

SUPPLEMENTARY DIGITAL MATERIAL 5

GRADE Approach regarding motor function outcome

Supplementary Table XI.—During subacute and chronic phase.

Author(s):
Question: New Technologies compared to CT for post-stroke rehabilitation for post-stroke rehabilitation
Setting:
Bibliography: . New technologies for post-stroke rehabilitation. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Certainty assessment							N _s of patients		Effect		Certainty	Importance
N _s of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	New Technologies	CT for post-stroke rehabilitation	Relative (95% CI)	Absolute (95% CI)		
Motor Function - Subacute - Virtual reality												
13	randomised trials	not serious	serious ^a	not serious	not serious	none	379	371	-	SMD 0.26 SD higher (0.03 higher to 0.48 higher)	⊕⊕⊕○ Moderate	
Motor Function - Subacute - Robot-assisted therapy												
17	randomised trials	not serious	serious ^a	not serious	not serious	none	306	308	-	SMD 0.42 SD higher (0.14 higher to 0.71 higher)	⊕⊕⊕○ Moderate	
Motor Function - Subacute - Telerehabilitation												
5	randomised trials	serious ^b	serious ^a	not serious	serious ^c	strong association	65	70	-	SMD 0.63 SD higher (0.27 higher to 1 higher)	⊕⊕○○ Low	
Motor Function - Chronic - Virtual reality												
29	randomised trials	serious ^b	serious ^a	not serious	not serious	none	659	495	-	SMD 0.45 SD higher (0.28 higher to 0.62 higher)	⊕⊕○○ Low	
Motor Function - Chronic - Robot-assisted therapy												
24	randomised trials	not serious	serious ^a	not serious	not serious	none	275	263	-	SMD 0.37 SD higher (0.08 higher to 0.67 higher)	⊕⊕⊕○ Moderate	
Motor Function - Chronic - Telerehabilitation												
3	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d}	none	76	77	-	SMD 0.08 SD lower (0.4 lower to 0.23 higher)	⊕○○○ Very low	

CI: confidence interval; SMD: standardised mean difference

Explanations

- a. Consistency was downgraded because the heterogeneity was superior to 30%
- b. Risk of bias was considered as moderate according to the Cochrane Risk of Bias Tool
- c. Precision was downgraded because less than 400 observations were made
- d. Precision was downgraded because the resultant SMD overlapped between intervention and control therapy

Supplementary Table XII.—When provided in addition and in substitution to conventional therapy.

Author(s): New Technologies compared to CT for post-stroke rehabilitation for post-stroke rehabilitation
Question: New Technologies compared to CT for post-stroke rehabilitation for post-stroke rehabilitation
Setting: . New technologies for post-stroke rehabilitation. Cochrane Database of Systematic Reviews [Year], Issue [Issue].
Bibliography: . New technologies for post-stroke rehabilitation. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Certainty assessment							N _e of patients		Effect		Certainty	Importance
N _e of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	New Technologies	CT for post-stroke rehabilitation	Relative (95% CI)	Absolute (95% CI)		
Motor function - Virtual reality in addition to conventional therapy												
25	randomised trials	serious ^b	serious ^a	not serious	not serious	none	766	620	-	SMD 0.3 SD higher (0.14 higher to 0.45 higher)	⊕⊕○○ Low	
Motor function - Robot assisted therapy in addition to conventional therapy												
14	randomised trials	not serious	serious ^a	not serious	serious ^c	none	165	168	-	SMD 0.39 SD higher (0.11 higher to 0.68 higher)	⊕⊕○○ Low	
Motor function - Virtual reality in substitution to conventional therapy												
16	randomised trials	serious ^b	serious ^a	not serious	not serious	none	261	245	-	SMD 0.58 SD higher (0.3 higher to 0.85 higher)	⊕⊕○○ Low	
Motor function - Robot assisted therapy in substitution to conventional therapy												
25	randomised trials	not serious	serious ^a	not serious	not serious	none	361	353	-	SMD 0.45 SD higher (0.15 higher to 0.74 higher)	⊕⊕⊕○ Moderate	
Motor function - Telerehabilitation in substitution to conventional therapy												
5	randomised trials	not serious	not serious	not serious	very serious ^{c,d}	none	130	135	-	SMD 0.18 SD higher (0.15 lower to 0.5 higher)	⊕⊕○○ Low	

CI: confidence interval; SMD: standardised mean difference

Explanations

- a. Consistency was downgraded because the heterogeneity was superior to 30%
- b. Risk of bias was considered as moderate according to the Cochrane Risk of Bias Tool
- c. Precision was downgraded because less than 400 observations were made
- d. Precision was downgraded because the resultant SMD overlapped between intervention and control therapy