

**GRADE tables for review question: B.1b What physical rehabilitation interventions are effective and acceptable for children and young people with complex rehabilitation needs after traumatic injury?**

**Table 74: Clinical evidence profile for strengthening training interventions: inpatient exercise versus outpatient exercise in burn rehabilitation**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Inpatient exercise	Outpatient exercise	Relative	Absolute (95% CI)		
<b>Changes in mobility (measured using 6MWT in m; better indicated by higher values) - 3 months from baseline (intervention completion, 9 months post-burn)</b>												
1 (Cucuzzo 2001)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	11	10	-	MD 120 higher (49.82 to 190.18.52 higher)	MODERATE	CRITICAL

6MWT: 6-minute walk test; CI: Confidence interval; m: metre; MD: mean difference

<sup>1</sup> Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

**Table 75: Clinical evidence profile for strengthening training interventions: home exercise + isokinetic training versus home exercise only in burn rehabilitation**

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

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Home exercise + isokinetic training	Home exercise only	Relative	Absolute (95% CI)		
<b>Changes in mobility (measured using stride length in cm; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2014)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	17	-	MD 41.5 higher (39.62 to 43.38 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using step length in cm; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2014)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	17	-	MD 19.49 higher (17.9 to 21.08 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using velocity in cm/sec; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2014)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	17	-	MD 54.83 higher (53.61 to 56.05 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using cadence in step/min; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2014)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	17	-	MD 47.28 higher (46.36 to 48.2 higher)	MODERATE	CRITICAL

CI: Confidence interval; cm: centimetre; MD: mean difference; min: minute; sec: second

<sup>1</sup> Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

**Table 76: Clinical evidence profile for nutrition support interventions: standard care + isokinetic training + vitamin D versus placebo + isokinetic training + standard care in burn rehabilitation**

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

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vitamin D + isokinetic training + standard care	Placebo + isokinetic training + standard care	Relative	Absolute (95% CI)		
<b>Changes in mobility (measured using stride length in cm; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	17	-	MD 28.96 higher (27.08 to 30.84 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using step length in cm; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	17	-	MD 12.01 higher (10.3 to 13.72 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using velocity in cm/sec; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	17	-	MD 34 higher (32.85 to 35.15 higher)	MODERATE	CRITICAL
<b>Changes in mobility (measured using cadence instep/min; better indicated by higher values) - 12 weeks from baseline (intervention completion)</b>												
1 (Ebid 2017)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	17	-	MD 8 higher (7.06 to 8.94 higher)	MODERATE	CRITICAL

CI: Confidence interval; cm: centimetre; MD: mean difference; min: minute; sec: second

<sup>1</sup> Serious risk of bias in the evidence contributing to the outcomes as per RoB 2