 | - | MD 7 higher (1.41 lower to 15.41 higher) | LOW | IMPORTAN T |

ADL: Activities of daily living; CRT: Circuit resistance training; FIM: Functional Independence Measure; MD: Mean difference; QoL: Quality of life 1 Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

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^{2 95%} CI crosses 2 MID (for Total work/Body weight [left/180/extension] +/- 9.6; Total work/Body weight [right/180/extension] +/- 12.2; Peak torque/Body weight [left/180/extension] +/- 6.95; Peak torque/Body weight [right/60/extension] +/- 7.35)

^{3 95%} CI crosses 1 MID (for Total work/Body weight [left/180/flexion] +/- 7.05; Total work/Body weight [left/60/extension] +/- 12.1; Total work/Body weight [right/180/flexion] +/- 4.6; Total work/Body weight [right/60/extension] +/- 14.45; Total work/Body weight [right/60/flexion] +/- 10.9; Peak torque/Body weight [left/180/flexion] +/- 4.9; Peak torque/Body weight [left/60/extension] +/- 8.5; Peak torque/Body weight [left/60/flexion] +/- 7.4; Peak torque/Body weight [right/60/flexion] +/- 15.75; QoL scale +/- 45. 9; FIM +/- 3.65)