

**Running title:** Specific versus non-specific VR-based rehabilitation

## Supplementary Materials

Effect of specific over non-specific VR-based rehabilitation on post-stroke motor recovery: A systematic meta-analysis

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## SUPPLEMENTAL TABLES

*Supplementary Table 1. Search strategy of the meta-analysis. The search was organized by MeSH headings [MeSH] and searches in titles, abstracts, and keywords [tiab].*

- #1 Stroke[MeSH] OR eva\*[tiab] OR post-stroke\*[tiab] OR stroke\*[tiab] OR apoplexy\*[tiab]
- #2 Hemiplegia[MeSH] OR Paresis[MeSH] OR hemipleg\*[tiab] OR hemipar\*[tiab] OR paresis[tiab] OR paretic[tiab] OR upper-extremit\*[tiab] OR upper-arm\*[tiab]
- #3 “Occupational Therapy” [MeSH] OR “Physical Therapy” [MeSH] OR “Rehabilitation” [MeSH] OR “Virtual Reality” [MeSH] OR “Serious games” [MeSH]
- #4 #1 AND #2 AND #3

*Supplementary Table 2. Excluded studies after full-text analysis.*

Adie et al, 2017 <sup>1</sup>	No after treatment measurement for MAL QOM reported
Broeren et al, 2008 <sup>2</sup>	PEDro score below 5
Carregosa et al, 2018 <sup>3</sup>	Follow-up of already published study
Chen et al, 2015 <sup>4</sup>	Baseline not balanced
Choi et al, 2018 <sup>5</sup>	No endpoint measurements, baseline age not equal
Fan et al, 2014 <sup>6</sup>	Only Jebsen-Taylor hand test used
Friedman et al, 2014 <sup>7</sup>	Only changes reported
Housman et al, 2009 <sup>8</sup>	No endpoint measurements reported
In et al, 2012 <sup>9</sup>	PEDro score below 5, no VR intervention
Kim et al, 2011a <sup>10</sup>	Control group did not do CT/PT/OC
Kim et al, 2012 <sup>11</sup>	Passive control, no clinical scales, electrical stimulation, PEDro score below 5
Kim et al, 2018 <sup>12</sup>	Control group did not do CT/PT/OC
Lee et al, 2013 <sup>13</sup>	No clinical scales
Lee et al, 2014 <sup>14</sup>	No VR environment
McNulty et al, 2015 <sup>15</sup>	Control group did mCIMT
Park et al, 2016 <sup>16</sup>	Control group did not do CT/PT/OC
Piron et al, 2007 <sup>17</sup>	PEDro score below 5
Rand et al, 2009 <sup>18</sup>	Only 4 patients, no control group
Shin et al, 2015 <sup>19</sup>	Median and interquartile range is reported
Shin et al, 2016 <sup>20</sup>	RAPAEL smart glove, a hand exoskeleton, is used
Subramanian et al, 2013 <sup>21</sup>	No endpoint measurement reported
Sucar et al, 2009 <sup>22</sup>	No endpoint measurement reported

*Abbreviations: CT, conventional therapy; MAL QOM, Motor Activity Log Quality of Movement; mCIMT, modified constrained induced therapy; OC, occupational therapy; PT, physical therapy; VR, virtual reality.*

## SUPPLEMENTAL FIGURES

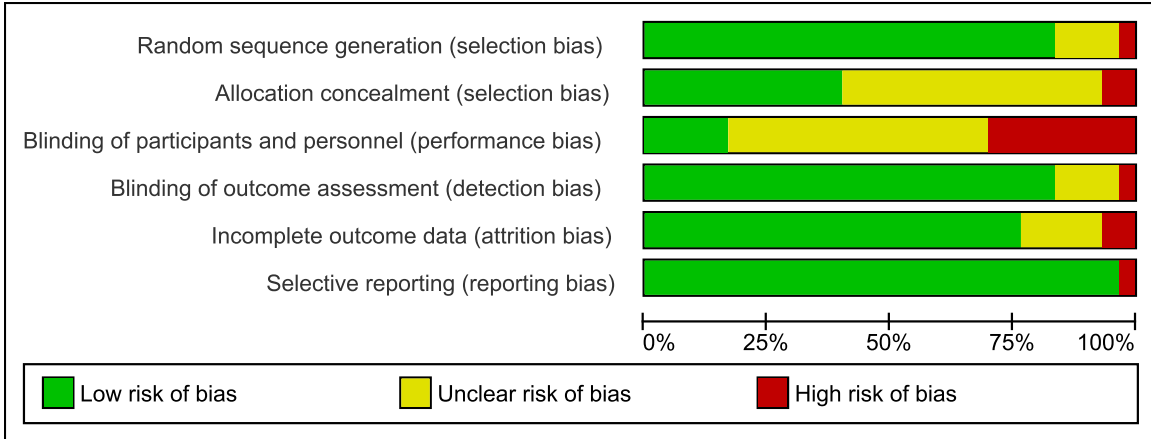
Studies per subgroup	Risk of Bias					
	A	B	C	D	E	F
<b>SVR studies</b>						
Aşkin et al, 2018	+	-	-	+	+	+
Brunner et al, 2017	+	+	-	+	+	+
Cameirão et al, 2011	+	?	?	+	+	+
Crosbie et al, 2012	+	+	-	+	+	+
Duff et al, 2012	+	?	+	+	+	+
Jang et al, 2005	+	?	?	?	?	+
Jo et al, 2012	+	?	?	?	?	+
Kiper et al, 2011	?	?	?	?	+	+
Kiper et al, 2014	?	?	?	?	+	+
Kiper et al, 2018	+	+	-	+	+	+
Kong et al, 2016	+	+	?	+	+	+
Kottink et al, 2014	+	?	?	+	+	+
Kwon et al, 2012	?	?	+	+	?	+
Lee et al, 2016	+	?	?	+	+	+
Levin et al, 2012	+	?	?	+	+	+
Piron et al, 2009	+	+	?	+	+	+
Piron et al, 2010	+	+	?	+	+	+
Shin et al, 2014	?	?	+	+	+	+
Standen et al, 2016	+	+	-	+	+	+
Turolla et al, 2013	-	-	-	+	?	+
Yin et al, 2014	+	+	?	-	+	+
Zondervan et al, 2016	+	?	?	+	+	-
Zucconi et al, 2011	+	+	?	+	+	+
<b>NSVR studies</b>						
da Silva Ribeiro et al, 2015	+	+	?	+	?	+
Kong et al, 2016	+	+	?	+	+	+
Rand et al, 2017	+	?	-	+	+	+
Saposnik et al, 2010	+	?	+	+	-	+
Saposnik et al, 2016	+	?	+	+	-	+
Sin and Lee, 2013	+	?	?	+	+	+
Türkbey et al, 2017	+	+	-	+	+	+
Yavuzer et al, 2008	+	+	-	+	+	+

### Risk of bias legend

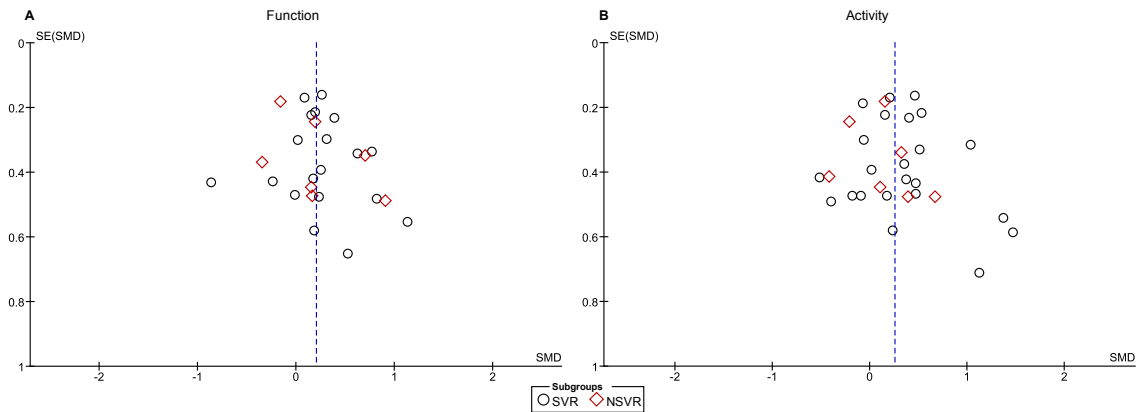
- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)

Supplementary Figure 1. Risk of bias per study. Review authors' judgments about each risk of bias item for all the included studies.

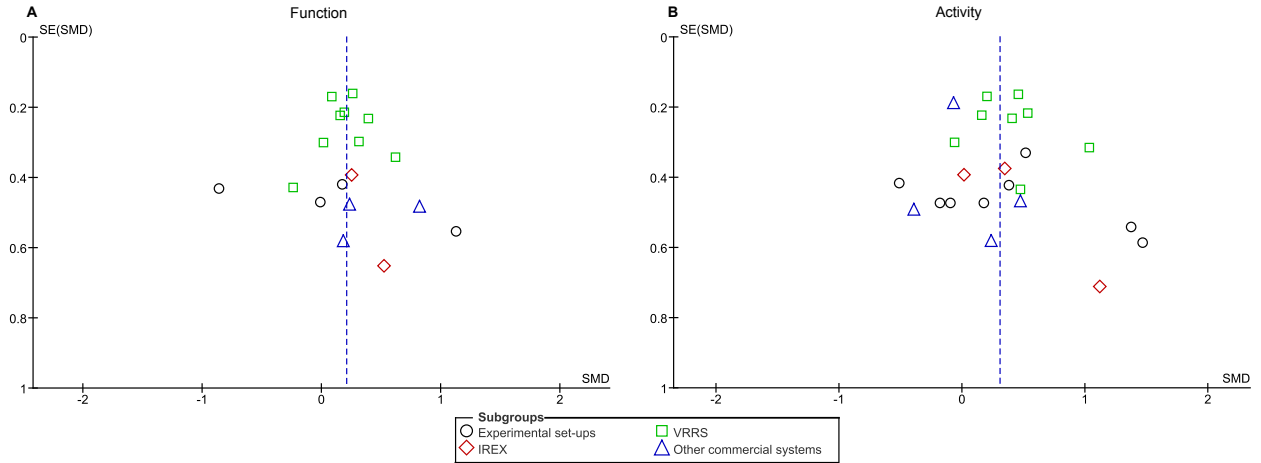
Abbreviations: NSVR, nonspecific VR; SVR, specific VR; VR, virtual reality.



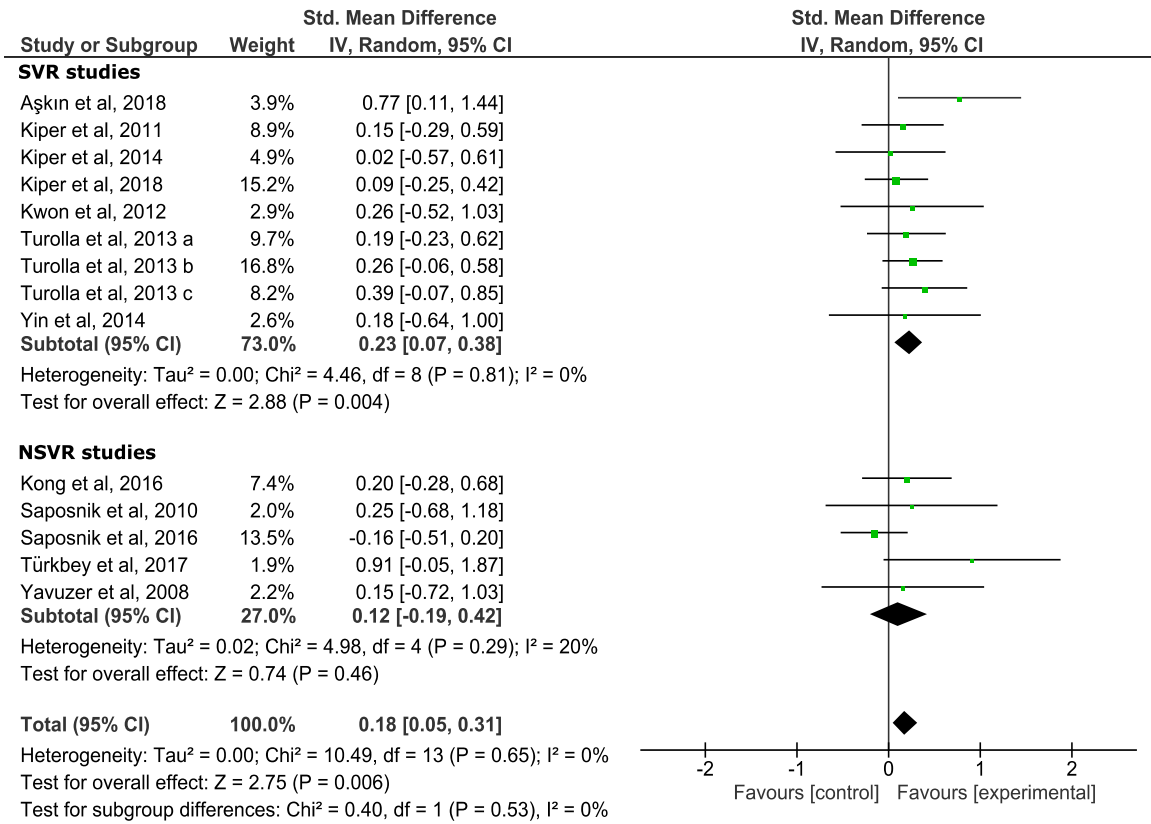
Supplementary Figure 2. Risk of bias summary. Review authors' judgments about each risk of bias item presented as percentages across all included studies. According to the assessment executed above, both study groups seem to be balanced with regards to their risk of bias.



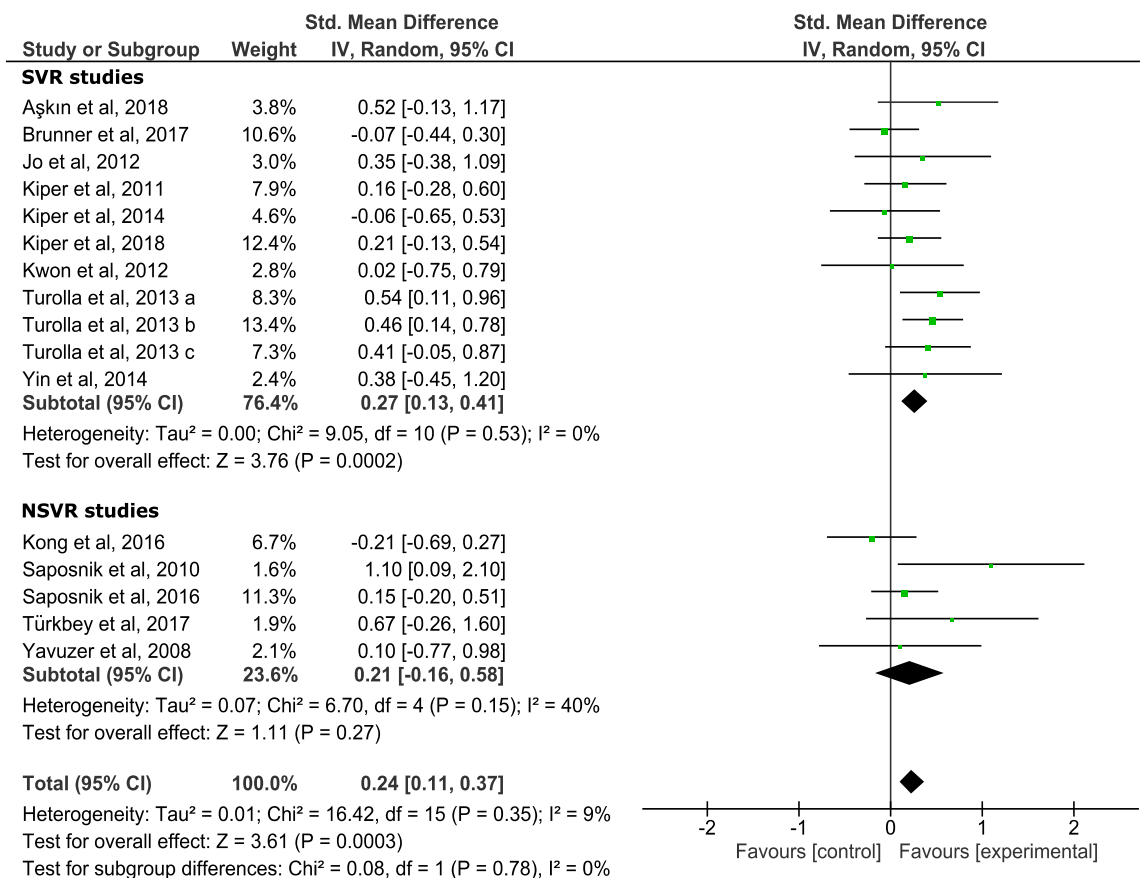
Supplementary Figure 3. Evaluation of a possible publication bias in included studies. A) shows the funnel plot for function outcomes, B) shows the funnel plot for activity outcomes. Black refers to SVR and red to NSVR studies. Abbreviations: NSVR, nonspecific VR; SMD, standardized mean difference; SE(SMD), standard error of SMD; SVR, specific VR; VR, virtual reality.



Supplementary Figure 4. Funnel plot split by commercial systems that are available to clinics. A) shows the funnel plot for function outcomes, B) shows the funnel plot for activity outcomes. Circles are experimental set-ups, squares represent VRRS studies, rhombi represent IREX studies, and triangles other commercial systems. Abbreviations: SMD, standardized mean difference; SE(SMD), standard error of SMD.



Supplementary Figure 5. Forest plot of dosage in body function outcomes. Comparison of SVR and NSVR studies with control group regarding intensive practice. Abbreviations: NSVR, nonspecific VR; SVR, specific VR; VR, virtual reality.



Supplementary Figure 6. Forest plot of dosage in activity outcomes. Comparison of SVR and NSVR studies with control group regarding intensive practice.

Abbreviations: NSVR, nonspecific VR; SVR, specific VR; VR, virtual reality.

## SUPPLEMENTARY REFERENCES

1. Adie K, Schofield C, Berrow M, et al. Does the use of Nintendo Wii Sports TM improve arm function? Trial of Wii TM in Stroke: a randomized controlled trial and economics analysis. *Clin Rehabil.* 2017;31(2):173-185. doi:10.1177/0269215516637893.
2. Broeren J, Claesson L, Goude D, Rydmark M, Sunnerhagen KS. Virtual rehabilitation in an activity centre for community-dwelling persons with stroke: The possibilities of 3-dimensional computer games. *Cerebrovasc Dis.* 2008;26(3):289-296. doi:10.1159/000149576.
3. Carregosa AA, dos Santos LRA, Masruha MR, et al. Virtual Rehabilitation through Nintendo Wii in Poststroke Patients: Follow-up. *J Stroke Cerebrovasc Dis.* 2018. doi:10.1016/j.jstrokecerebrovasdis.2017.09.029.
4. Chen M-H, Huang L-L, Lee C-F, et al. A controlled pilot trial of two commercial video games for rehabilitation of arm function after stroke. *Clin Rehabil.* 2015;29(7):674-682. doi:10.1177/0269215514554115.

5. Choi Y-H, Paik N-J. Mobile Game-based Virtual Reality Program for Upper Extremity Stroke Rehabilitation. *J Vis Exp*. 2018;(133):1-8. doi:10.3791/56241.
6. Fan SC, Su FC, Chen SS, et al. Improved intrinsic motivation and muscle activation patterns in reaching task using virtual reality training for stroke rehabilitation: A pilot randomized control trial. *J Med Biol Eng*. 2014;34(4):399-407. doi:10.5405/jmbe.1502.
7. Friedman N, Chan V, Reinkensmeyer AN, et al. Retraining and assessing hand movement after stroke using the MusicGlove: comparison with conventional hand therapy and isometric grip training. *J Neuroeng Rehabil*. 2014;11:76. doi:10.1186/1743-0003-11-76.
8. Housman SJ, Scott KM, Reinkensmeyer DJ. A Randomized Controlled Trial of Gravity-Supported, Computer-Enhanced Arm Exercise for Individuals With Severe Hemiparesis. *Neurorehabil Neural Repair*. 2009;23(5):505-514. doi:10.1177/1545968308331148.
9. In TS, Jung KS, Lee SW, Song CH. Virtual Reality Reflection Therapy Improves Motor Recovery and Motor Function in the Upper Extremities of People with Chronic Stroke. *J Phys Ther Sci*. 2012;24(4):339-343. doi:10.1589/jpts.24.339.
10. Kim BR, Chun MH, Kim LS, Park JY. Effect of Virtual Reality on Cognition in Stroke Patients. *Ann Rehabil Med*. 2011;35(4):450. doi:10.5535/arm.2011.35.4.450.
11. Kim EK, Kang JH, Park JS, Jung BH. Clinical Feasibility of Interactive Commercial Nintendo Gaming for Chronic Stroke Rehabilitation. *J Phys Ther Sci*. 2012;24:901-903. doi:10.1589/jpts.24.901.
12. Kim W-S, Cho S, Park SH, Lee J-Y, Kwon S, Paik N-J. A low cost kinect-based virtual rehabilitation system for inpatient rehabilitation of the upper limb in patients with subacute stroke: A randomized, double-blind, sham-controlled pilot trial. *Medicine (Baltimore)*. 2018;97(25). doi:10.1097/MD.00000000000011173.
13. Lee G. Effects of Training Using Video Games on the Muscle Strength, Muscle Tone, and Activities of Daily Living of Chronic Stroke Patients. *J Phys Ther Sci*. 2013;25(5):595-597. doi:10.1589/jpts.25.595.
14. Lee D, Lee M, Lee K, Song C. Asymmetric training using virtual reality reflection equipment and the enhancement of upper limb function in stroke patients: A randomized controlled trial. *J Stroke Cerebrovasc Dis*. 2014;23(6):1319-1326. doi:10.1016/j.jstrokecerebrovasdis.2013.11.006.
15. McNulty P a., Thompson-Butel AG, Faux SG, et al. The efficacy of Wii-based Movement Therapy for upper limb rehabilitation in the chronic poststroke period: a randomized controlled trial. *Int J Stroke*. 2015;(July):n/a-n/a. doi:10.1111/ijss.12594.
16. Park H, Kim S, Winstein CJ, Gordon J, Schweighofer N. Short-Duration and Intensive Training Improves Long-Term Reaching Performance in Individuals With Chronic Stroke. *Neurorehabil Neural Repair*. 2016;30(6):551-561. doi:10.1177/1545968315606990.
17. Piron L, Tombolini P, Turolla A, et al. Reinforced feedback in virtual environment facilitates the Arm motor recovery in patients after a recent stroke. *2007 Virtual Rehabil IWVR*. 2007:121-123. doi:10.1109/ICVR.2007.4362151.
18. Rand D, Weiss PL, Katz N. Training multitasking in a virtual supermarket: A

- novel intervention after stroke. *Am J Occup Ther.* 2009;63(5):535-542.  
doi:10.5014/ajot.63.5.535.
19. Shin J-H, Bog Park S, Ho Jang S. Effects of game-based virtual reality on health-related quality of life in chronic stroke patients: A randomized, controlled study. *Comput Biol Med.* 2015;63:92-98. doi:10.1016/j.compbiomed.2015.03.011.
  20. Shin J-H, Kim M-Y, Lee J-Y, et al. Effects of virtual reality-based rehabilitation on distal upper extremity function and health-related quality of life: a single-blinded, randomized controlled trial. *J Neuroeng Rehabil.* 2016;13(1):17. doi:10.1186/s12984-016-0125-x.
  21. Subramanian SK, Lourenço CB, Chilingaryan G, Sveistrup H, Levin MF. Arm Motor Recovery Using a Virtual Reality Intervention in Chronic Stroke. *Neurorehabil Neural Repair.* 2013;27(1):13-23. doi:10.1177/1545968312449695.
  22. Sucar LE, Leder R, Hern J, Israel S, Azc G. Clinical Evaluation of a Low – Cost Alternative for Stroke Rehabilitation. *Perception.* 2009:863-866.