

Online supplementary file 3. Characteristics of the studies analysed in this review

Author, year, country	No. of participants	Study type	Intervention (a, Timing of commencement; b, Contents; c, Duration; d, Frequency)	Control	Outcomes	Notes
Jones et al., 2003, UK	126	Multi-centre RCT	a: in-hospital b: routine follow-up plus rehabilitation package consisting of 93 pages of text c: 6 weeks d: every day*	No intervention	HRQoL, Mortality, Depression symptoms, PTSD-related symptoms	ICU rehabilitation before randomisation*
Cuthbertson et al., 2009, UK	286	Multi-centre RCT	a: in-hospital b: manual based, self-directed, physical rehabilitation program developed by physiotherapists and introduced by a study nurse c: continued for 3 months after discharge d: unknown	No intervention	HRQoL, Mortality, Quality-adjusted life years, Incidence and severity of PTSD, Anxiety and depression symptoms, Cost effectiveness	ICU rehabilitation before randomisation*
Elliott et al., 2011, Australia	195	Multi-centre RCT	a: after hospital discharge b: home-based physical rehabilitation program focused on strength training and walking c: 8 weeks d: 5 times/week	No intervention	HRQoL, Mortality, Physical function	No ICU rehabilitation before randomisation*

Salisbury et al., 2010, UK	16	Single-centre pilot RCT	a: in-hospital b: enhanced physiotherapy and dietetic rehabilitation package c: unknown d: unknown	Standard care	Physical outcomes, Nutritional outcome, Breathlessness on the Visual analogue scale scores for breathlessness, fatigue, joint stiffness, pain, and appetite	
Batterham et al., 2014, UK	59	Multi-centre RCT	a: after hospital discharge b: hospital-based, physiotherapist-led, supervised exercise c: 8 weeks d: 2 times/week	No intervention	HRQoL, Oxygen uptake, Mood disorder	
Connolly et al., 2015, UK	20	Two-centre pilot RCT	a: after hospital discharge b: exercise-base rehabilitation session of 40 minutes c: 8 weeks d: 3 times/week (2 times supervised, 1 time unsupervised)	No intervention	HRQoL, ADL, Mortality, Physical function, Muscle strength, Adverse events, Anxiety and depression symptoms	ICU rehabilitation before randomisation*
Walsh et al., 2015, UK	240	Two-centre RCT	a: in-hospital b: mobilization exercise and relevant dietetic, occupational, and speech/language therapy c: from ICU discharge until hospital	Standard care	Mobility index, HRQoL, Anxiety and depression symptoms, Self-reported symptom scores (using visual analogue scales)	ICU rehabilitation before randomisation

			discharge but no longer than 3 months d: unknown		for fatigue, breathlessness, appetite, pain, and joint stiffness, Mortality	
McWilliams et al., 2016, UK	73	Single- centre RCT	a: after hospital discharge b: outpatient-based exercise and education program c: 7 weeks d: 3 times/week (1 supervised, 2 self- directed titrated)	No intervention	Exercise capacity, HRQoL, Mortality, Adverse events*	ICU rehabilitation before randomisation*
Shelly et al., 2017, India	35	RCT	a: after hospital discharge b: home-based respiratory and mobility training c: 4 weeks d: 5 times/week	No intervention	HRQoL	
McDowell et al., 2017, UK	60	Multi- centre RCT	a: after hospital discharge b: standard care plus personalized exercise program c: 6 weeks d: 3 times/week (2 supervised and 1 unsupervised)	No intervention	HRQoL, Mortality, Adverse events, Mobility index, Hand function, Exercise capacity, Breathlessness, Anxiety and depression symptoms, Readiness to exercise, Self-efficacy to	

exercise

*Unpublished data

ICU, intensive care unit; RCT, randomised controlled trial; HRQoL, health-related quality of life; PTSD, post-traumatic stress disorder; ADL, activity of daily living