

Table 1: Summary of Previous Treatment Schedules

Study	No and profession of therapy participants	Summary of Consensus Methods	Content of Treatment schedule
<p>Donaldson, C, et al, <i>A treatment schedule of conventional physical therapy provided to enhance upper limb sensorimotor recovery after stroke: Expert criterion validity and intra-rater reliability.</i> Physiotherapy, 2009. 95(2): p. 110-119.</p>	<p>11 Physiotherapists (consensus development element of study)</p>	<p>-Individual semi-structured interviews -Focus group -Pilot</p>	<p>Soft tissue mobilisation Joint mobilisation Facilitation of muscle activity/movement Positioning Specific sensory input Splinting techniques Exercise to increase strength Balance and mobility incorporating upper limb activity Upper limb functional tasks Education for patient and/or carer Other interventions/techniques</p>
<p>Hunter, SM, et al., <i>Development of treatment schedules for research: a structured review to identify methodologies used and a worked example of 'mobilisation and tactile stimulation' for stroke patients.</i> Physiotherapy, 2006. 92(4): p. 195-207.</p>	<p>7 Physiotherapists</p>	<p>-Individual semi-structured interviews -Focus group -Pilot</p>	<p>Passive movements Accessory movements Massage Soft tissue stretch Placing the hand Isolated/selective joint movement Compression Sensory input Patterns of co-ordinated movement</p>
<p>Pomeroy, VM, et al., <i>Development of a schedule of current physiotherapy treatment used to improve movement control and functional use of the lower limb after stroke: a precursor to a clinical trial.</i> Neurorehabilitation & Neural Repair, 2005. 19(4): p. 350-359.</p>	<p>10 Physiotherapists</p>	<p>-Individual semi-structured interviews -Focus group -Pilot</p>	<p>Soft tissue mobilisation Facilitation of activity in specific muscles Facilitation of isolated (selective) joint movement Facilitation of of-ordinated (combined) movement Resistive exercise Specific sensory input Splinting techniques Function (lying to sitting, sitting to standing, standing to walking and walking onwards)</p>
<p>Rosewilliam, SB, et al., <i>An approach to standardize, quantify and record progress of routine upper limb therapy for stroke subjects: the Action Medical Research Upper Limb Therapy protocol.</i> Hand Therapy, 2009. 14(3): p. 60-68.</p>	<p>6 Physiotherapists and 3 Occupational Therapists were surveyed</p>	<p>Systematic literature search to develop 'aims of therapy' Survey Nominal Group discussion Pilot of schedule</p>	<p>Only therapeutic interventions commonly used by all therapists were included. The schedule is problem orientated, with treatment aims including: sensory education, facilitation, early sensory stimulation, cross facilitation, bilateral activities, desensitisation, elicit muscle</p>

			activity, strengthening, maintain tissue length, decrease activity to passive movement, relaxation, isolation of movements, train coordination, fine motor control/dexterity Stimulation of functional movement Patient-orientated goal
Tyson, S.F. and Selley, A. <i>The development of the Stroke Physiotherapy Intervention Recording Tool (SPIRIT)</i> . Disability & Rehabilitation, 2004. 26 (20): p. 1184-1188.	Number involved in initial development of treatment schedule not stated (senior clinicians from 2 stroke units) piloted by 35 Physiotherapists	Literature search Discussion with experienced clinicians Pilot of schedule Consultation with participating clinicians post-pilot	Preparation for treatment Facilitated movements Balance activities Walking activities Practising functional activities Organising patient activities for independent practice Teaching health care professionals or carers Equipment provision or training

Treatment schedule, therapy protocol and recording tool are all terms used within the literature to describe a record of the therapy interventions.

