

Table. Interventions and comparators of the included studies

| Study | Experimental group | Control group | Frequency and duration of experimental group |
|------------------------|--|---|---|
| Drory et al. 2001 (38) | Patients assigned to the exercise group received from an experienced physical therapist a list of exercises involving most muscle groups of the four limbs and trunk. The exercise program was developed for each patient, individually taking into account his general health, neurological status and actual fitness level. The main purpose of the exercise program was to improve muscle endurance, having the muscles work against only modest loads but undergo significant changes in length. The exercise program was demonstrated to each patient individually and reviewed at each clinic visit. | The second group was instructed not to perform any physical activity besides their usual daily life requirements. | The entire exercise program was designed to last 15 min and had to be performed twice daily at home, during 3 months. |
| Fateh et al. 2022 (39) | Routine rehabilitation programs for three weeks, including | Routine rehabilitation programs for three weeks, including | 3 weeks, 1 hour session weekly. |

occupational therapy occupational therapy
(OT) sessions + (OT).
patients in the
intervention group
participated in 3 weekly
1-hour energy
conservation programs
provided by an
experienced
occupational therapist.

Ferri et al. 2019 (40) The training program Patients randomized to Each session, of 60
was characterized by the UC group were min duration, three
aerobic, resistance, instructed to maintain times per week for 12
balance, and stretching their usual daily weeks.
exercises, distributed activities.
as follows: 15 min of
cycling at an intensity
corresponding to 80%
between baseline and
the GET calculated
during CPET. 25 min of
strength exercises at
an intensity
corresponding to 60%
of 1RM. Three sets of
10 repetitions (2 min
rest between sets) of
upper (biceps curl and
arm lateral raise) and
lower (squat, calf raise,
and LE) body exercises
were performed with
dumbbells; the LE
exercise was
performed on an
isotonic machine.

TheraBand™ elastics were also used to perform chest press and seated row exercises. Strength exercises were alternatively performed during the week. To reduce the possibility of muscle damage, the eccentric phase of the exercises was avoided. 10 min of proprioceptive exercises, most of which were performed on the BOSU R Pro® balance trainer. 10 min of upper and lower extremity stretching exercises realized on a Pancafit R®.

Table . PEDro score

| Study | Item number | | | | | | | | | | | Total | Methodological rigor |
|------------------------|-------------|---|---|---|---|---|---|---|---|----|----|-------|----------------------|
| | 1* | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |
| Drory et al. 2001 (38) | | + | - | + | - | - | - | - | - | + | - | 3 | Insufficient |
| Fateh et al. 2022 (39) | | + | - | + | - | - | - | - | - | + | + | 4 | Insufficient |
| Ferri et al. 2019 (40) | | + | - | + | - | - | - | + | + | + | + | 6 | Sufficient |

1. Eligibility criteria specified

2. Random allocation

3. Concealed allocation
4. Groups similar at baseline
5. Subject blinding
6. Therapist blinding
7. Assessor blinding
8. Less than 15% dropout
9. Intention-to-treat analysis
10. Between-group statistical comparisons
11. Point measures and variability data

*Item not included in the mean score

PEDro, Physiotherapy Evidence Database