

Auditory stimulation improves gait and posture in cerebral palsy: A systematic review with between and within-group meta-analysis

Supplementary file

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	2
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	2-3
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	3
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	3
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	3
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	3
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	3
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	3
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	3

Section and Topic	Item #	Checklist item	Location where item is reported
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	3
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	3-4
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	3-4
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	3-4
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	3-4
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	3-4
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	4
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	3-4
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	4
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	-
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	4
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	4
Study characteristics	17	Cite each included study and present its characteristics.	4-5
Risk of bias in	18	Present assessments of risk of bias for each included study.	5

Section and Topic	Item #	Checklist item	Location where item is reported
studies			
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	5-9
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	5-9
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	5-9
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	5-9
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	5-9
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	5
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	-
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	9-13
	23b	Discuss any limitations of the evidence included in the review.	9
	23c	Discuss any limitations of the review processes used.	10-11
	23d	Discuss implications of the results for practice, policy, and future research.	12-13
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	10
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	10
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	10

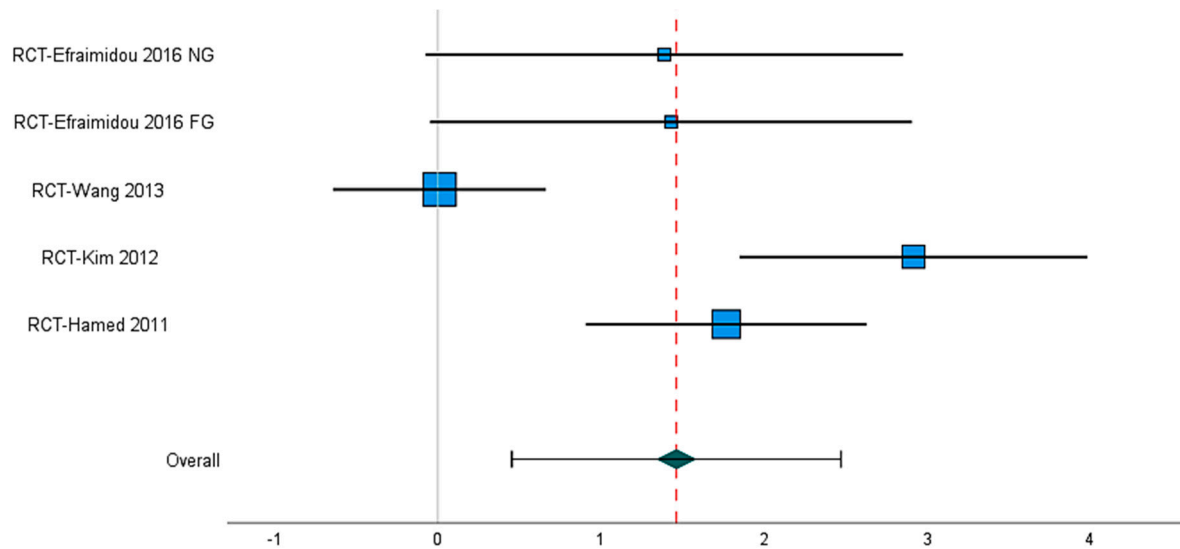
Section and Topic	Item #	Checklist item	Location where item is reported
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	-
Competing interests	26	Declare any competing interests of review authors.	Title page
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	-

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

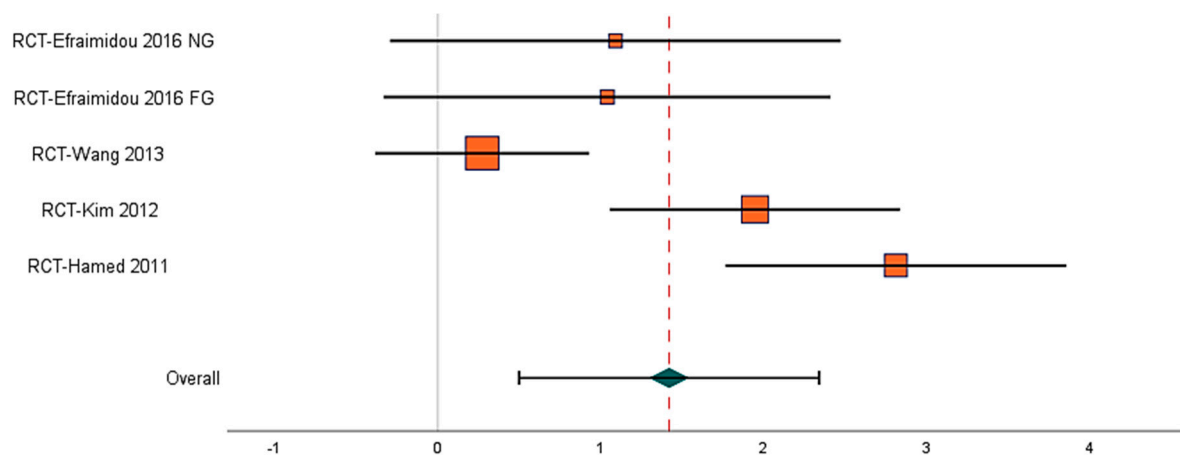
Figures

Gait speed: Between group analysis

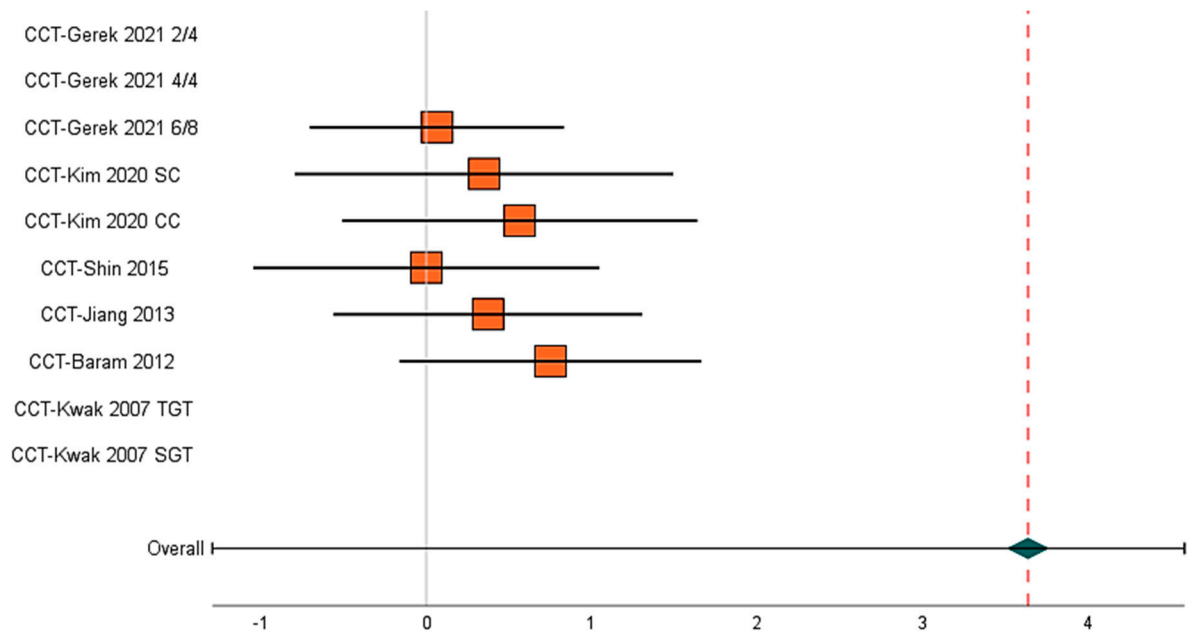


Supplementary Figure S1. Forest plot illustrating the effect of AStim on gait speed in people with cerebral palsy (Randomized controlled trials only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as blue boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a green diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed for the AStim group, whereas a negative overall effect size indicates enhancements in gait speed for the control group (RCT: Randomized controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait).

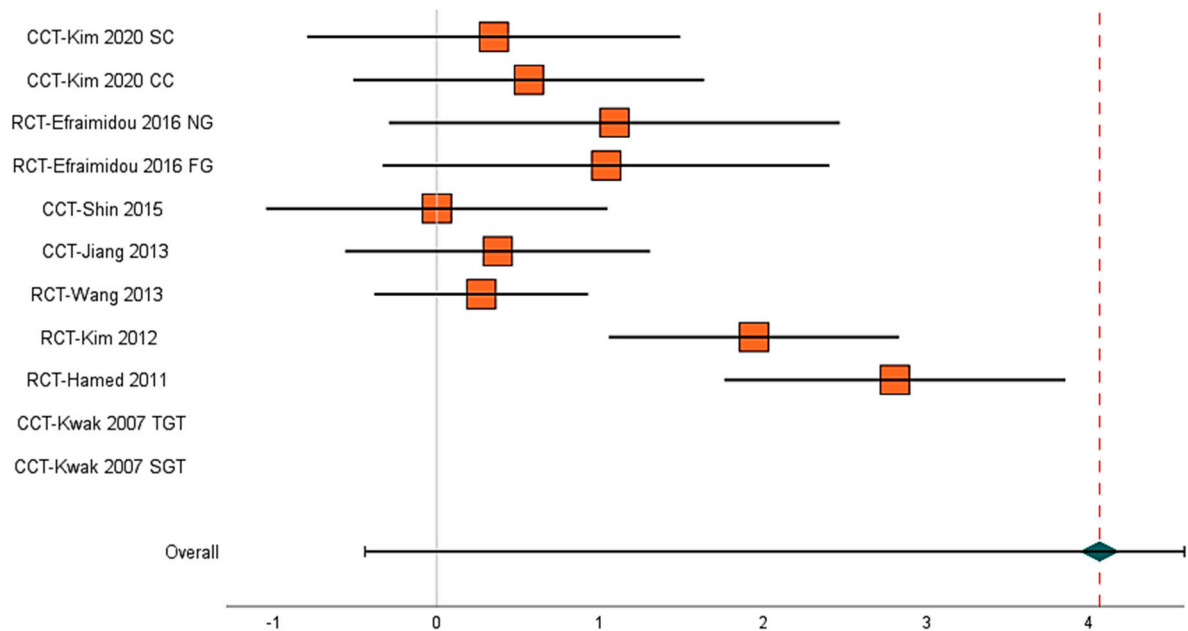
Gait speed: Within group analysis



Supplementary Figure S2. Forest plot illustrating the effect of AStim on gait speed in people with cerebral palsy (Randomized controlled trials only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed with AStim, whereas a negative overall effect size indicates reduction in gait speed with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait).

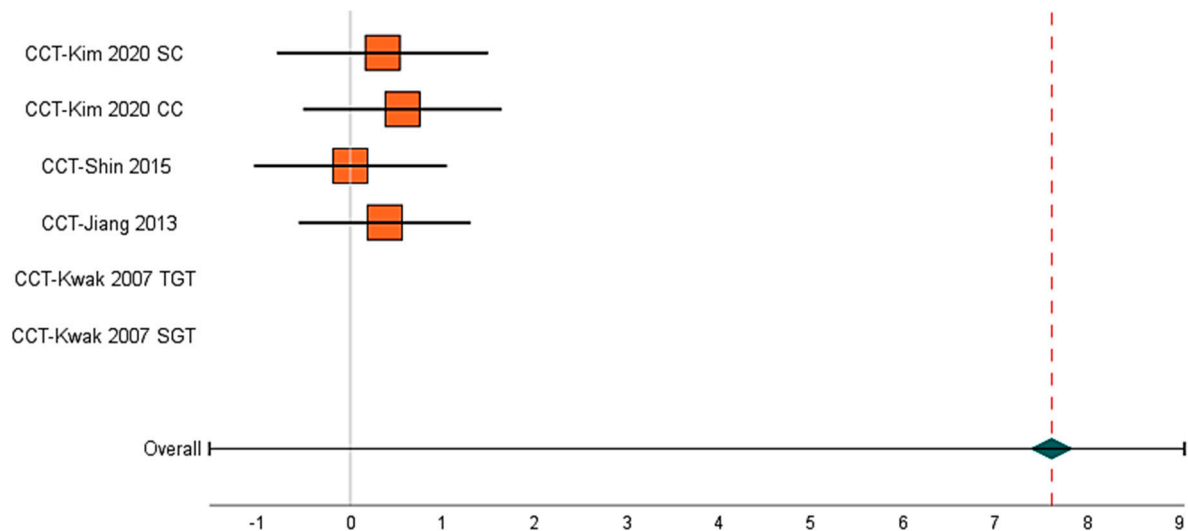


Supplementary Figure S3. Forest plot illustrating the effect of AStim on gait speed in people with cerebral palsy (Controlled clinical trials only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed with AStim, whereas a negative overall effect size indicates reduction in gait speed with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait).

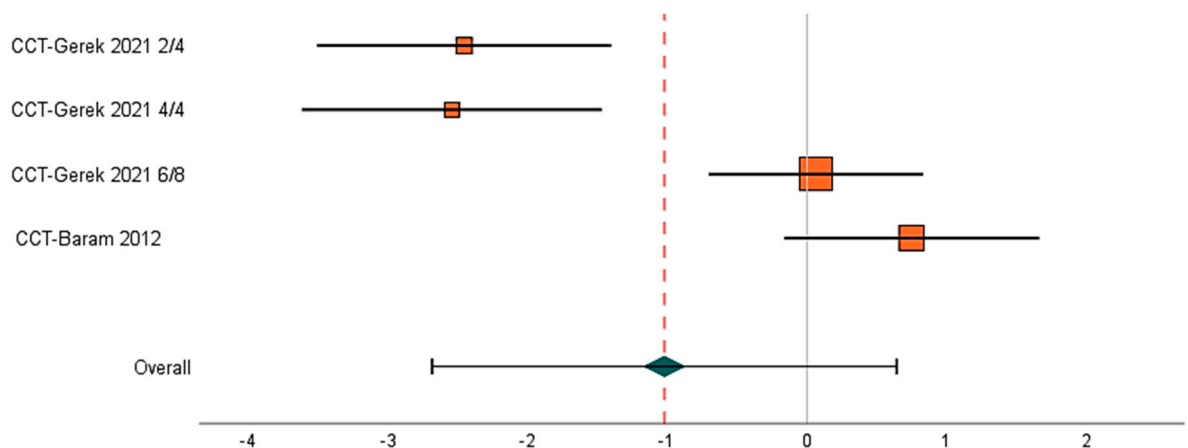


Supplementary Figure S4. Forest plot illustrating the effect of AStim-based training on gait speed in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed with AStim, whereas a negative overall effect size indicates reduction in gait speed with AStim (RCT: Randomized

controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait, SC: Simple chord, CC: Complex chord).

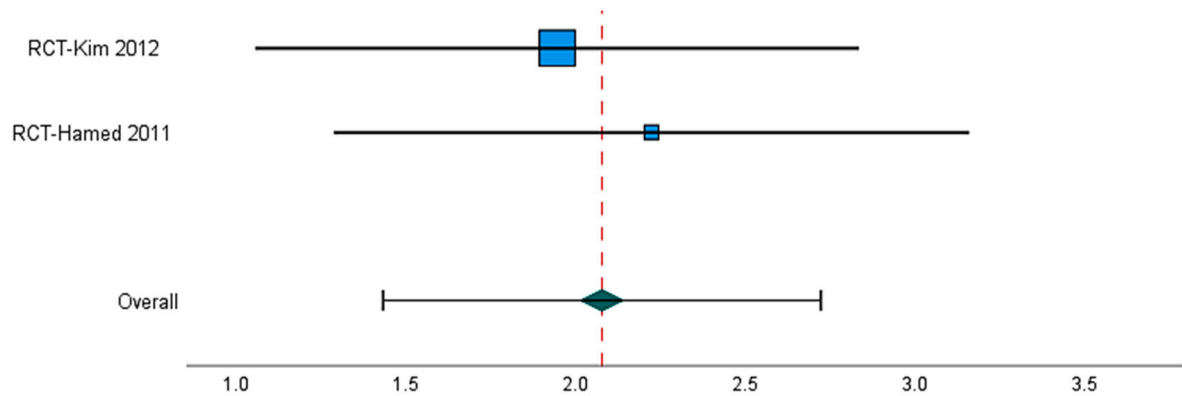


Supplementary Figure S5. Forest plot illustrating the effect of AStim-based training on gait speed in people with cerebral palsy (Controlled clinical trial only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed with AStim, whereas a negative overall effect size indicates reduction in gait speed with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait, SC: Simple chord, CC: Complex chord).



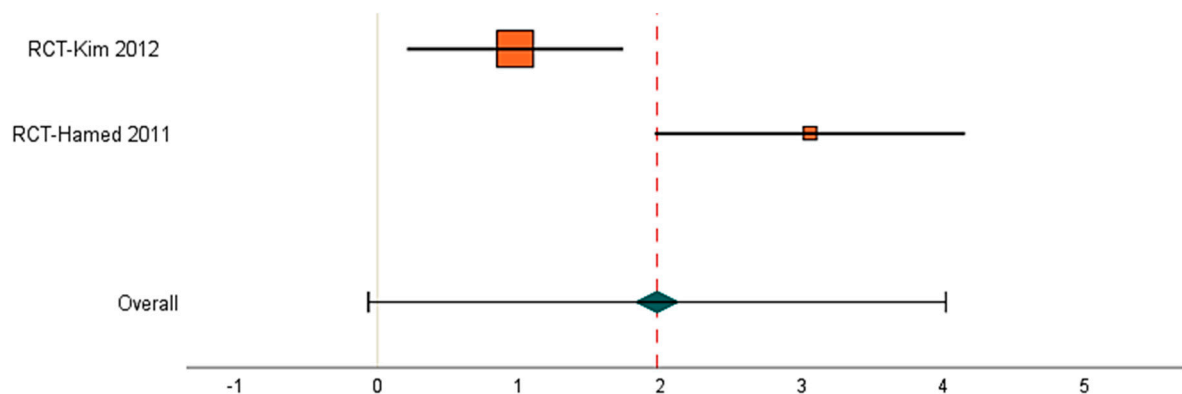
Supplementary Figure S6. Forest plot illustrating the effect of AStim (no training) on gait speed in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait speed with AStim, whereas a negative overall effect size indicates reduction in gait speed with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial).

Stride length: Between group analysis

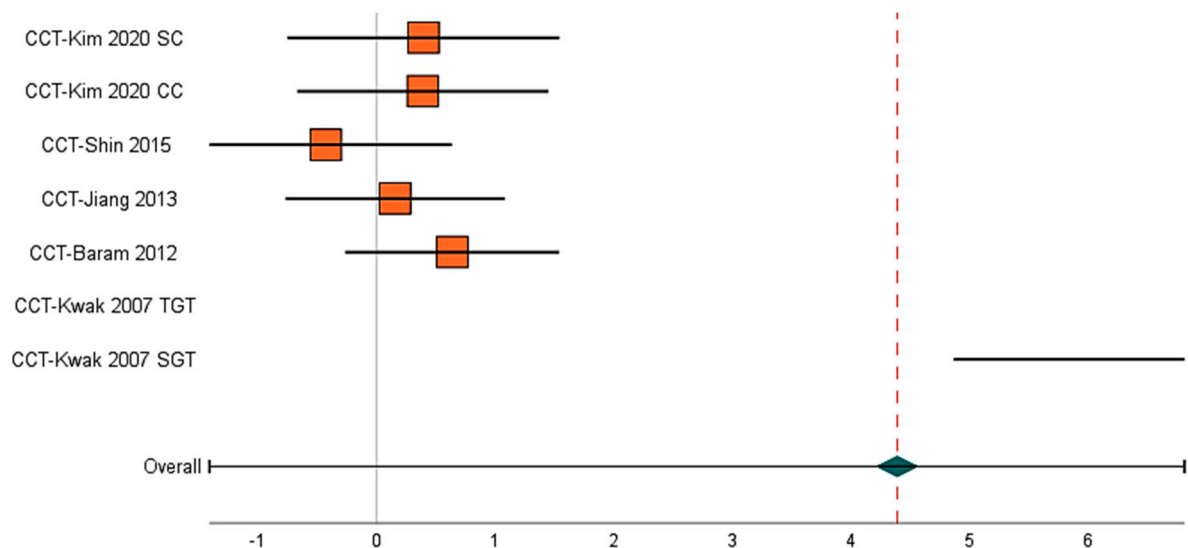


Supplementary Figure S7. Forest plot illustrating the effect of AStim on stride length in people with cerebral palsy (Randomized controlled trial only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as blue boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in stride length for the AStim group, whereas a negative overall effect size indicates enhancements in stride length for the control group (RCT: Randomized controlled trial, CCT: Controlled clinical trial, NG: Normal gait, FG: Fast gait).

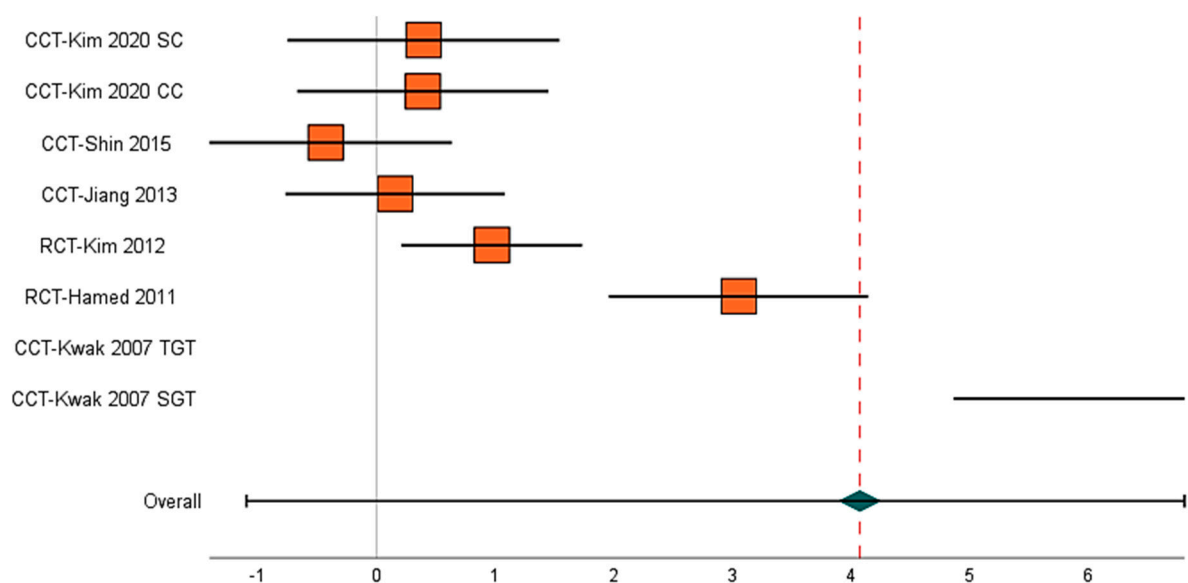
Stride length: Within group analysis



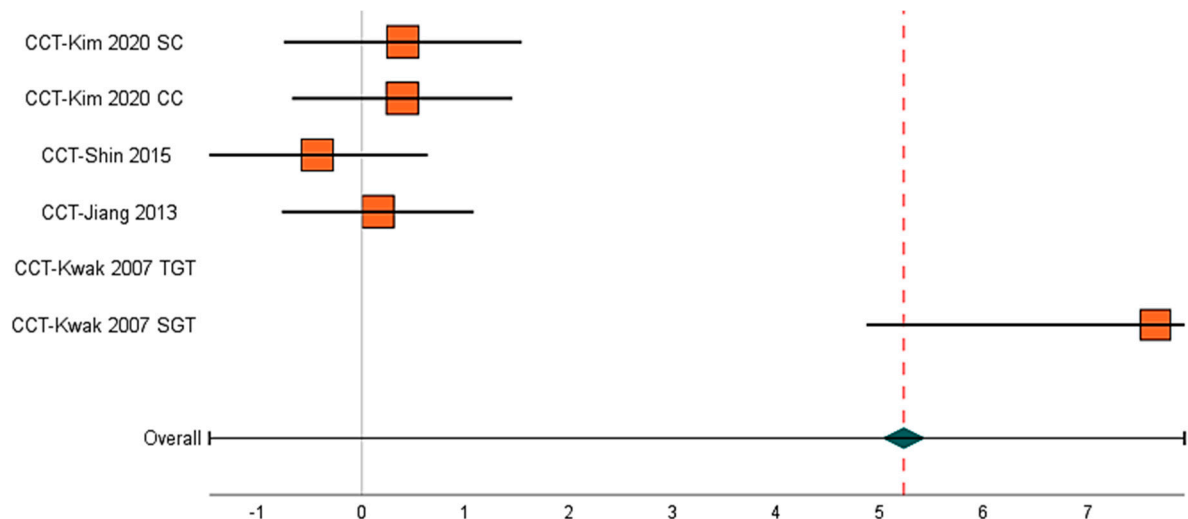
Supplementary Figure S8. Forest plot illustrating the effect of AStim on stride length in people with cerebral palsy (Randomized controlled trial only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in stride length with AStim, whereas a negative overall effect size indicates reduction in stride length with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial).



Supplementary Figure S9. Forest plot illustrating the effect of AStim on stride length in people with cerebral palsy (Controlled clinical trial only). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in stride length with AStim, whereas a negative overall effect size indicates reduction in stride length with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).

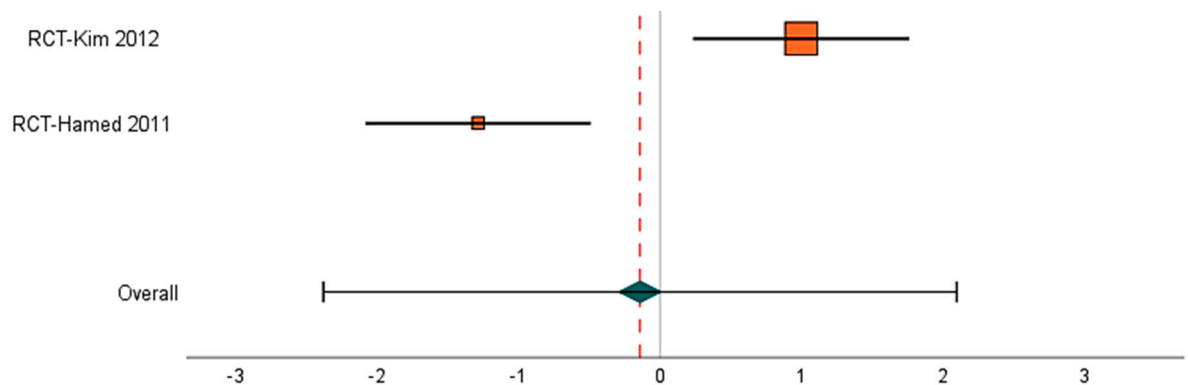


Supplementary Figure S10. Forest plot illustrating the effect of AStim-based training on stride length in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in stride length with AStim, whereas a negative overall effect size indicates reduction in stride length with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).

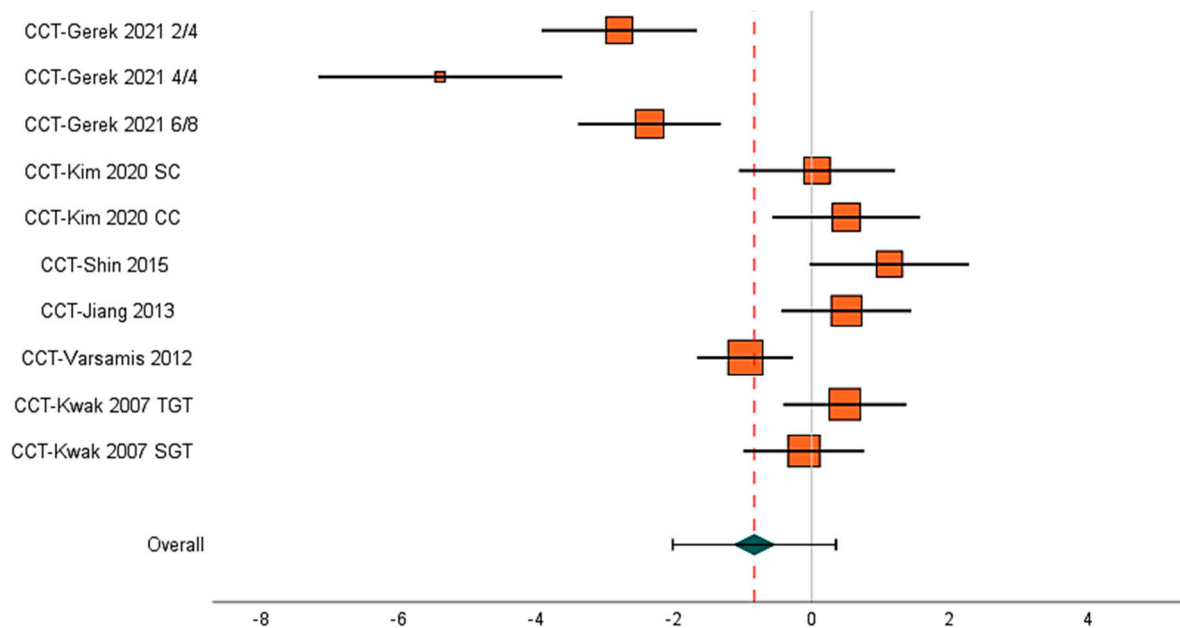


Supplementary Figure S11. Forest plot illustrating the effect of ASTim-based training on stride length in people with cerebral palsy (Controlled clinical trials). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in stride length with ASTim, whereas a negative overall effect size indicates reduction in stride length with ASTim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).

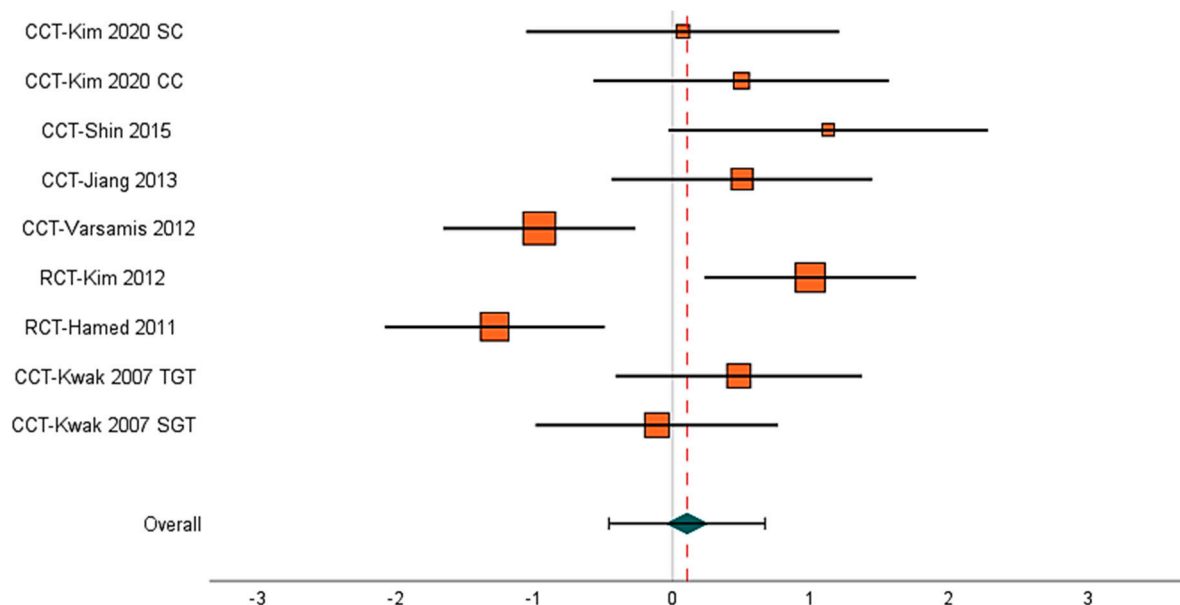
Cadence: Within group analysis



Supplementary Figure S12. Forest plot illustrating the effect of ASTim on cadence in people with cerebral palsy (Randomized controlled trials). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in cadence with ASTim, whereas a negative overall effect size indicates reduction in cadence with ASTim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).

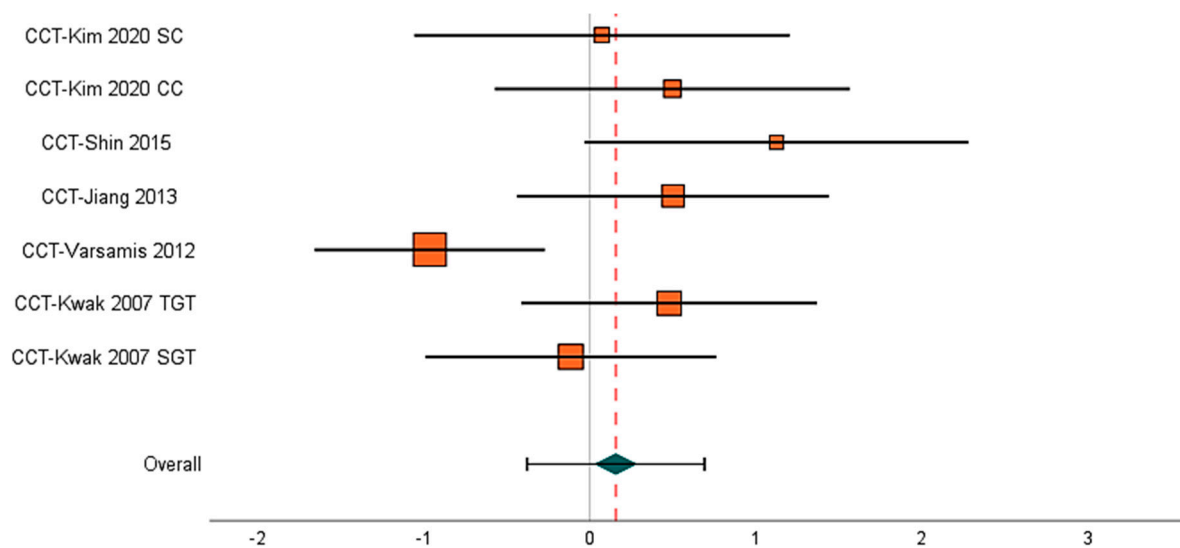


Supplementary Figure S13. Forest plot illustrating the effect of AStim on cadence in people with cerebral palsy (Controlled clinical trials). The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in cadence with AStim, whereas a negative overall effect size indicates reduction in cadence with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).



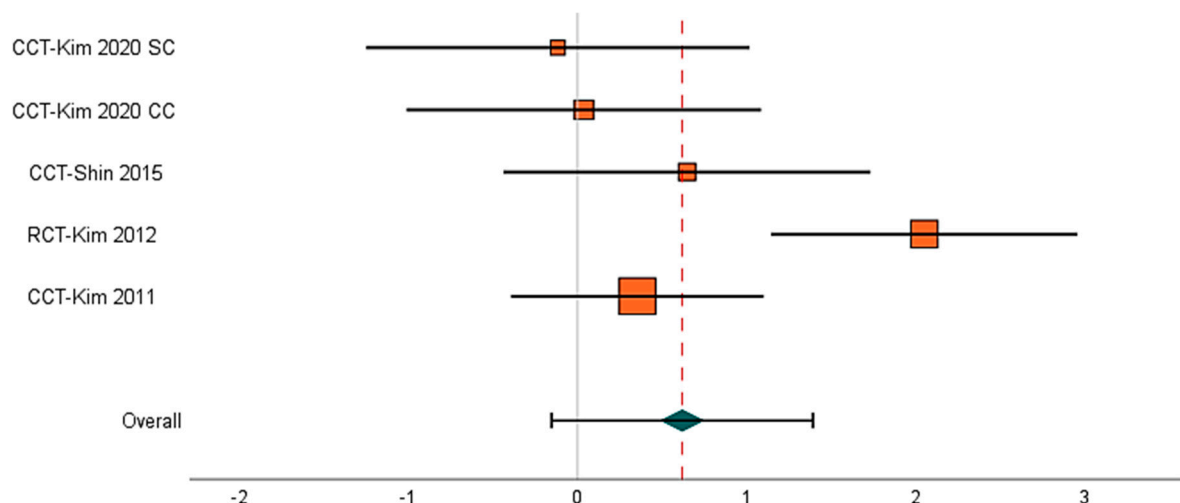
Supplementary Figure S14. Forest plot illustrating the effect of AStim-based training on cadence in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in cadence with AStim, whereas a negative overall effect size indicates reduction in cadence with AStim (RCT: Randomized controlled trial, CCT:

Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).



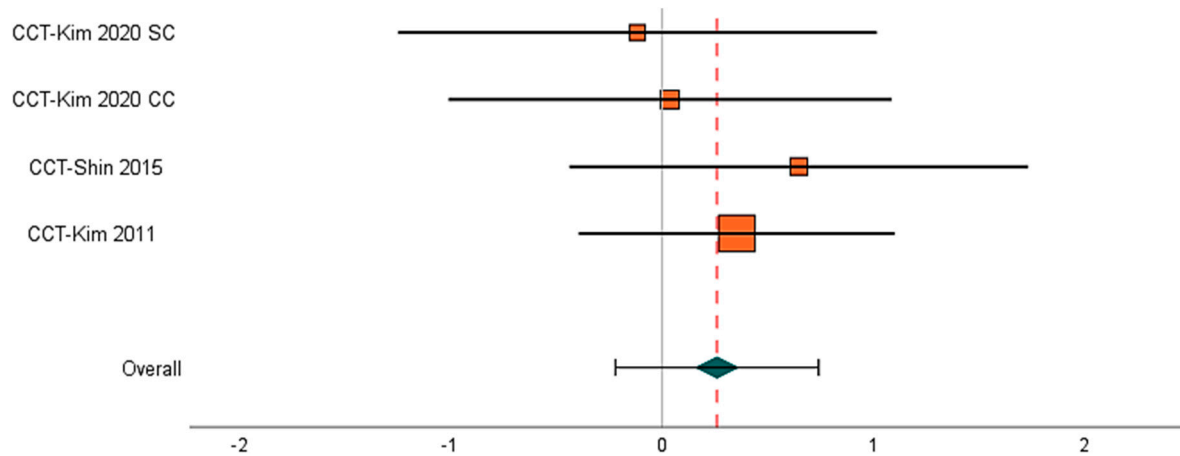
Supplementary Figure S15. Forest plot illustrating the effect of AStim-based training on cadence in people with cerebral palsy (Controlled clinical trials). The forest plot incorporates individual weighted effect size Hedge's g which is represented as black boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in cadence with AStim, whereas a negative overall effect size indicates reduction in cadence with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).

Gait deviation index: Within group analysis

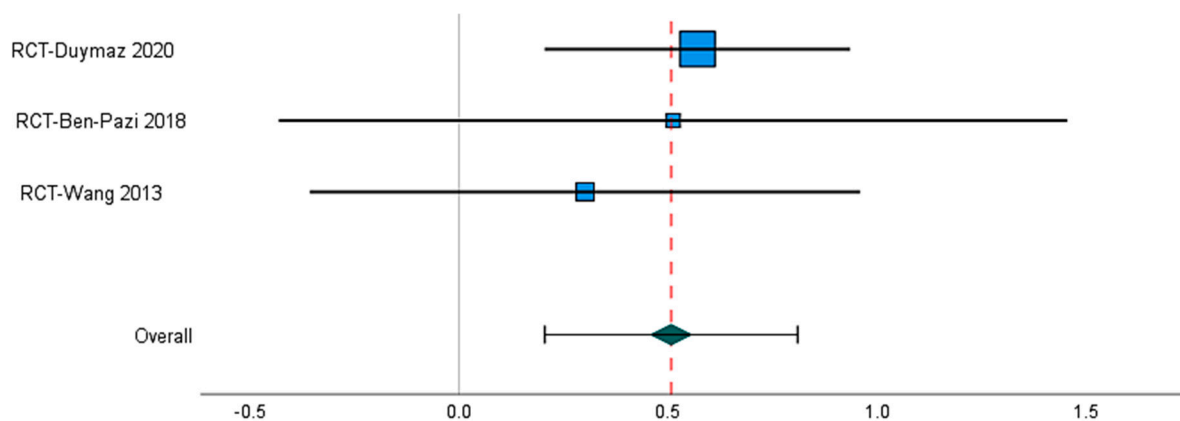


Supplementary Figure S16. Forest plot illustrating the effect of AStim on gait deviation index in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait deviation index with AStim, whereas a negative overall effect size indicates reduction in gait deviation index with AStim.

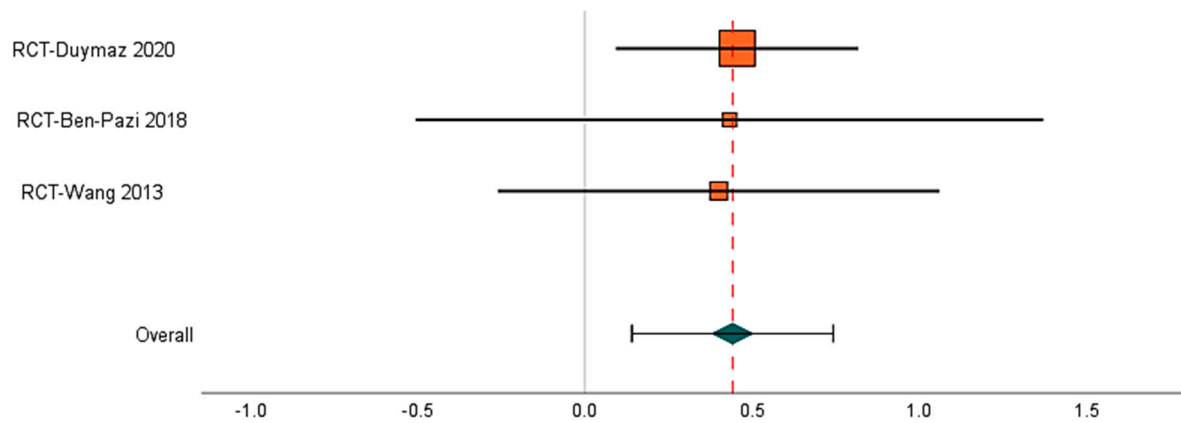
(RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).



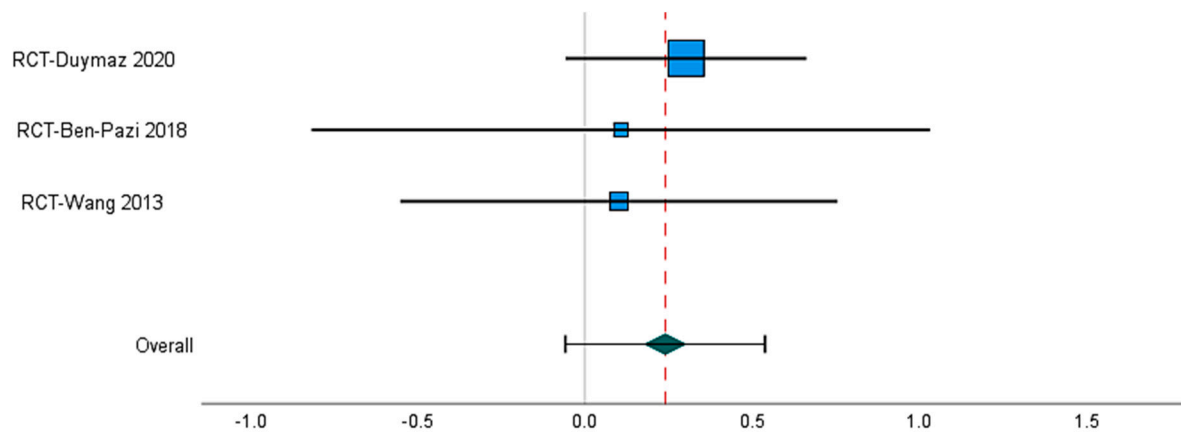
Supplementary Figure S17. Forest plot illustrating the effect of AStim on gait deviation index in people with cerebral palsy (Controlled clinical trials). The forest plot incorporates individual weighted effect size Hedge's g which is represented as black boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a diamond. In this analysis, a positive overall effect size meant an enhancement in gait deviation index with AStim, whereas a negative overall effect size indicates reduction in gait deviation index with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial, SC: Simple chord, CC: Complex chord, TGT: Therapist guided training, SGT: Self-guided training).



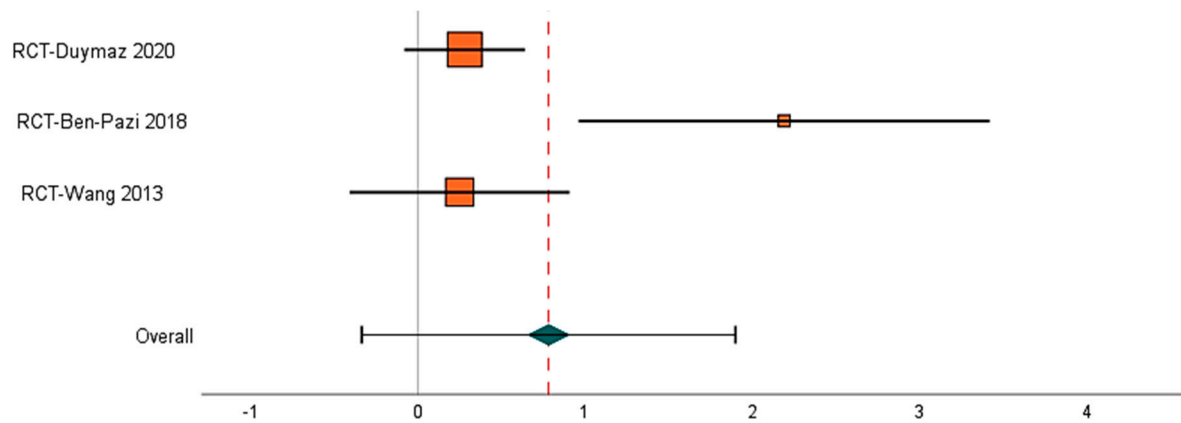
Supplementary Figure S18. Forest plot illustrating the effect of AStim on gross motor function for standing (D-sub score) in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as blue boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a green diamond. In this analysis, a positive overall effect size meant an enhancement in standing gross motor function for the AStim group, whereas a negative overall effect size indicates enhancements in standing gross motor function for the control group (RCT: Randomized controlled trial, CCT: Controlled clinical trial).



Supplementary Figure S19. Forest plot illustrating the effect of AStim on gross motor function for standing (D-sub score) in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a green diamond. In this analysis, a positive overall effect size meant an enhancement in standing gross motor function, whereas a negative overall effect size indicates reduction in standing gross motor function with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial).



Supplementary Figure S20. Forest plot illustrating the effect of AStim on gross motor function for walking (E-sub score) in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as blue boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a green diamond. In this analysis, a positive overall effect size meant an enhancement in walking gross motor function for the AStim group, whereas a negative overall effect size indicates enhancements in walking gross motor function for the control group (RCT: Randomized controlled trial, CCT: Controlled clinical trial).



Supplementary Figure S21. Forest plot illustrating the effect of AStim on gross motor function for walking (E-sub score) in people with cerebral palsy. The forest plot incorporates individual weighted effect size Hedge's g which is represented as orange boxes, whereas the 95% confidence intervals are represented with whiskers. At the bottom the pooled weighted effect size and 95% CI are represented with a green diamond. In this analysis, a positive overall effect size meant an enhancement in walking gross motor function, whereas a negative overall effect size indicates reduction in walking gross motor function with AStim (RCT: Randomized controlled trial, CCT: Controlled clinical trial).