Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Barreca et al., 2004 PEDro score: 5	48 patients with acute/subacute stroke	Task-oriented sit-to-stand (STS) practice (n=25) Vs. Recreational therapy (n=23) Treatment details: 45 minute sessions 3 times/week for 4 months. Both groups also received conventional rehabilitation.	**Point at which independent sit-to-stand was achieved or discharge from rehabilitation:** (-) Global Rating Scale (-) Dartmouth Primary Care Cooperative Information Project (+) Sit-to-stand* (+) Mean daily sit-to-stand repetitions (-) Duration of participation (-) Falls * Calculated as number of participants/group who could stand from a 16" mat surface without using their hands, for 2 consecutive days.
Blennerhassett & Dite, 2004 PEDro score: 8	30 patients with acute/subacute stroke	Lower extremity task oriented (LETO) training (n=15) Vs. Upper extremity task oriented (UETO) training (n=15) Treatment details: 1-hour sessions 5 days/week for 4 weeks.	**At 4 weeks (immediately post-treatment):** (-) Six Minute Walk Test* (-) Timed Up-and-Go* (-) Jebsen Taylor Hand Function Test (-) Motor Assessment Scale - Arm (-) Step Test **At 6 months (follow-up):** (-) Six Minute Walk Test (-) Timed Up-and-Go (-) Jebsen Taylor Hand Function Test (-) Motor Assessment Scale - Arm (-) Step Test

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		LETO: warm-up and endurance tasks using stationary bikes and treadmills, followed by functional tasks such as sit to stand, step-ups, obstacle course walking, standing balance, stretching as required, and strengthening using traditional gymnasium equipment. UETO: warm-up (arm ergometer) followed by functional tasks to improve reach and grasp, hand-eye coordination activities, stretching as required, and strengthening using traditional gymnasium equipment. Both groups also received conventional rehabilitation.	* A between-group difference that approached significance was found.
Choi & Kang, 2015 PEDro score: 4	20 patients with chronic stroke	Lower extremity task-oriented training (n=10) Vs. Conventional physical therapy (n=10) Treatment details: 30-minute sessions 5 times/week for 4 weeks. Lower extremity task-oriented training included indoor walking, outdoor walking, staircase climbing, wearing clothes, and picking up objects activities.	**At 4 weeks (immediately post-treatment):** (+) Berg Balance Scale (+) Modified Barthel Index (+) Self-efficacy Scale Note: differences refer to changes in scores from pre- to post-treatment.

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Dean et al., 2000 PEDro score: 5	9 patients with chronic stroke	Lower extremity task-oriented training (n=5) Vs. Upper extremity training (n=4) Treatment Details: 1-hour sessions 3 times/week for 4 weeks. Included 10 workstations: (1) sitting at a table and reaching in different directions for objects located beyond arm's length; (2) sit-to-stand from various chair heights; (3) stepping forward, backward, and sideways onto blocks of various heights; (4) heel lifts in standing; (5) standing with the base of support constrained, with feet in parallel and tandem conditions reaching for objects, including down to the floor; (6) reciprocal leg flexion and extension using the Kinetron in standing; (7) standing up from a chair, walking a short distance, and returning to the chair; (8) walking on a treadmill; (9) walking over various surfaces and obstacles; (10) walking over slopes and stairs.	**At 4 weeks (immediately post-treatment):** (+) 6-Minutes Walking Test (6MWT) (-) 10-Meters-Walking Test (10MWT) with assistive device (+) 10MWT without assistive device (+) Step Test (-) Timed Up-and-Go Test (+) Sit-to-Stand Ground Reaction Force **At 2 month (follow-up):** (+) 6MWT (-) 10MWT with assistive device (+) 10MWT without assistive device (+) Step Test (-) Timed Up-and-Go Test
Jonsdottir et al., 2010 PEDro score: 7	20 patients with chronic stroke	Lower extremity task-oriented gait retraining using biofeedback (n=10) Vs.	**At 7 weeks (immediately post-treatment) and at 3 months (follow-up):** (+) Peak ankle power (+) 8-Meter Walk Test (+) Stride length

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Conventional rehabilitation (n=10) Treatment details: 45-minute sessions 3 times/week for 7 weeks.	(-) Peak knee flexion
Kim et al., 2012 PEDro score: 5	20 patients with chronic stroke	Lower extremity task-oriented training + conventional physical therapy (n=10) vs. Conventional physical therapy alone (n=10) Treatment details: Lower extremity task-oriented training: 1-hour session 3 days/week for 4 weeks. Conventional physical therapy: 1-hour session 5 days/week for 4 weeks. Lower extremity task-oriented training comprised 10 walking-related tasks designed to strengthen the lower extremities, and enhance the walking balance, speed and distance in a progressive manner: (1) step-ups, (2) balance beam, (3) kicking a ball, (4) stand up and walk, (5) obstacle course, (6) treadmill, (7) walk and carry, (8) speed walk, (9) walk backwards, and (10) stairs. Before commencing training, the subjects warmed up for 5 minutes to improve their range of motion and flexibility. Each item	**At 4 weeks (immediately post-treatment):** (-) Trunk Impairment Scale (TIS) – static sitting balance (-) TIS – dynamic sitting balance (-) TIS – coordination (+) TIS – total (+) Berg Balance Scale (-) Timed Up & Go Test (+) 10 Meter Walking Test

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		was practiced for 5 minutes, and 1 minute of rest time was allowed between each item.	
Kim et al., 2015a PEDro score: 5	30 patients with subacute/chronic stroke	Task-oriented training on tilt table (affected side knee belt fastened) (n=10) vs. One-leg standing training on tilt table (affected side knee belt fastened) (n=10) vs. Standard tilt table training (both knee belts fastened) (n=10) Treatment details: Tilt-table training: 20 minutes/weekday for 3 weeks. All groups received conventional rehabilitation for 30 minutes/weekday for 3 weeks.	**At 3 weeks (immediately post-treatment):** Task-oriented tilt table training vs. standard tilt table training: (+) Muscle strength - hip flexors (+) Muscle strength - hip extensors (+) Muscle strength - knee flexors (+) Muscle strength - knee extensors (+) Muscle strength - ankle dorsiflexors (+) Muscle strength - ankle plantarflexors (+) Gait velocity (+) Cadence (+) Stride length (+) Gait symmetry ratio (+) Double support period One-leg standing tilt table training vs. standard tilt table training: (+) Muscle strength – hip flexors (+) Muscle strength - hip extensors (-) Muscle strength - knee flexors (-) Muscle strength – knee extensors (-) Muscle strength – ankle dorsiflexors

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(-) Muscle strength – ankle plantarflexors (+) Gait velocity (+) Cadence (-) Stride length (-) Gait symmetry ratio (-) Double support period Task-oriented tilt table training vs. one-leg standing tilt table training: (-) Muscle strength – hip flexors (-) Muscle strength – hip extensors (+) Muscle strength – knee flexors (+) Muscle strength – knee extensors (+) Muscle strength – ankle dorsiflexors (+) Muscle strength – ankle plantarflexors (-) Gait velocity (-) Cadence (+) Stride length (+) Gait symmetry ratio (+) Double support period
Kim et al., 2015b PEDro score: 5	39 patients with acute/subacute stroke	Task-oriented training on a tilt table + conventional therapy (n=13) vs.	**At 3 weeks (immediately post-treatment):** Task-oriented tilt table training vs. standard tilt table training

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Standard tilt table training + conventional rehabilitation (n=13) vs. Time-matched conventional rehabilitation (n=13) Treatment details: Task-oriented training: 20 minutes/weekday for 3 weeks. Conventional rehabilitation: 30 minutes/weekday for 3 weeks.	(+) sEMG – biceps femoris (affected, less affected LE) (+) sEMG – medial gastrocnemius (affected, less affectedLE) (-) sEMG – rectus femoris (affected LE) (+) sEMG – rectus femoris (less affected LE) – extension only (-) sEMG – tibialis anterior (affected, less affected LE) (+) Barthel Index (+) Fugl-Meyer Assessment – lower extremities (-) National Institutes of Health Stroke Scale (-) Hemiparesis severity (non-standardised) (-) Functional mobility (non-standardised) Task-oriented tilt table training vs. conventional rehabilitation (+) sEMG – biceps femoris (affected, less affected LE) (+) sEMG – medial gastrocnemius (affected, less affected LE) (-) sEMG – rectus femoris (affected LE) (+) sEMG – rectus femoris (less affected LE) – extension only (-) sEMG– tibialis anterior (affected, less affected LE)

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(+) Barthel Index (+) Fugl-Meyer Assessment – lower extremities (+) National Institutes of Health Stroke Scale (-) Hemiparesis severity (non-standardised) (-) Functional mobility (non-standardised) Standard tilt table training vs. conventional rehabilitation (-) EMG activations – biceps femoris (affected, less affected LE) (-) EMG activations – medial gastrocnemius (affected, less affected LE) (-) EMG activations – rectus femoris (affected,less affected LE) (-) EMG activations – tibialis anterior (affected, less affected LE) (+) Barthel Index (+) Fugl-Meyer Assessment – lower extremities (+) National Institutes of Health Stroke Scale (-) Hemiparesis severity (non-standardised) (-) Functional mobility (non-standardised)
Kim et al., 2016 PEDro score: 6	20 patients with acute/subacute stroke	Lower extremity task oriented circuit training (n=10) vs.	**At 4 weeks (immediately post-treatment):** (-) Fugl-Meyer Assessment – lower limb subscale (-) Berg Balance Scale

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Physical therapy based on neurodevelopmental therapy (NDT) (n=10) Treatment details: Lower extremity task-oriented circuit training: 90-minutes/weekday for 4 weeks. Included a structured, progressive, inpatient circuit training program focused on mobility and gait training as well as physical fitness training: trunk exercise and active sitting practice, sit-to-stand practice, standing and walking practice, aerobic exercise training and strengthening training. NDT: 60-minute sessions 5 days/week for 4 weeks.	(-) 6-Minute Walk Test (-) Korean version of the Modified Barthel Index Note: differences refer to changes in scores from pre- to post-treatment.
Langhammer & Stanghelle, 2000 PEDro score: 6	61 patients with acute stroke	Lower-extremity task-oriented training according to motor relearning principles (n=33) vs. Bobath-based physiotherapy treatment (n=28) Treatment details: 40-minutes/weekday for the duration of hospitalization.	**At 2 weeks post-admission to the hospital:** (-) Motor Assessment Scale – arm (-) Sødring Motor Evaluation Scale (SMES) – arm function (-) SMES – leg function (-) SMES – trunk, balance and gait **At 3 months post-stroke:** (+) Motor Assessment Scale – arm (+) SMES – arm function (-) SMES – leg function (-) SMES – trunk, balance and gait (+) Barthel Index (bowel/bladder/toilet)

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(-) Barthel Index (feeding, transfers, personal hygiene, bathing, walking/wheelchair use, stairs, dressing) (-) Nottingham Health Profile
Marigold et al., 2005 PEDro score: 6	61 patients with chronic stroke	Lower extremities task-oriented training (n=30) vs. Slow stretching/weight-shifting program (n=31) Treatment details: 1-hour sessions 3 times/week for 10 weeks. Lower extremity task-oriented training: standing in various postures and walking with various challenges, sit-to-stand movements, rapid knee raise while standing, and standing perturbations, eyes-closed conditions and foam surfaces were incorporated for many of the tasks. Stretching/weight-shifting exercise program: slow, low-impact movements consisting of stretching and weight shifting. Weight-shifting exercises incorporated tai chi–like movements and reaching tasks. Stretching of major muscle groups was performed while standing and on mats on the floor.	**At 10 weeks (immediately post-treatment) and 1 month (follow-up):** (-) Berg Balance Scale (-) Timed Up & Go Test (+) Step reaction time (less time) (-) Activities-Specific Balance Confidence (-) Forced falls due to platform translation (fewer falls)* (-) Unforced falls (-) Nottingham Health Profile (-) Postural reflex (PR) – paretic tibialis anterior (-) PR – non paretic tibialis anterior (+) PR – paretic rectus femoris (-) PR – non paretic rectus femoris (-) PR – paretic medial gastrocnemius (-) PR – non paretic medial gastrocnemius (-) PR – paretic biceps femoris (-) PR – non paretic biceps femoris **At 1-month follow-up:** (-) Berg Balance Scale (-) Timed Up & Go Test (-) Step reaction time (less time)

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(-) Activities-Specific Balance Confidence (-) Forced falls due to platform translation (fewer falls)* (-) Unforced falls (-) Nottingham Health Profile (-) PR – paretic tibialis anterior (-) PR – non paretic tibialis anterior (+) PR – paretic rectus femoris (-) PR – non paretic rectus femoris (-) PR – paretic medial gastrocnemius (-) PR – non paretic medial gastrocnemius (-) PR – paretic biceps femoris (-) PR – non paretic biceps femoris *It should be noted that, although the difference was not significant, number of falls decreased for the intervention group and increased for the control group following treatment.
McClellan & Ada, 2004 PEDro score: 7	23 patients with subacute/chronic stroke	Home-based lower extremity task-oriented training (n = 13) vs. Home-based upper limb training	**At 6 weeks (immediately post-treatment):** (+) Functional Reach Test (-) Motor Assessment Scale- item 5 (walking) (-) Stroke Adapted Sickness Impact Profile **At 2-month follow-up:** (+) Functional Reach Test

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		(n=10) Treatment details: Both groups received individual treatment regimens for 6 weeks (details of intensity and frequency not detailed). Lower extremity task oriented training included exercises aimed to regain mobility in standing and walking. Exercises were provided in hierarchical manner with increase in challenge.	(-) Motor Assessment Scale- item 5 (walking) (-) Stroke Adapted Sickness Impact Profile
Mudge et al., 2009 PEDro score: 7	58 patients with chronic stroke	Lower extremities task-oriented training (n=31) vs. Social and educational classes (n=27) Treatment details: Task-oriented training: 50-60 minutes/session, 3 times/week for 4 weeks. Included 15 stations in the circuit training, which were graded to each participant's ability and progressed as tolerated. Each station contained either a task-oriented gait or standing balance activity, or strengthening of a lower extremity muscle in a way designed to improve gait.	**At 4 weeks (post-treatment):** (-) 10-Meter Walk Test (10MWT) (+) 6-Minute Walk Test (6MWT) (-) Rivermead Mobility Index (-) Activities-Specific Balance Confidence Scale (-) Physical Activity and Disability Scale (-) StepWatch Activity Monitor (SWAM) – mean steps/day (-) SWAM – peak activity index (-) SWAM – steps/minute (-) SWAM – percentage time inactive **At 3-month follow-up:** (+) 10MWT* (-) 6MWT

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		Social and education classes: 8 x 90-minute sessions over 4 weeks. Included group activities such as board games, fall and stroke prevention seminars/discussions, and group outings.	(+) Rivermead Mobility Index* (-) Activities-Specific Balance Confidence Scale (-) Physical Activity and Disability Scale (-) SWAM – mean steps/day (-) SWAM – peak activity index (-) SWAM – steps/minute (-) SWAM – percentage time inactive *Greater decline in control than in the intervention group.
Richards et al., 1993 PEDro score: 6	18 patients with acute stroke	Intensive lower extremity task oriented training (n=10) vs. High intensity conventional rehabilitation (n=8) vs. Low-intensity conventional rehabilitation (n=9) Treatment details: Task-oriented mobility training: 2 x 2-hour sessions, 5 times/week for 5 weeks, starting an average of 8.3 days after stroke. Included use of tilt table, limb-load monitor, resisted exercises with Kinetron isokinetic device and treadmill.	**At 6 weeks (1 week post end of treatment):** Task-oriented mobility training vs. conventional rehabilitation programs combined: (-) Fugl-Meyer Assessment (FMA) – Balance (-) FMA – Upper extremity (-) FMA – Lower extremity (-) Barthel Index (-) Berg Balance Scale (-) 6-Meter Walk Test *NOTE: An effect size of .58 was found that would have represented a clinically significant difference with a larger trial. **At 3 and at 6-months post-stroke:**

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		High-intensity conventional rehabilitation: 2 x 2-hour sessions/day for 5 weeks, starting an average of 8.8 days after stroke. Low-intensity conventional rehabilitation: 1 x 1-hour session/day for 5 weeks, starting an average of 13 days after stroke.	Task-oriented mobility training vs. conventional rehabilitation programs combined: (-) Fugl-Meyer Assessment (FMA) – Balance (-) FMA – Upper extremity (-) FMA – Lower extremity (-) Barthel Index (-) Berg Balance Scale (-) 6-Meter Walk Test
Rose et al., 2011 PEDro score: N/A (quasi-experimental study)	180 patients with acute stroke	Lower extremity task-oriented training (n=78) vs. Conventional rehabilitation (n=102) Treatment details: 90 minutes/day, 5 days/week until discharge (19.5 ± 9.4 days of hospitalization). Task-oriented training included a (1) 60-minute circuit training session and that was divided into 4 task-specific stations tailored to patients' mobility levels; and (2) 30-minute session dedicated to other critical aspects of inpatient rehabilitation: family education, orthotic and wheelchair prescription, and home program education.	**At discharge (immediately post-treatment):** (+) 5-Meter Walk Test (-) Berg Balance Scale (-) Fugl-Meyer Assessment –lower extremity motor subscale (-) Fugl-Meyer Assessment –lower extremity sensory subscale **At 90 days post-stroke (follow-up):** (-) Stroke Impact Scale (-) Functional Independence Measure – phone version

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Salbach et al., 2004 PEDro score: 8	91 patients with subacute/chronic stroke	Lower extremity task-oriented training (n=44) vs. Upper extremity task-oriented training (n=47) Treatment details: 3 sessions/week for 6 weeks (session duration not specified). Lower extremity task-oriented training: progressive program of 10 tasks: walking on a treadmill; standing up, walking to, and sitting down on a chair; kicking a soccer ball against the wall; walking along a balance beam; performing step-ups; walking an obstacle course; walking while carrying an object; walking at maximal speed; walking backwards; and walking up and down stairs. Upper extremity task-oriented training: practice of functional UE tasks while sitting.	**At 6 weeks (immediately post-treatment):** (+) 6-Minute Walk Test (+) 5-Meter Walk Test – maximal speed (+) 5-Meter Walk Test – comfortable speed (-) Timed Up-and-Go Test (-) Berg Balance Scale
Salbach et al., 2005 PEDro score: 8 (secondary analysis of Salbach et al., 2004 study)	91 patients with subacute/chronic stroke	Task-oriented mobility training (n=44) vs. Upper extremity task-oriented training (n=47) *Treatment details*:	**At 6 weeks (immediately post-treatment):** (+) Activities-Specific Balance Confidence (ABC) Scale * (+) Geriatric Depression Scale **

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		3 times per week for 6 weeks (session duration is unspecified). Lower extremity task-oriented training: progressive program of 10 tasks: walking on a treadmill; standing up, walking to, and sitting down on a chair; kicking a soccer ball against the wall; walking along a balance beam; performing step-ups; walking an obstacle course; walking while carrying an object; walking at maximal speed; walking backwards; and walking up and down stairs. Upper extremity task-oriented training: included practice of functional UE tasks while sitting.	*Significant difference refers to average proportional change in intervention vs. control groups. **Intervention led to significant proportional effect in those with severe depressive symptoms at baseline on proportional change of the ABC Scale after adjusting for the following covariates: age, sex, comorbidity, number of days post-stroke, and baseline functional mobility.
van de Port et al., 2012 PEDro score : 7	250 patients with subacute/chronic stroke	Lower extremity task-oriented circuit training (n=126) vs. Conventional physical therapy (n=124) *Treatment details*: 90-minutes/session, 2 times/week for 12 weeks. Lower extremity task-oriented training: included eight different workstations, intended to improve meaningful tasks relating to walking competency.	**At 12 weeks (immediately post-treatment):** (-) Stroke Impact Scale (SIS) – Mobility (-) SIS – Strength (-) SIS – Memory/thinking* (-) SIS – Emotion (-) SIS – Communication (-) SIS – ADL/IADL (-) SIS – Hand function (-) SIS – Participation (-) SIS – Stroke recovery (-) Fatigue Severity Scale (-) Falls Efficacy Scale

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(-) Hospital Anxiety and Depression Scale (-) Nottingham Extended ADL (NEADL)* (-) Rivermead Mobility Index (-) Timed Balance Test (-) Motricity Index – Arm (-) Motricity Index – Leg (-) Letter Cancellation Task (-) Functional ambulation (+) 5-Meter Comfortable Walking Speed Test (+) 6-Minute Walk Test (-) Timed Up-and-Go test (+) Modified Stairs Test **At 3 months (follow-up):** (-) Stroke Impact Scale (SIS) – Mobility (-) SIS – Strength (-) SIS – Memory/thinking (-) SIS – Emotion (-) SIS – Communication (-) SIS – ADL/IADL (-) SIS – Hand function (-) SIS – Participation (-) SIS – Stroke recovery (-) Fatigue Severity Scale (-) Falls Efficacy Scale (-) Hospital Anxiety and Depression Scale (-) Nottingham Extended ADL (NEADL)

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			(-) Rivermead Mobility Index (-) Timed Balance Test (-) Motricity Index – Arm (-) Motricity Index – Leg (-) Letter Cancellation Task (-) Functional ambulation (+) 5-Meter Comfortable Walking Speed Test (-) 6-Minute Walk Test (-) Timed Up-and-Go test (-) Modified Stairs Test * Note: significant between-group difference in SIS – Memory & Thinking subtest and NEADL-Leisure subtest found in favor of control vs. intervention.
van Vliet et al., 2005 PEDro score: 6	120 patients with acute stroke	Lower extremity task-oriented training based on motor relearning principles (n=60) vs. Bobath based physiotherapy (n=60) Treatment details: The amount of treatment given daily was matched to the amount given by existing ward physiotherapists and treatment continued for as long as was needed.	**At 1, 3 and 6 months post-randomization:** (-) Rivermead Motor Assessment (-) Motor Assessment Scale (-) Barthel Index * (-) Extended Activities of Daily Living Scale** (-) Ten hole peg test (-) 6-Meter Walk Test (-) Modified Ashworth Scale (-) Nottingham Sensory Assessment

Task-Oriented Training – lower extremity / mobility

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			*One component (bathing) improved significantly in the intervention vs. control group. **One component (Go-out socially – leisure section) improved significantly in the intervention vs. control group.
Yang et al., 2006 PEDro score : 7	48 patients with chronic stroke	Task-oriented progressive resistance strength training (n=24) vs. No therapy (n=24) *Treatment details*: 30-minutes/session, 3 times/week for 4 weeks. Included 6 workstations: (1) standing and reaching in different directions for objects located beyond arm's length; (2) sit-to-stand from various chair heights; (3) stepping forward and backward onto blocks of various heights; (4) stepping sideways onto blocks of various heights; (5) forward step-up onto blocks of various heights; (6) heel(s) raise and lower while maintaining in a standing posture.	**At 4 weeks (immediately post-treatment):** (+) Hand-held dynamometer – hip flexors (+) Hand-held dynamometer – hip extensors (+) Hand-held dynamometer – knee flexors (+) Hand-held dynamometer – knee extensors (+) Hand-held dynamometer – ankle dorsiflexors (+) Hand-held dynamometer – ankle plantarflexors (+) 6-Minute Walk Test (+) Step Test (+) Timed Up-and-Go Test (+) GAITRite – velocity (+) GAITRite – cadence (+) GaITRite – stride length