

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Corr, Phillips & Walker, 2004 PEDro score: 7 Country: United Kingdom	26 patients with chronic stroke	<p>Community leisure therapy (n=14)</p> <p>vs.</p> <p>No treatment (delayed intervention) (n=12)</p> <p><u>Treatment details:</u></p> <p>1 day/week for 6 months (duration of sessions not specified).</p> <p><i>Community leisure therapy</i> was provided by an organizer and volunteers (no health professionals involved) and included activities such as arts and crafts, social events, outings and activities to learn new skills (e.g. computer training).</p> <p>The control group received the same intervention 6 months after the start of the study.</p>	<p><b>At post-treatment (6 months):</b></p> <ul style="list-style-type: none"> <li>• (-) Nottingham Extended ADL Scale (NEADL)</li> <li>• (-) Nottingham Leisure Questionnaire (NLQ) – Total leisure activities carried out</li> <li>• (-) NLQ – Activities carried out regularly</li> <li>• (+) Medical Outcomes Short Form (SF-36) – Physical*</li> <li>• (-) SF-36 – Mental</li> <li>• (-) Hospital Anxiety and Depression Scale (HADS) – Anxiety</li> <li>• (-) HADS – Depression</li> <li>• (+) Canadian Occupational Performance Measure (COPM) – Performance</li> <li>• (+) COPM – Satisfaction</li> <li>• (-) Semantic Differential Self Concept Scale</li> </ul> <p><b>At follow-up (12 months):</b></p> <ul style="list-style-type: none"> <li>• (-) NEADL</li> <li>• (-) NLQ – Total leisure activities carried out</li> <li>• (-) NLQ – Activities carried out regularly</li> <li>• (-) SF-36 – Physical</li> <li>• (-) SF-36 – Mental</li> <li>• (-) HADS – Anxiety</li> <li>• (-) HADS – Depression</li> <li>• (-) COPM – Performance</li> <li>• (-) COPM – Satisfaction</li> </ul>

## Leisure therapy

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			<ul style="list-style-type: none"> <li>• (-) Semantic Differential Self Concept Scale</li> </ul> <p>*Significant between-group difference in favour of no treatment vs. leisure therapy.</p>
<p><u>Desrosiers et al., 2007</u> PEDro score: 7 Country: Canada</p>	<p>62 patients with stroke</p>	<p>Leisure education program (n=33) vs. Social home visits (n=29)</p> <p><u>Treatment details:</u></p> <p>60 minutes/day, 1 day/week for 8-12 weeks.</p> <p>The <i>Leisure Education Program</i> aimed at empowering participants in their leisure experiences through a 12-step educational program delivered by a recreational therapist (an occupational therapist acted as a consultant); the program addressed leisure awareness, self-awareness and competency development; participants performed leisure activities at home or in the community. The intervention ended when participants had completed all 12 steps and had integrated leisure activities into their life.</p> <p><i>Social home visits</i> were conducted by a recreational therapist to discuss topics unrelated to leisure (e.g. family, cooking, politics).</p>	<p><b>At post-treatment (8-12 weeks):</b></p> <ul style="list-style-type: none"> <li>• (-) Leisure participation – passive activities</li> <li>• (+) Leisure participation – active activities</li> <li>• (+) Leisure participation – number of activities</li> <li>• (+) Leisure Satisfaction Scale</li> <li>• (+) Individualized Leisure Profile (ILP) – Needs and expectations in regard to leisure</li> <li>• (-) ILP – Use of spare time</li> <li>• (-) General Well-being Schedule</li> <li>• (+) Center for Epidemiological Studies Depression Scale</li> <li>• (-) Stroke-Adapted Sickness Impact Profile</li> </ul>
<p>Dorstyn et al., 2014 PEDro score: N/A (systematic review)</p>	<p>N= 610 patients with stroke</p>	<p>Leisure therapy vs.</p>	<p><b>At post-treatment:</b> <i>Clinical measures of quality of life</i></p>

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	12 RCTs (from 10 independent studies)	<p>Non-leisure treatment or control condition</p> <p><i>Treatment details:</i></p> <p>On average, leisure therapy involved 17 sessions, 30-120 mins/session, over 5-52 weeks. Sessions were provided weekly/biweekly as individual or group interventions. Leisure therapy was community based.</p>	<ul style="list-style-type: none"> <li>• (+) Stroke Adapted Sickness Impact Profile (SIP) – Physical</li> <li>• (-) SIP – Psychological</li> <li>• (-) SIP– Total score</li> <li>• (-) Nottingham Health Profile</li> <li>• (-) Medical Outcomes Short Form (SF-36) – Role emotional</li> <li>• (-) SF-36 – Role physical</li> <li>• (-) SF-36 – Bodily pain</li> <li>• (-) SF-36 – Mental health</li> <li>• (-) SF-36 – Social function</li> <li>• (-) SF-36 – Physical function</li> <li>• (-) SF-36 – Vitality</li> <li>• (-) General Well-being Schedule – General health</li> </ul> <p><i>Clinical measures of mood</i></p> <ul style="list-style-type: none"> <li>• (+) Center of Epidemiological Studies Depression Scale</li> <li>• (-) Hospital Anxiety and Depression Scale (HADS) – Anxiety</li> <li>• (-) HADS – depression</li> <li>• (-) Beck Depression Inventory</li> </ul> <p><i>Clinical measures of leisure activity</i></p> <ul style="list-style-type: none"> <li>• (+) Individualised Leisure Profile (ILP) – Needs/expectations</li> <li>• (-) ILP – Use of spare time</li> <li>• (+) Nottingham Leisure Questionnaire (NLQ) – Leisure activity</li> <li>• (+) NLQ – Leisure score</li> <li>• (+) Leisure Satisfaction Scale</li> </ul>

## Leisure therapy

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			<p><i>Clinical measures of mobility and independence</i></p> <ul style="list-style-type: none"> <li>• (+) Canadian Occupational Performance Measure (COPM) – Satisfaction*</li> <li>• (-) COPM – Performance</li> <li>• (-) Timed Up and Go test</li> </ul> <p><i>Clinical measures of cognition</i></p> <ul style="list-style-type: none"> <li>• (-) Trail Making Test A</li> <li>• (-) Trail Making Test B</li> </ul> <p><b>At follow-up (6 months):</b></p> <p><i>Clinical measures of quality of life</i></p> <ul style="list-style-type: none"> <li>• (-) General Health Questionnaire – Mood</li> </ul> <p><i>Clinical measures of leisure activity</i></p> <ul style="list-style-type: none"> <li>• (-) NLQ – Total score</li> </ul> <p><i>Clinical measures of mobility and independence</i></p> <ul style="list-style-type: none"> <li>• (-) London Handicap Scale</li> <li>• (-) Nottingham Extended Activities of Daily Living Scale</li> </ul> <p>*Results in favour of physical activity vs. lifestyle course + physical activity.</p> <p>Note: at post-treatment, results reflect between-group effect sizes <math>d</math> from 5 independent studies. Only 1 study provided data to calculate <math>d</math> at follow-up. Differences</p>

## Leisure therapy

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			were considered significant when $d > 0.40$ and CI > 95%.
Drummond & Walker, 1995 Drummond & Walker, 1996 PEDro score: 7 Country: England	65 patients with acute/subacute stroke	Leisure therapy (n=21)  vs.  Conventional occupational therapy (n=21)  vs.  No intervention (n=23)  <u>Treatment details:</u>  Minimum 30 min/week for 3 months following hospital discharge, then minimum 30 min/2 weeks for 3 months.  <i>Leisure therapy</i> included treatment, provision of equipment, adaptations, education (financial assistance, transport), liaison with specialist organisations and obtaining physical assistance (e.g. volunteers).  <i>Occupational therapy</i> was time-matched and addressed activities such as transfers, washing and dressing, and perceptual treatments; no help or advice was provided to encourage leisure participation.	<b>At mid-treatment (3 months):</b> <i>Leisure therapy vs. occupational therapy:</i> <ul style="list-style-type: none"> <li>• (+) Leisure activity frequency</li> <li>• (+) Number of leisure activities</li> <li>• (+) Nottingham Health Profile (NHP) – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (+) NHP – Mobility</li> <li>• (+) NHP – Total score</li> <li>• (-) Nottingham Extended Activities of Daily Living (NEADL) – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (-) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul> <i>Leisure therapy vs. no intervention:</i> <ul style="list-style-type: none"> <li>• (+) Leisure activity frequency</li> <li>• (+) Number of leisure activities</li> <li>• (-) NHP – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (+) NHP – Mobility</li> <li>• (+) NHP – Total score</li> </ul>

**Leisure therapy**

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			<ul style="list-style-type: none"> <li>• (-) NEADL – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (-) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul> <p><i>Occupational therapy vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) Leisure activity frequency</li> <li>• (-) Number of leisure activities</li> <li>• (-) NHP – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (-) NHP – Mobility</li> <li>• (-) NHP – Total score</li> <li>• (-) NEADL – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (-) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul> <p><b>At post-treatment (6 months):</b> <i>Leisure therapy vs. occupational therapy:</i></p> <ul style="list-style-type: none"> <li>• (+) Leisure activity frequency</li> <li>• (+) Number of leisure activities</li> <li>• (-) NHP – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (+) NHP – Mobility</li> </ul>

**Leisure therapy**

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			<ul style="list-style-type: none"> <li>• (-) NHP – Total score</li> <li>• (+) NEADL – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (+) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul> <p><i>Leisure therapy vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (+) Leisure activity frequency</li> <li>• (+) Number of leisure activities</li> <li>• (-) NHP – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (+) NHP – Mobility</li> <li>• (-) NHP – Total score</li> <li>• (+) NEADL – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (+) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul> <p><i>Occupational therapy vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) Leisure activity frequency</li> <li>• (-) Number of leisure activities</li> <li>• (-) NHP – Energy</li> <li>• (-) NHP – Emotions</li> <li>• (-) NHP – Pain</li> <li>• (-) NHP – Isolation</li> <li>• (-) NHP – Sleep</li> <li>• (-) NHP – Mobility</li> </ul>

## Leisure therapy

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			<ul style="list-style-type: none"> <li>• (-) NHP – Total score</li> <li>• (-) NEADL – Mobility</li> <li>• (-) NEADL – Kitchen</li> <li>• (-) NEADL – Domestic</li> <li>• (-) NEADL – Leisure</li> <li>• (-) Wakefield Depression Inventory</li> </ul>
<p>Jongbloed &amp; Morgan, 1991 PEDro score: 4 Country: Canada</p>	<p>40 patients with stroke (time since stroke not specified)</p>	<p>Leisure program (n=20) vs. No leisure program (n=20)</p> <p><u>Treatment details:</u></p> <p>1 hr/session, 1 session/week for 5 weeks.</p> <p><i>Leisure therapy</i> was delivered by an occupational therapist and aimed at resuming previous leisure activities or engaging in new leisure activities; the occupational therapist accompanied participants when performing activities and offered assistance as necessary.</p> <p>Participants who did not receive the leisure program received time-matched visits from an occupational therapist to discuss leisure and stroke.</p>	<p><b>At post-treatment (5 weeks):</b></p> <ul style="list-style-type: none"> <li>• (-) Katz Adjustment Index (KAI) – Level of free-time activities</li> <li>• (-) KAI – Level of satisfaction with free-time activities</li> </ul> <p><b>At follow-up (18 weeks):</b></p> <ul style="list-style-type: none"> <li>• (-) Katz Adjustment Index (KAI) – Level of free-time activities</li> <li>• (-) KAI – Level of satisfaction with free-time activities</li> </ul>
<p>Liu-Ambrose &amp; Eng, 2014 PEDro score: 8 (proof of concept study) Country: Canada</p>	<p>28 patients with chronic stroke</p>	<p>Community-based exercise + recreation/leisure program (n=12) vs.</p>	<p><b>At mid-treatment (3 months):</b></p> <ul style="list-style-type: none"> <li>• (-) Stroop Test</li> <li>• (+) Trail Making Test (TMT) B – TMT A</li> <li>• (-) Verbal Digits Forward Test – Backward Test</li> </ul>



## Leisure therapy

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		<p>Usual care (n=16)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 2 sessions/week (exercise) + 60 minutes/session, 1 session/week (recreation/leisure) for 6 months.</p> <p>The <i>community-based exercise and recreation/leisure program</i> was based on the Fitness and Mobility Exercise (FAME) program with a focus on resistance, balance and aerobic exercise training led by certified fitness instructors; additional social recreation/leisure activities such as billiards, bowling, arts and crafts and cooking (emphasis on planning, strategy, decision making and learning) were led by a recreation programmer.</p> <p><i>Usual care</i> participants received usual care for the first 6 months of the study and started the community-based structured program 6 months after the intervention group.</p>	<ul style="list-style-type: none"> <li>• (-) Stroke Specific Geriatric Depression Scale (GDS)</li> <li>• (-) Berg Balance Scale (BBS)</li> <li>• (-) 6 Minute Walk Test (6MWT)</li> </ul> <p><b>At post-treatment (6 months):</b></p> <ul style="list-style-type: none"> <li>• (+) Stroop Test</li> <li>• (-) TMT B – TMT A</li> <li>• (+) Verbal Digits Forward Test – Backward Test</li> <li>• (-) GDS</li> <li>• (-) BBS</li> <li>• (+) 6MWT</li> </ul> <p>Note: results beyond the first 6 months were not analysed in this study.</p> <p>Note: between-group differences reflect differences in scores (Stroop Test: time difference between colour-words condition and coloured-X's condition; TMT: time difference between part A and part B; Verbal Digits Span Test: time difference between verbal digits forward and verbal digits backward).</p>
Logan et al., 2003 PEDro score: 3 Country: United Kingdom	466 patients with stroke	Leisure-based occupational therapy (n=153)  vs.  ADL-based occupational therapy (n=156)	<p><b>At post-treatment (6 months):</b> <i>Leisure therapy vs. ADL therapy:</i></p> <ul style="list-style-type: none"> <li>• (-) Nottingham Extended Activities of Daily Living Scale (NEADL) – Cleaning</li> <li>• (-) NEADL – Cooking</li> <li>• (-) NEADL – Mobility, outside</li> </ul>

## Leisure therapy

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		<p><u>Treatment details:</u></p> <p>30-60 minutes/session, total 10 sessions over 6 months.</p> <p><i>Leisure therapy</i> was delivered by an occupational therapist according to local therapy practices, without strict guidelines. Therapy included leisure activities and working towards leisure goals.</p> <p><i>ADL therapy</i> was time-matched, delivered by an occupational therapist according to local practices and focused on achieving ADL goals.</p>	<ul style="list-style-type: none"> <li>• (-) NEADL – Mobility, uneven ground</li> <li>• (-) Barthel Index (BI) – Dressing</li> <li>• (-) BI – Bathing</li> <li>• (-) BI – Transfers, bed to chair</li> <li>• (-) Nottingham Leisure Questionnaire (NLQ) – Cooking</li> <li>• (-) NLQ – Shopping</li> <li>• (-) NLQ – Entertainment</li> <li>• (-) NLQ – Gardening</li> <li>• (-) NLQ – Hobbies</li> <li>• (-) NLQ – Games</li> <li>• (-) NLQ – Sport</li> </ul> <p>Note: results represent significant between-group differences in the proportion of patients able to perform the activity independently based on subscale scores of assessment tools.</p>
Lund et al., 2012 PEDro score: 7 Country: Norway	99 patients with stroke	<p>Lifestyle + physical activity program (n=48) vs. Physical activity program alone (n=51)</p> <p><u>Treatment details:</u></p> <p>2 hours/session, 1 session/week (lifestyle course) + 30-60 minutes/session, 1 session/week (physical activity) for 36 weeks.</p>	<p><b>At post-treatment (9 months):</b></p> <ul style="list-style-type: none"> <li>• (-) Medical Outcomes Short Form (SF-36) – Mental health</li> <li>• (-) SF-36 – Vitality</li> <li>• (-) SF-36 – Bodily pain</li> <li>• (-) SF-36 – General health</li> <li>• (-) SF-36 – Social functioning</li> <li>• (-) SF-36 – Physical functioning</li> <li>• (-) SF-36 – Role physical</li> <li>• (-) SF-36 – Role emotional</li> <li>• (-) Hospital Anxiety and Depression Scale (HADS) – Anxiety</li> </ul>

## Leisure therapy

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		<p>The <i>lifestyle program</i> was delivered by an occupational therapist and based on the Lifestyle Redesign® program for older adults; intervention addressed different themes through peer exchange, self-reflections, discussions, lectures and outings.</p> <p><i>Physical activity</i> was volunteer-led and exercises included sitting, standing, walking, balance and indoor mobility activities.</p>	<ul style="list-style-type: none"> <li>• (-) HADS – Depression</li> <li>• (-) Canadian Occupational Performance Measure (COPM) – Performance</li> <li>• (-) COPM – Satisfaction</li> <li>• (-) Timed Up and Go Test</li> <li>• (-) Trail-making Test (TMT)–A</li> <li>• (-) TMT–B</li> </ul>
<p>Nour et al., 2002 PEDro score: 5 Country: Canada</p>	<p>14 patients with stroke</p>	<p>Leisure educational program (n=7)</p> <p>vs.</p> <p>Social home visits (n=7)</p> <p><u>Treatment details:</u></p> <p>60 minute/session, 1 session/week, for 10 weeks.</p> <p>The <i>leisure educational program</i> was a 12-step home-based program that aimed to encourage and support individuals to self-manage leisure activities; the program was individualised to meet participants' leisure goals; participants completed homework between sessions.</p> <p>The <i>social home visits</i> comprised discussions on various topics (e.g. family, received hospital care, news).</p>	<p><b>At post-treatment (10 weeks):</b></p> <ul style="list-style-type: none"> <li>• (-) Beck Depression Inventory</li> <li>• (+) Sickness Impact Profile (SIP) – Psychological</li> <li>• (+) SIP – Physical</li> <li>• (+) SIP – Total</li> </ul> <p>Outcome measures were taken at 20-week follow-up but were not reported.</p>

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Parker, Gladman & Drummond, 2001 PEDro score: 7 Country: United Kingdom	466 patients with stroke (time since stroke not specified)	<p>Leisure-based occupational therapy (n=153)</p> <p>vs.</p> <p>ADL-based occupational therapy (n=156)</p> <p>vs.</p> <p>No treatment (n=157)</p> <p><u>Treatment details:</u></p> <p>30-60 minutes/session, total 10 sessions over 6 months.</p> <p><i>Leisure-based OT</i> aimed at achieving leisure goals and included practising leisure tasks and ADL tasks required to reach these goals.</p> <p><i>ADL-based OT</i> aimed at improving independence in self-care tasks and involved practising tasks such as preparing a meal or walking outdoors.</p>	<p><b>At post-treatment (6 months):</b></p> <p><i>Leisure-based OT vs. ADL-based OT:</i></p> <ul style="list-style-type: none"> <li>• (-) General Health Questionnaire (GHQ)</li> <li>• (-) Nottingham Leisure Questionnaire (NLQ)</li> <li>• (-) Nottingham Extended ADL Scale (NEADL)</li> <li>• (-) International Stroke Trial outcome questions</li> <li>• (-) Oxford Handicap Scale</li> <li>• (-) Barthel ADL Index (BI)</li> <li>• (-) London Handicap Scale (LHS)</li> <li>• (-) Short General Health Questionnaire (GHQ-12) – carers</li> </ul> <p><i>Leisure-based OT vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) GHQ</li> <li>• (-) NLQ</li> <li>• (-) NEADL</li> <li>• (-) International Stroke Trial outcome questions</li> <li>• (-) Oxford Handicap Scale</li> <li>• (-) BI</li> <li>• (-) LHS</li> <li>• (-) GHQ-12 – carers</li> </ul> <p><i>ADL-based OT vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) GHQ</li> <li>• (-) NLQ</li> <li>• (-) NEADL</li> <li>• (-) International Stroke Trial outcome questions</li> </ul>

**Leisure therapy**

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
			<ul style="list-style-type: none"> <li>• (-) Oxford Handicap Scale</li> <li>• (-) BI</li> <li>• (-) LHS</li> <li>• (-) GHQ-12 – carers</li> </ul> <p><b>At follow-up (12 months):</b></p> <p><i>Leisure-based OT vs. ADL-based OT:</i></p> <ul style="list-style-type: none"> <li>• (-) GHQ</li> <li>• (-) NLQ</li> <li>• (-) NEADL</li> <li>• (-) International Stroke Trial outcome questions</li> <li>• (-) Oxford Handicap Scale</li> <li>• (-) BI</li> <li>• (-) LHS</li> <li>• (-) GHQ-12 – carers</li> </ul> <p><i>Leisure-based OT vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) GHQ</li> <li>• (-) NLQ</li> <li>• (-) NEADL</li> <li>• (-) International Stroke Trial outcome questions</li> <li>• (-) Oxford Handicap Scale</li> <li>• (-) BI</li> <li>• (-) LHS</li> <li>• (-) GHQ-12 – carers</li> </ul> <p><i>ADL-based OT vs. no intervention:</i></p> <ul style="list-style-type: none"> <li>• (-) GHQ</li> <li>• (-) NLQ</li> <li>• (-) NEADL</li> </ul>

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			<ul style="list-style-type: none"><li>• (-) International Stroke Trial outcome questions</li><li>• (-) Oxford Handicap Scale</li><li>• (-) BI</li><li>• (-) LHS</li><li>• (-) GHQ-12 – carers</li></ul>