Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Ada et al., 2005 PEDro score: 8	8	Lying supine with arm positioned in full external rotation and 45° of abduction with elbow flexion + Sitting in a chair with arm flexed 90° forward and 90° elbow flexion so that both the single joint extensors (latissimus dorsi) and the multijoint extensors (tri- ceps brachii) were lengthened + Usual care (shoulder exercises, slings & supports) vs. Usual care (shoulder exercises, slings & supports) Treatment program: Lying supine: 5 x 30-minute sessions per week for 4 weeks Sitting: 5 x 30-minute sessions per week for 4 weeks	**At 4 weeks (immediately post intervention)**: (+) Shoulder external rotation contracture using a fluid-filled gravity goniometer (more contracture for the control group) (-) Shoulder flexion contracture using a fluid-filled gravity goniometer (-) Visual Analogue Scale (-) Function (measured by item 6 of the Motor Assessment Scale)
Boyd et al., 1999 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Brooke et al., 1991 PEDro score: N/A	no score (repeated measures study)	Each patient had a total of 5 x-rays: 1) unaffected shoulder (control), 2) unsupported, affected shoulder, 3) affected shoulder with Harris hemisling 4) affected shoulder with Bobath sling 5) affected shoulder with arm through or lap tray	**Over 1 session**: (+) Reduction of vertical and horizontal shoulder subluxation for Harris hemisling vs. Bobath sling (using x-ray measurements)* (+) Reduction of shoulder subluxation for arm trough or laptray (using x-ray measurements).

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			Although the arm trough or laptray tended to overcorrect vertical subluxation. This result was not stated in the study as significant. *Note: Both the Harris hemisling and the Bobath sling corrected vertical subluxation notably, however the Bobath sling caused more horizontal subluxation. The Haris hemisling was significantly more effective at correcting subluxation overall compared to the Bobath sling.
Carr & Kenney, 1992 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Chatterton et al., 2000 PEDro score: N/A	unratable (repeated measures study)	Sitting in bed with 70° incline supine vs. Right side-lying at 45° incline vs. Left side-lying at 45° incline vs. Sitting upright in chair	**After single session**: (-) Mean arterial O2 saturation between position (-) Respiratory rates between positions

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Treatment program: 1 session, 4 hours total, 1 hour per position.	
Chatterton et al., 2001 PEDro score: N/A	This is a survey. Please click on author name for reference.		
De Jong, et al., 2006 PEDro score: 7	7	Lying supine with arm positioned in maximum comfortable shoulder abduction, maximum comfortable external rotation and full elbow extension. + Conventional rehabilitation care vs. Conventional rehabilitation care (control) Treatment program: While lying supine: 2 x 30- minutes sessions per day, 5 days per week, for five weeks	**At 5 weeks (immediately post intervention)**: (+) Passive range of motion of shoulder abduction using a fluid-filled goniometer (-) Passive range of motion of shoulder external rotation, flexion extension, elbow extension and forearm supination using a fluid-filled goniometer (-) Resistance to passive elbow extension measured with Ashworth Scale (+) Fugl-Meyer Assessment for the upper extremity (-) Barthel Index Note: 10 subjects went on to do another 5 weeks of treatment, the data for which is provided but not analyzed.
Dean et al., 2000 PEDro score: 7	7	Lying supine with arm positioned in maximum tolerable abduction with full external rotation and elbow flexion + Lying supine with arm positioned in 90° abduction with full external rotation and elbow flexion + Sitting in a chair with shoulder flexed forward to 90° and	**At 6 weeks (immediately post intervention)**: (-) Passive shoulder external rotation contracture measured with a standard goniometer (-) Active shoulder abduction contracture measured with a gravity goniometer (-) Visual Analog Scale

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		arm fully supported on the surface of a table with the elbow extended and forearm grasping a cylindar + Usual care (multidisciplinary rehabilitation) vs. Usual care (multidisciplinary rehabilitation) Treatment program: While lying supine: 2 x 20 minutes daily for 6 weeks While sitting: 20 minutes daily for 6 weeks	
Elizabeth et al., 1993 PEDro score: N/A	unratable (case-control study	Lying flat supine vs. Right side-lying vs. Left side-lying vs. Lying supine, propped up at 45°	**After single session**: (-) Mean saturation of 02 while lying propped up at 45° (+) Mean saturation of 02 while right side-lying (less saturation than controls) (+) Mean saturation of 02 while left sided-lying (less saturation than controls) (+) Mean saturation of 02 lying supine (less saturation than controls) Conclusion: Lying propped at 45° seems to be the most optimal for 02 saturation in patients with stroke, as there was no significant difference at this position between the treatment group and controls (who were suffering from non-stroke

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Treatment program: 1 session, 4 hours total, 1 hour per position.	related illness), while there was significantly less saturation for the treatment group compared to the treatment group while lying in the other positions.
Foongchomcheay et al., 2005 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Gilmore et al., 2004 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Gustafsson & McKenna, 2006 PEDro score: 6	6	Lying supine with arm positioned in full external rotation and 90° of abduction with elbow flexion + Sitting in a chair with affected upper limb abducted to 90° and fully supported on the surface of a table with the elbow extended and forearm in neutral + Special cushion support while sitting in wheelchair/in bed and not in static positioning. vs. Cushion support while lying and sitting created from locally fabricated cushions (control) Treatment program:	**At 4 weeks (immediately post intervention):** (-) Pain-free range of motion & shoulder pain at rest using Ritchie Articular Index and the Visual Analogue Scale (-) Range of motion using universal goniometer (-) Motor activity using the Motor Assessment Scale. (-) Functional independence using Barthel Index

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Lying supine: 20 minutes daily for 4 weeks Sitting: 20 minutes daily for 4 weeks	
Hurd et al., 1974 PEDro score: N/A	unratable (quasi-experimental study)	Shoulder sling applied vs. No shoulder sling (control) Treatment program: Wearing a shoulder sling for a 3-7 month period.	**At 3-7 months post stroke:** (-) Shoulder range of motion (-) Shoulder pain (-) Shoulder subluxation (-) Peripheral nerve or plexus injury Note: This quasi-experimental study is considered to be of poor quality as no clear outcome measures are mentioned in the article and there is no mention of blinding.
Mee & Bee, 2007 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Moodie et al., 1986 PEDro score: N/A	no score (repeated measures study)	Each patient had a total of 7 x-rays: 1) unaffected shoulder (control), 2) unsupported, affected shoulder, 3) affected shoulder with conventional triangular sling 4) affected shoulder with Hook-Hemi harness 5) affected shoulder with Bobath roll 6) affected shoulder with Arm through 7) affected shoulder with Lap tray	**Over 1 session**: (+) Reduction in shoulder subluxation with conventional triangular, lap tray and arm trough (using X-ray measurements) (-) Reduction in shoulder subluxation with Hook-Hemi Harness and Bobath roll (using X-ray measurements) Note: Degree of subluxation was determined in this study by comparing the width of glenohumerol space in the affected shoulder vs. the unaffected shoulder.

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Rowat, 2001 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Seneviratne et al., 2005 PEDro score: N/A	This is a survey. Please click on author name for reference.		
Wojner et al., 2002 PEDro score: N/A	unratable (repeated measures)	Head of bed positioned at 30°, 15° and 0°. Treatment program: 1 session with a 2 minute stabilization period between angle change and measurement. Total length of session unspecified.	**End of single session**: (+) Mean flow velocity of the middle cerebral artery at 0° vs. 15° and 30°. (-) Mean arterial pressure, heart rate and pulse pressure at different angles.
Wojner et al., 2005 PEDro score: N/A	unratable (repeated-measures)	Head of bed positioned at 30°, 15° and 0°. Treatment program: 1 session with a 15- minute stabilization period between angle change and measurement. Total length of session unspecified.	**End of single session:** (+) Mean flow velocity of the middle cerebral artery at 0° vs. 15° and 30° (-) Mean arterial pressure and heart rate at different angles (-) Pulsatility index at different angles. (-) Resistance to blood flow at different angles
Zorowitz et al., 1995 PEDro score: N/A	no score (repeated measures study)	Each patient had a total of 6 x-rays: 1) unaffected shoulder (control), 2) affected shoulder, 3) affected shoulder with Rolyan humeral cuff sling, 4) affected shoulder with Bobath roll, 5) affected shoulder with Single-strap hemisling	**Over one session**: (+) Shoulder subluxation (vertical asymmetry) using the Single-strap hemisling (+) Shoulder subluxation (total subluxation asymmetry) using the Rolyan humeral cuff (-) Shoulder subluxation (vertical asymmetry) using Bobath Roll or Cavalier support

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		6) affected shoulder with Cavalier support. Both vertical and horizontal subluxation were documented.	