Study Title: Criteria to evaluate the quality of outcome reporting in RCTs of rehabilitation interventions

List of Appendices

Appendix 1a. Instructions to Authors in Rehabilitation Journals, journals listed by title (alphabetical order)

Journal Title & PubMed Abbreviation	Publisher	Impact Factor 2018	CONSORT : Y/N	RCT Reporting Details	Author Instructions
Adapted Physical Activity Quarterly (Adapt Phys Activ Q)	Human Kinetics; International Federation of Adapted Physical Activity	1.109	Y	Please refer to specific guidelines for preparing and reporting a Review article below and/or the widely accepted CONSORT guidelines.	https://bit.ly/2NaJa0Q
American Journal of Occupational Therapy* (Am J Occup Ther)	American Occupational Therapy Association	1.952	Y	AJOT has adopted reporting standards based on the CONsolidated Standards Of Reporting Trials (CONSORT) Statement	https://bit.ly/36Eu5wg
American Journal of Physical Medicine and Rehabilitation* (Am J Phys Med Rehabil)	Wolters Kluwer	1.908	Y	… download the corresponding checklist, fill it out, and upload it with your submission as a Supplemental Digital Content file: (1) CONSORT checklist for randomized controlled trials (www.consort-statement.org)	https://bit.ly/2QuJNDn
American Journal of Psychiatric Rehabilitation (Am J Psychiatr Rehabil)	Taylor & Francis Online	n/a	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2F2HiCZ
American Journal of Speech-Language Pathology (Am J Speech Lang Pathol)	ASHA	1.321	Y	Authors are encouraged to review the Enhancing the QUAlity and Transparency of health Research (EQUATOR) information in the Reporting Standards section of the Guidelines for Reporting Your Research page of the ASHA Journals Academy 9not RCTs specifically)	https://bit.ly/2Tqm6iy
Annals of Physical and Rehabilitation Medicine (Ann Phys Rehabil Med)	Elsevier	4.196	Y	To ensure the quality of the disability and rehabilitation research submitted for publication, the Annals of PRM invite authors to follow guidelines (CONSORT and non-pharmacological CONSORT for randomized controlled trials	https://bit.ly/2TmbgtW
Archives of Physical Medicine and Rehabilitation* (Arch Phys Med Rehabil)	Elsevier	2.697	Y	Archives requires that authors upload a completed checklist for the appropriate reporting guideline during original submission.	https://bit.ly/39qiFOt
Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology (Asia Pac J Sports Med Arthrosc Rehabil Technol)	Elsevier	n/a	Y	Reports of randomized controlled trials should follow the CONSORT extension for abstracts. The methods section should include: a clear description of all processes, interventions and comparisons.	https://bit.ly/2uOCNKm
Australian Occupational Therapy Journal (Aust Occup Ther J)	Wiley Online Library	1.278	Y	Reporting Guidelines will normally be included as a non-published supplementary file in the submission. In some cases, e.g., CONSORT flow-chart, aspects of the guidelines may be included in the main document)	https://bit.ly/2MLLXgH
BMC Sports Science, Medicine and Rehabilitation (BMC Sports Sci Med Rehabil)	BMC Part of springer Nature	n/a	Y	Authors are required to append the appropriate reporting guideline checklist to their manuscript on submission, and peer reviewers will be asked to refer to this checklist when evaluating such studies. Checklists are available for a number of study designs from the EQUATOR Network. Reports of randomized controlled trials should follow the CONSORT extension for abstracts.	https://bit.ly/37qZr9p
Brain Impairment (Brain Impair)	Cambridge University Press	0.958	Y	Authors of research manuscripts are strongly encouraged to follow relevant reporting guidelines as outlined in the special editorial: Use of Reporting Guidelines in Scientific Writing: PRISMA, CONSORT …	https://bit.ly/35UmPey
Brain Injury (Brain Inj)	Taylor & Francis Online	1.665	Y	Reviewers have been instructed to evaluate submissions on the basis of their conformity to the guidelines.(CONSORT link included.) ICJME	https://bit.ly/37qJAIi
Brazilian Journal of Physical Therapy (Braz J Phys Ther)	Elsevier	1.879	Y	Randomized controlled trials (RCTs) must follow the CONSORT (Consolidated Standards of Reporting Trials) recommendations	https://bit.ly/38kUhMY

British Journal of Occupational Therapy (Br J Occup Ther)	Sage Publishing	0.779	Y	We encourage submissions that adhere to the CONSORT extension for feasibility and pilot trials.	https://bit.ly/2FYR09X
Canadian Journal of Occupational Therapy / Revue Canadienne d Ergotherapie* (Can J Occup Ther)	Sage Publishing	1.098	Y	Authors are requested to ensure they have followed the CONSORT checklist for RCT protocols as relevant.	https://bit.ly/2Qbfp1Z
Clinical Linguistics & Phonetics (Clin Linguist Phon)	Taylor & Francis Online	1.083	N	No mention of reporting guidelines or EQUATOR.	https://bit.ly/2F30BMi
Clinical Rehabilitation*(Clin Rehabil)	SAGE Publishing	2.738	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/2MHxsux
Current Physical Medicine and Rehabilitation Reports (Curr Phys Med Rehabil Rep)	Springer	n/a	N	Clinical research manuscripts that comply with international and national standards for such work (such as the Declaration of Helsinki or relevant Governmental regulation e.g. the UK's The Medicines for Human Use (Clinical Trials) Regulations). [Nothing about reporting guidelines, specifically.]	https://bit.ly/376PXkd
Developmental Neurorehabilitation (Dev Neurorehabil)	Taylor & Francis Online	1.239	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2SFGw70
Disability and Health Journal* (Disabil Health J)	Elsevier	1.471	Y [EQUATOR]	Submitting a checklist such as that from STROBE is now a requirement for submission (http://www.equator-network.org). EQUATOR link given.	https://bit.ly/35cmxz4
Disability & Rehabilitation: Assistive Technology (Disabil Rehabil Assist Technol)	Taylor & Francis Online	1.264	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/37k55dy
Disability and Rehabilitation (Disabil Rehabil)	Taylor & Francis Online	2.054	Y	We *encourage* authors to be aware of standardised reporting guidelines below when preparing their manuscripts: Randomized controlled trial - CONSORT	https://bit.ly/2sAvaGt
European Journal of Physical and Rehabilitation Medicine* (Eur J Phys Rehabil Med)	Edizioni Minerva Medica	2.101	Y	... randomized controlled trials (CONSORT - http://www.consort-statement.org). ICMJE (trial reg.)	https://bit.ly/36bO1GD
Hand Surgery and Rehabilitation (Hand Surg Rehabil)	Elsevier	0.571	Y	To ensure the quality of the disability and rehabilitation research submitted for publication, the Annals of PRM invite authors to follow guidelines (CONSORT and non-pharmacological CONSORT for randomized controlled trials)	https://bit.ly/37ikbQE
IEEE Transactions on Neural Systems and Rehabilitation Engineering (IEEE Trans Neural Syst Rehabil Eng)	Biomedical Engineering Community	3.478	N		https://bit.ly/378qTZQ
International Journal of Language & Communication Disorders	Wiley Online Library	1.504	N		https://bit.ly/37nkfic
International Journal of Osteopathic Medicine* (Int J Osteopath Med)	Elsevier	0.982	Y	Please see specific guidance below for original research articles and the requirement to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the EQUATOR website.	https://bit.ly/2F91bIC
International Journal of Rehabilitation Research* (Int J Rehabil Res)	Wolters Kluwer	1.378	Y	Authors are required to consult and use the appropriate reporting guidelines provided by a number of organisations that are available through the EQUATOR ... Relevant guidelines are: CONSORT for randomized controlled trials	https://bit.ly/2NcjLDV

International Journal of Speech-Language Pathology (Int J Speech Lang Pathol)	Taylor & Francis Online	1.28	Y	The editor requires that manuscripts adhere to recognised reporting guidelines relevant to the research design used. CONSORT included.	https://bit.ly/2MLLD1D
International Journal of Therapy and Rehabilitation (Int J Ther Rehabil)	MAG Online Library	n/a	N		https://bit.ly/2RvdK6D
JMIR Rehabilitation and Assistive Technologies (JMIR Rehabil Assist Technol)	JMIR Publications	n/a	Y	Before submission, authors of RCTs must fill in the electronic CONSORT-EHEALTH questionnaire ...	https://bit.ly/2thKs2Q
Journal of Back and Musculoskeletal Rehabilitation (J Back Musculoskelet Rehabil)	IOS Press	0.814	N	Nothing about reporting guidelines.	https://bit.ly/2Q8z96g
Journal of Cardiopulmonary Rehabilitation and Prevention (J Cardiopulm Rehabil Prev)	Wolters Kluwer	1.568	N	Nothing about reporting guidelines.	https://bit.ly/37887lB
Journal of Communication Disorders (J Commun Disord)	Elsevier	1.536	N		https://bit.ly/2G2JGtR
Journal of Electromyography and Kinesiology* (J Electromyogr Kinesiol)	Elsevier	1.753	Y	All randomised controlled trials submitted for publication in the journal should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart. Please refer to the CONSORT statement website at http://www.consort-statement.org for more information.	https://bit.ly/2F60uzA
Journal of Fluency Disorders (J Fluency Disord)	Elsevier	2.349	N	Nothing about reporting guidelines.	https://bit.ly/2tlGtmA
Journal of Geriatric Physical Therapy (J Geriatr Phys Ther)	Wolters Kluwer	2.243	Y	Standardized reporting guidelines (with checklists) specific to manuscript categories are required with submission … CONSORT. **For randomized clinical trials comparing outcomes of intervention**, authors should use the CONSORT-NPT 2017 Statement (Consolidated Standards of Reporting Trials, non-pharmacological treatment interventions)	https://bit.ly/2NEAZu5
Journal of Hand Therapy (J Hand Ther)	Elsevier	1.532	Y	For randomized controlled trials, authors must consult the CONSORT checklist and its related extension for trials of nonpharmacological treatments ...	https://bit.ly/378yU19
Journal of Head Trauma Rehabilitation (J Head Trauma Rehabil)	Wolters Kluwer	2.667	Y	Authors are strongly encouraged to consult relevant guidelines for research reporting found at <www.equator-network.org>. Randomized controlled trials must be preregistered on clinicaltrials.gov or similar ...	https://bit.ly/2NBXBve
Journal Of Manipulative and Physiological Therapeutics (J Manipulative Physiol Ther)	Elsevier	1.274	Y	" ... follows the standards as set for in ... Enhancing the QUAlity and Transparency Of health Research (EQUATOR) (www.equator-network.org)"	https://bit.ly/2u5atD8
Journal of NeuroEngineering and Rehabilitation* (J Neuroeng Rehabil)	BMC Part of springer Nature	3.582	Y	Authors are required to append the appropriate reporting guideline checklist to their manuscript on submission, and peer reviewers will be asked to refer to this checklist when evaluating such studies. Reports of randomized controlled trials should follow the CONSORT extension for abstracts.	https://bit.ly/358nEjA
Journal of Neurologic Physical Therapy* (J Neurol Phys Ther)	Wolters Kluwer	n/a	Y	Reporting of randomized clinical trials must follow the CONSORT (Consolidated Standards of Reporting Trials) guidelines and be accompanied by a completed CONSORT checklist	https://bit.ly/2TeDeI9

Journal of Occupational Rehabilitation (J Occup Rehabil)	Springer Nature	2.242	Y	Springer Nature advocates complete and transparent reporting of biomedical and biological research and research with biological applications. Authors are recommended to adhere to the minimum reporting guidelines hosted by the EQUATOR Network. Randomised trials (CONSORT)	https://bit.ly/2MJip3j
Journal of Oral Rehabilitation (J Oral Rehabil)	Wiley Online Library	2.341	Y	Randomised clinical trials must conform to the CONSORT statement on the reporting of RCTs. A flow diagram of subjects, the trial protocol, and the registration details of the trial must be included in the paper along with and a numbered checklist provided as supplementary material.	https://bit.ly/2QwJd7V
Journal of Orthopaedic and Sports Physical Therapy: JOSPT* (J Orthop Sports Phys Ther)	JOSPT®, Inc. d/b/a Movement Science Media	3.058	Y	RCTs should include the CONSORT related extension for trials of nonpharmacological treatments, with a flow diagram in the manuscript as a figure and the checklist appended to the manuscript (http://www.consortstatement.org/).	https://bit.ly/37eZKnU
Journal of Orthopaedics, Trauma and Rehabilitation (J Orthop Trauma Rehabil)	Sage Publishing	n/a	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/2t1JqZb
Journal of Physiotherapy* (J Physiother)	Australian Physiotherapy Association / Elsevier	5.551	Y	Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.	https://bit.ly/2ML2mSD
Journal of Rehabilitation Medicine* (J Rehabil Med)	Foundation for Rehabilitation Information (EBPRM, EARM, ESPRM)	1.907	Y	Information on the design, use, and array of reporting guidelines can be found on the website for the Enhancing the Quality and Transparency of Health Research (EQUATOR) network and they should be used for JRM manuscripts when applicable: 1) CONSORT for randomized controlled trials	https://bit.ly/2ZGoBhY
Journal of Rehabilitation Research and Development* (J Rehabil Res Dev)	VA Office of Research & Development [now PLoS]	n/a		(Phased out Sept. 2016: Consider PLOS Veterans Disability & Rehabilitation Research Channel)	-
Journal of Social Work in Disability and Rehabilitation (J Soc Work Disabil Rehabil)	Taylor & Francis Online	n/a	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/358v06B
Journal of Speech, Language, and Hearing Research (J Speech Lang Hear Res)	ASHA	1.749	Y[EQUATOR]	Editable checklists for reporting guidelines can be found on the EQUATOR Network site, which also gives general information on how to choose the correct guideline and why guidelines are important.	https://bit.ly/2NYEco8
Journal of Sport Rehabilitation (J Sport Rehabil)	Human Kinetics	1.5	Y	The Journals Division at Human Kinetics adheres to the criteria for authorship as outlined by the International Committee of Medical Journal Editors; Authors of meta-analyses of randomized trials are encouraged to submit the QUOROM flow diagram and checklist. Visit www.consort-statement.org.	https://bit.ly/36A8PHU
Journal of Vocational Rehabilitation (J Vocat Rehabil)	IOS Press	n/a		The Journal of Vocational Rehabilitation is committed to the highest ethical standards and best practices in publishing and follows the code of conduct for Committee on Publication Ethics/DOAJ and the ICMJE. [Nothing about reporting guidelines.]	https://bit.ly/39samS8
Kinesiology (Kinesiology (Zagreb)	Univ Zagreb, Fac Kinesiology	1	N	Nothing about reporting guidelines.	https://bit.ly/2FARm6h
Manual Therapy [relaunched as MS&P, 2017]	Elsevier	2.622			https://bit.ly/2QzyF8j

Musculoskeletal Science and Practice* [formerly Manual Therapy] (Musculoskelet Sci Pract)	Elsevier	1.725	Y	Randomised (and quasi-randomised) controlled trial - CONSORT - Consolidated Standards of Reporting Trials, http://www.equator-network.org/reporting-guidelines/consort/	https://bit.ly/2MNk1cu
Neural Rehabilitation and Neural Repair* (Neural Rehabil Neural Repair)	SAGE Publishing	3.757	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/36OTZO5
Neuropsychological Rehabilitation (Neuropsychol Rehabil)	Taylor & Francis Online	2.667	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2F5m7zZ
NeuroRehabilitation (NeuroRehabilitation)	IOS Press	1.197	Y	We strongly encourage authors to review and comply with the reporting guidelines relevant to their submissions. We are asking reviewers to evaluate submissions on the basis of their conformity to the guidelines. The table below provides information about guidelines for different study types.	https://bit.ly/39tsDyr
Occupational Therapy International (Occup Ther Int)	Hindawi	0.821	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2QfePjq
OTJR: Occupation, Participation and Health* (OTJR (Thorofare N J))	American Occupational Therapy Foundation/Sage Publishing	1.234	Y [registration encouraged]	All randomized controlled trials should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist as a supplementary file.	https://bit.ly/2t5Xscj
Pediatric Physical Therapy* (Pediatr Phys Ther)	Wolters Kluwer	0.863	N	Articles reporting investigations of intervention effectiveness will be reviewed using the CONSORT statement for randomized control trials (http://www.consort-statement.org/).	https://bit.ly/2R4Q8Wn
Physical and Occupational Therapy in Geriatrics (Phys Occup Ther Geriatr)	Taylor & Francis Online	n/a	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2sCei2f
Physical & Occupational Therapy in Pediatrics (Phys Occup Ther Pediatr)	Taylor & Francis Online	1.536	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/3670awm
Physical Medicine and Rehabilitation Clinics of North America* (Phys Med Rehabil Clin N Am)	Elsevier	2.252	N	Nothing about reporting guidelines. The Clinics Authorship Guidelines are based on the International Committee of Medical Journal Editors' (ICMJE) authorship criteria (www.icmje.org).	https://bit.ly/2FB3Wm0
Physical Therapy (Phys Ther)	Oxford Academic	3.043	Y	PTJ encourages authors to follow the CONSORT Guidelines.	https://bit.ly/2t5YTHJ
Physical Therapy in Sport (Phys Ther Sport)	Elsevier	2	Y	Randomised controlled trials should be presented according to the CONSORT guidelines.	https://bit.ly/2NAXobl
Physiotherapy (Physiotherapy)	Elsevier	2.534	Y	Randomised controlled trials should be presented according to the CONSORT guidelines.	https://bit.ly/2txJkIV
Physiotherapy Canada* (Physiotherapy Can)	University of Toronto Press	0.895	Y	Articles must be submitted with the appropriate reporting checklist as per the Submission Guidelines. Click here to view the Reporting Guidelines	https://bit.ly/2R5Zz7M

Physiotherapy Theory & Practice (Physiotherapy Theory Pract)	Taylor & Francis Online	1.158	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2TySdMW
PM&R: Physical Medicine and Rehabilitation* (PM R)	Wiley Online Library	1.902	Y	For randomized trials, a statement of the power or sample size calculation is required (see the EQUATOR Network CONSORT Guidelines). The journal requires that clinical trials are registered in a publicly accessible database prior to the first participant being enrolled in the trial.	https://bit.ly/35Dcxz9
Prosthetics and Orthotics International (Prosthet Orthot Int)	Sage Publishing	1.482	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study.	https://bit.ly/39nDhHb
Psychiatric Rehabilitation Journal (Psychiatr Rehabil J)	American Psychological Association	2.27	N	Nothing about reporting guidelines.	https://bit.ly/2SFHY9s
Rehabilitation Nursing* (Rehabil Nurs)	Wolters Kluwer	1.367	Y	Manuscripts reporting randomized controlled trials should refer to the Consolidated Standards of Reporting Trials (CONSORT).	https://bit.ly/2R4jqEj
Rehabilitation Psychology (Rehabil Psychol)	American Psychological Association	1.392	Y	*Rehabilitation Psychology* requires the use of the CONSORT (Consolidated Standards of Reporting Trials) reporting standards (i.e., a checklist and flow diagram) for randomized clinical trials. The checklist may be placed in an Appendix of the manuscript for review purposes.	https://bit.ly/2rC2HzA
Rehabilitation Research and Practice (Rehabil Res Pract)	Hindawi	n/a	N	When publishing clinical trials, Hindawi aims to comply with the recommendations of the International Committee of Medical Journal Editors (ICMJE) on trial registration.(Nothing about reporting guidleines.)	https://bit.ly/36dhvE6
Rehabilitation, Research, Policy, and Education (Rehabil Res Policy Educ)	Springer Publishing Company	n/a	N	Nothing about reporting guidelines.	https://bit.ly/2Q9pg8p
Scandinavian Journal of Occupational Therapy (Scand J Occup Ther)	Taylor & Francis Online	1.316	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2FbQeG9
Seminars in Speech and Language (Semin Speech Lang)	Thieme	1.094	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2ZJNh9k
Spinal Cord (Spinal Cord)	Springer Nature	1.898	Y	Randomised Controlled Trials (RCTs) must adhere to the CONSORT statement ...	https://go.nature.com/367szBN
Substance Abuse and Rehabilitation (Subst Abuse Rehabil)	Dovepress	n/a	N	Nothing about reporting guidelines.	https://bit.ly/2SAomU5
Supportive Care in Cancer (Support Care Cancer)	Springer	2.754	N	Nothing about reporting guidelines.	https://bit.ly/2u5UUuN
Topics in Geriatric Rehabilitation (Top Geriatr Rehabil)	Wolters Kluwer	0.13	N	Nothing about reporting guidelines.	https://bit.ly/2NDt684
Topics in Stroke Rehabilitation* (Top Stroke Rehabil)	Taylor & Francis Online	1.964	N	All authors submitting to medicine, biomedicine, health sciences, and allied and public health journals should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. [Nothing about reporting guidelines.]	https://bit.ly/2tXGRY6
Turkish Journal of Physical Medicine and Rehabilitation* (Turk J Phys Med Rehabil)	Turkish Society of Physical Medicine and Rehabilitation	0.223	Y	Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies …	https://bit.ly/35DdAz5

*** Journals that published the 2014 Chan editorial[1]**

Appendix 1b. Author Instructions in Rehabilitation Journals, journals listed by impact factor (Journal Citation Reports), highest to lowest

Impact Factor 2018	Journal Title	Publisher	CONSORT: Y/N	RCT Reporting Details	Author Instructions
5.551	Journal of Physiotherapy*	Australian Physiotherapy Association / Elsevier	Y	Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.	https://bit.ly/2ML2mSD
4.196	Annals of Physical and Rehabilitation Medicine	Elsevier	Y	To ensure the quality of the disability and rehabilitation research submitted for publication, the Annals of PRM invite authors to follow guidelines (CONSORT and non- pharmacological CONSORT for randomized controlled trials	https://bit.ly/2TmbgtW
3.757	Neural Rehabilitation and Neural Repair*	SAGE Publishing	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/36OTZO5
3.582	Journal of NeuroEngineering and Rehabilitation*	BMC Part of springer Nature	Y	Authors are required to append the appropriate reporting guideline checklist to their manuscript on submission, and peer reviewers will be asked to refer to this checklist when evaluating such studies. Reports of randomized controlled trials should follow the CONSORT extension for abstracts.	https://bit.ly/358nEjA
3.478	IEEE Transactions on Neural Systems and Rehabilitation Engineering	Biomedical Engineering Community	N		https://bit.ly/378qTZQ
3.058	Journal of Orthopaedic and Sports Physical Therapy: JOSPT*	JOSPT®, Inc. d/b/a Movement Science Media	Y	RCTs should include the CONSORT related extension for trials of nonpharmacological treatments, with a flow diagram in the manuscript as a figure and the checklist appended to the manuscript (http://www.consortstatement.org/).	https://bit.ly/37eZKnU
3.043	Physical Therapy*	Oxford Academic	Y	PTJ encourages authors to follow the CONSORT Guidelines.	https://bit.ly/2t5YTHJ
2.754	Supportive Care in Cancer	Springer	N	Nothing about reporting guidelines.	https://bit.ly/2u5UUuN
2.738	Clinical Rehabilitation*	SAGE Publishing	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/2MHxsux
2.697	Archives of Physical Medicine and Rehabilitation*	Elsevier	Y	Archives requires that authors upload a completed checklist for the appropriate reporting guideline during original submission.	https://bit.ly/39qiFOt
2.667	Journal of Head Trauma Rehabilitation	Wolters Kluwer	Y	Authors are strongly encouraged to consult relevant guidelines for research reporting found at <www.equator-network.org>. Randomized controlled trials must be preregistered on clinicaltrials.gov or similar …	https://bit.ly/2NBXBve
2.667	Neuropsychological Rehabilitation	Taylor & Francis Online	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2F5m7zZ
2.622	Manual Therapy* [relaunched as MS&P, 2017]	Elsevier			https://bit.ly/2QzyF8j
2.534	Physiotherapy	Elsevier	Y	Randomised controlled trials should be presented according to the CONSORT guidelines.	https://bit.ly/2txJkIV
2.349	Journal of Fluency Disorders	Elsevier	N	Nothing about reporting guidelines.	https://bit.ly/2tlGtmA
2.341	Journal of Oral Rehabilitation	Wiley Online Library	Y	Randomised clinical trials must conform to the CONSORT statement on the reporting of RCTs. A flow diagram of subjects, the trial protocol, and the registration details of the trial must be included in the paper along with and a numbered checklist provided as supplementary material.	https://bit.ly/2QwJd7V

2.27	Psychiatric Rehabilitation Journal	American Psychological Association	N	Nothing about reporting guidelines.	https://bit.ly/2SFHY9s
2.252	Physical Medicine and Rehabilitation Clinics of North America	Elsevier	N	Nothing about reporting guidelines. The Clinics Authorship Guidelines are based on the International Committee of Medical Journal Editors' (ICMJE) authorship criteria (www.icmje.org).	https://bit.ly/2FB3Wm0
2.243	Journal of Geriatric Physical Therapy (JGPT)	Wolters Kluwer	Y	Standardized reporting guidelines (with checklists) specific to manuscript categories are required with submission … CONSORT. **For randomized clinical trials comparing outcomes of intervention**, authors should use the CONSORT-NPT 2017 Statement (Consolidated Standards of Reporting Trials, non-pharmacological treatment interventions)	https://bit.ly/2NEAZu5
2.242	Journal of Occupational Rehabilitation	Springer Nature	Y	Springer Nature advocates complete and transparent reporting of biomedical and biological research and research with biological applications. Authors are recommended to adhere to the minimum reporting guidelines hosted by the EQUATOR Network. Randomised trials (CONSORT)	https://bit.ly/2MJip3j
2.101	European Journal of Physical and Rehabilitation Medicine*	Edizioni Minerva Medica	Y	… randomized controlled trials (CONSORT - http://www.consort-statement.org). ICMJE (trial reg.)	https://bit.ly/36bO1GD
2.054	Disability and Rehabilitation	Taylor & Francis Online	Y	We *encourage* authors to be aware of standardised reporting guidelines below when preparing their manuscripts: Randomized controlled trial - CONSORT	https://bit.ly/2sAvaGt
2	Physical Therapy in Sport	Elsevier	Y	Randomised controlled trials should be presented according to the CONSORT guidelines.	https://bit.ly/2NAXobl
1.964	Topics in Stroke Rehabilitation*	Taylor & Francis Online	N	All authors submitting to medicine, biomedicine, health sciences, and allied and public health journals should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. [Nothing about reporting guidelines.]	https://bit.ly/2tXGRY6
1.952	American Journal of Occupational Therapy*	American Occupational Therapy Association	Y	AJOT has adopted reporting standards based on the CONsolidated Standards of Reporting Trials (CONSORT) Statement	https://bit.ly/36Eu5wg
1.908	American Journal of Physical Medicine and Rehabilitation*	Wolters Kluwer	Y	Download the corresponding checklist, fill it out, and upload it with your submission as a Supplemental Digital Content file: (1) CONSORT checklist for randomized controlled trials (www.consort-statement.org)	https://bit.ly/2QuJNDn
1.907	Journal of Rehabilitation Medicine*	Foundation for Rehabilitation Information (EBPRM, EARM, ESPRM)	Y	Information on the design, use, and array of reporting guidelines can be found on the website for the Enhancing the Quality and Transparency of Health Research (EQUATOR) network and they should be used for JRM manuscripts when applicable: 1) CONSORT for randomized controlled trials	https://bit.ly/2ZGoBhY
1.902	PM&R: Physical Medicine and Rehabilitation*	Wiley Online Library	Y	For randomized trials, a statement of the power or sample size calculation is required (see the EQUATOR Network CONSORT Guidelines). The journal requires that clinical trials are registered in a publicly accessible database prior to the first participant being enrolled in the trial.	https://bit.ly/35Dcxz9
1.898	Spinal Cord	Springer Nature	Y	Randomised Controlled Trials (RCTs) must adhere to the CONSORT statement …	https://go.nature.com/367szBN
1.879	Brazilian Journal of Physical Therapy	Elsevier	Y	Randomized controlled trials (RCTs) must follow the CONSORT (Consolidated Standards of Reporting Trials) recommendations	https://bit.ly/38kUhMY
1.753	Journal of Electromyography and Kinesiology*	Elsevier	Y	All randomised controlled trials submitted for publication in the journal should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart. Please refer to the CONSORT statement website at http://www.consort-statement.org for more information.	https://bit.ly/2F60uzA
1.749	Journal of Speech, Language, and Hearing Research	ASHA	Y [EQUATOR]	Editable checklists for reporting guidelines can be found on the EQUATOR Network site, which also gives general information on how to choose the correct guideline and why guidelines are important.	https://bit.ly/2NYEco8
1.725	Musculoskeletal Science and Practice* [formerly Manual Therapy]	Elsevier	Y	Randomised (and quasi-randomised) controlled trial - CONSORT - Consolidated Standards of Reporting Trials, http://www.equator-network.org/reporting-guidelines/consort/	https://bit.ly/2MNk1cu
1.665	Brain Injury	Taylor & Francis Online	Y	Reviewers have been instructed to evaluate submissions on the basis of their conformity to the guidelines.(CONSORT link included.) ICJME	https://bit.ly/37qJAIi

1.568	Journal of Cardiopulmonary Rehabilitation and Prevention	Wolters Kluwer	N	Nothing about reporting guidelines.	https://bit.ly/37887lB
1.536	Journal of Communication Disorders	Elsevier	N		https://bit.ly/2G2JGtR
1.536	Physical & Occupational Therapy in Pediatrics	Taylor & Francis Online	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/3670awm
1.532	Journal of Hand Therapy	Elsevier	Y	For randomized controlled trials, authors must consult the CONSORT checklist and its related extension for trials of nonpharmacological treatments ...	https://bit.ly/378yU19
1.504	International Journal of Language & Communication Disorders	Wiley Online Library	N		https://bit.ly/37nkfic
1.5	Journal of Sport Rehabilitation*	Human Kinetics	Y	The Journals Division at Human Kinetics adheres to the criteria for authorship as outlined by the International Committee of Medical Journal Editors; Authors of meta-analyses of randomized trials are encouraged to submit the QUOROM flow diagram and checklist. Visit www.consort-statement.org.	https://bit.ly/36A8PHU
1.482	Prosthetics and Orthotics International	Sage Publishing	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study.	https://bit.ly/39nDhHb
1.471	Disability and Health Journal*	Elsevier	Y	Submitting a checklist such as that from STROBE is now a requirement for submission (http://www.equator-network.org). EQUATOR link given.	https://bit.ly/35cmxz4
1.392	Rehabilitation Psychology	American Psychological Association	Y	*Rehabilitation Psychology* requires the use of the CONSORT (Consolidated Standards of Reporting Trials) reporting standards (i.e., a checklist and flow diagram) for randomized clinical trials. The checklist may be placed in an Appendix of the manuscript for review purposes.	https://bit.ly/2rC2HzA
1.383	Kinesiology	Univ Zagreb, Fac Kinesiology	N	Nothing about reporting guidelines.	https://bit.ly/2FARm6h
1.378	International Journal of Rehabilitation Research*	Wolters Kluwer	Y	Authors are required to consult and use the appropriate reporting guidelines provided by a number of organisations that are available through the EQUATOR ... Relevant guidelines are: CONSORT for randomized controlled trials	https://bit.ly/2NcjLDV
1.367	Rehabilitation Nursing*	Wolters Kluwer	Y	Manuscripts reporting randomized controlled trials should refer to the Consolidated Standards of Reporting Trials (CONSORT).	https://bit.ly/2R4jqEj
1.321	American Journal of Speech-Language Pathology	ASHA	Y	Authors are encouraged to review the Enhancing the QUAlity and Transparency of health Research (EQUATOR) information in the Reporting Standards section of the Guidelines for Reporting Your Research page of the ASHA Journals Academy 9not RCTs specifically)	https://bit.ly/2Tqm6iy
1.316	Scandinavian Journal of Occupational Therapy	Taylor & Francis Online	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2FbQeG9
1.28	International Journal of Speech-Language Pathology	Taylor & Francis Online	Y	The editor requires that manuscripts adhere to recognised reporting guidelines relevant to the research design used. CONSORT included.	https://bit.ly/2MLLD1D
1.278	Australian Occupational Therapy Journal	Wiley Online Library	Y	Reporting Guidelines will normally be included as a non-published supplementary file in the submission. In some cases, e.g., CONSORT flow-chart, aspects of the guidelines may be included in the main document)	https://bit.ly/2MLLXgH
1.274	Journal of Manipulative and Physiological Therapeutics	Elsevier	Y	" ... follows the standards as set for in ... Enhancing the QUAlity and Transparency Of health Research (EQUATOR) (www.equator-network.org)"	https://bit.ly/2u5atD8
1.264	Disability & Rehabilitation: Assistive Technology	Taylor & Francis Online	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/37k55dy
1.239	Developmental Neurorehabilitation	Taylor & Francis Online	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2SFGw70

1.234	OTJR: Occupation, Participation and Health*	American Occupational Therapy Foundation/Sage Publishing	Y [registration encouraged]	All randomized controlled trials should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist as a supplementary file.	https://bit.ly/2t5Xscj
1.197	NeuroRehabilitation	IOS Press	Y	We strongly encourage authors to review and comply with the reporting guidelines relevant to their submissions. We are asking reviewers to evaluate submissions on the basis of their conformity to the guidelines. The table below provides information about guidelines for different study types.	https://bit.ly/39tsDyr
1.158	Physiotherapy Theory & Practice	Taylor & Francis Online	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2TySdMW
1.109	Adapted Physical Activity Quarterly	Human Kinetics; International Federation of Adapted Physical Activity	Y	Please refer to specific guidelines for preparing and reporting a Review article below and/or the widely accepted CONSORT guidelines.	https://bit.ly/2NaJa0Q
1.098	Canadian Journal of Occupational Therapy / Revue Canadienne d Ergotherapie*	Sage Publishing	Y	Authors are requested to ensure they have followed the CONSORT checklist for RCT protocols as relevant.	https://bit.ly/2Qbfp1Z
1.094	Seminars in Speech and Language	Thieme	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2ZJNh9k
1.083	Clinical Linguistics & Phonetics	Taylor & Francis Online	N	No mention of reporting guidelines or EQUATOR.	https://bit.ly/2F30BMi
0.982	International Journal of Osteopathic Medicine*	Elsevier	Y	Please see specific guidance below for original research articles and the requirement to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the EQUATOR website.	https://bit.ly/2F91bIC
0.958	Brain Impairment	Cambridge University Press	Y	Authors of research manuscripts are strongly encouraged to follow relevant reporting guidelines as outlined in the special editorial: Use of Reporting Guidelines in Scientific Writing: PRISMA, CONSORT …	https://bit.ly/35UmPey
0.895	Physiotherapy Canada*	University of Toronto Press	Y	Articles must be submitted with the appropriate reporting checklist as per the Submission Guidelines. Click here to view the Reporting Guidelines	https://bit.ly/2R5Zz7M
0.863	Pediatric Physical Therapy*	Wolters Kluwer	N	Articles reporting investigations of intervention effectiveness will be reviewed using the CONSORT statement for randomized control trials (http://www.consort-statement.org/).	https://bit.ly/2R4Q8Wn
0.821	Occupational Therapy International	Hindawi	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2QfePjq
0.814	Journal of Back and Musculoskeletal Rehabilitation	IOS Press	N	Nothing about reporting guidelines.	https://bit.ly/2Q8z96g
0.779	British Journal of Occupational Therapy	Sage Publishing	Y	We encourage submissions that adhere to the CONSORT extension for feasibility and pilot trials.	https://bit.ly/2FYR09X
0.571	Hand Surgery and Rehabilitation	Elsevier	Y	To ensure the quality of the disability and rehabilitation research submitted for publication, the Annals of PRM invite authors to follow guidelines (CONSORT and non- pharmacological CONSORT for randomized controlled trials)	https://bit.ly/37ikbQE
0.223	Turkish Journal of Physical Medicine and Rehabilitation*	Turkish Society of Physical Medicine and Rehabilitation	Y	Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies …	https://bit.ly/35DdAz5
0.13	Topics in Geriatric Rehabilitation	Wolters Kluwer	N	Nothing about reporting guidelines.	https://bit.ly/2NDt684
	Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology	Elsevier	Y	Reports of randomized controlled trials should follow the CONSORT extension for abstracts. The methods section should include: a clear description of all processes, interventions and comparisons.	https://bit.ly/2uOCNKm
	Journal of Social Work in Disability and Rehabilitation	Taylor & Francis Online	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/358v06B

	PLOS Veterans Disability & Rehabilitation Research Channel: A global forum for veteran-focused rehabilitation research	-	-		https://bit.ly/2Qtyk6W
	American Journal of Psychiatric Rehabilitation	Taylor & Francis Online	N	In order to be published in a Taylor & Francis journal, all clinical trials must have been registered in a public repository at the beginning of the research process (prior to patient enrolment). [Nothing about RCTs]	https://bit.ly/2F2HiCZ
	BMC Sports Science, Medicine and Rehabilitation	BMC Part of springer Nature	Y	Authors are required to append the appropriate reporting guideline checklist to their manuscript on submission, and peer reviewers will be asked to refer to this checklist when evaluating such studies. Checklists are available for a number of study designs from the EQUATOR Network. Reports of randomized controlled trials should follow the CONSORT extension for abstracts.	https://bit.ly/37qZr9p
	Current Physical Medicine and Rehabilitation Reports	Springer	N	Clinical research manuscripts that comply with international and national standards for such work (such as the Declaration of Helsinki or relevant Governmental regulation e.g. the UK's The Medicines for Human Use (Clinical Trials) Regulations). [Nothing about reporting guidelines, specifically.]	https://bit.ly/376PXkd
	International Journal of Therapy and Rehabilitation	MAG Online Library	N		https://bit.ly/2RvdK6D
	JMIR Rehabilitation and Assistive Technologies	JMIR Publications	Y	Before submission, authors of RCTs must fill in the electronic CONSORT-EHEALTH questionnaire ...	https://bit.ly/2thKs2Q
	Journal of Neurologic Physical Therapy	Wolters Kluwer	Y	Reporting of randomized clinical trials must follow the CONSORT (Consolidated Standards of Reporting Trials) guidelines and be accompanied by a completed CONSORT checklist	https://bit.ly/2TeDeI9
	Journal of Orthopaedics, Trauma and Rehabilitation	Sage Publishing	Y	The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file.	https://bit.ly/2t1JqZb
	Journal of Rehabilitation Research and Development (JRRD)*	VA Office of Research & Development [now PLoS]		(Phased out Sept. 2016: Consider PLOS Veterans Disability & Rehabilitation Research Channel)	-
	Journal of Vocational Rehabilitation	IOS Press	N	The Journal of Vocational Rehabilitation is committed to the highest ethical standards and best practices in publishing and follows the code of conduct for Committee on Publication Ethics/DOAJ and the ICMJE. [Nothing about reporting guidelines.]	https://bit.ly/39samS8
	Physical and Occupational Therapy in Geriatrics	Taylor & Francis Online	N	ICMJE. Nothing about reporting guidelines.	https://bit.ly/2sCei2f
	Rehabilitation Research and Practice	Hindawi	N	When publishing clinical trials, Hindawi aims to comply with the recommendations of the International Committee of Medical Journal Editors (ICMJE) on trial registration.(Nothing about reporting guidleines.)	https://bit.ly/36dhvE6
	Rehabilitation, Research, Policy, and Education	Springer Publishing Company	N	Nothing about reporting guidelines.	https://bit.ly/2Q9pg8p
	Substance Abuse and Rehabilitation	Dovepress	N	Nothing about reporting guidelines.	https://bit.ly/2SAomU5

* Journals that published the 2014 Chan editorial[1]

Appendix 2a. List of current CONSORT statements, including formal and informal extensions

CONSORT 2010 Statement[2,3]

Endorsed extensions

1. CONSORT extension for cluster trials[4]
2. CONSORT extension for non-inferiority and equivalence trials[5]
3. CONSORT extension for within person trials[6]
4. CONSORT extension for multi-arm parallel-group randomized trials[7]
5. CONSORT extension non-parmacologic treatment interventions[8]
6. CONSORT extension for social and psychological interventions (CONSORT-SPI)[9-12]
7. CONSORT extension for abstracts[13]
8. CONSORT extension for equity[14]
9. CONSORT extension for acupuncture[15]
10. The template for intervention description and replication (TIDieR) checklist and guide[16]
11. CONSORT extension for N-of-1 trials[17]
12. CONSORT extension pilot and feasibility trials[18,19]
13. CONSORT extension for patient reported outcomes[20]
14. CONSORT extension for pragmatic trials[21]
15. CONSORT extension for harms[22]
16. CONSORT extension for randomised crossover trial reporting[23]
17. CONSORT supplement for pain[24]
18. CONSORT extension for herbal medicinal intervention[25,26]
19. CONSORT extension for Chinese herbal medicines[27]
20. CONSORT extension for orthodontics[28]

Unofficial extensions

1. Unofficial extension for occupational therapy[29]
2. Unofficial extension for behavioral medicine[30]
3. Unofficial extensions for homeopathic treatments[31]

Appendix 2b. Comparison of items evaluating the quality of outcome reporting in RCTs: CONSORT 2010 statement[2,3] V.S. CONSORT extensions*

CONSORT 2010 section/topic title	CONSORT 2010 item no.	CONSORT 2010 item content	Extension for reporting of patient-reported outcomes(PRO) [20]	Extension for Pain [32]	Extension for Behavioral Medicine *(unofficial)* [30]	Extension for Occupational therapy *(unofficial)* [29]
Methods						
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	6a. Evidence of PRO instrument validity and reliability should be provided or cited if available including the person completing the PRO and methods of data collection (paper, telephone, electronic, other)	6a. Pre-specified primary outcome measure (including type of pain measure [e.g., NRS or VAS], characteristics of pain [e.g., average, and worst], time frame of measure, and additional instructions provided	6a. A clear justification for the key health variables selected for outcome measures as primary	The inclusion of proximal and distal measurements not only helps the researcher and the reader to understand what the outcomes are, but also helps them understand how and why the outcomes were or were not achieved
	6b	Any changes to trial outcomes after the trial commenced, with reasons		6b. Secondary outcome measures (indicate if pre-specified or not)	6b. In reporting outcome data, researchers should report the source of the information, whether or not an event review committee was used, and how differences of judgment or ambiguities were adjudicated.	
				6c. Any participant training in regards to responding to included patient-reported outcome measures		
Results						
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome	The number of PRO outcome data at baseline and at subsequent time points should be made transparent			
	13b	For each group, losses and exclusions after randomization, together with reasons				
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Including baseline PRO data when collected			
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	required for PRO results			
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	For multidimensional PRO results from each domain and time point			
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended				
Discussion						
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	P20/21: PRO-specific limitations and implications for generalizability and clinical practice		If multiple outcome measures were tested, the report should note the potential problems that might occur because of multiple comparisons	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	PRO data should be interpreted in relation to clinical outcomes including survival data, where relevant			

* CONSORT extensions with no difference with CONSORT 2010 statement in terms of outcome measures were eliminated in this summary table

Appendix 2b. cont'd. Comparative summary of appraisal items used to evaluate reporting of outcomes in RCTs (CONSORT 2010 statement V.S. CONSORT extensions*)

Section/Topic Item	Checklist item no.	CONSORT item	Extension for pragmatic trials [21]	Extension for N-of-1 trials (CENT) [17]	Extension for Chinese Herbal Medicine Formulas [27]	Extension for Social and psychological interventions [9-12]	Extension for within person trials [6]	Extension for reporting of multi-arm parallel-group randomized trials [7]	Extension for cluster trials [4]
Methods									
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Explain why the chosen outcomes and, when relevant, the length of follow-up are considered important to those who will use the results of the trial	6a.2 Description of measurement properties (validity and reliability) of outcome assessment tools	Illustration of outcome measures with pattern in detail		Outcomes should be clearly defined as per-site or per-person		Whether outcome measures pertain to the cluster level, the individual participant level or both
	6b	Any changes to trial outcomes after the trial commenced, with reasons							
Results									
Participant flow	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome							
	13b	For each group, losses and exclusions after randomization, together with reasons							
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group							
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups							
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)		17a.1 For each primary and secondary outcome, results for each period; an accompanying figure displaying the trial data is recommended.		Indicate availability of trial data	Observed correlation between body sites for continuous outcomes and tabulation of paired results for binary outcomes	Results for each pre-specified comparison of treatment groups	Results at the individual or cluster level as applicable and a coefficient of intracluster correlation (ICC or k) for each primary outcome
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended		17a.2 For each primary and secondary outcome, the estimated effect size and its precision (such as 95% confidence interval) In addition for series: if quantitative synthesis was performed, group estimates of effect and precision for each primary and secondary outcome					
Discussion									
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses							
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence							

*CONSORT extensions with no difference with CONSORT 2010 statement in terms of outcome measures were excluded in this summary table.

Appendix 3a. Scoping Review Search Strategies

MEDLINE Search Strategy

Search run December 22, 2019 in Ovid MEDLINE: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE® 1946-Present; 1163 results

1	Cardiac Rehabilitation/	2153
2	Hospitals, Rehabilitation/	41
3	Neurological Rehabilitation/	733
4	"Physical and Rehabilitation Medicine"/	3158
5	Psychiatric Rehabilitation/	325
6	Rehabilitation/	18022
7	Rehabilitation Centers/	8067
8	Rehabilitation Research/	142
9	Rehabilitation Nursing/	1400
10	Rehabilitation, Vocational/	9361
11	Stroke Rehabilitation/	12523
12	Telerehabilitation/	301
13	rehabilitation.fs.	194390
14	(rehabilitat* adj4 (research or therap* or intervention* or medicine or hospital* or neurolog* or physical or psychiatr* or nursing or center* or centre* or vocational)).ab,ti.	39968
15	or/1-14 [**rehabilitation]	244929
16	Critical Care Outcomes/	39
17	Endpoint Determination/	6343
18	Health Status Indicators/	23127
19	"Outcome and Process Assessment (Health Care)"/	26452
20	"Outcome Assessment (Health Care)"/	70276
21	Patient Outcome Assessment/	4424
22	"Patient Reported Outcome Measures"/	4491
23	Treatment Outcome/	939866
24	(outcome* adj3 (assess* or measure* or select* or report*)).ab,ti.	345286
25	(outcome* adj3 (challenge* or issue* or limitation* or typolog* or trend* or quality or priorit* or method or problem* or question* or agenda* or bias or mapping or gap or gaps or consideration* or review* or evaluat*)).ti,ab.	110363
26	or/16-25 [**outcomes]	1364040

27	Randomized Controlled Trials as Topic/	129238
28	(random* adj4 (trial* or study or studies) adj5 (bias or checklist* or instrument* or guideline* or statement* or reference* or report* or tool* or note* or item* or scale* or grade* or quality or psychometric* or reliability or valid*)).ab,ti.	24131
29	or/27-28 [RCTs]	146512
30	Systematic Reviews as Topic/	2878
31	Review Literature as Topic/	7553
32	systematic review.pt.	118345
33	((systematic or scoping) adj3 (review* or overview*)).ab,ti.	169995
34	Validation Studies as Topic/	2107
35	(valid* adj3 (stud* or design* or analysis)).ab,ti.	67673
36	Practice Guidelines as Topic/	114099
37	practice guideline.pt.	26164
38	guideline.pt.	16194
39	(guideline* adj3 (clinical or consensus or practice)).ab,ti.	51593
40	Meta-Analysis as Topic/	17461
41	(meta analys* or meta-analys* or metaanalys*).ab,ti.	158868
42	Evaluation Studies as Topic/	121633
43	(evaluat* adj3 stud*).ab,ti.	468839
44	Consensus Development Conferences as Topic/	2458
45	concensus development conference*.ab,ti.	1
46	Consensus Development Conference.pt.	11426
47	Evidence-Based Medicine/	71653
48	Research Design/st [Standards]	11422
49	Psychometrics/is [Instrumentation]	4776
50	psychometr*.ab,ti.	44175
51	Health Information Exchange/	801
52	Peer Review, Research/mt [Methods]	837
53	(peer adj3 review).ab,ti.	10000
54	"Professional Review Organizations"/	2710
55	Quality of Health Care/	71207
56	Quality Assurance, Health Care/mt [Methods]	6452

57	Quality Control/	47950
58	(quality adj3 (control or health or healthcare or assurance)).ab,ti.	144118
59	Delphi Technique/	5503
60	delphi technique*.ab,ti.	1670
61	or/30-60 [** study designs_research_healthcare]	1406961
62	15 and 26 and 29 and 61	1258
63	limit 62 to (english language and yr="2000 - 2020")	1163

Embase Search Strategy

Search run December 22, 2019 in Embase Classic+Embase 1947 to 2019 December 20; 1088 results; 100 results (excluding MEDLINE journals)

1	heart rehabilitation/	11224
2	rehabilitation center/	15202
3	neurorehabilitation/	3631
4	rehabilitation medicine/	9375
5	psychosocial rehabilitation/	1344
6	rehabilitation/	92601
7	rehabilitation care/	15700
8	rehabilitation research/	987
9	rehabilitation nursing/	1396
10	vocational rehabilitation/	10856
11	stroke rehabilitation/	3000
12	telerehabilitation/	682
13	rehabilitation.fs.	155739
14	(rehabilitat* adj4 (research or therap* or intervention* or medicine or hospital* or neurolog* or physical or psychiatr* or nursing or center* or centre* or vocational)).ab,ti.	68232
15	or/1-14 [**rehabilitation]	303390
16	critical care outcome/	193
17	health status indicator/	2872
18	outcome assessment/	509313
19	patient-reported outcome/	19124
20	treatment outcome/	832286

21	health status indicator/	2872
22	(outcome* adj3 (assess* or measure* or select* or report*)).ab,ti.	471179
23	(outcome* adj3 (challenge* or issue* or limitation* or typolog* or trend* or quality or priorit* or method or problem* or question* or agenda* or bias or mapping or gap or gaps or consideration* or review* or evaluat*)).ti,ab.	215702
24	or/16-23 [**outcomes]	1753833
25	"randomized controlled trial (topic)"/	171550
26	(random* adj4 (trial* or study or studies) adj5 (bias or checklist* or instrument* or guideline* or statement* or reference* or report* or tool* or note* or item* or scale* or grade* or quality or psychometric* or reliability or valid*)).ab,ti.	33936
27	or/25-26 [** RCTs]	196811
28	"systematic review (topic)"/	24241
29	literature/	46008
30	((systematic or scoping) adj3 (review* or overview*)).ab,ti.	212834
31	validation study/	81056
32	(valid* adj3 (stud* or design* or analysis)).ab,ti.	96944
33	practice guideline/	399380
34	(guideline* adj3 (clinical or consensus or practice)).ab,ti.	76246
35	"meta analysis (topic)"/	40957
36	(meta analys* or meta-analys* or metaanalys*).ab,ti.	209448
37	evaluation study/	43306
38	(evaluat* adj3 stud*).ab,ti.	693274
39	consensus development/	23969
40	concensus development conference*.ab,ti.	3
41	evidence based medicine/	107321
42	(evidence adj2 (medicine or practice)).ab,ti.	33292
43	methodology/	1667858
44	psychometry/	61622
45	psychometr*.ab,ti.	55032
46	medical information system/	20405
47	"peer review"/	30941
48	(peer adj2 review).ab,ti.	12093

49	"professional standards review organization"/	2416
50	health care quality/	237823
51	(quality adj2 (control or health or healthcare or assurance)).ab,ti.	191868
52	quality control/	178404
53	Delphi study/	9408
54	(delphi adj2 (study or technique*)).ab,ti.	4231
55	or/28-54 [** study designs_research_healthcare]	3835125
56	15 and 24 and 27 and 55	1275
57	limit 56 to (english language and yr="2000 - 2020")	1246
58	limit 57 to (books or chapter or conference abstract or conference paper or "conference review" or editorial or erratum or letter)	158
59	57 not 58	1088
60	limit 59 to exclude medline journals	100

End

Appendix 3b. Summary of checklists/tools and items used to evaluate the quality of outcome reporting in systematic reviews of RCTs of rehabilitation interventions

Checklist/tool	Items used to evaluate the quality of outcome measures(extracted verbatim from each sourced checklist)	Categorizing the used items into different domains		Usage frequency(%) of the checklist/tool among the included 164 systematic reviews
		Level 1[#]	Level 2[†]	
Cochrane Collaboration's tool for assessing risk of bias in randomised trials [33]	Was knowledge of the allocated intervention adequately prevented during the study? Describe all measures used, if any, to blind outcome assessment from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Description of outcome measures	Clear description	84(49.7 %) *34-82,37,83-115*
		Conduct of outcome measurement	Blinding of outcome assessors	
	Were incomplete outcome data adequately addressed? Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomised participants), reasons for attrition or exclusions where reported, and any re-inclusions in analyses for the review.	Reporting of outcome data	Completeness(amount of incomplete outcome data)	
			Completeness(nature and handling of incomplete outcome data)	
	Are reports of the study free of suggestion of selective outcome reporting? State how the possibility of selective outcome reporting was examined by the review authors, and what was found.	Reporting of outcome data	Unselective reporting	
Cochrane Handbook for Systematic Reviews of Interventions [116] **Considerations of risk of bias in measurement of the outcome for different types of outcomes is available*	3.1 Were data for this outcome available for all, or nearly all, participants randomized?	Reporting of outcome data	Completeness(complete reporting of outcome data for each participant)	
	4.1 Was the method of measuring the outcome inappropriate?	Selection of outcome measurement	Validity	
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?	Conduct of outcome measurement	Comparability of outcome measurement across different intervention groups	
	4.3 Who is the outcome assessor? Were outcome assessors aware of the intervention received by study participants?	Conduct of outcome measurement	Blinding of outcome assessors	
	4.4 Could assessment of the outcome have been influenced by knowledge of intervention received?	Conduct of outcome measurement		
	4.5 Is it likely that assessment of the outcome was influenced by knowledge of intervention received?	Conduct of outcome measurement		
	5.2/5.3 Selective reporting of a particular outcome measurement (based on the results) from among estimates for multiple measurements assessed within an outcome domain.(e.g. use of multiple measurement instruments (e.g. pain scales) and only reporting data for the instrument with the most favourable result;)	Reporting of outcome data	Unselective reporting	
Cochrane Handbook for Systematic Reviews of Interventions [117]	Measurement tool or instrument (including definition of clinical outcomes or endpoints); for a scale, name of the scale (e.g. The Hamilton Anxiety Rating Scale), upper and lower limits, and whether a high or low score is favourable, definitions of any thresholds if appropriate	Description of outcome measures	Clear definition of outcomes and thresholds if appropriate	
	Specific metric (e.g. Post-intervention anxiety, or change in anxiety from baseline to a post-intervention time point, or post-intervention presence of anxiety (yes/no))	Selection of outcome measures	Outcome change during follow-up	
	Method of aggregation (e.g. Mean and standard deviation of anxiety scores in each group, or proportion of people with anxiety)	Reporting of outcome data	Outcome measure and variance	
	Conduct of outcome measurements (e.g. Assessments at end of eight-week intervention period, events occurring during the eight-week intervention period)	Conduct of outcome measurement	Appropriate follow-up	
	Adverse outcomes need special attention depending on whether they are collected systematically or non-systematically (e.g. By voluntary report)	Reporting of outcome data	Adverse effects	
	Blinding of outcome assessment, completeness of outcome data, selection of outcomes reported	Reporting of outcome data	Completeness, free of selective outcome reporting	

Extension of Cochrane Handbook for Systematic Reviews of Interventions [118]	**Consider subjective outcomes(e.g. Patient-rated functional outcome scores, pain) and objective outcomes(e.g. Functional impairment, complications) separately in the assessment of blinding**	**Conduct of outcome measurement**		
	Consider short-term(up to 3 months follow-up) and longer-term(3 months or longer follow-up) outcomes in the assessment of completeness of outcome data	**Timing of outcome measures**	Appropriate follow-up **(short-term, longer-term)**	
	Definition of primary outcome measures	Description of outcome measures	Clear definition of primary outcome measures	
	Adequacy of the description of the main outcomes reported and whether these are relevant; Relevance was judged primarily in terms of whether there was subjective reporting by the trial participants of their function	**Selection of outcome measures**	**Relevance:** patient-rated outcome,	
Van Tulder's Quality Assessment system for rcts(Cochrane Back review group)[119]	Was the outcome assessor blinded to the intervention	Conduct of outcome measurement	Blinding of outcome assessors	7(4%)[120-126]
	Were the outcome measures relevant	Selection of outcome measures	Relevance	
	Were adverse effects described	**Reporting of outcome data**	**Adverse effects**	
	Was a short-term follow-up measurement performed?	**Conduct of outcome measurement**	**Short-term follow-up**	
	Was a long-term follow-up measurement performed?	**Conduct of outcome measurement**	**Long-term follow-up**	
	Was the timing of the outcome assessment in all groups comparable	**Conduct of outcome measurement**	**Comparability of measurement timing across different intervention groups**	
Furlan method guideline(Cochrane back and neck group) [127]	Blinding the outcome assessor	Conduct of outcome measurement	Blinding of outcome assessors	
	Free of suggestion of selective outcome reporting	Reporting of outcome data	Unselective reporting	
	Timing of outcome assessment(short-term and long-term)	Conduct of outcome measurement	Appropriate follow-up	
	Timing of the outcome assessment should be identical for all intervention groups and for all primary outcome measures.	Conduct of outcome measurement	Comparability of measurement timing across different groups	
	Adverse events(expected and not-expected) should always be included as a secondary outcome of interest in a systematic review of back/neck pain, and spinal disorders	Reporting of outcome data	Adverse effects	
	All the results from all prescribed outcomes have been adequately reported in the published report of the trial	Reporting of outcome data	Completeness(amount of incomplete data for each prescribed outcome)	
	Groups have to be similar at baseline regarding the value of main outcome measures	**Reporting of outcome data**	**Comparability of outcome data at baseline**	
	When the outcome measures were not valid. There should be evidence from a previous or present scientific study that the primary outcome can be considered valid in the context of the present study.	Selection of outcome measures	Validity	
Cochrane Bone, Joint and Muscle Group	Information needs to be added			1(0.5%)[83]
Cochrane Effective Practice and Organization of Care Review Group (EPOC) for RCTs	Information needs to be added			1(0.5%)[86]
Pedro scale [128]	**4. The groups were similar at baseline regarding the most important prognostic indicators. At a minimum, in studies of therapeutic interventions, the report must describe at least one measure of the severity of the condition being treated and at least one (different) key outcome measure at baseline. The rater must be satisfied that the groups' outcomes would not be expected to differ, on the basis of baseline differences in prognostic variables alone, by a clinically significant amount. This criterion is satisfied even if only baseline data of study completers are presented.**	**Reporting of outcome data**	**Comparability of outcome data at baseline**	47(28%) [42,61,83,88,129-171]
	7. There was blinding of all assessors who measured at least one key outcome	Conduct of outcome measurement	Blinding of outcome assessors	
	8. Measures of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups. In trials in which outcomes are measured at several points in time, a key outcome must have been measured in more than 85% of subjects at one of those points in time.	**Reporting of outcome data**	**Completeness(amount of incomplete outcome data, raw data)**	

	9. All subjects for whom outcome measures were available received the treatment or control condition as allocated or, **where this was not the case, data for at least one key outcome was analysed by "intention to treat"**	Reporting of outcome data	Completeness (nature and handling of incomplete outcome data).	
Modified Downs & Black checklist [172]	**2. Are the main outcomes to be measured clearly described in the Introduction or Methods section? If the main outcomes are first mentioned in the Results section, the question should be answered no.**	**Description of outcome measures**	**Clear description in the Introduction or Methods section**	9(5%)[173-181]
	6. Are the main findings of the study clearly described? **Simple outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions.** (This question does not cover statistical tests which are considered below).	**Reporting of outcome data**	**Completeness(Raw outcome data)**	
	15. Was an attempt made to blind those measuring the main outcomes of the intervention?	Conduct of outcome measurement	Blinding of outcome assessors	
	20. Were the main outcome measures used accurate (valid and reliable)? For studies where the outcome measures are clearly described, the question should be answered yes. For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered as yes.	**Selection of outcome measures**	Validity, reliability	
Modified Jadad scale/Oxford quality scoring system [182]	Was the method used to assess adverse effects described?	Reporting of outcome data	Adverse effects	4(2%)[183-186]
Scottish Intercollegiate Guidelines Network checklists [187]	**All relevant outcomes are measured in a standard,** valid and reliable way.	**Selection of outcome measures**	**Standardized assessment methods, validity, reliability**	2(1%)[46,188]
The critical review form for quantitative studies [189]	Outcomes: Were the outcome measures reliable?	Selection of outcome measures	Reliability	2(1%)[190,191]
	Outcomes: Were the outcome measures valid?	Selection of outcome measures	Validity	
	Outcomes: The frequency of outcome measurement(i.e., pre, post, follow-up)	Conduct of outcome measurement	Timing of outcome measurement	
	Outcomes: The outcome areas(e.g., self-care, productivity, leisure)	Selection of outcome measures	Core outcome set	
Clinical Trials Assessment Measure [192]	Standardized assessment methods should be used and collected independently of treatment by assessors who were unaware of treatment allocation (normally called blinded or masked assessment)	Selection of outcome measures	Standardized assessment methods	1(0.5%)[193]
		Conduct of outcome measurement	Blinding of outcome assessors	
Structured Effectiveness for quality evaluation of study scores (SEQES) [194]	Was an appropriate primary outcome defined?	Description of outcome measures	Clear description	1(0.5%)[83]
	Was an appropriate secondary outcomes considered?	**Selection of outcome measures**	**Secondary outcomes**	
	Was an appropriate follow-up period incorporated?	Conduct of outcome measurement	Timing of outcome measurement: appropriate follow-up period	
	Was an independent evaluator used to administer the outcome measures?	Conduct of outcome measurement	Blinding of outcome assessors	
	Was patient status at more than one time point considered?	**Conduct of outcome measurement**	**Timing of outcome measures: multiple time points**	
AACPDM systematic review of the evidence [195]	**Were the measures used clearly described, valid and reliable for measuring the outcomes of interest?**	**Selection of outcome measures**	Standardized assessment methods, validity, reliability	1(0.5%)[196]
	Was the outcome assessor unaware of the intervention status of the participants (i.e., were the assessors masked)?	Conduct of outcome measurement	Blinding of outcome assessors	
Medical Research Council guidelines for developing and evaluating complex interventions [197]	Primary outcome specified?	Description of outcome measures	Clear description of primary outcome	1(0.5%)[63]
	Researchers need to decide which outcomes are most important, which are secondary, and how they will deal with multiple outcomes in the analysis	**Description of outcome measures**	Clear description of multiple outcomes, if applicable	
	It is important also to consider which sources of variation in outcomes matter and to plan appropriate subgroup analyses	**Reporting of outcome data**	**Sources of variation in outcomes**	

Cicerone's checklist for cognitive rehabilitation studies[198]	The participants in different treatment conditions should be comparable at start of treatment on important characteristics, such as value of the primary outcome measure.	Reporting of outcome data	Comparability of outcome data at baseline	1(0.5%)[199]
	Outcome assessor blinded: in order to receive credit, both (1) the person conducting the outcome assessment should be unaware of the participant's treatment condition, and (2) objective outcome measures are used, including objective neuropsychologic measures, standardized structured interviews, or standardized clinical rating. If only self-report by the participant is used, and the participant is aware of his/her assignment to treatment condition, no credit is given	**Conduct of outcome measurement**	**Blinding of outcome assessors(if self-report outcome measures were used, and the participant is aware of his/her assignment of intervention, this criterion is not satisfied)**	
		Selection of outcome measures	Objective outcome measures	
	Outcome measures should be congruent with the intended effects of the intervention. For cognitive rehabilitation, such measures might include (1) measures of cognitive impairment, including standardized neuropsychologic assessment or other standardized or experimental measures of cognitive-linguistic functioning; (2) neurobehavioral or psychosocial symptoms; (3) assessment of activity limitations; (4) measures of participation, community integration, or employment; and (5) quality of life and subjective well being.	**Selection of outcome measures**	**Relevance(a list of potential outcome measures for studies of cognitive rehabilitation)**	
	Timing of outcome assessment should be identical for all Intervention groups and for all important outcome assessments.	Conduct of outcome measurement	Comparability of outcome measurement timing across different intervention groups	
Jonsson U's checklist for facilitating assessment of external validity[200]	**Type of data: qualitative and/or quantitative, scales, tests, and observations**	**Description of outcome measures**	**Clear description**	1(0.5%)[201]
	Informants and measures: the primary and secondary outcome measures(including informant for each measures) and the informant for each measure(e.g. Child, parent, staff, and teacher)			
	Generalizability and quality of outcome measures: method of data collection, on-site results for reliability and validity, enactment of learned skills in relevant real-life settings	Selection of outcome measures	Validity, reliability, generalizability	
	Adverse effects: any harmful or unwanted effects(e.g. Depressive symptoms, conflicts, sense of failure, stress, or adverse events)	Reporting of outcome data	Adverse effects	
	Timing of measurement: the timing of measurement and follow-up period for all groups and measures in the trial	Conduct of outcome measurement	Timing of outcome measurement: Appropriate follow-up period	
			Timing of outcome measurement: Comparability across different groups	
Qualsyst Tool[202]	Outcome and (if applicable) exposure measure(s) well defined and robust to measurement/misclassification bias? Means of assessment reported?	Description of outcome measures	Clear description	1(0.5%)[203]
Quality assessment of controlled intervention studies[204]	Were outcomes assessed using valid and reliable measures, implemented consistently across all study participants	Selection of outcome measures	Validity, reliability	1(0.5%)[205]
		Conduct of outcome measurement	Comparability of outcome measurement across different intervention groups	
	Were outcomes reported or subgroups analyzed prespecified(i.e. Identified before analyses were conducted)	Description of outcome measures	Clear description in the Introduction or Methods section	
		Reporting of outcome data	Completeness	
	Were the people assessing the outcomes blinded to the participants' group assignments?	Conduct of outcome measurement	Blinding of outcome assessors	
Critical Appraisal Skills Programme[206]	What outcomes were measured	Description of outcome measures	Clear description	1(0.5%)[207]
	Is the primary outcome clearly specified			
	What results were found for each outcome	Reporting of outcome data	Completeness: outcome reporting for each pre-specified outcome	
	Were all clinically important outcome considered?	**Selection of outcome measures**	**Clinical significance**	
Dephi technique tool [208]	Is the form of measurement stated?	Description of outcome measures	Clear description	1(0.5%)[209]
	Has an attempt been made to validate the measures?	Selection of outcome measures	Validity	

	Has an attempt been made to test the reliability of the measures?	Selection of outcome measures	Reliability	
	Is the outcome objective as compared to subjective?	Selection of outcome measures	Objective measures	
	Are adequate summary statistics provided at baseline and outcome?	Reporting of outcome data	Completeness: outcome data at baseline	
	How many outcomes are used?	Reporting of outcome data	Completeness	
	Are the measured outcome relevant?	Selection of outcome measures	Relevance	
	Are the measured outcome independent?	Conduct of outcome measurement	Blinding of outcome assessor	
Helminski JO et al. [210]	Outcome measure described	Description of outcome measures	Clear description	1(0.5%)[210]
	Relevant outcomes used	Selection of outcome measures	Relevance	
	Use of quantitative outcome measure	Selection of outcome measures	Quantitative outcome measure	
Rietberg MB et al. [211]	Were the outcomes of participants who withdrew or were excluded after allocation described and included in an 'intention to treat' analysis?	Reporting of outcome data	Completeness: amount and handling of incomplete data	1(0.5%)[211]
	Were the outcome assessors blind to assignment status?	Conduct of outcome measurement	Blinding of outcome assessors	
	Were the outcome measures used clearly defined?	Description of outcome measures	Clear description	
	Were diagnostic tests used in outcome assessment clinically useful?	Reporting of outcome data	Clinical significance	

Notes:

*Studies used a checklist/tool to evaluate quality of outcome reporting

#Level 1: Primary component refers to the broad domain of outcome reporting being critically appraised. Five main domains were identified: description of outcome measures, selection of outcome measures, conduct of outcome measurement, reporting of outcome data.

† Level 2: Secondary component refers to specific appraisal focus under a primary domain. For example, primary domain critiquing the conduct of outcome measurement includes blinding of outcome assessors and timing of outcome measurement.

Item contents highlighted as bold letters are potential items to be considered as criteria in evaluating the quality of outcome reporting in RCTs of rehabilitation interventions.

Appendix 3c. Summary of investigators' discussions on reporting of outcomes in RCTs of rehabilitation interventions

Classification of health condition according to ICD-10	Study with discussion on outcome measures	Target condition	Study intervention	Study outcome	Authors' comments/discussions on outcome measures and measurement	Categorizing authors' discussions into different domains	
						Level 1*	Level 2†
Disease of circulatory system	[212]	Stroke	Repetitive task training	Functional ability	It would have been better to use outcome changes compared with baseline, especially for analyses with smaller numbers of participants, but these were also not available across trials	Selection of outcome measures	Outcome changes during the follow-up
					Future trials should be powered to detect cost-effectiveness as well as clinical effect, and should include a quality of life measure as one of the outcomes.	Selection of outcome measures	Cost-effectiveness, clinical effect, quality of life
	[213]	Stroke	Tai Chi	Rehabilitation effect	To make the outcomes and results of further clinical research more reliable and objective, it will be necessary to apply advanced assessment instruments such as the gait scanner to introduce biomechanical indicators into studies,	Selection of outcome measures	Reliability, objective measures
	[214]	Stroke	Water-based exercises	Activities of daily living	There were also methodological differences in the mechanism of randomisation and allocation concealment methods used, blinding of primary outcomes and the presence or use of ITT analysis	Conduct of outcome measurement	Blinding of outcome assessors; Intention-to-treat analysis
	[215]	Stroke	Mirror therapy	Motor function	"0" studies with no or unclear use of an adequate handling of missing outcome data"	Reporting of outcome data	Completeness: handling of incomplete outcome data
					Various motor function assessment measures were used as the primary outcome across the studies, but functional outcome was scarce.	Selection of outcome measures	Functional outcome
	[216]	Stroke	Repetitive transcranial magnetic stimulation(rtms)	Function	Most of the included trials evaluated the outcome at the end of the treatment period or within one month. Whether rtms had long-term effects on functional recovery was not clear. The short-term follow-up could not detect the long-term effect of rtms. In consideration of spontaneous recovery after stroke, long-term outcome measurement should be performed (three months or longer) after stroke.	Selection of outcome measures Conduct of outcome measurement	Functional measures, Long-term follow-up
	[217]	Stroke	Circuit class therapy	Mobility	These studies should include measures of cost-benefits as well as quality of life and participation	Selection of outcome measures	Cost-effectiveness, quality of life and participation
	[218]	Stroke	Repetitive peripheral magnetic stimulation	Activities of daily living and functional ability	Most of the included trials assessed the outcome at the end of the treatment period or within several weeks after treatment. Whether rpms had long-term effects on functional recovery is unclear	Selection of outcome measures	Functional outcome;
					The most optimal rpms protocol (intensity, duration, and frequency) and long-term effects of rpms should be investigated	Conduct of outcome measurement	Long-term follow-up
	[58]	Stroke	Physical Exercise	Dual-Task Gait Speed	Select outcome measures that evaluate what is being trained (ie, cognitive–motor dual–tasks, motor–motor dual–tasks, or both)	Selection of outcome measures	Relevance
					If a goal is to evaluate transferability of treatment effects to untrained tasks, include an outcome task that is distinctly unique from any training activity		
	[219]	Stroke	Repetitive transcranial magnetic stimulation	Rehabilitation effects	There is a large heterogeneity of the outcome measures in the studies considered, making the different interventions employed and the expected results difficult to compare	Selection of outcome measures	Standardized measures
					An objective measure of the effectiveness of an intervention is crucial to translate the research results into clinical practice. Therefore, the outcome measures should be selected according to the WHO International Classification of Functioning, Disability, and Health (ICF) in order to ensure comparability, reliability, and validity	Selection of outcome measures	Objective outcome measures; ICF
					The absence of agreement on a core set of outcomes	Selection of outcome measure	Core outcome set

				Properly planned and adequately powered randomised trials with a comprehensive set of shared outcomes are warranted to clarify the effects of aquatic exercise in people with PD	Selection of outcome measures	Core outcome set
139	Stroke	Adding electrical stimulation during standard rehabilitation	Motor function	Variability in the reported outcomes	Selection of outcome measures	Standardized measures
				Also, researchers and clinicians should use measurements that are specific to both the residual deficits of the post-stroke patient and adjust treatment parameters based on augmenting motor learning and motor function.	Selection of outcome measures	Validity: specificity
				Future studies could consider measures of impairment and function with stronger, more direct associations between the two	Selection of outcome measures	Functional outcome
58	Stroke	Physical Exercise	Dual-Task Gait Speed	Select outcome measures that evaluate what is being trained (i.e., cognitive–motor dual–tasks, motor–motor dual–tasks, or both);	Selection of outcome measures	Relevance
				If a goal is to evaluate transferability of treatment effects to untrained tasks, include an outcome task that is distinctly unique from any training activity		
89	Stroke	Activity monitors	Physical activity	No consistent outcome measure was used in all four studies, which limited our ability to pool the available data	Selection of outcome measures	Standardized measures
				The issue of a lack of commonality in outcome measures in stroke rehabilitation research has been noted previously, leading to the development, by a group of international stroke research experts, of consensus-based core recommendations to measure sensorimotor recovery in future stroke rehabilitation trials .		
63	Stroke	Stroke recovery		Provide clear and relevant primary outcomes	Description of outcome measures;	Clear description
					Selection of outcome measures	Relevance
142	Stroke	Upper-limb physical training	Changes in transcranial magnetic stimulation outcome measures	Future studies aimed at tracking plastic changes after training interventions should consider using mapping outcomes and MEP latency as their main TMS outcome measures.	Selection of outcome measures	Relevance
				Even though motor thresholds were frequently assessed and are considered among the most reliable TMS outcome measures, the review's observations question their ability to track plastic changes, at least in response to 6 weeks or less of upper-limb physical training	Selection of outcome measures	Changes in the measured outcome
68	Stroke	Occupational therapy		Studies, with clearly reported methods, should be focused on areas where occupational therapy may deliver significant clinical benefits through improved performance in ADL, or cost effectiveness benefits through faster rehabilitation and discharge	Selection of outcome measures	Cost-effectiveness
145	Stroke	Virtual Reality	Lower Extremity Rehabilitation	The validity and reliability of the outcome measures used in the different trials are crucial to determine the quality of the findings	Selection of outcome measures	Validity, reliability
153	Stroke	Mirror Therapy	Recovery	Researchers who evaluated outcomes may be subjective, leading to inconsistencies in the results, which further generate heterogeneity in our network meta-analysis.	Conduct of outcome measurement	Blinding of outcome assessors
167	Stroke	Anodal transcranial direct current stimulation	Upper limb motor recovery	There is considerable room for improvement in future clinical trial design, including the use of common outcome measures and appropriate sample size, before definitive conclusions can be drawn on the use of this technique for the rehabilitation of patients with stroke	Selection of outcome measures	Standardized outcome measures
164	Stroke	Mechanical gait support	Gait speed and distance	Gait speed is a noteworthy outcome measure; it has the potential to predict future health status, functional decline including hospitalization, discharge location, and mortality	Selection of outcome measures	Validity, reliability, clinical relevance
82	Stroke	Simultaneous bilateral training	Arm function	The included studies used a wide range of outcome measures, methodologies and time intervals for follow up making statistical pooling difficult.	Selection of outcome measures	Standardized outcome measures

125	Stroke	Exercise therapy	Arm function	The use of outcome measures of limited responsiveness	Selection of outcome measures	Responsiveness
220	Visual field defects in people with stroke			Here is growing evidence that goal attainment scaling (a standardised method of scoring performance of patient-specific tasks) may provide a valid, reliable, sensitive method of evaluating outcomes that are of greatest importance to individual patients	Selection of outcome measures	Validity, reliability, sensitivity
				To support the creation of meaningful evidence syntheses and meta-analyses, there is a need for consensus between stroke survivors, their families and carers, health professionals, and researchers in relation to core outcomes for trials relating to interventions for visual field defects after stroke as recommended by the COMET Initiative.	Selection of outcome measures	Core outcome set
150	Pediatric stroke	Nonpharmacological rehabilitation interventions	Motor and cognitive outcomes	Although tdcs did not demonstrate favorable outcomes for motor function, tdcs treatment was associated with improvement in COPM scores, signifying the importance of appropriate outcome measure selection and use to detect improved function	Selection of outcome measures	Validity: sensitivity
				The benefits from the treatment should be assessed via ICF based outcome measurement	Selection of outcome measures	Core outcome set: ICF based outcome measurement
149	Stroke	Electroacupuncture	Reflex Sympathetic Dystrophy	To obtain robust and convincing evidence, rigorous, standardized, multicentric, high-quality, long follow-up, multidimensional outcome measures, and good-designed RCT is indispensable	Selection of outcome measures	Standardized measure
						Validity
						Multidimensional outcomes
					Conduct of outcome measurement	Timing of outcome measurement: long-term follow-up
99	Attention deficits following stroke	Cognitive rehabilitation		Future studies should be adequately powered to detect the effects of treatment on functional outcomes. Outcomes need to be assessed on general indices of attention and the effect on functional abilities determined	Selection of outcome measures	Functional outcome
143	Stroke and traumatic brain injury	Physical exercise	Cognition	We recommend further investigation of cognitive dysfunctions at baseline and the role of time after injury.	Reporting of outcome data	Completeness: outcome data at baseline
184	Post-stroke dysphagia	Surface neuromuscular electrical stimulation		The included studies differed considerably regarding the study population (e.g. Stroke onset, type, and severity), intervention settings, and outcome assessments	Selection of outcome measures	Standardized outcome measures
				Whether neuromuscular electrical stimulation exerts a longer treatment effect is unknown	Conduct of outcome measurement	Timing: long-term follow-up
181	Cardiopulmonary Diseases	Telerehabilitation		With only a small number of studies reporting outcomes on physical or functional measures, clinical processes, and costs, and with some conflicting findings emerging, compelling evidence supporting broad implementation of telerehabilitation is still limited	Selection of outcome measures	Physical or functional measures, cost effectiveness, clinical relevance
221	Heart failure	Exercise training		Comprehensive long-term studies should include health care utilisation, mortality, quality of life, and cost-effectiveness as outcome measures	Selection of outcome measures	Cost-effectiveness, health care utilization, quality of life
49	Patients with an implantable cardioverter defibrillator	Exercise-based cardiac rehabilitation		A longer intervention period might affect outcomes, as the follow-up duration and duration of exercise programme might be too short for clinical outcomes	Conduct of outcome measurement	Timing: long-term follow-up

		Post- open surgical aortic valve replacement and transcatheter aortic valve implant	Exercise-based cardiac rehabilitation	All relevant outcomes	Future studies of exercise-based CR post open aortic valve surgery or TAVI should aim to measure outcomes and costs that are relevant to the patients, clinicians and the policy makers.	Selection of outcome measures	Cost effectiveness, patient relevant outcomes including HR-qol, mortality and hospitalisation.
Injury, poisoning and certain other consequences of external causes	[222]	Traumatic brain Injury	Caregiver and Dyad Interventions		Future studies of caregivers of individuals with TBI should enroll participants at the same time frame and standardize outcomes to account for TBI severity or cognitive impairments of the individual with TBI.	Selection of outcome measures	Standardized measures
					Using outcome measures with stronger evidence of reliability and validity would allow for better comparisons of these studies.	Selection of outcome measures	Validity, reliability
	[96]	Traumatic brain injury	Acupuncture	Acute management and rehabilitation	Blinding of investigators, participants and outcome assessors	Conduct of outcome measurement	Blinding of outcome assessors
					Use of widely recognized and commonly adopted standard validated outcome measures (e.g. Glasgow Coma Score, Glasgow Outcome Score, Barthel Index) to ensure validity, reliability and comparability,	Selection of outcome measures	Standardized measures
					On the other hand, none of the trials reported quality of life of the participants, which is an important outcome for this group of neurologically impaired or disabled individuals.	Selection of outcome measures	Quality of life
	[86]	Traumatic Injury	Interventions That Support or Involve Caregivers or Families of Patients with Traumatic Injury		Few studies evaluated patient outcomes and no study reported adverse effects.	Reporting of outcome data	Adverse effects
					Further, outcome measures varied greatly which contributed to unexplained heterogeneity in some meta-analyses and hampered our efforts to generate evidence on which caregivers and patients are most likely to benefit.	Selection of outcome measures	Standardized measures
					Third, the use of common outcome measures would enhance synthesis across studies. Investigators should select measures that accurately capture the outcome of interest and that are reliable, pragmatic, responsive to change, and valid, such as the CES-D for depression	Selection of outcome measures	Responsiveness, validity, reliability
					Of notable absence across many studies were important patient- and caregiver-centered outcomes, such as intervention satisfaction and acceptability and quality of life, that might be more important and direct indicators of intervention effectiveness; future studies should include such measures	Selection of outcome measures	Patient- and caregiver-centered outcome
	[199]	Traumatic Brain Injury	Telerehabilitation		Given the finding that the positive effects were limited to short-term outcomes, further research on approaches (eg, booster sessions) for improving maintenance of gains over time is recommended	Conduct of outcome measurement	Timing: long-term follow-up
	[77]	Parkinson disease, multiple sclerosis, acute and chronic poststroke, traumatic brain injury, and cerebral palsy	Virtual reality	Balance and gait	Further work needs to establish whether the outcomes transfer to the real world	Selection of outcome measures	Clinical relevance
					Encourage conducting follow-up assessments to better understand long-term outcomes of VR rehabilitation	Conduct of outcome measurement	Timing: long-term follow-up
	[121]	Traumatic brain injury	Rehabilitation services		The lack of universal terminology and reporting standards for the service aspects, as well as the diversity of interventions and outcome measures, prohibited analysis of the effects of service provision across studies, as well as metaanalytic approaches	Selection of outcome measures	Standardized measure

	66	Spinal cord injury	Self-management interventions for skin care		Skin status was the most commonly measured outcome yet comparisons across studies are difficult because of variation in measurement methods, length of follow-up, and baseline characteristics	Selection of outcome measures	Standardized measures, validity, reliability
					Accurate and reliable PU measurements are recognized to be difficult. It is recommended that researchers be precise in reporting data for this outcome, including detailed documentation of observed PU stages and anatomical locations	Description of outcome measures	Detailed description
	147	Incomplete spinal cord injury	Locomotor training		It could also be argued that outcome measures were not specific and sensitive enough to capture more subtle changes	Selection of outcome measures	Sensitivity, validity, reliability,
					There is a need for the development of standardized, sensitive, specific, affordable, and clinically applicable outcome measures	Selection of outcome measures	cost-effectiveness, clinical relevance.
	223	Ligament and tendon injurie	Platelet-rich plasma treatment		It is imperative that scientific studies are performed to assess clinical indications, efficacy, and safety, and this will require appropriately powered rcts with adequate and validated clinical and functional outcome measures and sound statistical analysis	Selection of outcome measures	Clinical relevance, functional outcome measures, validity
					None of the included trials performed long-term follow-ups to investigate the clinical outcomes or other benefits on health	Conduct of outcome measurement	Timing: Long-term follow-up
	126	Repetitive-strain injuries	Biopsychosocial rehabilitation		Pertinent outcome measurements are also important for clinical relevance	Selection of outcome measures	Clinical relevance
	114	Hip fractures	Multidisciplinary rehabilitation		Lack of blinding and incomplete outcome data are more likely to have affected the reliability of functional assessment rather than mortality and other 'hard' outcomes.	Conduct of outcome measurement	Blinding of outcome assessors
					However, data for the various validated measures of function in use were generally incomplete and, where complete, pooling was either not possible or appropriate.	Reporting of outcome data	Completeness
Diseases of the nervous system	205	Hemiplegia	Shoulder taping		The main limitation of this review is that the outcome measures were not similar across the rcts included in this review	Selection of outcome measures	Standardized measure
	104	Neuromuscular disease	Respiratory muscle training		Lack of blinding (particularly with subjective outcomes highly susceptible to biased assessment), and selective outcome reporting	Conduct of outcome measurement	Blinding of outcome assessors
						Reporting of outcome data	Unselective reporting
					Our analyses relied on subjective outcomes, which appear to be at greater risk of bias than objective outcomes	Selection of outcome measures	Validity, relevance
					The CONSORT (Consolidated Standards of Reporting Trials) statement recommends that, for each outcome, trial data should be reported as a summary of the outcome in each group together with the effect size, which for continuous data is usually the difference in means and standard deviation for the difference (CONSORT 2010).	Reporting of outcome data	Completeness: baseline and final outcome measures; change estimation and variance
	115	Peripheral neuropathy	Exercise		No true assessment of the cost and benefits of exercise in the treatment of people with peripheral neuropathy can be made until relevant research evidence is available, including the effect of exercise treatment on the overall economic burden of care to health service providers.	Selection of outcome measures	Cost effectiveness
	101	Acute demyelinating inflammatory polyneuropathy	Rehabilitation intervention		The development of appropriate, reliable and valid outcome measures, which reflect domains of the ICF, and a consensus on a core set of measurement of outcomes in GBS trials. (Guillain–Barré syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system.)	Selection of outcome measures	Relevance, validity, reliability; ICF ; core outcome set
	56	Neuro disabilities	Non-pharmacological interventions	Non-respiratory sleep disturbance	Blinded outcome assessment was either not undertaken or it was unclear whether blinding had occurred; in the absence of an established method of blinded outcome assessment, there is a risk of overestimating the effectiveness of an intervention where allocation is unblinded and parent-reported outcomes have an element of subjectivity.	Conduct of outcome measurement	Blinding of outcome assessors

				Methodologists may wish to consider how to grade lack of blinding in studies where blinding is not possible and outcomes are subjective.		
176	Cerebral palsy	Cycling interventions	Function	It seems reasonable that cycling training leads to improved cycling capacity; however, future efforts should be made to assess cycling-specific outcomes and to determine optimal training parameters for improved cycling capacity and performance.	Selection of outcome measures	Relevance
				Greater consistency is needed in terms of intervention and control content and care should be taken to select outcome measures that are sensitive to change in the population of interest	Selection of outcome measures	Validity: sensitivity to change
122	Cerebral palsy	Suit therapies	Clinical aspects and effectiveness	For the evaluation of outcomes, immediate effect of the suits should be taken into account and the evaluations should be done without suit on	Conduct of outcome measurement	Timing: short-term follow-up
					Reporting of outcome data	Completeness: baseline outcome measures
178	Cerebral palsy		Physical activity participation	Inappropriate selection of outcomes and inadequate reporting of complex interventions are barriers to progress in this field.	Selection of outcome measures	Validity, reliability, relevance
				None of the included studies in this review used Self-Determination T as a framework for intervention design, content, or outcome measurement.		
				Goal-based individualized outcomes, such as the Canadian Occupational Performance Measure, have the potential to capture changes in participation goals that are specific to the individual's preferences and their environment (context). When using the Canadian Occupational Performance Measure to measure participation outcomes, care must be taken to clearly describe an 'attendance' (frequency and/or diversity) or 'involvement' aspect to the goals		
				Selection of appropriate outcome measures, such as goal-based outcomes for participation frequency or involvement and accelerometer-related outcomes for HPA, will ensure that intervention effects can be evaluated and compared.		
185	Cerebral palsy		Quality of life	Quality of life has become an important outcome measure for thorough assessment of treatment outcomes despite the lack of a clear definition and how it should be measured remains problematic.	Selection of outcome measures	Quality of life
				Since the effects of CP are complicated on a multidimensional level, where some interventions take effect immediately upon implementation but cannot be sustained in the long term whereas others take a longer time for the long-term positive effect to emerge , follow-up time should be varied and multiple outcome assessments be taken at different time points so that a real effect can be captured accurately	Conduct of outcome measurement	Timing: multiple time point of outcome measurement
				A lot of studies which claimed to have used qol as an outcome measure were in fact measuring only one/few domains of qol. For example, in a lot of clinical trials, 'qol' was only 'functional status' or 'alleviation of symptoms'. Future research thus is encouraged to carefully model the variables in association with qol and identify the moderator and mediator variables so that better measurement tools can be designed that does not contain overlapping or irrelevant variables in the items' checklist. Until then, qol should be carefully measured and interpreted and should remain a crucial outcome measure used in healthcare research.	Selection of outcome measures	Quality of life(validity, sensitivity)
161	Multiple sclerosis	High intensity interval training		The heterogeneity of the outcome measures used across the seven studies limited comparison with previous reviews of HIIT in other conditions and prevented a meta-analysis.	Selection of outcome measures	Standardized measure
				In addition, future research should examine the possible benefits of HIIT in people with MS, beyond cardiovascular fitness and muscle strength	Selection of outcome measures	Multidimensional outcome measures

	163	Multiple Sclerosis	Physiotherapy Rehabilitation		Studies should, where possible, aim to use a core set of outcome measures and use outcome measures for which there are available data of MCID for people with MS	Selection of outcome measures	Core outcome set
					Further investigation, with appropriately powered studies and consistency in outcome measures between studies	Selection of outcome measures	Standardized outcome measures
	224	Multiple sclerosis	Telerehabilitation		Rigorous studies are needed for future research into appropriate outcome measures, optimal intensity, frequency and cost-effectiveness of telerehabilitation intervention over a longer time period.	Selection of outcome measures	Validity, cost effectiveness
					The outcome measures used to evaluate rehabilitation interventions need to reflect the complex constructs in MS and focus on impairments, activity and restriction in participation, as advocated by ICF	Selection of outcome measures	Functional outcome, ICF
					More research is needed to obtain consensus on a suitable battery of measures to capture changes in physical ability (at the level of impairment and disability), as well as the longer-term outcomes relating to psychosocial adjustment	Selection of outcome measures	Outcome changes during the follow-up
					The evidence synthesis highlights the need for systematic data collection in the course of real life clinical ,practice as well as long-term follow-up of outcomes,	Conduct of outcome measurement	Timing: long-term follow-up
					The tele-rehabilitation interventions evaluated in the included studies showed marked heterogeneity in terms of characteristics, type and mode of delivery of the interventions, measurement tools used (even for identical outcomes)	Selection of outcome measures	Standardized outcome measures
	165	Multiple sclerosis	Exercise therapy		Consensus about the best outcomes to assess the effectiveness of exercise therapy is necessary	Selection of outcome measures	Standardized outcome measures
	211	Multiple sclerosis	Exercise therapy		International consensus about a core set of outcome measures to determine the effect of exercise therapy would enable comparison of the magnitude of effect of different exercise regimens	Selection of outcome measures	Core outcome set
	162	Parkinson's disease	Robot-assisted gait training	Motor impairments	Further rcts that examine RAGT on more specific outcomes are required to better understanding the effectiveness of RAGT intervention among pwpd	Selection of outcome measures	Relevance
	225	Parkinson's disease	Multidisciplinary outpatient rehabilitation program		There is a need to investigate whether multidisciplinary programs providing ongoing support, less intensive but more frequent therapy interventions are effective in improving or maintaining health related quality of life for people with PD and their families, due to the progressive nature of PD	Selection of outcome measures	Quality of life
	226	Parkinson's disease	Occupational therapy		Outcome measures with particular relevance to patients, carers, occupational therapists and physicians should be chosen and the patients monitored for at least six months to determine the duration of benefit	Selection of outcome measures	Relevance to patients, carers, occupational therapists and physicians
Diseases of the eye and adnexa	227	Low vision	Reading aids		No studies have used validated measurement methods to investigate important secondary outcomes such as subjective preference for each device or sustained use.	Description of outcome measures	Completeness: secondary outcome
Diseases of the ear and mastoid process	59	Hearing loss	Alternative listening devices to conventional hearing aids	-	There were some outcomes of potential interest that were not measured (i.e. Cognition, general health-related qol, adverse effects)	Selection of outcome measures	Core outcome set
					There should be greater consistency in the outcome measures	Selection of outcome measures	Standardized measures
					A clear need for the development of a core outcome set in audiological rehabilitation research (Barker et al. 2015; Ferguson et al. 2017)	Selection of outcome measures	Health-related quality of life, adverse effects
	91	Hearing problem	Auditory rehabilitation	Hearing aid use	Long-term outcome measurement was rare in delivery system design comparisons	Conduct of outcome measurement	Timing: longer-term follow-up
					When studies did consider hearing aid use it was usually measured as self-reported hours of use per day. It was rare for studies to make any mention of the potential for adverse effects, which is a limitation in study design and outcome measurement to date.	Reporting of outcome data	Completeness: adverse outcome
					There is a lack of consensus over which outcomes are important in hearing health and a lack of agreement on which specific scales should be used to measure those outcomes	Selection of outcome measures	Standardized measures

					Agree a set of core outcomes for future research into auditory rehabilitation, both in terms of outcome type (e.g. Benefit, hearing handicap, quality of life etc.) And in the measure used to record that outcome	Selection of outcome measures	Core outcome set
					Measures used for patient-reported outcomes should be sensitive enough to detect incremental changes in outcome over and above those provided by a hearing aid.	Selection of outcome measures	Validity: sensitivity
					Do a better job with detection bias (blinding of outcome assessment)	Conduct of outcome measurement	Blinding of outcome assessors
Diseases of the respiratory system	[154]	Chronic Lung Disease	Exercise training	Pulmonary Function	A future meta-analysis of studies that directly compare the effect of exercise training across functional outcomes from multiple physiological systems (eg, pulmonary, cardiovascular, skeletal muscle) would allow this hypothesis to be empirically tested	Selection of outcome measures	Functional outcomes from multiple physiological systems
					Valid measurement of physical activity is challenging	Selection of outcome measures	Validity
					Physical activity outcomes should be reported separately with both baseline and final outcome measures instead of only reporting changes between baseline and final measures	Reporting of outcome data	Completeness: baseline and final outcome measures
					Try to blind at least the outcome assessors	Conduct of outcome measurement	Blinding of the outcome assessors
					Clinical heterogeneity between studies, such as differences between the participants (i.e. Health status), differences in the content or technologies used in the interventions, and differences in the physical activity outcome measures, could affect application of the findings in clinical practice	Selection of outcome measures	Standardized measures
	[93]	Chronic obstructive pulmonary disease	Non-invasive ventilation during exercise training		The diverse outcome measures used suggest there is a need for researchers to refer to current recommendations when designing new projects to facilitate more specific between-study comparisons	Selection of outcome measures	Standardized measures
					Important outcomes that should be evaluated include endurance exercise capacity, HRQL and physical activity	Selection of outcome measures	Function, quality of life
	[112]	COPD	Creatine supplementation		An additional challenge that arose while preparing this review was dealing with different measures designed to assess the same outcome,	Selection of outcome measures	Standardized outcome measures
					The use of a more responsive outcome measure for exercise capacity such as cycle endurance time45-47 may increase the likelihood of being able to assess whether there is any benefit in adding creatine supplementation to pulmonary rehabilitation in patients with COPD	Selection of outcome measures	Responsiveness
Diseases of the musculoskeletal system and connective tissue	[146]	Lower limb osteoarthritis	Therapeutic aquatic exercise	Symptoms and function	Interpretation of the results has to be done with caution, as the outcome measures used may not accurately represent the true changes in quality of life within this population	Selection of outcome measures	Responsiveness
	[75]	Hip, knee or hip and knee osteoarthritis	Exercise		Outcome measures were heterogeneous and often self-reported which are subject to recall bias and socially desirable biases.	Selection of outcome measures	Objective measures
	[94]	Arthritis	Continuous passive motion following total knee arthroplasty		Perhaps the most important outcome is function because it reflects the implications of ROM, strength, swelling and pain on activities of daily living	Selection of outcome measures	Function
					Although short-term outcome of acupuncture seems favorable, it remains uncertain whether the effect could be maintained in the long-term with or without continuous acupuncture treatment	Conduct of outcome measurement	Timing: appropriate follow-up period
	[191]	Post-Thumb Base Surgery	Postoperative Rehabilitation		Future studies report homogenous outcome measures, preferably measured with validated measurement instruments	Selection of outcome measures	Validity

	123	Musculoskeletal disorders	Motion detection supported exercise therapy		The small amount of homogeneous data concerning specific outcome measures, it proved difficult to summarize motion detection systems on their effectiveness in comparison with conventional therapy settings	Selection of outcome measures	Specific and standardized measure
	228	Muscle disease	Strength training and aerobic exercise training		To facilitate meaningful comparisons among studies and statistical power by effective pooling of study results, more uniformity is needed in type of interventions, intensity of exercise therapy, and type of outcome measures	Selection of outcome measures	Standardized outcome measures
					Lack of blinding of participants and outcome assessors was a prevalent risk of bias	Conduct of outcome measurement	Blinding of outcome assessors and participants
	179	Unilateral TKA	Training with biofeedback devices	Clinical outcome	The measurable parameters (knee angulation moment, vertical ground reaction force, weight bearing balance, range of motion, quad peak torque) are a kind of surrogate parameter for gait and also show a significant improvement by providing biofeedback. These measurable outcome parameters have a more objective view on outcomes and allow a reliable comparison between different types of feedback or devices.	Selection of outcome measures	Objective measures
	160	Anterior cruciate ligament reconstruction	Psychosocial interventions	Rehabilitation outcomes	Future studies should examine the impact of psychosocial interventions on return to sport/activity after anterior cruciate ligament reconstruction.	Selection of outcome measures	Relevance(return to sport/activity)
					Inconsistency of patient-reported outcome domains	Selection of outcome measures	Standardized measure
					Few studies have assessed functional ability in activities of daily living as an outcome.	Selection of outcome measures	Functional outcomes
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	229	Pain	Massage Therapy	Function	While no studies included information on cost, the authors encourage future research to conduct cost analyses and include additional outcomes, such as feasibility, length of hospital stay, and medication use, when deciding which intervention is most practical and appropriate for implementation. Core outcome set; patient reported outcomes measurement information system: National Institutes of Health.	Selection of outcome measures	Cost-effectiveness, clinical outcomes
					It is important to utilize not only appropriate control/comparators but also standardized patient-reported outcomes that are perceived as valid, sensitive and reliable for ensuring impactful results in healthcare	Selection of outcome measures	Standardized patient-reported outcomes
	90	Stable angina	Exercise-based cardiac rehabilitation	Rehabilitation effects	Such trials need to collect patient-relevant outcomes, including clinical events and health-related quality of life	Selection of outcome measures	Patient-relevant outcome(clinical events and health related quality of life)
					They should also assess cost-effectiveness,	Selection of outcome measures	Cost-effectiveness
	166	Low back pain	Motor control exercises	Pain and disability	In future studies, outcomes should preferably be reported as the mean change from baseline and the change from baseline SD	Reporting of outcome data	Outcome mean change and variance during the follow-up
	209	Tension-type headache	Physiotherapy and manipulation		There appeared to be many differences in study populations, interventions, treatment duration, and outcome measures. The methodological quality of the majority of the studies was low	Selection of outcome measures	Standardized outcome measures
					We agree that in future research outcome measures should also include a quality of life assessment, functional health status, patient satisfaction, and side effects.	Selection of outcome measures	Quality of life, functional health, patient satisfaction, side effects
	102	Post-prostatectomy	Conservative management		In order to determine the effects of specific protocols and modalities, large adequately powered trials using common protocols and common standardised outcome measures are needed.	Selection of outcome measures	Standardized outcome measures

		urinary incontinence			Future trials must attempt to use broadly accepted validated outcome measures, such as those of the International Continence Society (ICS		
					The primary outcome measure should be the participant's self-reported UI or its effects on his quality of life. Other objective measures such as the pad test or urinary diaries can be used to determine if continence has been achieved. Researchers must also focus on either the 1 hour or 24 hour pad test, as the results of these two measurements are not equivalent.	Selection of outcome measures	Self-reported outcome, quality of life
					Blinding of outcome measurement,	Conduct of outcome measurement	Blinding of outcome assessors
Neoplasms	[188]	Cancer	Physical activity		A standardised use of outcome measures and assessment of the intensity of physical activity are desirable and important in future randomised controlled trials to facilitate more reliable and valid synthesis of results from different studies.	Selection of outcome measures	Standardized, validity, reliability
	[180]	Cancer	Preoperative combined aerobic and resistance exercise training		There is a need to standardise the measurement parameters used to evaluate the effects of prehabilitation on order to homogenise the results and to facilitate comparison among studies	Selection of outcome measures	Standardized measure
	[74]	Cancer	Cancer Survivorship Care Plans	Health Outcomes and Health Care Delivery	Studies examining disease end points and economic outcomes are too few to draw even tentative conclusions	Selection of outcome measures	Relevance, cost-effectiveness
					There was also little consistency in what outcomes were assessed and even in what measures were used to assess the same outcome (eg, psychological distress).	Selection of outcome measures	Standardized measure
					Avoidance of selective reporting of outcomes	Reporting of outcome data	Unselective reporting
					Protocols that prespecify the study's primary and secondary outcomes should be available and the published report should clearly indicate which analyses are primary and which are secondary or exploratory.	Description of outcome measurement	Clearly description
					More proximal outcomes include survivors' understanding of survivorship issues and where subsequent care would be delivered	Selection of outcome measures	More proximal outcomes(eg. Survivors' understanding of survivorship issues)
					We recommend the adoption of a core set of proximal outcomes in future research on scps that includes measures of patient and provider knowledge, communication quality, and understanding of care provider roles	Selection of outcome measures	Core outcome set
Mental and behavioural disorders	[201]	Autism spectrum disorder	Emotion recognition training		Only few studies used blinded assessments of relevant outcomes	Conduct of outcome measurement	Blinding of outcome assessors
	[201]	Autistic individuals using the serious game framework	Social emotional computer-based interventions		Future research evaluating CBI may benefit from the reporting of attrition rates or other potential outcome measurements for engagement, such as gameplay statistics or participants' satisfaction during the game	Selection of outcome measures	Patient-centred outcome
					Heterogeneity in social emotional outcome measures was also observed, making it challenging to draw definite conclusions on the efficacy of CBI on distant generalisation outcomes	Selection of outcome measures	Standardized measure
Certain infectious and parasitic diseases	[92]	HIV	Interventions	Employment outcomes	Ensure blinding of outcome assessors,	Conduct of outcome measurement	Blinding of outcome assessors

Endocrine, nutritional and metabolic disease	105	Severe acute malnutrition in children from six months to five years of age	Ready-to-use therapeutic food (RUTF)		Another issue, in terms of the outcomes evaluated, is that while we wanted to report on change from baseline for all continuous outcomes, this was not always possible due to a lack of required information (for example, values at baseline and SD of change).	Reporting of outcome data	Completeness: baseline and final outcome measures; change estimation
Congenital malformations, deformations and chromosomal abnormalities	80	Children with cleft palate	Speech and language therapy		Concerning theoretical base of the intervention approaches, study design, sample sizes, risk of bias, and standard of speech outcome measures and generalization of results	Selection of outcome measures	Standardized outcome measures
Disability	136	Older people	Non-immersive virtual reality	Rehabilitation effects	Different outcome measures, including functional and quality of life indexes, to better evaluate the clinical impact of this promising technology in healthy old subjects and in neurological patients	Selection of outcome measures	Functional, quality of life
	37	Disability(older patients)	Goal-setting	Physical functioning, quality of life and duration of rehabilitation	Future studies should aim at improving quality of evidence by reducing the risk of bias using clear study outcomes	Selection of outcome measures	Validity
	230	-	-	-	It is advisable that prospective rcts in this field use an agreed core outcome set unless there is a clear justification to use alternative measures because the use of different but comparable measurement instruments limits the suitability of data for meta-analysis.	Selection of outcome measures	Core outcome set
	100	Chronic care	Physical rehabilitation		Publication of pre-study protocols for analysis and reporting of all outcome measures is particularly important given the wide variety of outcome measures used in these studies	Selection of outcome measures	Relevance, sensitivity, feasibility, validity, reliability
					Outcome measures should be chosen with care, for their relevance, sensitivity, feasibility, validity, and reliability and to allow comparison between studies.		
					Future research should report outcomes per group for mortality, fall incidence, number of participants who fell at least once, hospitalisation incidence, number of participants hospitalised at least once, and incidence of minor injuries.	Reporting of outcome data	Completeness: amount of incomplete data

Notes:

*# Level 1: Primary component refers to the broad domain of outcome reporting being critically appraised. Five main domains were identified: description of outcome measures, selection of outcome measures, conduct of outcome measurement, reporting of outcome data.

† Level 2: Secondary component refers to specific appraisal focus under a primary domain. For example, primary domain critiquing the conduct of outcome measurement includes blinding of outcome assessors and timing of outcome measurement.

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