CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be a) a guide for reporting for authors of RCTs,

- b) to form a basis for appraisal of an ehealth trial (in terms of validity)
- CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS.

or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Webbased and Mobile Health Interventions

URL: http://www.jmir.org/2011/4/e126/ doi: 10.2196/jmir.1923 PMID: 22209829

J Med Internet Res 2011;13(4):e126

* Required

Your name *
First Last
Sang Hoon Chae

Primary Affiliation (short), City, Country *

KAIST, Daejeon, South Korea

Your e-mail address *

sh27.chae@gmail.com

Title of your manuscript *

Provide the (draft) title of your manuscript.

Development and Clinical Evaluation of Web-based Upper-limb Home Rehabilitation System using Smartwatch and Machine-learning model for Chronic Stroke Survivors: Preliminary study

•	our App/Software/Intervention * ort and a long/alternate name, write the short name first and add the long name
in brackets.	
HBR (Home	Based Rehabilitation) system
Evaluated	Version (if any)
e.g. "V1", "Rel	ease 2017-03-01", "Version 2.0.27913"
Your answe	
Language	s) *
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What languag comma (e.g. 'English URL of you e.g. a direct li website. If the	e is the intervention/app in? If multiple languages are available, separate by English, French") r Intervention Website or App nk to the mobile app on app in appstore (itunes, Google Play), or URL of the intervention is a DVD or hardware, you can also link to an Amazon page.

Acc	essibility *
	n enduser access the intervention presently?
\bigcirc	access is free and open
	access only for special usergroups, not open
()	access is open to everyone, but requires payment/subscription/in-app purchases
O	app/intervention no longer accessible
0	Other:
	nary Medical Indication/Disease/Condition *
	Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism nts of children with)", "Alzheimers (Informal Caregivers of)"
Strok	ie – – – – – – – – – – – – – – – – – – –
	nary Outcomes measured in trial *
comn	na-separated list of primary outcomes reported in the trial
WMF	T score, FMA-UE score, ROM of shou
Seco	ondary/other outcomes
Are th	nere any other outcomes the intervention is expected to affect?
Hom	e exercise time/Beck depression inventory, grip power test
	7/3 11

1100	ommended "Dose" *
	do the instructions for users say on how often the app should be used?
	Approximately Daily
	Approximately Weekly
0	Approximately Monthly
O	Approximately Yearly
0	"as needed"
0	Other:
	rox. Percentage of Users (starters) still using the app as ommended after 3 months *
reco	ommended after 3 months "
•	unknown / not evaluated
0	0-10%
0	11-20%
0	21-30%
0	21-30% 31-40%
0	
0 0 0	31-40%
0 0 0 0 0	31-40% 41-50%
0 0 0 0 0	31-40% 41-50% 51-60% 61-70%
000000	31-40% 41-50% 51-60% 61-70% 71%-80%
0000000	31-40% 41-50% 51-60% 61-70% 71%-80% 81-90%
0000000	31-40% 41-50% 51-60% 61-70% 71%-80%

Ove	erall, was the app/intervention effective? *
0	yes: all primary outcomes were significantly better in intervention group vs control
o	partly: SOME primary outcomes were significantly better in intervention group vs control
0	no statistically significant difference between control and intervention
0	potentially harmful: control was significantly better than intervention in one or more outcomes
0	inconclusive: more research is needed
0	Other:
	not submitted yet - in late draft status, just before submission submitted to a journal but not reviewed yet submitted to a journal and after receiving initial reviewer comments submitted to a journal and accepted, but not published yet published
0	Other:

If vo	rnal * u already know where you will submit this paper (or if it is already submitted), please
-	ide the journal name (if it is not JMIR, provide the journal name under "other")
0	not submitted yet / unclear where I will submit this
0	Journal of Medical Internet Research (JMIR)
	JMIR mHealth and UHealth
0	JMIR Serious Games
0	JMIR Mental Health
0	JMIR Public Health
0	JMIR Formative Research
0	Other JMIR sister journal
0	Other:
ls tl	nis a full powered effectiveness trial or a pilot/feasibility trial? *
	Pilot/feasibility
0	Fully powered
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If thi ms t logir is th	Fully powered nuscript tracking number * s is a JMIR submission, please provide the manuscript tracking number under "other" (The racking number can be found in the submission acknowledgement email, or when you as author in JMIR. If the paper is already published in JMIR, then the ms tracking number e four-digit number at the end of the DOI, to be found at the bottom of each published

	AND ABSTRACT	Г					
1a) TI	TLE: Identificatio	on as a ran	domize	ed trial	in the	title	
I.e doe	oes your paper ac s the title contain the 'other")					f not, exp	lain the reason
О у	res						
O	Other: This study w	as prelimina	ary study	/			
game" based" "compe contex groups produc	y the mode of delivery. in the title. Avoid amb only if Intervention induter-based" or "electrot of "virtual reality" (3-1". Complement or subsets (such as "mobile" on different platforms.	iguous terms cludes non-we nic" only if of D worlds). Use stitute produc	like "onlineb-based fline prode e "online" et names	ne", "virtu Internet ucts are only in t with broa	ual", "inte compone used. Us he contex ader term	ractive". I nts (e.g. e "virtual' ct of "onli s for the	Jse "Internet- email), use ' only in the ne support class of
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1a-iii) Primary condition Mention primary condition or to Diabetes") Example: A Web-bas with Type I Diabetes: Randomiz	arget group sed and Mol	in the titl	le, if any (e.g., "for		* *
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1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

subitem not at all important

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Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Methods: "The HBR system consisted of off-the-shelf smartwatch and the convolution neural network (CNN) of ML algorithm. This system was designed to detect the home exercises and report the exercise time of user to a physical therapist in charge". To figure out the most accurate way for detecting exercise of chronic stroke patients, we compared accuracy results with the dataset of personal/total data and accelerometer only/gyroscope/accelerometer + gyroscope data. From March 2018 to February 2019, we conducted a preliminary study with two groups of stroke survivors using the system. 17 and 6 participants were enrolled for analysis in HBR group and control group, respectively. The exercise compliance was periodically checked by phone calls in both groups. To measure clinical outcomes, we assessed the Wolf motor function test (WMFT), Fugl-meyer assessment of upper extremity (FMA-UE), grip power test, Beck depression inventory and range of motion (ROM) of the shoulder joint at 0 (baseline), 6 (mid-

vs. "therapist/nurse/care provi providers involved, if any). (No this information is missing fro	der/physicia te: Only rep	an-assist ort in the	ed" (men abstract	tion num what the	ber and e main par	-
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1b-iii) Open vs. closed, v	web-base	ed (self	-asses	sment)	vs. fac	e-to-face
assessments in the MET	THODS se	ection o	of the A	ABSTRA	CT	
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1b-iv) RESULTS section i	n abstrac	ct must	conta	in use d	data	
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1b-v) CONCLUSIONS/DI	SCUSSIC)N in al	ostract	for ne	gative t	rials
Conclusions/Discussions in abstrial is negative (primary outcor whether negative results are attreport in the abstract what the main body of text, consider add	stract for no me not char tributable to main paper	egative tr nged), an o lack of	ials: Disc d the inte uptake a	cuss the pervention and discus	orimary ou was not u ss reasons	utcome - if the used, discuss s. (Note: Only

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You	ur answer
IN ⁻	FRODUCTION
	In INTRODUCTION: Scientific background and explanation of cionale
Des star par inte	recribe the problem and the type of system/solution scribe the problem and the type of system/solution that is object of the study: intended as and-alone intervention vs. incorporated in broader health care program? Intended for a ticular patient population? Goals of the intervention, e.g., being more cost-effective to other erventions, replace or complement other solutions? (Note: Details about the intervention are vided in "Methods" under 5)
	subitem not at all oo oo oo essential important
Cop this	es your paper address subitem 2a-i? * by and paste relevant sections from the manuscript (include quotes in quotation marks "like " to indicate direct quotes from your manuscript), or elaborate on this item by providing itional information not in the ms, or briefly explain why the item is not applicable/relevant your study
for	

2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropiate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

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Does your paper address subitem 2a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Previous literatures have proven that continued home rehabilitation can activate neuroplasticity in chronic post-stroke patients and result in significantly enhanced clinical outcome. But, home rehabilitation of chronic stroke patient is costly and labor-intensive. We wanted to overcome these problems of home rehabilitation in chronic stroke patients by using our HBR system developed.

2b) In INTRODUCTION: Specific objectives or hypotheses

Does your paper address CONSORT subitem 2b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We conducted a preliminary study to evaluate the effectiveness of our HBR system. As the long-term goal of this study, we intended to investigate the benefits of using Al-based HBR compared to those of a conventional therapy. Herein, we compared the clinical outcomes of the experimental group using the HBR system with those of a control group by performing conventional home exercises. "We hypothesized that the experimental (HBR) group would show enhanced clinical outcomes than the control group. This paper elaborates on the technological advancements pertaining to the detection of home exercise activities using a smartwatch, the ML model, and the clinical results from the preliminary study."

METHODS

3a) Description of trial design (such as parallel, factorial) including allocation ratio

Does your paper address CONSORT subitem 3a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Trial design was parallel. "We performed a preliminary study in two local healthcare centers located in two cities: Cheongju (Control group) and Daejeon (HBR group) in South Korea." Allocation ratio of results was 6:17.

3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Exclusion criteria were: (i) joint arthritis of the glenohumeral joint, (ii) rotator cuff tear, (iii) cervical root syndrome, (iv) subluxation of shoulder joint, (v) reluctance to follow the home exercise regimens of this study, and "(vi) do not have a smartphone with android OS." - We had to exclude subjects with I-phone since our HBR system was designed to be used in android OS. 3b-i) Bug fixes, Downtimes, Content Changes Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2]. subitem not at all essential important Does your paper address subitem 3b-i? Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Inclusion criteria were "(i) age 40 to 70 years, (ii) mild to moderate neurologic deficit(MBI > 70) with hemiplegia, (iii) more than six months after the onset of stroke, (iv) 24 points or more in K-MMSE(Korean version of mini mental state examination) score and (v) possibility to understand the procedures and communicate with the supervisor." - Participants who had mental retardation was

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

subitem not at all important







essential

Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

recruited (online vs. offline), ethis was a purely web-based to ntervention or for assessment n online-only trials, clarify if p dentities was possible or whe confirmation, phone calls) wer	rial, or there t), i.e., to wh articipants v ther technic	were fac at degree vere quas al or logi	e-to-face e got the s si-anonym stical me	compone study tea nous and asures (e	ents (as p m to knov whether b	art of the v the participant. naving multiple
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Participants were recruited collected by internet. The a cherapist face to face.						
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collected by internet. The a cherapist face to face. 4a-iii) Information giving information given during recruised in the informed consent pappendix, see also item X26),	assessmer ng during nitment. Spec rocedures (e as this infor	recruite eify how page, gubli mation m	ment participar sh the inf	ed every	6 weeks	r recruitment cumentation as
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for your study	ne ms, or bri	iefly expla	•			by providing cable/relevant
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4b) Settings and locati	ons whe	re the c	data we	ere coll	ected	
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Home exercise data were on DaeJeon, South Korea.	collected in	n server	comput	er in KA	IST labo	ratory,
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Clearly report if outcomes wer web-based trials) or otherwise		essed thr	ough onli	ne questi	onnaires	(as common in
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Primary outcome assessed by physical therapist every 6 weeks face-to-face (offline). Secondary outcome(Home exercise time) of experimental and control group were assessed online(HBR group) or phone-survey(Control group),

4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

subitem not at all o o essential important

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

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Revisions and updating. Clear application/intervention (and intervention underwent major development and/or content vas news feeds or changing cointervention (for unexpected expected of the content of	comparator, changes dur was "frozen" ntent which	if applicating the e during the may have	able) eval valuation e trial. De	uated, or process escribe d	describe or wheth ynamic co	whether the er the omponents such
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5-iv) Quality assurance Provide information on quality information provided [1], if ap	/ assurance		to ensure	e accurac	y and qua	ality of
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5-v) Ensure replicability screenshots/screen-catalgorithms used	apture vide	eo, and	l/or pro	viding	flowcha	arts of the
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5-vi) Digital preservation	on					
Digital preservation: Provide t change or disappear over the (Internet Archive, webcitation alongside the article). As pag- demo pages which are access	course of the . <u>org</u> , and/or p es behind log	e years; a oublishin iin screei	llso make g the sou	sure the	intervent or screen	ion is archived shots/videos
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Does your paper address subitem 5-vi? Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Your answer 5-vii) Access Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained "access to the platform and Internet" [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

important essential

Does your paper address subitem 5-vii? *

subitem not at all

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We used a commercial smartwatch (watch style W270, LG, Seoul, South Korea) that can be connected to a personal smartphone" after installing the custom programmed application. In our system, the smartwatch, which includes an inertial measurement unit (IMU) sensor, sent the sensor data to the smartphone via Bluetooth communication while patients were doing exercise. The personal smartphone served as a platform for receiving sensor data, classifying the data, and transmitting the results to a server computer via the internet. - Participants used personal smartphone and did not pay for smartwatch they used. We rent it

5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1]," whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

subitem not at all o o essential important

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We implemented an HBR system which can connect patients and therapists at a distance. Figure 1 represents overview of our HBR system. To make the interface simple and userfriendly, we used a commercial smartwatch (watch style W270, LG, Seoul, South Korea) that can be connected to a personal smartphone after installing the custom programmed application. In our system, the smartwatch, which includes an inertial measurement unit (IMU) sensor, sent the sensor data to the smartphone via Bluetooth communication while patients were doing exercise. The personal smartphone served as a platform for receiving sensor data, classifying the data, and transmitting the results to a server computer via the

D ir	-ix) Describe use parallescribe use parallescribe use parameters (e.g., estructions or recommendation eaviness of use, if any, or was	intended "d ons were giv	en to the	user, e.g	., regardi		-
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C a p o b	-x) Clarify the level of larify the level of human involues sistance) in the e-intervention rofessionals involved, if any, as the support, how it is initiated necessary to distinguish be necessary to distinguish to dis	lvement (car on or as co-in as well as "ty ed, and the n tween the le t required fo	re provide ntervention ype of as nedium bevel of hu	ers or hea on (detail sistance by which t man invo	number offered, he assist lvement	and exper the timing ance is de required f	tise of and frequency elivered". It may or the trial, and
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5-2	ki) Report any prompts/reminders used
SM lis	ort any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, S) to use the application, what triggered them, frequency etc. It may be necessary to singuish between the level of prompts/reminders required for the trial, and the level of mpts/reminders for a routine application outside of a RCT setting (discuss under item 21 – leralizability).
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Cop his	ves your paper address subitem 5-xi? * by and paste relevant sections from the manuscript (include quotes in quotation marks "like" to indicate direct quotes from your manuscript), or elaborate on this item by providing litional information not in the ms, or briefly explain why the item is not applicable/relevant your study
	e also gave phone calls to participants in both groups once a week to encourage m to continue with the home exercise program"

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability.

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Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our intervention was not stand-alone intervention. We could not prohibit personal training such as sports like table tennis or walking in the pool.

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Does your paper address CONSORT subitem 6a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Primary outcome "In Table 4, we tried to find out the change of clinical results after the completion of home rehabilitation program which was a course of 12 weeks."

Secondary outcome "To evaluate exercise compliance at home, we asked the participants in the control group how much time they exercised in a day. According to a verbal survey by phone, they did home exercise for about $13.6~(\pm 4.85)$ minutes per day. While the numbers obtained for the control group might not be accurate due to the nature of a verbal survey, the smartphone application provided with the exact amount of exercise time for each patient in the HBR group. Figure 5 shows the results of HBR group. In average, participants in HBR group did the bilateral flexion exercise $7.27~(\pm 10.1)$ min/day, wall push exercise $3.76(\pm 9.01)$ min/day, active scapula exercise $4.82(\pm 9.62)$ min/day, and towel slide $6.70(\pm 11.87)$

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

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Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

Your answer

6a-ii) Describe whether a use/dosage) was defined Describe whether and how "use defined/measured/monitored (I important process outcomes the	d/measu ' (including ogins, logf	red/mo intensity ile analys	onitored y of use/d sis, etc.).	d dosage) v Use/ador	was otion meti	
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6a-iii) Describe whether, participants was obtained Describe whether, how, and when through emails, feedback forms	d n qualitati	ve feedba	eck from			
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6b) Any changes to trial reasons	outcom	nes aft	er the t	trial co	mmenc	ced, with

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Not changed 7a) How sample size was determined NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed 7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size Describe whether and how expected attrition was taken into account when calculating the sample size. Subitem not at all important essential Does your paper address subitem 7a-i? Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Your answer 7b) When applicable, explanation of any interim analyses and stopping guidelines		
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Not changed 7a) How sample size was determined NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed 7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size Describe whether and how expected attrition was taken into account when calculating the sample size. Describe whether and how expected attrition was taken into account when calculating the sample size. Does your paper address subitem 7a-i? Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Your answer 7b) When applicable, explanation of any interim analyses and stopping	Does your paper address CONSORT subitem 6b? *	
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7b) When applicable, explanation of any interim analyses and stopping	this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant	се
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Does your paper address CONSORT subitem 7b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"While doing the home rehabilitation program, four patients in the control group dropped out and the reason was unknown as they did not respond to our phone calls. In the HBR group, four patients gave up using our HBR system, as they were unfamiliar with the IT devices and experienced difficulties in their usage. One patient missed it due to the deterioration caused by other underlying diseases."

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

Does your paper address CONSORT subitem 8a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We recruited participants in two local health center as control and experimental group. So, random allocation was not applicable in our study.

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

We recruited participants in two local health centers as control and experimental group. So, random allocation was not applicable in our study.

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Random allocation was not applicable in our study. So, we didn't have random allocation sequence.

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Random allocation was not applicable in our study. So, we didn't have random allocation sequence.

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

he participants [1, 3] (this shou outcome assessors, those doin		-				
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Does your paper address subitem 11a-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Participants were blinded about their method of intervention(control or HBR group). But, the outcome assessor was not blinded and same physical therapist performed assessment in both groups.

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Our study is an ehealth trial.

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Primary outcome "We used descriptive statistics to characterize the demographics and analyzed the difference between control and HBR group on baseline by Mann-Whitney U test. We compared the clinical results of functional recovery (WMFT, FMA-UE), grip power, Beck depression inventory, and range of motion by Friedman test. As a post-hoc analysis, the Wilcoxon signed rank test with Bonferroni correction method was used. SPSS software was utilized for all the statistical analysis (SPSS statistics 25, IBM, NY, USA)."

Secondary outcome - We did not use statistical analysis. We just compared the

12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

subitem not at all important essential

Does your paper address subitem 12a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Imputation techniques was not used because patient who dropped out was not able to be assessed for the outcome. We performed the analysis based on the data of participants who completed our 12 weeks intervention.

12b)	Methods	for add	ditional	analyses,	such as	s subgroup	analyses	and
adju	isted analy	yses						

Does your paper address CONSORT subitem 12b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"According to the post-hoc analysis of the Wilcoxon-signed rank test with the Bonferroni correction, shoulder joint ROM with flexion (P = .004) and internal rotation (P = .001) showed a significant increase in the first 6 weeks of home

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

subitem not at all important







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Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

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RESULTS

13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The number of care providers in control(3) and experimental group(3) - Care providers were same in both groups. The number of participants was six in control group and seventeen in experimental group.

13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable since our study is not randomized trial

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using the intervention/compara or other figures or tables demo					milar to a	survival curve
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14a) Dates defining the periods of recruitment and follow-up

Does your paper address CONSORT subitem 14a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was approved by the Institutional Review Board (IRB No.: IRB-17-299). Informed consent was given to all participants. This study was supported by KAIST-funded Global Singularity Research Program. Participants were recruited from March 2018 to February 2019 and home-exercise data were collected for 12

resourd	ces available or "change	s in comput	er hardw	are or Int	ernet deli	very reso	urces"
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Does your paper address subitem 15-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

As an inclusion criteria, we included only participants who showed "24 points or more in KMMSE(Korean version of mini mental state examination) score" and "possibility to understand the procedures and communicate with the

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple "denominators" and provide definitions

Report multiple "denominators" and provide definitions: Report N's (and effect sizes) "across a range of study participation [and use] thresholds" [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants "used" the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define "use" of the intervention.

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Does your paper address subitem 16-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Figure 4 shows time Flow of the study. According to the Criteria, we excluded two patients in the control group due to shoulder pain during exercise. In the HBR group, four patients were excluded: one patient had rotator cuff repair surgery before, one had shoulder subluxation, and two had shoulder pain during exercise. After excluding those patients, 10 and 22 patients were initially enrolled in this study. While doing the home rehabilitation program, four patients in the control group dropped out and the reason was unknown as they did not respond to our phone calls. In the HBR group, four patients gave up using our HBR system, as they were unfamiliar with the IT devices and experienced difficulties in their usage. One patient missed it due to the deterioration caused by other underlying diseases. Finally, "6 patients in the control group and 17 patients in the HBR group completed the protocol at 12 weeks". To figure out the changes of clinical scores, we tried to conduct an assessment at 6 weeks after the final assessment (18 weeks). control group did not reply to our call whereas participants in HBR group

Primary analysis should be inte "users", with the appropriate ca						
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Does your paper address CONSORT subitem 17a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Primary outcome - We compared the clinical results of functional recovery (WMFT, FMA-UE), grip power, Beck depression inventory, and range of motion by Friedman test. Clinically significant difference was defined as P < 0.05. As a post-hoc analysis, the Wilcoxon signed rank test with Bonferroni correction method was used.

"Table 3 presents the clinical results at the baseline, mid-term (6 weeks), and final assessment (12 weeks). In total, 23 individuals with chronic stroke completed this research (Control: 6; HBR: 17). In the HBR group, the Wolf-motor function test, Beck depression inventory, Shoulder ROM of flexion and internal rotation showed significant progression (P<.05). However, FMA-UE showed no significant difference (P=.46). In the control group, there was no significant difference except for the ROM of internal rotation (P=.03). In both groups, there was no significant difference in the grip power test."

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

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Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No binary outcome variables in our study.

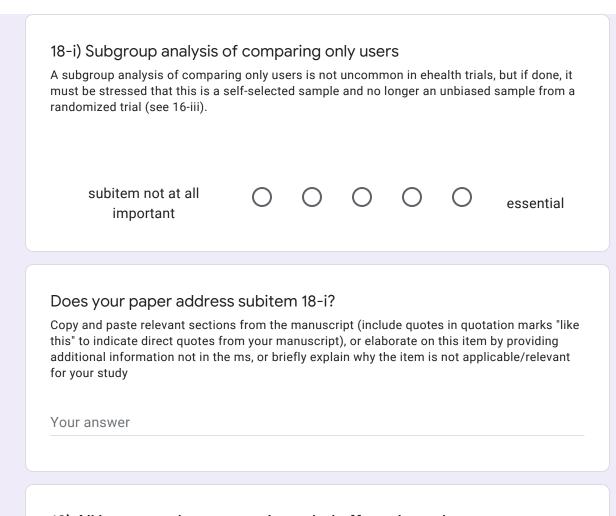
18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Does your paper address CONSORT subitem 18? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

According to the post-hoc analysis of the Wilcoxon-signed rank test with the Bonferroni correction, shoulder joint ROM with flexion (P = .004) and internal rotation (P = .001) showed a significant increase in the first 6 weeks of home

:



19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Only six participants of the control group data were enrolled in a data analysis process. However, while carrying out our research, losing subjects was inevitable in the control group because "they were tired of receiving calls of management without any benefit", indicating the limitation of a conventional method.

Include privacy breaches, technical problems Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2]. Subitem not at all important		
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Does your paper address subitem 19-i? Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Your answer 19-ii) Include qualitative feedback from participants or observations from staff/researchers Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.	Include privacy breaches, technical problems. This does not only include physical "harm participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also include	
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19-ii) Include qualitative feedback from participants or observations from staff/researchers Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.	this" to indicate direct quotes from your manuscript), or elaborate on this item by provid additional information not in the ms, or briefly explain why the item is not applicable/rele	ing
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Does your paper	address	subitem	22-i?	*
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In this study, we developed the HBR system using a commercial smartwatch with the ML model, and evaluated the effectiveness of the HBR system via a preliminary study. The machine learning model based on CNN algorithm showed good to excellent accuracy results (Range: 86.5%~100%) and the preliminary study showed a significant increase in terms of ROM and WMFT function score."

22-ii) Highlight unanswered new questions, suggest future research Highlight unanswered new questions, suggest future research.

subitem not at all important









essential

Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

subitem not at all important

essential

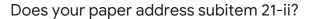
Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"There are several limitations to this study. First, the total number of patients who completed our research was relatively small to derive statistically strong evidence, particularly in the control group. Nevertheless, this result can be grounded as a preliminary study for a future study dealing with home rehabilitation with a large number of subjects. Second, there was a discrepancy in the number of subjects in the control and experimental group. Only six participants of the control group data were enrolled in a data analysis process. However, while carrying out our research, losing subjects was inevitable in the control group because they were tired of receiving calls of management without any benefit, indicating the limitation of a conventional method." Third, there could be a loss of time measurement in the experimental group since some patients in the experimental group appealed that they sometimes did home exercise without the smartwatch due to the inconvenience of wearing smartwatch. Therefore, we think the exercise time stored in the database was underestimated than the real value of home exercise time. Fourth, "the actual accuracy of exercise detection at home was not assessed. Although some researchers have attempted to address the privacy preservation of sensitive personal data based on deep learning algorithm [51], we did not implement it and only calculated the accuracy based on a five-fold cross-validation test. Therefore, the actual accuracy, which is the correct prediction rate of exercise detection at home, was not able to be assessed because all the patients wanted to protect their privacy". Fifth, "there could have been a selection bias that arose from the local health centers being positioned at different locations. However, we

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21) Generalisability (ext NPT: External validity of the tria and care providers or centers in	l findings a	according		-		•
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

OTHER INFORMATION

23) Registration number and name of trial registry

Does your paper address CONSORT subitem 23? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Institutional Review Board in KAIST: IRB-17-299 Clinical Research information Service (CRIS)-cris.nih.go.kr(Registration number: KCT0004818)

24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Figure 4 shows time Flow of the study." According to the criteria, we excluded two patients in the control group due to shoulder pain during exercise. In the HBR group, four patients were excluded: one patient had rotator cuff repair surgery before, one had shoulder subluxation, and two had shoulder pain during exercise. After excluding those patients, 10 and 22 patients were initially enrolled in this study. "While doing the home rehabilitation program, four patients in the control group dropped out and the reason was unknown as

they did not respond to our phone calls. In the HBR group, four patients gave up using our HBR system, as they were unfamiliar with the IT devices and experienced difficulties in their

usage. One patient missed it due to the deterioration caused by other underlying diseases.

Finally, 6 patients in the control group and 17 patients in the HBR group completed the

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This paper is based on a research which has been conducted as part of the KAISTfunded Global Singularity Research Program for 2020."

X27) Conflicts of Interest (not a CONSORT item)

In addition to the usual declara of the study team towards the distinct from or identical with t	system bei	ng evalua	ted, i.e.,	state if th	e authors	
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