

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Boehm, Muehlberg & Stube, 2015 PEDro score: N/A (case-report) Country: USA	1 patient with post-stroke fatigue (stroke in the past 5 years, post-stroke period unspecified)	<p>Managing Fatigue course (n=1)</p> <p>Treatment details: 1 hour/session, 1 time/week over a 5-week period, total 6 sessions. Managing Fatigue course was delivered over the phone and included manualized discussion topics (rest, communication and body mechanics, activity application of ergonomics and activity modification, prioritizing and planning, balancing one's schedule, and course review and future plans); and homework/log.</p>	<p>At 5 weeks (post-treatment): (-) Fatigue Impact Scale (FIS): Physical Fatigue (-) FIS: Cognitive Fatigue (-) FIS: Social Fatigue (-) Canadian Occupational Performance Measure (COPM): Perceived performance (-) COPM: Satisfaction</p>
Chen et al., 2016 PEDro score: 5 Country: Taiwan	41 patients with acute/subacute stroke	<p>Inspiratory Muscle Training (n=23) vs. No treatment (n=18)</p> <p>Treatment details: 30 minutes/session, 5 days/week for 10 weeks. Inspiratory Muscle Training was performed by a respiratory therapist using a pressure threshold device (Threshold IMT HS730, REPIRONICS Inc., Cedar Grove, NJ) that has a flow-independent one-way valve to ensure consistent intensity. Start intensity was equal to 30% of MIT and was gradually increased by 2 cmH2O/week as far as the patient could tolerate (or 41 cmH2O, the maximum load of the device).</p>	<p>At 10 weeks (post-treatment): (-) Forced Vital Capacity (FVC) (-) Forced Expiratory Volume in 1 sec (FEV1) (-) Ratio FEV1/FVC (+) Maximal inspiratory pressure (MIP) (-) Maximal expiratory pressure (MEP) (-) Maximal mid-expiratory flow (MMEF) (-) Resting oxyhemoglobin saturation (SpO2) (-) Modified Borg Scale (-) Fatigue Assessment Scale (+) Barthel Index</p>

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		Both groups received conventional stroke rehabilitation, 5 days/week for 10 weeks.	
Cho et al., 2018 PEDro score: 6 Country: Republic of Korea	30 patients with subacute/chronic stroke	Inspiratory Muscle Training (n=15) vs. No treatment (n=15) Treatment details: 90 breaths/day, 5 times/week for 6 weeks. Inspiratory Muscle Training consisted of training with resistance adjusted to 30% of maximal inspiratory pressure (threshold load protocol) using a commercially available device (PowerBreath K5, 2010, HaB International Ltd, UK); 3 sets of 30 breaths, with a 1-minute rest in between the sets. Both groups received conventional physical therapy that consisted of Bobath approach, general gait training, and stairs climbing training for 60 mins/day, 5 days/week for 6 weeks.	At 6 weeks (post-treatment): (-) 6-min Walking Test (-) Fatigue Severity Scale (+) Maximal inspiratory pressure (+) Inspiratory muscle endurance (-) Affected diaphragm thickness (DT) during rest (+) Affected DT during contraction (+) Thickness ratio in affected DT (-) Non-affected DT during rest (-) Non-affected DT during contraction (-) Thickness ratio in non-affected DT
Clarke, Baker-Collo & Feigin, 2012 PEDro score: 5 Country: New Zealand	19 patients with subacute/chronic stroke	Fatigue Management Group (n=9) vs. General Stroke Education (n=7)	At 6 weeks (post-treatment): (-) Fatigue Severity Scale (FSS) (-) Visual Analogue Scale for Fatigue (VAS-F): Fatigue (-) VAS-F: Vigor (-) Checklist of Individual Strength (-) Short Form-36 (SF-36): Physical functioning (-) SF-36: Role physical

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		<p>Treatment details: 60-minutes/group sessions, once per week, total 6 sessions.</p> <p>Fatigue Management consisted of psychoeducation sessions aimed at alleviating fatigue (introduction to fatigue, fatigue management, sleep and relaxation, exercise and nutrition, mood, future focus), composed of life illustrations, group brainstorming, discussion, solutions to identified problems and individual counselling. Between sessions, participants completed a fatigue diary and homework.</p> <p>General Stroke Education consisted of psychoeducation sessions not aimed at alleviating fatigue (introduction to stroke, brain and stroke, exercise, stress and relaxation, nutrition, future focus).</p>	<p>(-) SF-36: Role emotional (-) SF-36: Energy/Fatigue (-) SF-36: Emotional well-being (-) SF-36: Social functioning (-) SF-36: Pain (-) SF-36: General health (-) Hospital Anxiety and Depression Scale (HADS): Anxiety (-) HADS: Depression (-) Barthel Index (BI) (-) modified Rankin Scale (MRS)</p> <p>At 3 months (follow-up): (-) FSS (-) VAS-F: Fatigue (-) VAS-F: Vigor (-) Checklist of Individual Strength (-) SF-36: Physical functioning (-) SF-36: Role physical (-) SF-36: Role emotional (-) SF-36: Energy/Fatigue (-) SF-36: Emotional well-being (-) SF-36: Social functioning (-) SF-36: Pain (-) SF-36: General health (-) HADS: Anxiety (-) HADS: Depression (-) BI (-) MRS</p>

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Johansson, Bjuhr & Ronnback, 2012 PEDro score: 4 Country: Sweden	29 patients with chronic acquired brain injury (18/29 are patients with stroke)	<p>Mindfulness-based stress reduction (MBSR, n=15) vs. No treatment (n=14)</p> <p>Treatment details: 2.5 hours/group session, 1 session/week for 8 weeks + one day-long silent led retreat between the 6th and 7th session + home practice for 45 minutes/day, 6 days/week. MBSR consisted of Hatha yoga (with emphasis on mindful awareness of the body), the body scan (designed to systematically, region-by-region, cultivate awareness of the body without tensing and relaxing of muscle groups associated with progressive relaxation), and sitting meditation (awareness of the breath and systematic widening the field of awareness to include all four foundations of mindfulness: awareness of the body, feeling tone, mental states and mental contents). Those who received no active treatment were offered MBSR during the next 8 weeks.</p>	<p>At 8 weeks (post-treatment): (+) Self-Evaluation Questionnaire for Mental Fatigue (-) Comprehensive Psychopathological Rating Scale: Depression (-) Comprehensive Psychopathological Rating Scale: Anxiety (-) Wechsler Adult Intelligence Scale-III: Digit Symbol-Coding (-) Wechsler Adult Intelligence Scale-III: Digit Span (-) FAS Verbal Fluency Test (+) Trail Making Test A* (-) Trail Making Test B* (-) Trail Making Test C* (-) Trail Making Test D (-) Reading Speed Dyslexia Screening test * Significant between-group differences in TMT-A were also found at baseline, favoring MBSR vs. no treatment. When TMT-B, C scores were adjusted with TMT-A scores, between-group differences for TMT-B, C were no longer present.</p>
Kim 2012 PEDro score: N/A (quasi-experimental study design) Country: South Korea	20 patients with acute/subacute/chronic stroke	<p>Group sports (n=20) vs. No treatment (n=25)</p>	<p>At 2 weeks (post-treatment): (+) Functional Independence Measure (FIM): Motor (-) FIM: Cognition (+) FIM: Total (+) Brief Fatigue Inventory</p>

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		<p>Treatment details: 30-40 minutes/session daily for 2 weeks. Group sports consisted of nurse-led competitive team activities (ball kicking). Both groups received conventional rehabilitation since all patients were residents of a rehabilitation unit.</p>	<p>(+) Pittsburgh Sleep Quality Index (+) Korean version of the State Depression Scale</p>
<p>Wu et al., 2017 PEDro score: N/A (pre-post study design) Country: United Kingdom</p>	<p>12 patients with subacute/chronic stroke</p>	<p>Psychoeducation for post-stroke fatigue (n=12)</p> <p>Treatment details: 6 x 1-hour/session face-to-face + 1x follow-up/telephone-delivered booster session (1 month post last face-to-face session). Psychoeducation comprised manualized psychological intervention for post-stroke fatigue, using psycho-education and discussion of strategies to promote physical and social activities and to challenge unhelpful thoughts.</p>	<p>At 6 sessions (post-treatment): (-) Fatigue Assessment Scale (FAS) (-) Patient Health Questionnaire – 9 (PHQ-9) (-) Nottingham Extended Activities of Daily Living (NEADL) (-) Stroke Impact Scale (SIS): General recovery (-) SIS: Physical strength (-) SIS: Memory and thinking (-) SIS: Emotion (-) SIS: Communication (-) SIS: Daily activities (+) SIS: Mobility (-) SIS: Hand function (+) SIS: Social activity</p> <p>At 1 month (follow-up): (-) FAS (+) PHQ-9 (-) NEADL (-) SIS: General recovery (-) SIS: Physical strength (-) SIS: Memory and thinking (-) SIS: Emotion</p>

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			(-) SIS: Communication (-) SIS: Daily activities (+) SIS: Mobility (-) SIS: Hand function (+) SIS: Social activity At 3 months (follow-up): (+) FAS (-) PHQ-9 (-) NEADL (+) SIS: General recovery (-) SIS: Physical strength (+) SIS: Memory and thinking (+) SIS: Emotion (-) SIS: Communication (-) SIS: Daily activities (+) SIS: Mobility (-) SIS: Hand function (+) SIS: Social activity
Zedlitz et al., 2012 PEDro score: 7 Country: The Netherlands	84 patients with subacute/chronic stroke	Cognitive therapy with graded activity training (COGRAT, n=38) vs. Cognitive therapy alone (n=45) Treatment details: 2 hours/session, 2 times/week for 12 weeks (total 24 sessions).	At 3 months (post-treatment): (-) Checklist Individual Strength-subscale Fatigue (-) Fatigue Self-Observation List (-) Hospital Anxiety and Depression Scale (HADS): Depression (-) HADS: Anxiety (-) Stroke-Adapted Sickness Impact Profile (-) Pain Self Observation List

Fatigue

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		<p>COGRAT consisted of cognitive behavioral therapy, teaching compensation strategies aimed at pacing and relaxation, walking on a treadmill, strength training, and physical fitness home work assignments.</p> <p>Cognitive therapy consisted of cognitive behavioral therapy, teaching compensation strategies aimed at pacing and relaxation. CO was provided for 12 x 2-hour sessions for 12 weeks.</p>	<p>(-) Sleep Quality Self Observation List (+) 6-Minute Walk Test (6MWT)</p> <p>At 6 months (follow-up): (-) Checklist Individual Strength-subscale Fatigue* (-) Fatigue Self-Observation List (-) HADS: Depression (-) HADS: Anxiety (-) Stroke-Adapted Sickness Impact Profile (-) Pain Self Observation List (-) Sleep Quality Self Observation List (+) 6MWT</p> <p>* Intervention group showed a significantly greater clinically relevant improvement vs. the control group.</p>