**Table 4: Summary of studies assessing effectiveness of rehabilitation interventions**

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| **Study** | **Total N =**  | **Intervention participant characteristics** | **Control participant characteristics** | **Intervention vs. control** | **Result of intervention on primary outcome** | **Overall Attrition** | **SIGN internal validity *bias* rating** |
| 28, The Netherlands | 106 | N = 60Mean age 34.1%male 60 | N = 52. Mean age 39.9 %male 52 | Full bed rest for 6 days vs. no bed rest | No overall differences on visual analogue symptom scale and SF-36 at 2 weeks, 3 and 6 months. | 31% | Moderate risk |
| 29, UK | 114 | N = 54Mean age 27%male unclear | N = 57Mean age 27%male unclear | Admission to hospital, further assessment, and reassurance, vs. discharge. | No overall differences in postal symptom questionnaire scores at 6 weeks | 61.5% | High risk |
| 30, USA | 20 | N = 11Mean age 47.55%male 54.5 | N = 9Mean age 46%male 33 | Intensive Neuropsychological Rehabilitation 3 times a week for 11 weeks vs. waiting list | Significant differences in SCL-90 R and PASAT at 3 months | 34% | Low risk |
| 31, Sweden\* | 395 | N = 264Mean age 32%male 59 | N = 131Mean age 34%male 67 | Rehabilitation expert assessment, Occupational therapy, pharmaceutical treatment as needed vs. ?no follow up – inadequately described | No overall differences in PCSQ and LiSat-11 at 1 year | 16.5% | High risk |
| 32, Sweden\* | 198 analysed | N = 142 analysed | N = 56 analysed | As above | No overall differences in PCSQ and LiSAT-11 at 10 years | 51% | High risk |
| 33, USA (Military) | 126 | Computer rehabilitationN= 30, Mean age 30, %male100Traditional rehabilitation N =30, Mean age 33, %male 87Integrated rehabilitation N=32 Mean age 32, %male 94 | N=34Mean age 30%male 91 | 6 weeks of: Computer rehabilitation, vs. traditional face to face rehabilitation individual and group (traditional), vs. combined traditional rehabilitation and cognitive behavioural therapy (integrated), vs. a psychoeducation control group | All groups improved by 6 weeks and maintained improvement at 18 weeks on SCL-90-R **beyond psychoeducation** **(control).** **No differences between groups** and control on PASAT (all improved at 6 weeks and maintained at 18 weeks. On KBCI at 6 weeks, traditional and integrated improved **greater than computer or control,** and this was maintained at 18 weeks. | 24% | Low risk |
| 34, Canada | 118 | N= 60Mean age 34.3%male 40 | N= 58Mean age 36.1%male 33 | Cognitive rest and graduated return to usual activity instructions, vs. usual care instructions. | No differences between groups at 2 and 4 weeks on PCSS | 23.5% | Moderate risk |
| 35, USA (Military) | 119 | N= 50Mean age 35.4%male 94 | N = 69Mean age 34.8%male 96 | 10 weeks of group based compensatory cognitive training vs. usual care (including “regular medical, psychiatric and psychotherapeutic”) | Significant improvement in treatment group at Week 10 and 15 on PRMQ, and MSNQ, and by Week 5, 10 and 15 on PoCSS. No significant improvements on BDI-II, PCL-M, NSI, SLS. | 28.5% | Low risk |

Legend: \* (31) and (32) were based on the same study, but 32 was a 10 year follow up. SF-36 Short Form 36 Health Survey, SCL-90 R Symptom Checklist-90R, PASAT Paced Auditory Serial Addition Test, PCSQ Swedish Post Concussion Symptoms Questionnaire, Li-SAT-11 Life Satisfaction Questionnaire, RHFUQ Rivermead Head injury Follow up Questionnaire, PCSC Post Concussion Symptom Checklist, PCL Problem CheckList, CIQ Community Integration Questionnaire, RPDQ Rivermead Post-concussion Disorder Questionnaire, GHQ General Health Questionnaire, HADS Hospital Anxiety and Depression Scale. PCSS Post-Concussion Symptom Score. PRMQ Prospective-Retrospective Memory Questionnaire; MSNQ Multiple Sclerosis Neuropsychological Screening Questionnaire-Patient Version; MCQ Memory Compensation Questionnaire; PoCSS Portland Cognitive Strategies Scale 2.0; PCL-M PTSD-Checklist Military version; BDI-II Beck Depression Inventory II version; SLS Satisfaction with Life Scale, NSI Neurobehavioral Symptom Inventory.