

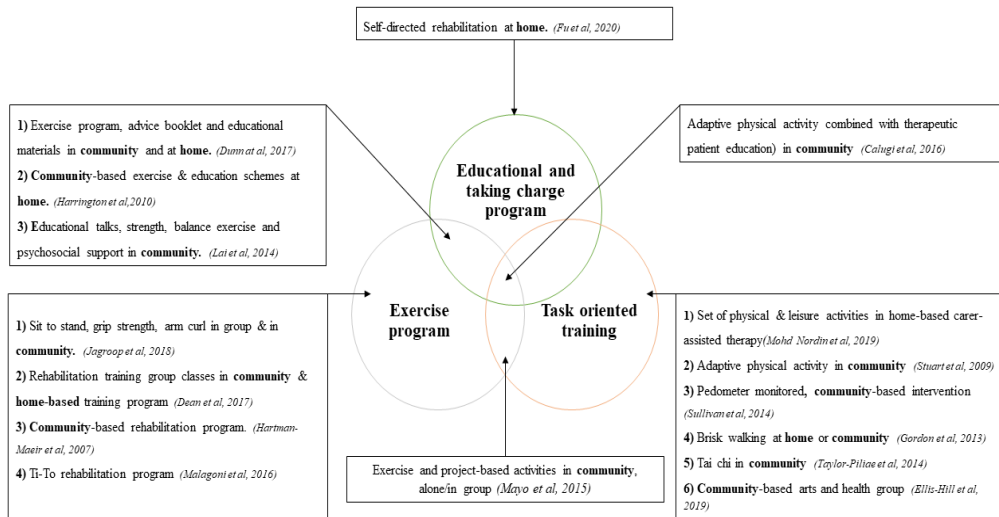
## BACKGROUND

Community based rehabilitation (CBR) was basically envisaged as an affordable way of offering rehabilitation to children with disabilities in the rural areas.

After its adoption by the WHO in the year 1978, it developed into much more towards social inclusion of people with disability.

## PURPOSE

To review the content and evaluate the effects of CBR on quality of life (QoL), balance, and walking capacity for people post-stroke compared to other rehabilitation protocols or no care.



## METHODS (1)

### Data sources and searches

PubMed, Web of sciences, Scopus, Hinari and Pedro, earliest available date until August 2020 with an update on 15<sup>th</sup> of December 2020.

### Inclusions

- RCT, Clinical Trials, or longitudinal/cohort studies
- Adults (age ≥ 18 years) with a confirmed stroke
- CBR programs as compared with CR
- QoL, balance and walking capacity

### Exclusions

aged <18 years; other diagnosis; Not investigating QoL as outcome

## RESULTS (1)

### Studies and participants characteristics

- A total of 1690 patients
- (08) RCTs; (01) CT and (05) LCs
- Mean/median ages: 60 years to 72.7 (int); 55.8 years to 73 (cont)
- Percentage males: 40% to 90%.

## DISCUSSION & CONCLUSIONS

- CBR programs can benefit people post-stroke regarding quality of life, walking capacity and balance
- CBR is applied in many forms ranging from educational, task-oriented and exercise training or in combinations
- Specifically, CBR is more effective than usual care without physical training or no care

## METHODS (2)

Data extraction and quality assessment: PEDro scale and NOS / Cochrane risk of bias tool

Data synthesis and analysis: SMD with 95% confidence intervals (CI)

## RESULTS (2)

