Supplementary Table 1. Other notable cohort treatment studies in motor functional neurological disorder.

Study	n	Description	Key Points
Multidisciplinary rehabilitation – cohort studies			
Theuer et al 2020 [S43]	129	Retrospective review of patients admitted to a rehabilitation unit over a 20-year period. 185 patients were identified, 129 received treatment (multidisciplinary rehabilitation). Duration and setting: length of inpatient stay not reported Outcome measures: Improvement defined as remission of symptoms, marked improvement (75%) or moderate improvement (50%)	Treatment involved physiotherapy, occupational activities, psychiatric, and psychological support. After treatment, 70% of patients improved (36.2% with complete remission). Younger patients and those with an acute onset had a better outcome.
Hebert et al 2020 [S35]	20	Prospective cohort study of multidisciplinary rehabilitation based on the MoRe protocol in patients with functional movement disorders. Duration and setting: mean 7.5 inpatient days Outcome measures: CGI-severity; MAS; FGA; BBS; TUG; FIST; FIM	17 of 20 patients completed inpatient rehabilitation. 93% of patients completing treatment rated themselves as much improved. While not statistically significant at 1-year follow-up, patient-rated improvement was noted in 10 of 13 patients with available date.
Kozlowska et al. 2020 [S49]	57, 60, 25	Three prospective cohort studies of pediatric multidisciplinary rehabilitation. Duration and setting: 1-3 weeks, inpatient	67%, 53%, and 80% of children in the 3 cohorts had mFND. Treatment included physiotherapy, psychotherapy (individual and family), attendance at hospital school,

		Outcome measures: GAF, resolution of FND, return to school	and reintegration to home school post discharge. FND symptoms resolved in 95%, 85% and 88%, and 61%, 53% and 52% returned to full health and to full-time school.
Butz et al 2019 [S48]	100	Prospective cohort study of pediatric multidisciplinary rehabilitation. Duration and setting: average 10.5 days (range 2-103 days), inpatient Outcome measures: WeeFIM	All children had mFND. 94/100 completed the program. Treatment included physiotherapy, occupational therapy and recreational therapy, schooling support, and psychotherapy. 85% of children reached the maximum WeeFIM score at discharge (full recovery sustained at 2 months).
Jimenez et al 2019 [S37]	63	Retrospective review of patients with functional motor symptoms participating in an interdisciplinary chronic pain rehabilitation program over a 4-year period. Duration and setting: 5 days a week (intensive outpatient), for 3-4 weeks Outcome measures: pain-disability index; mean timed up and go; mean stair climbing; 6-minute walk test	The cohort of patients had pain plus mixed FND symptoms including functional movement disorders and functional seizures. On discharged, participants showed improvements in a range of outcome measures including pain related disability, depression, anxiety, and physical function. There was a 22% treatment dropout rate.
Jacob et al 2018 [S36]	32	Retrospective cohort study of specialist multidisciplinary rehabilitation.	This study replicates the intervention described by (Czarnecki et al 2012) – see below. The focus of treatment is motor retraining and psychotherapy.

		Duration and setting: one-week, inpatient Outcome measures: CGI-patient rated, PMDRS	87% of patients reported improvement at the end of treatment. At 6-month follow-up, this reduced to 69%. Improvements occurred despite the long average symptom duration of 7.4 years.
Bolger et al 2018 [S47]	30	Retrospective cohort study of pediatric multidisciplinary rehabilitation. Duration and setting: 8.4 ± 4.2 days, inpatient Outcome measures: WeeFIM	25/30 children had mFND as part of their clinical presentation. Treatment included physiotherapy, occupational therapy, recreational, and music therapy, and psychological support. WeeFIM score change of 30 ± 11.9 (P <.001), maintained at 3 months.
Demartini et al 2014 [S33]	66	Prospective cohort study of multidisciplinary rehabilitation. Duration and setting: 4-weeks, inpatient Outcome measures: CGI-patient rated; Health of the Nation Outcome Scale; COPM; PHQ-15; The Common Neurological Symptom Questionnaire	Together with Saifee et al (2012) below, the outcomes of a 4-week multidisciplinary rehabilitation program for patients with chronic mFND symptoms are reported. Significant but modest improvements were seen in a range of assessments post treatment and at 12-month follow-up (55% retention at 12 months). This included two-thirds of individuals rating their general health as better or much better at discharge; similar though slightly less positive gains were reported at 12-months.
McCormack et al 2014 [S40]	33	Retrospective cohort study of inpatient rehabilitation. Duration and setting: 101-day median length of stay, inpatient	Similar to Demartini et al (2014) above, the outcomes of patients admitted for rehabilitation on a neuropsychiatric unit are presented. Outcomes are reported at discharge, with no follow up data. As with Demartini

		Outcome measures: qualitative mobility and ADL performance, MRS	et al (2014), improvements are seen despite long symptom durations and complex psychiatric comorbidity.
Czarnecki et al 2012 [S32]	60	Retrospective cohort study of a multidisciplinary rehabilitation vs. treatment-as-usual controls. Duration and setting: 5 consecutive days, intensive outpatient Outcome measures: physician-rated improvement; patient-rated improvement (5-pt Likert) scale at 25 months post-treatment	This study reports the outcomes of an established specialist rehabilitation program with a focus on motor retraining with psychotherapy input. Treatment includes twice daily physical/occupational therapy and speech therapy if relevant. 69% of patients rated themselves as improved after treatment. At long-term follow up, 60% of patients reported to have remained improved.
Saifee et al 2012 [S42]	26	Retrospective cohort study of multidisciplinary rehabilitation. Duration and setting: 24-day median length of stay, inpatient Outcome measures: WSAS, time bothered by symptoms via visual analogue scale	See Demartini et al (2014), above.
Physiotherapy - cohort studies			
Maggio et al 2020 [S38]	50	Retrospective cohort study of outpatient physiotherapy in consecutive patients. Duration and setting: 6-12, 60-minute outpatient sessions	This study found that physiotherapy delivered in an outpatient setting, in a less intensive manner than previous rehabilitation studies, has the potential to benefit patients with mFND.

		Outcome measures: ability to tolerate final session asymptomatically or demonstrate "marked improvement"	34% improved and 20% were asymptomatic at the end of treatment.
Demartini et al 2020 [S34]	21	Prospective cohort study of physiotherapy, supplemented by psychiatry, delivered by telehealth. Duration and setting: 24 sessions, including 21 weekly tele-sessions Outcome measures: PMDRS, SF-36, CGI-patient rated	This unique study combined physiotherapy with psychiatry input delivered remotely over telehealth. At the end of treatment, 78% of patients reported improvement, which was associated with statistical improvements in physical and quality of life outcome measures.
Matthews et al 2016 [S39]	35	Prospective cohort study of physiotherapy treatment. Duration and setting: 18 days (mean length of stay), inpatient Outcome measures: MRIMI	Patients with functional gait disorder received physiotherapy during admission to an acute neurology hospital ward. A mean of 11 sessions were provided over 18 days. A significant improvement in the MRIMI was reported at the end of treatment.
Nielsen 2015 [S41]	47	Prospective cohort study of physiotherapy treatment programme. Duration and setting: 5-day, intensive outpatient Outcome measures: SF-36, EQ-5D-5L, WSAS, BBS, 10-meter walk test	This cohort study was an early assessment of the intervention that was tested in the feasibility study, Nielsen et al (2017), reported above.
Cognitive behavioural therapy – cohort studies			
O'Connell et al 2020 [S46]	98[a]	Retrospective review of CBT for mFND.	Observational study revealed improvements in physical and psychological functioning were similar for patients with mFND

		Duration and setting**:** 12-15 sessions, outpatient Outcome measures**:** 3-point scale of improvement based on clinical note review, CORE-OM	and patients with other neuropsychiatric condition who were treated in a specialist CBT clinic.
Espay et al 2019[26]	15	Prospective unblinded CBT for mFND. Duration and setting**:** 12-weekly 1 hour sessions, outpatient Outcome measures**:** PMDRS	Functional tremor severity improved significantly after 12 weeks of CBT. The improvement was associated with changes in the anterior cingulate / paracingulate activity on fMRI.
Psychodynamic psychotherapy – RCTs			
Kompoliti et al 2014 [S45]	15	Randomized cross-over design study of psychodynamic psychotherapy vs. continued observation and support by a neurologist. Duration and setting: 12 weekly 1 hour sessions, outpatient Outcome measures: CGI-severity, PMDRS	While patients in both groups improved in terms of CGI-severity scores with time, there were no statistically significant group-level differences at 3-months.
Hubschmid et al 2015 [S44]	23	Randomized study of interdisciplinary psychotherapeutic intervention (psychodynamic interpersonal treatment) vs. standard care. Duration and setting: 4-6 sessions over a 2-month period, outpatient	Outcome assessments occurred at 2, 6 and 12-months post intervention initiation. SDQ-20 and CGI scores showed statistically significant group x time effects favouring the group receiving the interdisciplinary psychotherapeutic intervention vs. standard care.

		Outcome measures: SDQ-20, CGI, MRS, healthcare utilization, SF-36	The intervention group also showed reduced inpatient hospital use compared to standard care. There were, however, no treatment group differences in terms of reported quality of life.

[a] the study included 174 participants, of which only 98 had a diagnosis of mFND. Additionally, outcome measures listed in this table focus on the selected physical functioning and quality of life instruments used in each study. Abbreviations: ADL, activities of daily living; BBS, Berg Balance Scale; CBT, Cognitive Behavioural Therapy; CGI, Clinical Global Improvement scale; COPM, Canadian Occupational Performance Measure; CORE-OM, Clinical Outcomes in Routine Evaluation-Outcome Measure; FGA Functional Gait Assessment; FIM, Functional Independence Measures; FIST, Function in Sitting Test; GAF, Global Assessment of Function; MAS, motor assessment scale; mFND, motor functional neurologic disorder; MRIMI, modified Rivermead Mobility Index, MRS, modified Rankin scale; PHQ-15, Patient Health Questionnaire 15; PHQ-9, Patient Health Questionnaire 9; PMDRS, Psychogenic Movement Disorder Rating Scale; RCT, randomized controlled trial; SF-36, Short Form Health Survey – 36; SDQ-20, Somatoform Dissociation Questionnaire – 20; TUG, Timed Up and Go; WeeFIM, Functional Independence Measure for Children; WSAS, Work and Social Adjustment Scale.