Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Ng et al., 2017 PEDro: 8/10 Country: Australia	N=68 patients with acute stroke	Structured sexual rehabilitation programme + written information (n=35) Vs. Written information alone (n=33) <u>*Treatment details:*</u> 1 x 30 minute session *Sexual rehabilitation programme*: single individualised session by a rehabilitation physician, with the offer of intensive intervention for counselling or training (occupational therapy, physiotherapy or psychology as required); sexual partners or participants were offered participation in the session when possible; programmes were based on the PLISSIT model (Permission, Limited information, Specific Suggestions, Intensive Therapy); content included information regarding common changes in sexuality following stroke, counselling on fears regarding sexuality after stroke, challenging stereotypical views on sexuality and sexual satisfaction, tips/strategies to minimise sexual dysfunction *Written information*: factsheet produced by the National Stroke Foundation on "sexuality after stroke" was provided on recruitment.	**At 6 weeks:** • (-) Changes in Sexual Functioning Questionnaire – Short Form (CSFQ-14) – Total • (-) CSFQ-14 – Pleasure • (-) CSFQ-14 – Frequency • (-) CSFQ-14 – Interest • (-) CSFQ-14 – Arousal • (-) CSFQ-14 – Orgasm • (-) Depression, Anxiety, Stress Scale (DASS) – Total • (-) DASS – Depression • (-) DASS – Anxiety • (-) DASS – Stress • (-) Functional Independence Measure (FIM) – Motor total • (-) FIM – Self-care • (-) FIM – Sphincter • (-) FIM – Mobility • (-) FIM – Locomotion • (-) FIM – Cognition total • (-) FIM – Communication • (-) FIM – Psychological • (-) FIM – Cognition • (-) Stroke and Aphasia Quality of Life Scale – 39 Generic (SAQOL-39g) – Total • (-) SAQOL-39g – Physical • (-) SAQOL-39g – Communication • (-) SAQOL-39g – Psychosocial

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			At 6 months: • (-) CSFQ-14 – Total • (-) CSFQ-14 – Pleasure • (-) CSFQ-14 – Frequency • (-) CSFQ-14 – Interest • (-) CSFQ-14 – Arousal* • (-) CSFQ-14 – Orgasm • (-) DASS – Total • (-) DASS – Depression • (-) DASS – Anxiety • (-) DASS – Stress • (-) FIM – Motor total • (-) FIM – Self-care • (-) FIM – Sphincter • (-) FIM – Mobility • (-) FIM – Locomotion • (-) FIM – Cognition total • (-) FIM – Communication • (-) FIM – Psychological • (-) FIM – Cognition • (-) SAQOL-39g – Total • (-) SAQOL-39g – Physical • (-) SAQOL-39g – Communication • (-) SAQOL-39g – Psychosocial * Significant between-group difference in favour of written material alone vs. sexual rehabilitation programme + written material

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Sansom et al., 2015 PEDro: 7/10 (pilot study of Ng et al., 2017) Country: Australia	N=10 patients with acute stroke (+ 2 partners) Note: participants' results were included in the study by Ng et al. (2017) above.	Structured sexual rehabilitation programme + written information (n=35) Vs. Written information alone (n=33) <u>*Treatment details:*</u> 1 x 30 minute session *Sexual rehabilitation programme*: single individualised session by a rehabilitation physician, with the offer of intensive intervention for counselling or training (occupational therapy, physiotherapy or psychology as required); sexual partners or participants were offered participation in the session when possible; programmes were based on the PLISSIT model (Permission, Limited information, Specific Suggestions, Intensive Therapy); content included information regarding common changes in sexuality following stroke, counselling on fears regarding sexuality after stroke, challenging stereotypical views on sexuality and sexual satisfaction, tips/strategies to minimise sexual dysfunction *Written information*: factsheet produced by the National Stroke Foundation on "sexuality after stroke" was provided on recruitment.	**At 6 weeks:** • (-) Changes in Sexual Functioning Questionnaire – Short Form (CSFQ-14) – Total • (-) CSFQ-14 – Pleasure • (-) CSFQ-14 – Frequency • (-) CSFQ-14 – Interest • (-) CSFQ-14 – Arousal • (-) CSFQ-14 – Orgasm • (-) Depression, Anxiety, Stress Scale (DASS) – Total • (-) DASS – Depression • (-) DASS – Anxiety • (-) DASS – Stress • (-) Functional Independence Measure (FIM) – Total • (-) FIM – Self-care • (-) FIM – Sphincter • (-) FIM – Locomotion • (-) FIM – Mobility • (-) FIM – Communication • (-) FIM – Psychological • (-) FIM – Cognition • (-) Stroke and Aphasia Quality of Life Scale – 39 Generic (SAQOL-39g) – Total • (-) SAQOL-39g – Physical • (-) SAQOL-39g – Psychosocial • (-) SAQOL-39g – Communication

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Song et al., 2011 PEDro: n/a (non-randomised controlled trial) Country: South Korea	N=23 patients with stroke and their partners (time since stroke not specified)	Sexual rehabilitation program + written information (n=12 + partners) Vs. No treatment (n=11 + partners) *Treatment details:* 1 x 40-50 minute session *Sexual rehabilitation program*: single individual session prior to discharge; discussion regarding information on 1) common sexual problems and causes of changes in sexual life after stroke, 2) information regarding a healthy sexual life, 3) counseling on fears regarding sex after stroke, 4) tips and strategies for sexual dysfunction, 5) frequently asked questions; an information booklet derived from these discussion points was provided on discharge from hospital. Participants in the control group received the sexual rehabilitation program on completion of the study.	**At post-treatment (1 session):** • (-) Sexual Beliefs and Information Questionnaire (Korean version) • (+) Derogatis Sexual Functioning Inventory (Korean version) • (+) Sexual frequency scale – Sexual activity • (+) Sexual frequency scale – Sexual intercourse
Tibaek et al., 2015 PEDro: 7/10 Country: Denmark	N= 31 male patients with subacute stroke	Pelvic floor muscle training (n=16) Vs. No intervention (n=15)	**At post-treatment (12 weeks):** • (-) International Index of Erectile Function (IIEF-5) questionnaire • (-) Bother question

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		<u>Treatment details:</u> 60 minutes/session, 1 session/week for 12 weeks + home exercises *Pelvic floor muscle training*: group treatment (3-6 participants/group) provided information regarding lower urinary tract symptoms of erectile dysfunction; home exercises for pelvic floor muscle strengthening performed in supine, standing and sitting positions 1-2 times/day; digital anal palpation of pelvic floor muscles 2-3 times to control correct contraction, give feedback, and evaluate muscle strength. Both groups received conventional rehabilitation.	**At follow-up (6 months):** • (-) IIEF-5 questionnaire • (-) Bother question
Vajrala et al., 2019 PEDro: 4/10 Country: India	N=40 patients with subacute/chronic stroke	Sexual rehabilitation + counselling (n=20) Vs. Conventional physical therapy + counselling (n=20) <u>*Treatment details:*</u> 60 minutes/session, daily for 2 weeks. *Sexual rehabilitation + counselling*: individualized program provided by a physical therapist addressing bed mobility, active/passive movement, sexual positioning and transfers; sexual health counselling used the PLISSIT model.	**At follow-up (6 months):** • (+) Changes in Sexual Functioning Questionnaire – Short Form (CSFQ-14) – Total • (+) Depression, Anxiety and Stress Scale (DASS-21) – Depression • (+) DASS-21 – Anxiety • (+) DASS-21 - Stress

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Conventional physical therapy: time-matched active/passive physical therapy and counselling for functional independence, with no focus on sexual health.	