National Institute for Health and Care Excellence

Draft for consultation

Rehabilitation after traumatic injury

D.3 Service coordination: Barriers and facilitators to accessing rehabilitation services following discharge to the community

NICE guideline <number>

Evidence review underpinning recommendations 1.2.7, 1.2.9, 1.4.1, 1.4.3, 1.5.6, 1.5.7, 1.5.11, 1.6.3, 1.6.5, 1.8.6, 1.8.16, 1.8.17, 1.8.20, 1.8.22, 1.8.23, 1.9.5, 1.10.7, 1.10.8, 1.10.10, 1.10.11 and 1.10.13 in the NICE guideline

July 2021

Draft for Consultation

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

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ISBN:

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Summary of review questions covered in this report

This evidence report contains information on 2 reviews:

D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Service coordination: Barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community

Review question

This evidence report contains information on 2 reviews relating to specific rehabilitation programmes and packages for chest injury:

D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Introduction

Barriers to accessing rehabilitation services can have a significant impact on the speed and outcome of an individual's recovery following traumatic injury. Barriers and facilitators to access can be intrinsic or extrinsic. A person's perceptions, beliefs and values will affect their motivation to seek and participate in rehabilitation. External factors can present obstacles that restrict or deny access to rehabilitation, such as geography, socioeconomic circumstances or deficient information. Barriers need to be overcome to ensure equality in access to rehabilitation services for all patients.

The objective of these reviews was to identify the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults and children and young people with complex rehabilitation needs after traumatic injury.

Summary of the protocol

Please see Table 1 and Table 2 for a summary of the Population, Phenomenon of interest and Context characteristics of this review in the adult and children and young peoples populations, respectively.

Table 1: Summary of the adult protocol (PICO table)

Population	Adults (aged 18 years and above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have been discharged to the community. Exclusion: • Adults with traumatic injuries who do not require admission to hospital • Adults with traumatic injury who are admitted to the ICU
Phenomenon of interest	Barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important
Context	All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided

	Exclusion: • Accident and emergency departments • Critical care units • Prisons

ICU: Intensive care unit

Table 2: Summary of the children and young peoples protocol (PICO table)

Population	Children and young people (aged below 18 years) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have been discharged to the community, and their families Exclusion: • Children and young people with traumatic injuries who do not require admission to hospital • Children and young people with traumatic injury who are admitted to the PICU
Phenomenon of interest	Barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important
Context	All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided Exclusion: • Accident and emergency departments • Critical care units • Prisons

PICU: Paediatric intensive care unit

For further details see the review protocols in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and in the methods chapter (Supplement 1).

Declarations of interest were recorded according to NICE's 2018 conflicts of interest policy.

Clinical evidence: Adults

Included studies

Fifteen qualitative studies were identified for this review (Abrahamson 2017, Copley 2013, Fitts 2019, Gabbe 2013, Goodridge 2015, Graff 2018, Kingston 2015, Lefebvre 2012, McPherson 2018, McRae 2016, Mehta 2019, Odumuyiwa 2019, Roberts 2017, Singh 2018, and Turner 2011).

The studies were carried out in the following countries: The UK (Abrahamson 2017, Odumuyiwa 2019, Roberts 2017), Australia (Copley 2013, Fitts 2019, Gabbe 2013, Kingston 2015, McRae 2016, Turner 2011), Canada (Goodridge 2015, Mehta 2019, Singh 2018), Canada and France (Lefebvre 2012), Denmark (Graff 2018), and New Zealand (McPherson 2018).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Summary of clinical studies included in the evidence review

A summary of the studies that were included in this review are presented in Table 3:.

Table 3: Summary of included studies

Study and aim of the study	Population	Methods	Themes
Abrahamson 2017 **Aim of the study** "To explore the experiences of individuals who have had a severe traumatic brain injury (TBI) and their carers in the first month post-discharge from in-patient rehabilitation into living in the community" (p. 1683)	Adults with traumatic brain injury: N=10 • Male/female: 9/1 • Mean age (range): 63 (48-89) years • Severity: NR • Time since injury: NR	• **Recruitment period:** June 2013 - February 2014 • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Inner motivation: Receiving information about services • Obstacles to access: Advocates • Obstacles to access: Finances and insurance • Services offered: Point of contact • Services offered: Specialism and staff knowledge • Services offered: Transition coordination and continuity
Copley 2013 **Aim of the study** "to explore the recollected continuum of care experienced by 202 adults with moderate to severe traumatic brain injury (TBI) in Victoria, Australia" (p. 436)	Adults with traumatic brain injury: N=14 • Male/female: 8/6, • Age: ○ 18-25 years: N=2 ○ 26-35 years: N=3 ○ 36-45 years: N=3 ○ 46-55 years: N=3 ○ 56-65 years: N=3 • Severity: NR • Time since injury: NR	• **Recruitment period:** July 2001 - June 2005 • **Data collection & analysis methods:** ○ Unspecified interviews ○ Thematic analysis	• Inner motivation: Inner understanding • Obstacles to access: Advocates • Obstacles to access: Finances and insurance • Services offered: Local availability • Services offered: Point of contact • Services offered: Transition coordination and continuity
Fitts 2019 **Aim of the study** "The aims of the study were to: (i) identify the experiences of Indigenous Australians during the first 6 months	Adults with traumatic brain injury who identify as Aboriginal and/or Torres Strait Islanders: N=11 • Male/female: 9/2, • Mean age (SD): 40 (11) years	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews	• Inner motivation: External encouragement • Obstacles to access: Finances and insurance • Obstacles to access: Justice system

Study and aim of the study	Population	Methods	Themes
after discharge from hospital; (ii) identify the help and supports Indigenous people accessed or used during transition and (iii) understand the gaps in service provision and/or difficulties Indigenous people experienced during this period" (p.139)	• Severity: ○ mild: N=7 ○ moderate: N=2 ○ severe: N=1 ○ unreported: N=1 • Time since injury: NR	○ Thematic analysis	involvement • Obstacles to access: Injury related barriers • Obstacles to access: Transport • Services offered: Flexibility • Services offered: Local availability • Services offered: Transition coordination and continuity
Gabbe 2013 **Aim of the study** "To explore injured patients' experiences of trauma care to identify areas for improvement in service delivery" (p.149)	Adults with traumatic injuries: N=120 • Male/female: 63/57, • Mean age (SD): 48.6 (17.6) years • Injury: ○ traumatic brain injury=27, ○ isolated lower extremity fractures =23 ○ other=70 • Severity: NR • Median time since injury (range): 14.2 (12.8-19.7) months	• **Recruitment period:** Apr 2011 - Jan 2012 • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Inner motivation: Receiving information about services • Inner motivation: Inner motivation versus acceptance • Obstacles to access: Finances and insurance • Services offered: Local availability • Services offered: Point of contact • Services offered: Specialism and staff knowledge • Services offered: Transition coordination and continuity
Goodridge 2015 **Aim of the study** "To identify the perceived gaps in access, classify the nature of the perceived gaps and compare differences in perceptions of access between urban and rural participants." (p.1401)	Adults with traumatic spinal cord injury: N=23 • Male/female: 16/7, • Age: ○ <45 years: N=10 ○ ≥45 years: N=13 ○ Range: 23-68 years • Severity: Paraplegia (yes/no): 13/10 • Time since injury: ○ <10 years: N=11 ○ ≥10 years: N=12	• **Recruitment period:** August 2012 • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Obstacles to access: Finances and insurance • Obstacles to access: Injury related barriers • Obstacles to access: Transport • Services offered: Local availability • Services offered: Peer contact • Services offered: Technology
Graff 2018 **Aim of the study** To explore the	Adults with traumatic brain injury: N=20 • Male/female: 12/8, • Median age	• **Recruitment period:** December 2014 - May 2015 • **Data collection &**	• Inner motivation: Receiving information about services • Obstacles to access:

Study and aim of the study	Population	Methods	Themes
rehabilitation experiences of adults with TBI up to 4 years post injury, including facilitators and barriers.	(range): 39 (25-63) years • Severity (Glasgow coma scale): ○ Mild: N=8 ○ Moderate: N=7 ○ Severe: N=5 • Time since injury: NR	**analysis methods:** ○ Semi-structured interviews ○ Thematic analysis with hermeneutical phenomenological approach	Advocates • Obstacles to access: Injury related barriers • Services offered: Age-appropriate services • Services offered: Point of contact
Kingston 2015 **Aim of the study** "This research explored the experience of receiving medical and rehabilitation intervention for rural and remote residents in North Queensland, Australia who had experienced a traumatic hand injury" (p.423)	Adults with traumatic hand injuries: N=14 • Male/female: 6/8, • Mean age (range): 49.8 (24-82) years • Severity: NR • Time since injury: NR	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Inductive thematic analysis	• Obstacles to access: Transport • Services offered: Local availability • Services offered: Technology
Lefebvre 2012 **Aim of the study** To explore the changing needs of patients with TBI as well as their friends and families throughout the care and rehabilitation pathway in France and in Canada.	Adults with traumatic brain injury: N=56 • Male/female: 39/17, • Age: ○ 18-29 years: N=20 ○ ≥30 years: N=36 • Country: ○ France: N=34 ○ Canada: N=22 • Severity: NR • Time since injury: NR	• **Recruitment period:** 2007-2008 • **Data collection & analysis methods:** ○ Focus groups ○ Thematic content analysis	• Inner motivation: Inner understanding • Services offered: Local availability • Services offered: Specialism and staff knowledge • Services offered: Transition coordination and continuity
McPherson 2018 **Aim of the study** "To explore what helps and hinders recovery and adaptation after disabling traumatic brain injury (TBI) and make recommendations for improving service responsiveness." (p. 44)	Adults with traumatic brain injury: N=40 • Male/female: 28/12, • Age: ○ 16-34 years: N=12 ○ 35-64 years: N=19 ○ ≥65 years: N=9 • Brain injury severity: ○ Mild: N=18 ○ Moderate: N=8 ○ Severe: N=14	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis using grounded theory	• Inner motivation: Inner understanding • Inner motivation: Inner motivation versus acceptance • Obstacles to access: Advocates • Obstacles to access: Injury related barriers

Study and aim of the study	Population	Methods	Themes
	• Time since injury: NR		
McRae 2016 **Aim of the study** "to describe and contrast the VR experiences and issues of people who participated in different employment pathways: return to pre-injury employment, job seeking and those who had not worked since injury, from an Australian perspective" (p. 77-78)	Adults with severe brain injury: N=29 (traumatic brain injury: N=26) • Male/female: 18/11 • Mean age (range): 35.8 (19-66) years • Severity: NR • Mean years since injury (SD/range) = 3.7 (3.1/1-14)	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Obstacles to access: Finances and insurance • Obstacles to access: Injury related barriers • Obstacles to access: Transport • Services offered: Local availability • Services offered: Point of contact • Services offered: Specialism and staff knowledge • Services offered: Transition coordination and continuity
Mehta 2019 **Aim of the study** "to evaluate SCI patient perceptions of facilitators and barriers of engaging in ICBT [Internet-delivered cognitive behavior therapy] as well as likes and dislikes of ICBT and suggestions for improvement" (p.352)	Adults with spinal cord injury and anxiety or depression: N=8 (traumatic spinal cord injury: N=5) • Male/female:4/4, • Mean age (SD): 53.2(14.53) years • Severity: NR • Time since injury: NR	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic content analysis	• Inner motivation: External encouragement • Obstacles to access: Injury related barriers • Services offered: Flexibility • Services offered: Technology
Odumuyiwa 2019 **Aim of the study** "To improve understanding of 1) the long-term community rehabilitation needs of ABI survivors and their families, and 2) their experiences of community health and social care provision within the United Kingdom." (p. 164)	Questionnaire: Adults with acquired brain injury: N=19 (Mostly traumatic injury although the exact number was not reported) • Male/female: 10/9 • Mean age (range): 44.6 (29-72) years • Severity: NR • Time since injury: NR Interviews: Adults with acquired brain injury: N=12 (Mostly traumatic injury although the exact number was	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Questionnaires & semi - structured interviews ○ Thematic analysis	• Obstacles to access: Injury related barriers • Services offered: Local availability • Services offered: Specialism and staff knowledge • Services offered: Transition coordination and continuity

Study and aim of the study	Population	Methods	Themes
	not reported) • Male/female: 10/2 • Mean age (range): 45 (36-72) years • Severity: NR • Time since injury: NR		
Roberts 2017 **Aim of the study** "To develop an evidence and theory-based complex intervention for improving outcomes in elderly patients following hip fracture." (p. 1)	Adults with hip fracture: N=13 • Male/female:9/4, • Age: Not reported, but all aged ≥65 years • Severity: NR • Time since injury: NR	• **Recruitment period:** June 2014 - March 2015 • **Data collection & analysis methods:** ○ Focus groups ○ Thematic analysis	• Inner motivation: Receiving information about services • Inner motivation: Inner motivation versus acceptance • Inner motivation: External encouragement • Obstacles to access: Tailored care and comorbidities • Services offered: Local availability
Singh 2018 **Aim of the study** "to understand how participation in PALT impacted their lives, what aspects of PALT they perceived to work well, and what challenges they encountered while in the PALT program" (p. 820)	Adults with a spinal cord injury: N=7 (traumatic spinal cord injury: N=4) • Male/female: 5/2 • Mean age (SD): 56.7 (5.8) years • Severity: NR • Mean time since injury (SD): 4 (1) months	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Content analysis	• Inner motivation: Inner motivation versus acceptance • Inner motivation: External encouragement • Obstacles to access: Advocates • Obstacles to access: Tailored care and comorbidities • Obstacles to access: Transport
Turner 2011 **Aim of the study** "study describes participants' recovery goals, the facilitators and barriers in their pursuit of these goals, and their recommendations for rehabilitation programs." (p. 2)	Adults with acquired brain injury: N=20 (traumatic brain injury: N=16) • Male/female: 15/5, • Mean age (range): 40.2 (17-63) years • Severity: NR • Time since injury: NR	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Inner motivation: Inner understanding • Inner motivation: Goal setting • Obstacles to access: Advocates • Obstacles to access: Finances and insurance • Services offered: Local availability • Services offered: Transition coordination and continuity

ABI: Acquired brain injury; ICBT: Internet-delivered cognitive behavior therapy; N: Number; NR: Not reported; p: Page; PALT: Personalized adapted locomotor training; SCI: Spinal cord injury; SD: Standard deviation; TBI: Traumatic brain injury; VR: Vocational rehabilitation

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Results and quality assessment of clinical outcomes included in the evidence review

The quality of the evidence was assessed using GRADE-CERQual. See the evidence profiles in appendix F.

Summary of the evidence

The barrier and facilitators identified in the studies related to three main areas – inner motivation, the presence or absence of certain obstacles to access, and features of the services available on offer. These broad themes had a total of 19 subthemes which are summarised in Table 4.

The first theme 'inner motivation' is the result of a psychological process within the person that starts when they are made aware of their condition and the rehabilitation services, and then lead them to develop an inner understanding where they conceptualise their own condition as suitable for that rehabilitation. They must then decide whether to act upon this or else accept their current state. This internal decision may also be affected by motivation and encouragement from others, perhaps via the conceptualisation of some clear goals. The second theme 'obstacles' is a list of personal and situational factors that may or may not be present for a person with rehabilitation needs. Being with or without these factors and features is likely to influence the likelihood of access to rehabilitation service access. The third theme refers to the features of a services that service coordinators and funders may or may not make available, which can affect how likely and able people are to access their services.

Figure 1: Needs and preferences thematic map

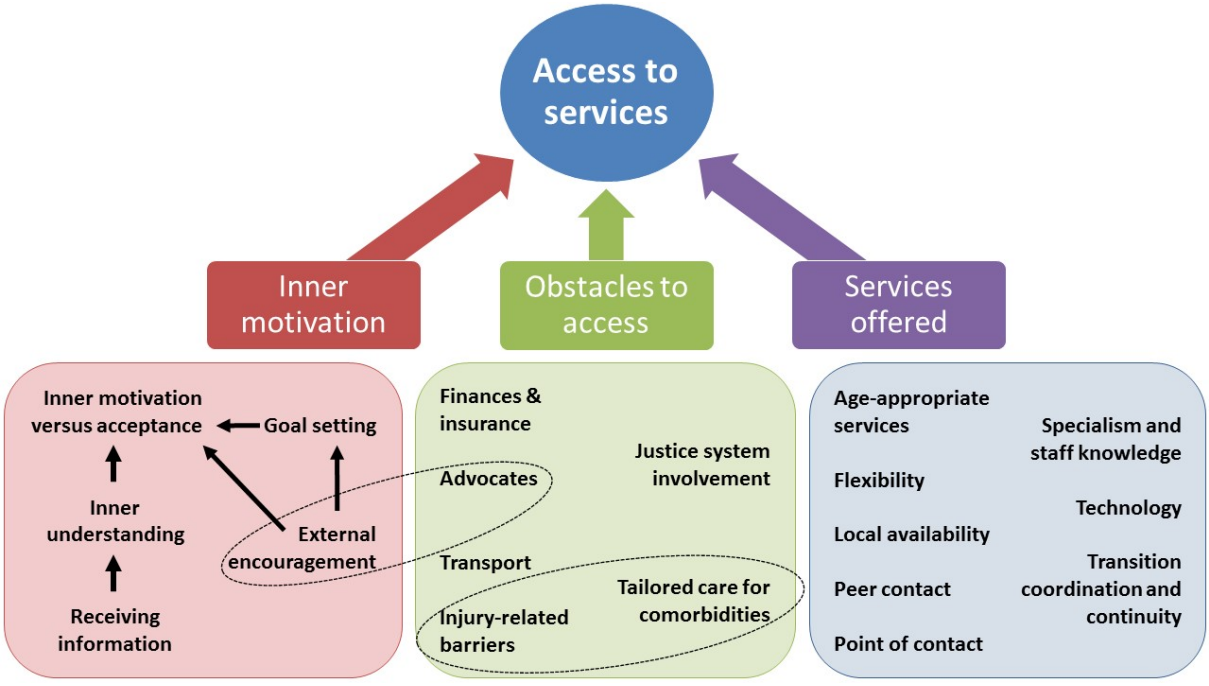

Table 4: Summary of themes

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
1.Inner motivation					
1.1	**Receiving information about services** Access to rehabilitation services is increased when adults with traumatic injuries (along with members of their support network) are provided with information about their condition and services that are available to them.	High	4	Brain injury (2), Hip Fracture (1), Mixed trauma patients (1)	Frail adults aged 65+ (1)
1.2	**Inner understanding** After a traumatic injury, adults with traumatic injury need time to process information and forge a new self-understanding before engaging with rehabilitation.	Moderate	4	Brain injury (4)	None
1.3	**Inner motivation versus acceptance** Part of recovery after traumatic injury involves the need to find a realistic balance between what must be accepted and what can be changed about their condition. How individuals resolve this conflict will impact their inner motivation to access rehabilitation.	Moderate	4	Brain injury (1), Hip Fracture (1), Mixed trauma patients (1), Spinal cord injury (1)	Frail adults aged 65+ (1)
1.4	**External encouragement** Encouragement from family members, friends and healthcare professionals can increase people's desire to participate in their usual pre-injury	High	4	Brain injury (1), Hip Fracture (1), Spinal cord injury (2)	Frail adults aged 65+ (1)

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
	activies, increasing their willingness to engage with further rehabilitation after traumatic injury.				
1.5	**Goal setting** Co-produced goal setting between healthcare professionals and adults after traumatic injury increases engagement and leads to better rehabilitation outcomes.	Low	1	Brain injury (1)	None
2.Obstacles to access					
2.1	**Advocates** Unofficial advocacy (for example, family, friends, healthcare staff) increases access to rehabilitation services. This can be practical support (for example, administration) or mental support (for example, encouragement).	High	6	Brain injury (5), Spinal cord injury (1)	None
2.2	**Finances and insurance** Adequate insurance coverage and ability to pay for rehabilitation services affected a person's access to rehabilitation services. This was true even within the UK context.	High	7	Brain injury (5), Spinal cord injury (1), Mixed trauma patients (1)	None
2.3	**Justice system involvement** Conflicting justice system appointments connected with trauma can affect an adult's availability and their ability to access rehabilitation services.	Low	1	Brain injury (1)	None

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
2.4	**Injury related barriers** Disabilities associated with a person's traumatic injury can impact their ability to access rehabilitation services (for example, remembering to arrange appointments, transport to rehabilitation services).	High	7	Brain injury (5), Spinal cord injury (2)	None
2.5	**Tailored care for comorbidities** Rehabilitation services designed to address 1 problem may not be adaptable to a person's co-morbidities, which will limit access.	Low	2	Hip Fracture (1), Spinal cord injury (1)	Frail adults aged 65+ (1)
2.6	**Transport** Rehabilitation services are easier to access if they can facilitate transport so people do not have to rely on family members for travel. Alternatives could be communication technology or home visits.	Moderate	5	Brain injury (2), Spinal cord injury (2), Hand injury (1)	Upper limb injury (1)
3.Services offered					
3.1	**Age-appropriate services** Adults can be discouraged if rehabilitation services do not appear to cater for their age group.	Very low	1	Brain injury (1)	None
3.2	**Flexibility** Rehabilitation services should be able to provide flexible appointment times or exercises to perform at home, to fit in with	Low	2	Brain injury (1), Spinal cord injury (1)	None

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
	other appointments or commitments throughout the week.				
3.3	**Local availability** Necessary rehabilitation services or specialists may not be available in the person's area (for example, rural areas), or they may have a significant waiting list.	High	10	Brain injury (6), Spinal cord injury (1), Hand injury (1), Hip fracture (1), Mixed trauma patients (1)	Frail adults aged 65+ (1), Upper limb injury (1)
3.4	**Peer contact** Interaction and socialisation with other people with traumatic injuries can increase access to rehabilitation services by decreasing isolation and increasing feelings of acceptance.	Low	1	Spinal cord injury (1)	None
3.5	**Point of contact** A consistent and trusted professional point of contact encourages access to rehabilitation services by guiding people through the rehabilitation pathway, as well as encouraging and advocating for them.	High	5	Brain injury (4), Mixed trauma patients (1)	None
3.6	**Specialism and staff knowledge** Adults with traumatic injuries were discouraged from accessing rehabilitation services if they did not appear to have adequate specialist knowledge about their injury and rehabilitation.	High	5	Brain injury (4), Mixed trauma patients (1)	None
3.7	**Technology** Technology can facilitate rehabilitation (for example, being	Low	3	Spinal cord injury (2), Hand injury (1)	Upper limb injury (1)

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
	able to perform rehabilitation at home increases flexibility and decrease travel time). However, some people felt that it may be difficult to use or unreliable.				
3.8	**Transition coordination and continuity** Adults were more likely to access to rehabilitation services if they were delivered as a continuation of prior treatment. If service provision could not stay within the same center, location, or treatment network, efficient communication between settings helped to foster this sense of continuity.	High	8	Brain injury (7), Mixed trauma patients (1)	None

Clinical evidence: Children and young people

Included studies

Three qualitative studies were identified for this review (Foster 2019, Kirk 2015, and Lee 2017).

The studies were carried out in the following countries: The UK (Kirk 2015), Australia (Foster 2019), and Canada (Lee 2017).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Summary of clinical studies included in the evidence review

A summary of the studies that were included in this review are presented in Table 3:.

Table 5: Summary of included studies

Study and aim of the study	Population	Methods	Themes
Foster 2019 **Aim of the study** "To explore parent experiences and psychosocial support needs in the 6 months following child critical injury." (p. 1083)	Parents of critically injured children: N=30 Children: • N=23 • Male/female:10/13, • Mean age (SD): 7.5 (4.1) years • Injuries: Injury Severity Score>15 and/or requiring admission to the paediatric intensive care unit. ○ Transport related injury: N=16 ○ Fall, burn, or other mechanism: N=7	• **Recruitment period:** NR • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Thematic analysis	• Parents' knowledge and ability to access services: Information • Parents' knowledge and ability to access services: A point of contact • Parents' knowledge and ability to access services: Family factors • Parents' knowledge and ability to access services: Employment • Parents' knowledge and ability to access services: Finances • Service factors: Services available in the area
Kirk 2015 **Aim of the study** "To examine parents' experiences and support needs following a childhood TBI both during the initial stages of recovery in hospital and following discharge home" (p.304)	Parents of children with a traumatic brain injury: N=29 Children: • N=29 • Male/female: 13/6, • Mean age (range): 9 (3-16) years • Accident: ○ Road traffic accident: N=11 ○ Fall: N=5 ○ Bicycle/motorcycle accident: N=3 • Mean number of months since accident (range): 33 (13-72)	• **Recruitment period:** Jan 2007 – Jul 2012 • **Data collection & analysis methods:** ○ Focus group ○ Framework analysis	• Factors about the child: Visibility of impairments • Parents' knowledge and ability to access services: A point of contact • Service factors: Continuity • Service factors: Services available in the area
Lee 2017 **Aim of the study** "To explore parents' perceptions of their youth's transition from rehabilitation to school following an Acquired Brain Injury (ABI) and how physiotherapy influenced the youth's participation and	Parents of children with acquired brain injuries: N=12 Children: • N=12 • Male/female: 7/5 • Mean age (range): 13.9 (10-18) years	• **Recruitment period:** Apr-May 2015 • **Data collection & analysis methods:** ○ Semi-structured interviews ○ Iterative thematic analysis	• Factors about the child: Child's own motivation • Factors about the child: Child's feelings towards their rehabilitation team • Service factors: Continuity

Study and aim of the study	Population	Methods	Themes
physical function during the transition." (p.444)			

ABI: Acquired brain injury; N: Number; NR: Not reported; p: Page; SD: Standard deviation; TBI: Traumatic brain injury

See the full evidence tables in appendix D. As this was a qualitative review, no meta-analysis was conducted (and so there are no forest plots in appendix E).

Results and quality assessment of clinical outcomes included in the evidence review

The quality of the evidence was assessed using GRADE-CERQual. See the evidence profiles in appendix F.

Summary of the evidence

The barrier and facilitators identified in the studies related to three main areas – factors about the injured child, factors about the parents' knowledge and ability, and factors about services. These themes were further characterised by ten subthemes that are outlined in Table 5. No data was identified for any of the subgroups specified by the protocol. Figure 2 illustrates that the three themes (and the respective subthemes) all contribute directly to access to rehabilitation service. The arrows indicate that each subtheme could be either a barrier or facilitator depending on the situation of the individual. For example, low motivation can be a barrier while high motivation can be a facilitator, or little information can be a barrier while lots of information can be a facilitator etc.

Figure 2: Needs and preferences thematic map

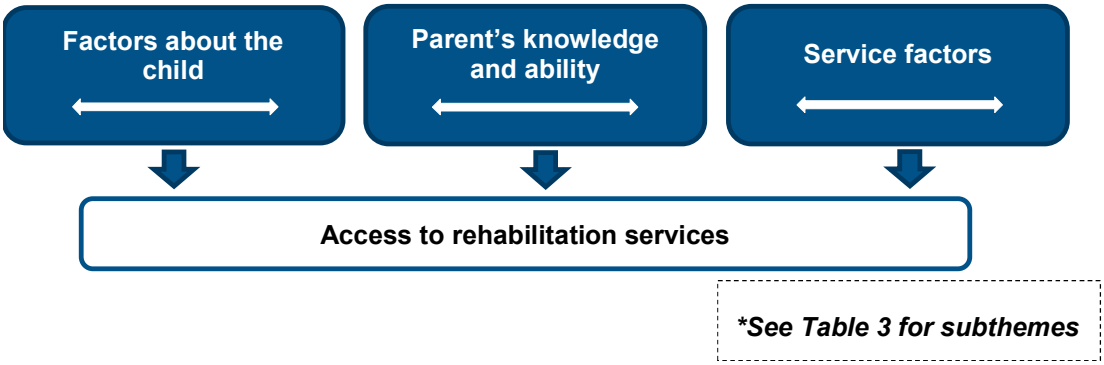

Table 6: Summary of themes

Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
1. Factors about the child				

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
1.1	**Child's own motivation** Children or young peoples interest and motivation to engage in further rehabilitation after traumatic injury affects their access to rehabilitation. Memberships to facilities and social clubs may act as an incentive.	Low	1	Brain injury (1)	None
1.2	**Visibility of impairments** If children did not have an obvious and visable disability, parents felt it was harder to access rehabilitation services.	Low	1	Brain injury (1)	None
1.3	**Childs feelings towards their rehabilitation team** Developing a rapport with a rehabilitation team increases engagement and access to rehabilitation.	Low	1	Brain injury (1)	None
2. Parents' knowledge and ability to access services					
2.1	**Information** Insufficient information on available services in an area was a barrier to access rehabilitation.	Low	1	Critical injury (1)	None
2.2	**A point of contact** Parents reported that not having an official, identified point of contact led to confusion on who to ask for information or help in access rehabilitation services.	Moderate	2	Brain injury (1), critical injuries (1)	None
2.3	**Family factors** Having other relatives available to help with appointments or look after siblings may promote access to rehabilitation. Parents that are separated may not be in good communication, which could hinder access to rehabilitation services.	Low	1	Critical injury (1)	None

Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
2.4	**Employment** Parental employment factors (for example, employer flexibility or part-time employment) can affect their ability to take children to and from rehabilitation appointments.	Low	1	Critical injury (1)	None
2.5	**Finances** Having the necessary entitlements, insurance or ability to pay up front may be barriers or facilitators to accessing services.	Low	1	Critical injury (1)	None
3. Service factors					
3.1	**Continuity** Poor communication is a barrier to accessing rehabilitation services, by decreasing continuity between rehabilitation services.	Moderate	2	Brain injury (2)	None
3.2	**Services available in the area** Access to rehabilitation services is increased if they were available in the local area. Conversely, greater distance acted as a barrier (for example, rural locations).	High	2	Brain injury (1), Critical injury (1)	None

Economic evidence

Included studies

In the development of these qualitative reviews, targeted searches for evidence on cost-effectiveness were planned. The committee was asked to consider whether a recommendation represents a substantial change in practice and results in significant resource impact and if so targeted searches around that area would be undertaken. The committee could not identify a recommendation that would benefit from targeted searches for the supporting economic evidence.

Excluded studies

No economic searches were undertaken for these qualitative reviews.

Summary of studies included in the economic evidence review

No economic searches were undertaken for these qualitative reviews.

Economic model

No economic modelling was undertaken for these review questions because the committee agreed that other topics were higher priorities for economic evaluation.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This was a qualitative review so the committee were unable to specify in advance the data that would be located. Instead they identified the following example main themes to guide the review and were aware that additional themes may have been identified:

- Isolation
- Cognitive impairment
- Geograhical area
- Discharge planning

The quality of the evidence

When assessed using GRADE-CERQual methodology the evidence underlying the statements was found to range from very low to high quality. The recommendations were drafted mostly based on the themes but in some parts supplemented accordingly with the committee's own expertise.

For adults, the evidence ranged from high to very low quality, with the majority being high and moderate quality. Downgrading was due to poor applicability in cases where the themes were not based on any research from a UK context, and/or had only been identified amongst a population affected by only one particular type of traumatic injury. Some downgrading for adequacy occurred when the richness or quantity of the data was low. Other issues resulting in downgrading were in the event of methodological problems that may have had an impact on the findings (for example, lack of discussion surrounding researcher's relationships with study participants and lack of information regarding data collection techniques), and for incoherence within the findings (for example, when themes were a combination of a few different but broadly related experiences and themes).

For children and young people, the evidence ranged from high to low quality, with the majority being low quality. The evidence was downgraded due to poor applicability in cases where the themes were not based on any research from a UK context, and/or had only been identified amongst a population affected by only one particular type of traumatic injury. Some downgrading for adequacy occurred when the richness or quantity of the data was low. Other issues resulting in downgrading were in the event of methodological problems that may have had an impact on the findings (for example, unclear recruitment methods, and lack of discussion surrounding the relationship between researchers and participants), and for incoherence within the findings.

Benefits and harms

Moderate quality evidence from the theme 'Inner motivation versus acceptance' in the adult evidence review showed that people with complex rehabilitation needs report different levels of inner motivation to pursue further rehabilitation. This is influenced by factors including personality, previous lifestyle and abilities, and future goals and aspirations. The evidence was supported by low quality evidence from the theme 'Goal setting' (also in the adult review) which reported that goal setting helped people to engage in rehabilitation, increasing long-term success. The committee discussed that goal setting should be introduced early in the rehabilitation journey, ideally as part of the rehabilitation needs assessment. Healthcare professionals should ensure that they explore an individual's lifestyle and future aspirations as part of the rehabilitation needs assessment. This will allow rehabilitation plans to be tailored to a patient's prioritised outcomes, encouraging engagement with long-term rehabilitation.

Moderate quality evidence from the theme 'Inner understanding' in the adult review found that people need time to process their own emotions surrounding their traumatic injury (for example, forming a new self-understanding about their post-accident condition). Rehabilitation may either be limited or fail to progress until the person understands the potential consequences of their treatment options and are comfortable in their choices. The committee discussed the fact that the time scale needed for adjustment should be led by people themselves, because each person will have different support needs and will adjust at their own pace. Additionally, the committee highlighted that people with brain injuries or cognitive impairment following traumatic injury may have difficulties processing information. In these cases, healthcare professionals should ensure that information is provided in an enhanced manner to optimise the person's understanding. Practical aids could be used for this, such as providing written plans in suitable formats for the individual (for example, Easy Read or pictures), diary prompts for appointments or medication, or increasing the amount of time patients have to assimilate information before expecting decisions. The committee highlighted that healthcare professionals should be aware of the possible legal entitlement for people who lack mental capacity or who have care and support needs to professional advocacy. Further information can be found in the Mental Capacity Act 2005, the Care Act 2014 and the NICE guideline on decision making and mental capacity. Similarly, the committee discussed how support could be emotional, by healthcare professionals showing interest in the person rather than the patient. By asking about personal interests, usual activities, and their opinions about their injuries, rehabilitation planning can be focused towards an individual and the goals most important to them going forward. The committee also agreed that encouraging people to record information in their own words can increase a person's understanding about their injuries and treatment options, and thereby increase their ability to participate in discussions and decision making with rehabilitation professionals.

High quality evidence from the theme 'Transition coordination and continuity' in the adult evidence showed that people were more likely to access to rehabilitation services if the service was devised and delivered as a continuation of the treatment they had already received. A seamless transition from 1 service to another, ideally with some continuity of healthcare staff, location or treatment centre, helped to facilitate ongoing access. If this was not possible, people appreciated when their information and rehabilitation plans were handed-over and communicated well between different services. This theme was supported by 2 themes in the children and young people's population. Moderate quality evidence from the theme 'Continuity' showed that a barrier to children and young people accessing continued rehabilitation was poor communication, referral or transfer of care between services.

Low quality evidence from the theme 'Child's feelings towards their rehabilitation team' reported that parents felt their child was more engaged with continued rehabilitation when they experienced continuity of healthcare staff. This was because they were able to build a rapport with professionals, which was lost when they were introduced to a new rehabilitation team. The committee discussed extensively how continuity between rehabilitation settings could be increased within healthcare systems. From their experience, a rehabilitation plan (for example, a rehabilitation prescription) was the most appropriate way to do this. The committee used their knowledge and experience, as well as additional themes from the evidence review on coordination when transferring from inpatient to outpatient settings, to compile a comprehensive list of what this document should include. By having all patient history and rehabilitation plans in 1 place, information can be located quickly and efficiently when needed. Additionally, consistency of information is increased if there is only 1 source of information. The committee discussed that this rehabilitation document should be shared with incoming rehabilitation services, as well as the service users themselves. Not only does this mean that people remain properly informed of their previous, continuing and future rehabilitation needs, it is an additional means of sharing important information between rehabilitation services. While there was a small concern that this single source document might lead to propagation of misinformation throughout, the committee agreed that this had not been an issue in their experience. Sharing the rehabilitation document with service users before discharge will also help identify any inconsistencies that may be present, which will limit the risk of errors. The committee agreed that it is not always possible or appropriate for people to have access to all of the information a rehabilitation plan contains (for example, if it contains because extensive medical information and/or language). In these situations, important information for continuing rehabilitation progress should be summarised in a separate document. At a minimum, these should include a person's progress against rehabilitation goals, follow-up appointment times and details of who to contact regarding them or questions about rehabilitation.

Low quality evidence from the theme of 'Flexibility' from the adult evidence review showed that access to rehabilitation is promoted when access times are flexible. This can be due to competing interests (for example, work or criminal justice appointments). This theme supported evidence from the expert witness, who has seen benefits of including a virtual 1-week education programme delivered prior to residential rehabilitation, in order to prepare people for an intensive rehabilitation programme while decreasing the amount of time people would need to spend away from home. The committee discussed that, by creating a self-management programme, healthcare professionals can assist individuals with scheduling rehabilitation exercises and tasks to be completed in a time that suits them best. This can increase engagement in rehabilitation and decrease the scheduling stress that many people undergoing rehabilitation face. However, due to the low quality of the qualitative evidence, the lack of corresponding quantitative evidence to support this recommendation, and the potential resource implications of developing self-manangement programmes (for example, increased time needed from healthcare professionals), the committee recommended that this format be consider but not mandatory. Additionally, the committee highlighted that these guided self-management programmes should not replace face-to-face appointments, and recommended regular reviews with rehabilitation healthcare professionals and practitioners to ensure that progress is still as expected. These appointments also will allow time for people to discuss any challenges or issues they may be experiencing with their self-management programme.

High quality evidence from the theme 'External encouragement' from adult population showed that positive interactions with family members, friends and healthcare professionals can motivate adults to engage with continued rehabilitation, beyond initial treatment. A concern for these individuals was not being able to join in with normal activities that they enjoy with their peers. The committee discussed the importance of mitigating the sense of isolation people can feel while undergoing rehabilitation, when they might not be able to participate at all in their hobbies or not in the way they are used to participating. Therefore, they recommended that family members, carers and friends should be involved in the rehabilitation journey in order to increase their understanding and ability to encourage rehabilitation progress. However, they noted that this might not always be appropriate (for example, depending on relationship dynamics) and to be aware of the patient's feelings on this matter when inviting others into rehabilitation planning.

High quality evidence from the theme 'Finances and insurance' in the adult evidence review showed that access to adequate insurance or the ability to pay, was a source of concern when accessing rehabilitation services in some non-UK contexts. Even within the UK, evidence showed that certain rehabilitative activities required some sort of payment in return for access. The committee discussed that many patients and their families were unaware of the independent advice services that are available to them to help them navigate the financial side of rehabilitation within the healthcare system. This was supported by low quality evidence from the themes 'Finances' and 'Employment' from the children and young people population. The committee discussed that many patients and their families were unaware of the independent advice services that are available to them to help them navigate the financial side of rehabilitation healthcare system. Beside the monetary aspect, the committee considered the evidence surrounding complex traumatic injury and the justice system. Low quality evidence from the theme 'Justice system involvement' in the adult evidence review showed that the ability to attend rehabilitation appointments may be disrupted by conflicting appointments (for example, some patients may need to attend court proceedings in relation to their accident). The committee thought that other recommendations made throughout the guideline address the element of flexibility of appointments. However, they recognised that people need information on what advice services are available to them and how to navigate these parallel systems. They therefore expanded the list to include advice on the legal and employment sectors.

High quality evidence from the theme 'Injury related barriers' from the adult evidence showed that there are many potential barriers for adults accessing rehabilitation services in the community, which can be either external or internal (for example, difficulties concentrating for long appointment times if the person had a head injury or physical access to buildings if their mobility has been affected). This was supported by low quality evidence from the theme 'Tailored care for comorbidities' (also in the adult evidence review), which describes that access to services can be adversely impacted when services focus on 1 disability without providing adequate options for people with co-morbidities. Additional support came from low quality evidence in the children and young people's themes of 'Visibility of impairment' and 'Family factors'. In the former, parents described how access to rehabilitation services could be harder if their child did not have a visible disability, or that they were more likely to receive treatment for physical injuries rather than psychological injuries. The latter theme described that family structures can be a possible barrier, if there is a lack of support from other trusted adults who can take children to rehabilitation appointments or look after other children in the family while parents attend these rehabilitation appointments. The committee discussed that these identified barriers can be overcome with adequate planning prior to discharge (for example, certain

rehabilitation appointments can be given via videoconference at home if there are difficulties with travel). This requires healthcare professionals to consider all of a patient's injuries and how they may impact on access to community services, which might be significantly different from inpatient settings.

High quality evidence from the theme 'Point of contact' in adults, as well as moderate quality evidence from the theme 'A point of contact' in children and young people showed that people felt more comfortable with accessing rehabilitation services if they had a single point of contact. If this was not provided, people were unsure who to contact for help first, discouraging them contacting the service at all. This finding was supported by several themes in other co-ordination reviews. The committee discussed that a central point of contact was very helpful in developing relationships with patients and their families, leading to a better rapport and increased trust in rehabilitation services. However, they discussed the practical limitations of applying this within the inpatient setting. Concerns were raised about patients assuming that they could contact a named healthcare professional at any time, regardless of shifts and annual leave. However, the committee highlighted that a central point of contact will be particularly important when patients transfer from inpatient to outpatient settings, when care is being handed over to community healthcare teams. This contact can be a team or service within a hospital, which will give support to patients and flexibility in staffing. They recommended that the hospital point of contact be available to patients for a limited period of time after discharge in order to improve continuity of care during this period. The committee gave an example of 3 months which was designed to encompass the transition period while still providing a stimulus to ensure healthcare is properly transferred to the appropriate setting. The committee understood that this recommendation would not necessarily be appropriate for rehabilitation patients with long-term and/or complex conditions that require the cooperation of more than 1 agency. Here, a continuing relationship between professionals and service users is important to understand the personal and medical history as fully as possible, in order to better help patients navigate complicated and interacting agencies. Therefore, the committee recommended that appointing a key worker should be considered for patients with complex or long term conditions and/or social care needs. This can be a healthcare or social care professional, depending on which is more appropriate for the person in question. For children and young people, the healthcare or social care professional should also have experience in education and training support, as this will form a portion of their social needs. The committee highlighted additional guidance on the role of a named worker for young people transitioning to adult services, which can be found in the NICE guideline on transferring from children's to adults' services for young people using health or social care services.

High quality evidence from the theme 'External encouragement' in the adult evidence review showed that people with complex rehabilitation needs after traumatic injury want to avoid isolating themselves from their families, friends and peers. This is especially true as rehabilitation progresses from acute to more long term goals, when engagement can decrease. One way of preventing this was by ensuring that patients are able to continue with their activities and hobbies (either as they previously did or with adjustments for their rehabilitation needs). This finding is supported by low quality evidence from the theme 'Child's own motivation' in children and young people. Parents report that their child's engagement with rehabilitation can decline after discharge from inpatient settings. However, children and young people might be more enthusiastic if rehabilitation is focused to their interests, or attending sociable activity clubs may increase their desire to continue with rehabilitation. The committee therefore recommended that rehabilitation exercises and tasks should be tailored to

individuals, in order to make rehabilitation goals more achievable and results more encouraging.

High quality evidence from the theme 'Receiving information about services' from the adult evidence showed that people with traumatic injuries want to be given information about available rehabilitation services, not just medical information. By making this information available to rehabilitation patients, access to these services is increased. This finding was supported by low quality evidence from the theme 'Information' described in the children and young people population, where parents reported dissatisfaction with not being given information about the available community rehabilitation services in their area, or how to access them. The committee discussed the importance of patients and their families having a directory of rehabilitation, care and third sector services to refer to when needed. However, in their experience these lists were often difficult to access, with incomplete and often out-of-date information. They therefore recommended that electronic copies of these directories should be kept by rehabilitation units and/or Trauma Networks, and be accessed by patients and their families. These directories should also be tailored to the local area.

High quality evidence from the themes 'Local availability' for adults and 'Services available in the local area' for children and young people showed that availability is a major barrier to rehabilitation access for both adults undergoing rehabilitation after traumatic injury. This lack of availability can be due to a physical lack of services or long waiting times for existing rehabilitation services. The committee discussed that they were unable to recommend introducing services to underserved areas (for example, rural services) or to increase resources (for example, funds to employ more specialist rehabilitation healthcare staff) due to the economic impact these would have. However, they did believe that people should be informed of these potential barriers to accessing rehabilitation in order to set expectations of when and how rehabilitation can continue. People should be offered alternative means of accessing rehabilitation (for example, local voluntary organisations or national support networks) to prevent delays as much as possible.

Low quality evidence from the theme 'Peer support' from the adult review question showed that the opportunity to socialise and interact with peers can promote rehabilitation uptake and engagement, as well as providing an avenue to counteract isolation which many people feel following traumatic injury. The committee discussed their positive experiences with peer support, allowing people the opportunity to gain personal insights and support in a judgement-free environment. However, the committee also reflected that peer support might not be suitable for everyone (for example, some people may feel discouraged if they are not progressing at the same rate as other members of the group). Additionally, members from the committee agreed that information on these groups is often confusing and people's ability to access these groups can be affected by this. Therefore, they recommended that the option of peer support be discussed fully with people, with information on peer support services included in a self-management programme to explore in their own time. The committee discussed how group rehabilitation sessions are also a good way for individuals to experience peer support, while still being in a supervised environment, which may also limit conflicting information received by people undergoing rehabilitation. This method was supported by the expert witness, who has seen benefits of group rehabilitation in increasing engagement in rehabilitation while also decreasing the cost of sessions. Using both of these arguments, the committee agreed that, while healthcare staff consider offering group rehabilitation sessions if people show interest, they should also be aware that they are not suitable rehabilitation environments for everyone.

High to low quality evidence from the themes 'Flexibility' and 'Local availability' (both from the adult evidence) showed that adults find it easier to access rehabilitation services when appointments are flexible around work and other responsibilities, and when specialist appointments are available within the local community. This was supported by high quality evidence from the theme 'Services in the local area' for children and young people. The committee discussed these facilitators in respect of another theme 'Technology' from the adult population. Here, low quality evidence showed that technology and telehealth can be a good method of improving both flexibility and availability of specialist appointments. The committee reported that this is becoming more common due to the advances in video conferencing and the increasing number of people with access to high speed internet. However, there were concerns raised regarding the incoherence within this theme (namely that some people may be worried about the reliability of technology). Additionally, the committee were aware of potential equality issues that a recommendation in this area might raise as, despite the increased coverage, not everyone will have access to the facilities needed to deliver successful remote consultations and appointment. Due to these uncertainties, the committee recommended that technology be considered as a delivery method for both support services and rehabilitation services. However, it should not be used to replace face-to-face consultations and appointments.

High quality evidence from the theme 'Specialism and staff knowledge' in the adult evidence showed that people were discouraged from accessing non-specialist healthcare services for their rehabilitation needs. General services are seen to have insufficient specialist knowledge about their specific rehabilitation requirements, which affected the confidence of patients in accessing their facilities. The committee discussed that the reason for this lack of specialist knowledge is not normally due to a lack of interest from healthcare staff. Rather, there is a lack of opportunities for them to gain knowledge and practical experience with rare injuries. Therefore, the committee recommended for health care professionals to have access to the training needed to confidently provide rehabilitation services after complex trauma. The committee discussed that this recommendation may also help build children's and young people's confidence in rehabilitation services. Low quality evidence from the theme 'Child's feeling to their rehabilitation team' in this population showed that parents reported that their child was more engaged to access rehabilitation if it was with a team they had developed a rapport with. By increasing the number of healthcare professionals trained in specialist trauma rehabilitation, there is a greater likelihood that continuity within healthcare teams is possible.

The committee discussed the 2 remaining themes found in the adult population, but decided not to use them to make recommendations. High quality evidence from the theme 'Advocate' showed that adults with rehabilitative needs reported that their access to services was improved by having people to help organise their rehabilitation appointments. The committee agreed that this an important factor in accessing rehabilitation services, but was aware of the vast resource impact recommendations in this area would have so decided not to make a recommendation. Very low quality evidence from the theme 'Age-appropriate services' showed that services appearing to cater for other age groups can discourage adults from attending. Due to the quality of the evidence and potential resource impact of ensuring rehabilitation services are age-appropriate, the committee decided not to use this theme to make a recommendation. The committee did not make a research recommendation in this area due to the large amount of evidence found for the evidence review in general, deciding that other areas of the guideline would benefit more from new research.

Despite only 3 studies being identified for children and young people, and the majority of evidence being of low quality, the committee decided not to make a

research recommendation in this area. Within the UK there is a relatively small number of paediatric major trauma centres, making studies in this population difficult. This, combined with the large amount of evidence found for the adult population, meant that the committee decided that other areas of the guideline would benefit more from new research.

Cost effectiveness and resource use

There was no existing economic evidence in this area.

The committee explained that the rehabilitation plan and a rehabilitation passport may take some time to prepare and may require additional resources in terms of professionals' time. However, for most services, this is standard practice, and these recommendations are not expected to result in additional resources to services. The committee explained that these documents facilitate information sharing between services, contributing to effective and coordinated rehabilitation planning strategies and timely access to appropriate services that support the individual's recovery.

Recommendations on encouraging people to record information about their injuries, treatments and rehabilitation therapy options will help facilitate discussions and shared decision making with those involved in their care and rehabilitation. This has the potential to streamline the process and result in some cost-savings to the services.

The committee discussed hospital staff having access to supervision and training to develop their specialist knowledge in managing and rehabilitating traumatic injuries. The committee noted that this recommendation is on signposting, and there will be no associated resource impact. Similarly, offering an alternative means of accessing services where rehabilitation services have a significant waiting list or do not exist in their local area is only about signposting to other similar services and would not have resource implications.

The committee referred to a key worker for people with complex or long- term conditions and/or social care needs as a direct source of advice, support and signposting. The committee explained that existing healthcare or social care professionals would fulfil the key worker role, and these recommendations are not expected to result in a resource impact. The committee noted that having a key worker knowledgeable about services will facilitate timely access to appropriate rehabilitation services. Delays in rehabilitation can have a detrimental impact on an individual's recovery, quality of life and general wellbeing.

The committee discussed issues around transportation and that it can be a barrier to accessing rehabilitation services. The committee explained that services see some people as being too well to be eligible to access hospital-provided transport. However, at the same time these individuals are not well enough to use public transport due to their limiting disabilities. The committee explained that private taxis are too expensive, and payment for those on benefits in retrospect is unhelpful. The committee explained that this would be applicable only for a small proportion of the population. The committee explained that not having transportation means will mean people will be missing their rehabilitation appointments which puts their recovery at risk. It would be extremely cost-ineffective not to provide transportation to individuals who have no other way of attending or accessing the therapies, given the resources already invested in their recovery. Not being able to access rehabilitation will have a detrimental impact on their quality of life and wellbeing (i.e. substantial quality-adjusted life year losses). Concerning this, the committee referred to communication

technology, technology-enabled support and rehabilitation sessions, online consultations or rehabilitation in the person's home.

The committee discussed the importance of adjustment and social interaction. To this, the committee made a recommendation on group rehabilitation sessions. The committee explained that group rehabilitation is relatively cheap to provide and would allow people to interact with peers, share experiences, and provide valuable support. The committee was of the view that group rehabilitation sessions would provide value for money. Also, group sessions are a standard component for most physical rehabilitation packages.

The committee explained that recommendations on delivering rehabilitation as a continuation of the treatment care that the person has already received whilst in hospital, adapting rehabilitation activities to promote social interaction and participation in the person's normal activities of daily living, a self-management programme, giving people enough time to process information and allowing time for adjustment, etc., represent current practice and would not result in additional resources to services. Also, the committee explained that most rehabilitation units have a directory of services, and this recommendation would not require additional resources to implement.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.2.7, 1.2.9, 1.4.1, 1.4.3, 1.5.6, 1.5.7, 1.5.11, 1.6.3, 1.6.5, 1.8.6, 1.8.16, 1.8.17, 1.8.20, 1.8.22, 1.8.23, 1.9.5, 1.10.7, 1.10.8, 1.10.10, 1.10.11 and 1.10.13 in the NICE guideline.

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Appendices

Appendix A – Review protocols

Review protocol for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

Table 7: Review protocol for barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults

Field	Content
PROSPERO registration number	CRD42019153347
Review title	Service coordination: Barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults
Review question	4.3a: What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?
Objective	To identify the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury
Searches	The following databases will be searched: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE Searches will be restricted by: • Date: The committee is of the opinion that 2010 is a reasonable cut-off date due to the practice changes in rehabilitation services introduced by the establishment of major trauma centres in 2012. Data about adults/children and young people's views of rehabilitation services which predate these changes would be less relevant to current practice and less useful to the committee as a basis for drafting recommendations • Country: The committee wished to prioritise views about rehabilitation services which most closely reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany,

Field	Content
	Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. • Human studies The full search strategies for MEDLINE database will be published in the final review.
Condition or domain being studied	Complex rehabilitation needs resulting from traumatic injury 'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and also include the following: • Vocational or educational social support for the person to return to their pervious functional level, including return to work, school or college • Emotional, psychological and psychosocial support • Equipment or adaptations • Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation in feature clinic) • Further surgery and readmissions to hospital Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'
Population	Inclusion: • Adults (aged 18 years and above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have been discharged to the community Exclusion: • Adults with traumatic injuries who do not require admission to hospital • Adults with traumatic injury who are admitted to the ICU
Phenomenon of interest	Barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important Themes will be identified from the literature, but may include: • Isolation • Cognitive impairment • Geographical area

Field	Content
	• Discharge planning
Comparator/Reference standard/Confounding factors	Not applicable
Types of study to be included	• Systematic reviews of qualitative studies • Qualitative studies (for example, interviews, focus groups, observations)
Other exclusion criteria	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
Context	Settings - Inclusion: All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided Exclusion: Accident and emergency departments Critical care units Prisons
Primary outcomes (critical outcomes)	Themes will be identified from the literature pertaining to barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important These themes may include: • Isolation • Cognitive impairment • Geographical area • Discharge planning
Secondary outcomes	Themes will be identified from the literature pertaining to barriers and facilitators to accessing rehabilitation services,

Field	Content
(important outcomes)	including follow-up, regarded by the population as important/not important These themes may include: • Isolation • Cognitive impairment • Geographical area • Discharge planning
Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 0% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4.
Risk of bias (quality) assessment	Risk of bias will be assessed using the CASP qualitative checklist.
Strategy for data synthesis	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented. The quality of the evidence will be assessed using GRADE-CERQual for each theme.
Analysis of sub-groups	The following subgroups were specified for this question for stratification of the data: • Upper limb / lower limb • People with pre-existing physical and/or mental health conditions (including substance misuse), physical and learning disability versus none • Non-English speakers versus English speakers • Homeless people versus not homeless • Non-UK residents versus UK residents • Age below 65 years / age above 65 years • Frail / not frail • Vulnerable adults or those who require safeguarding
Type and method of review	Qualitative
Language	English
Country	England

Field	Content
Anticipated or actual start date	01/05/2020
Anticipated completion date	20/12/2020
Stage of review at time of this submission	**Review stage** / **Started** / **Completed** Preliminary searches ☑ ☑ Piloting of the study selection process ☑ ☑ Formal screening of search results against eligibility criteria ☑ ☑ Data extraction ☑ ☑ Risk of bias (quality) assessment ☑ ☑ Data analysis ☑ ☑
Named contact	National Guideline Alliance
Review team members	National Guideline Alliance
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
Other registration details	-
Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153347

Field	Content
Dissemination plans	
Keywords	
Details of existing review of same topic by same authors	
Current review status	
Additional information	
Details of final publication	www.nice.org.uk

CASP: Critical Appraisal Skills Programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL; Cochrane Central Register of Controlled Trials; GRADE: Grading of Recommendations Assessment, Development and Evaluation; ICU: Intensive care unit; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; UK: United Kingdom

Review protocol for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Table 8: Review protocol for barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people

Field	Content
PROSPERO registration number	CRD42019153349
Review title	Service coordination: Barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people
Review question	4.3b: What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?
Objective	To identify the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury
Searches	The following databases will be searched: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE Searches will be restricted by:

Field	Content
	• Date: The committee is of the opinion that 2010 is a reasonable cut-off date due to the practice changes in rehabilitation services introduced by the establishment of major trauma centres in 2012. Data about adults/children and young people's views of rehabilitation services which predate these changes would be less relevant to current practice and less useful to the committee as a basis for drafting recommendations • Country: The committee wished to prioritise views about rehabilitation services which most closely reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. • Human studies The full search strategies for MEDLINE database will be published in the final review.
Condition or domain being studied	Complex rehabilitation needs resulting from traumatic injury 'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and also include the following: • Vocational or educational social support for the person to return to their pervious functional level, including return to work, school or college • Emotional, psychological and psychosocial support • Equipment or adaptations • Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation in feature clinic) • Further surgery and readmissions to hospital Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'
Population	Inclusion: • Children and young people (aged below 18 years) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have been discharged to the community, and • their families

Field	Content
	Exclusion: • Children and young people with traumatic injuries who do not require admission to hospital • Children and young people with traumatic injury who are admitted to the PICU
Phenomenon of interest	Barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important Themes will be identified from the literature, but may include: • Isolation • Cognitive impairment • Geographical area • Discharge planning
Comparator/Reference standard/Confounding factors	Not applicable
Types of study to be included	• Systematic reviews of qualitative studies • Qualitative studies (for example, interviews, focus groups, observations)
Other exclusion criteria	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
Context	Settings - Inclusion: D.3c All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided Exclusion: • Accident and emergency departments • Critical care units • Prisons
Primary outcomes (critical	Themes will be identified from the literature pertaining to barriers and facilitators to accessing rehabilitation services,

Field	Content
outcomes)	including follow-up, regarded by the population as important/not important These themes may include: • Isolation • Cognitive impairment • Geographical area • Discharge planning
Secondary outcomes (important outcomes)	Themes will be identified from the literature pertaining to barriers and facilitators to accessing rehabilitation services, including follow-up, regarded by the population as important/not important These themes may include: • Isolation • Cognitive impairment • Geographical area • Discharge planning
Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 0% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4).
Risk of bias (quality) assessment	Risk of bias will be assessed using the CASP qualitative checklist.
Strategy for data synthesis	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented. The quality of the evidence will be assessed using GRADE-CERQual for each theme.
Analysis of sub-groups	The following subgroups were specified for this question for stratification of the data: • Children and young people who are suspected of sustaining non-accidental injuries versus accidental injuries • Children and young people with parents known to social services versus not known • Children and young people with young (< 20 years at birth of child) parents versus not young (≥ 20 years at birth of child)

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Children and young people with parents from deprived backgrounds versus not deprived backgrounds
Children and young people with parents who have mental health issues versus none
Children and young people who require safeguarding versus do not require safeguarding

No further subgroups were specified for this question for stratification of the data, however the committee is aware that the review covers a heterogeneous population, and if there is further incoherence in the findings, additional potential sources of it will be explored and include:

Upper limb / lower limb
Children and young people with pre-existing physical and/or mental health conditions (including substance misuse), physical and learning disability versus no pre-existing conditions
Children and young people whose parents are very involved in their rehabilitation/recovery (e.g., by staying overnight in hospital) versus not involved
Age (0-3 versus 4-7 versus 8-12 versus 13-17

</td></tr>
<tr><td>Type and method of review</td><td>Qualitative</td></tr>
<tr><td>Language</td><td>English</td></tr>
<tr><td>Country</td><td>England</td></tr>
<tr><td>Anticipated or actual start date</td><td>01/05/2020</td></tr>
<tr><td>Anticipated completion date</td><td>20/12/2020</td></tr>
<tr><td>Stage of review at time of this submission</td><td>
<table>
<tr><th>Review stage</th><th>Started</th><th>Completed</th></tr>
<tr><td>Preliminary searches</td><td>☑</td><td>☑</td></tr>
<tr><td>Piloting of the study selection process</td><td>☑</td><td>☑</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☑</td><td>☑</td></tr>
<tr><td>Data extraction</td><td>☑</td><td>☑</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>☑</td><td>☑</td></tr>
<tr><td>Data analysis</td><td>☑</td><td>☑</td></tr>
</table>
</td></tr>
<tr><td>Named contact</td><td>National Guideline Alliance</td></tr>
</table>

Field	Content
Review team members	National Guideline Alliance
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
Other registration details	-
Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153349
Dissemination plans	
Keywords	
Details of existing review of same topic by same authors	
Current review status	
Additional information	
Details of final publication	www.nice.org.uk

CASP: Critical Appraisal Skills Programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL; Cochrane Central Register of Controlled Trials; GRADE: Grading of Recommendations Assessment, Development and Evaluation; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; PICU: Paediatric intensive care unit; UK: United Kingdom

Appendix B – Literature search strategies

Literature search strategies for review questions:

D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

A combined search was conducted for both review questions.

This search was also done in combination with the search for qualitative studies for the adult and the children and young people versions of questions D.1 "What are the best methods to coordinate rehabilitation services for adults/children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?", D.2 "What are the best methods to deliver and coordinate rehabilitation services and social services for adults/children and young people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services", and D.4 "What are the support needs and preferences of adults/children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?".

Please note that health economics searches were not run for this question as it focussed on qualitative evidence.

Review question search strategies

Databases: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

Date of last search: 17/01/2020

#	Searches
1	interview:.mp.
2	experience:.mp.
3	qualitative.tw.
4	or/1-3
5	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
6	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit?

#	Searches
	or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.
14	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ti.
15	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ab. /freq=2
16	exp MULTIPLE TRAUMA/
17	TRAUMATOLOGY/
18	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
19	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
21	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
22	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
23	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
24	(polytrauma? or poly-trauma?).ti,ab.
25	traumatolog$.ti,ab.
26	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (exp *"WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/))
27	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
28	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
29	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
30	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
31	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
32	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
33	*SPINAL CORD INJURIES/ or *SPINAL CORD COMPRESSION/

#	Searches
34	exp *THORACIC INJURIES/ or *ACUTE LUNG INJURY/
35	*PERIPHERAL NERVE INJURIES/ or exp *CRANIAL NERVE INJURIES/
36	exp *AMPUTATION/ or *AMPUTATION, TRAUMATIC/ or *AMPUTEES/ or *AMPUTATION STUMPS/ or *LIMB SALVAGE/
37	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
38	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
39	((Flail$ or stove in) adj3 chest?).ti.
40	(rib? adj3 fractur$).ti.
41	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
42	(amputat$ or amputee?).ti.
43	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
44	*HEAD INJURIES, CLOSED/ or *HEAD INJURIES, PENETRATING/
45	(head adj3 injur$).ti.
46	exp *BRAIN INJURIES/
47	(brain adj3 injur$).ti.
48	or/5-47
49	MODELS, ORGANIZATIONAL/
50	"DELIVERY OF HEALTH CARE, INTEGRATED"/
51	INTERINSTITUTIONAL RELATIONS/
52	INTERSECTORAL COLLABORATION/
53	INTERDEPARTMENTAL RELATIONS/
54	INTERPROFESSIONAL RELATIONS/
55	INTERDISCIPLINARY COMMUNICATION/
56	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
57	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
58	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
59	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
60	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
61	((inter or multi or joint) adj3 disciplin$).ti.
62	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
63	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
64	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
65	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
66	(service? adj5 deliver$).ti,ab.
67	((service? or care) adj3 (configurat$ or model?)).ti,ab.
68	SOCIAL WORK/
69	(social adj1 (service? or work$)).ti,ab.
70	or/49-69
71	"CONTINUITY OF PATIENT CARE"/
72	AFTERCARE/
73	*PATIENT DISCHARGE/
74	PATIENT HANDOFF/
75	PATIENT TRANSFER/
76	TRANSITION TO ADULT CARE/
77	TRANSITIONAL CARE/
78	((continuity or continuum) adj3 care).ti,ab.

#	Searches
79	aftercare.ti,ab.
80	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
81	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
82	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
83	(discharg$ adj3 plan$).ti,ab.
84	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
85	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
86	(care adj3 transfer$).ti,ab.
87	((inpatient or outpatient) adj3 transfer$).ti,ab.
88	(patient? adj5 transition$).ti,ab.
89	(care adj5 transition$).ti,ab.
90	((inpatient or outpatient) adj5 transition$).ti,ab.
91	or/71-90
92	HEALTH SERVICES ACCESSIBILITY/
93	HEALTHCARE DISPARITIES/
94	"FACILITIES AND SERVICES UTILIZATION"/
95	(access$ adj5 service?).ti,ab.
96	(access$ adj3 care).ti,ab.
97	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
98	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
99	or/92-98
100	*SOCIAL SUPPORT/
101	*SELF CARE/
102	(social$ adj5 support$).ti.
103	(social$ adj3 support$).ab. /freq=2
104	((communit$ or outpatient?) adj5 support$).ti,ab.
105	((support or communit$ or outpatient?) adj3 need?).ti,ab.
106	(support$ adj3 rehab$).ti,ab.
107	COMMUNITY HEALTH SERVICES/
108	(communit$ adj3 service?).ti,ab.
109	((communit$ or outpatient?) adj3 rehab$).ti,ab.
110	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
111	or/100-110
112	48 and 70
113	48 and 91
114	48 and 99
115	48 and 111
116	or/112-115
117	limit 116 to english language
118	limit 117 to yr="2000 -Current"
119	4 and 118

Databases: Embase; and Embase Classic

Date of last search: 17/01/2020

#	Searches
1	interview:.tw.
2	exp HEALTH CARE ORGANIZATION/
3	experiences.tw.
4	or/1-3
5	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE

#	Searches
	MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
6	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.
14	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ti.
15	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ab. /freq=2
16	MULTIPLE TRAUMA/
17	TRAUMATOLOGY/
18	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
19	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
21	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
22	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
23	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
24	(polytrauma? or poly-trauma?).ti,ab.
25	traumatolog$.ti,ab.
26	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp

#	Searches
	EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/))
27	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
28	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
29	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
30	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
31	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
32	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
33	*SPINAL CORD INJURY/ or *SPINAL CORD COMPRESSION/
34	exp *THORAX INJURY/ or *ACUTE LUNG INJURY/ or exp *RIB FRACTURE/
35	exp *NERVE INJURY/
36	exp *AMPUTATION/ or *AMPUTEE/ or *LIMB SALVAGE/
37	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
38	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
39	((Flail$ or stove in) adj3 chest?).ti.
40	(rib? adj3 fractur$).ti.
41	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
42	(amputat$ or amputee?).ti.
43	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
44	*HEAD INJURY/
45	(head adj3 injur$).ti.
46	exp *BRAIN INJURY/
47	(brain adj3 injur$).ti.
48	or/5-47
49	NONBIOLOGICAL MODEL/
50	INTEGRATED HEALTH CARE SYSTEM/
51	PUBLIC RELATIONS/
52	INTERSECTORAL COLLABORATION/
53	INTERDISCIPLINARY COMMUNICATION/
54	MULTIDISCIPLINARY TEAM/
55	COLLABORATIVE CARE TEAM/
56	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
57	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
58	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
59	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
60	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
61	((inter or multi or joint) adj3 disciplin$).ti.

#	Searches
62	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
63	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
64	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
65	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
66	(service? adj5 deliver$).ti,ab.
67	((service? or care) adj3 (configurat$ or model?)).ti,ab.
68	SOCIAL WORK/
69	(social adj1 (service? or work$)).ti,ab.
70	or/49-69
71	*PATIENT CARE/
72	AFTERCARE/
73	*HOSPITAL DISCHARGE/
74	CLINICAL HANDOVER/
75	TRANSITION TO ADULT CARE/
76	TRANSITIONAL CARE/
77	((continuity or continuum) adj3 care).ti,ab.
78	aftercare.ti,ab.
79	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
80	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
81	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
82	(discharg$ adj3 plan$).ti,ab.
83	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
84	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
85	(care adj3 transfer$).ti,ab.
86	((inpatient or outpatient) adj3 transfer$).ti,ab.
87	(patient? adj5 transition$).ti,ab.
88	(care adj5 transition$).ti,ab.
89	((inpatient or outpatient) adj5 transition$).ti,ab.
90	or/71-89
91	*HEALTH CARE DELIVERY/
92	*HEALTH CARE DISPARITY/
93	*HEALTH CARE UTILIZATION/
94	(access$ adj5 service?).ti,ab.
95	(access$ adj3 care).ti,ab.
96	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
97	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
98	or/91-97
99	*SOCIAL SUPPORT/
100	*SELF CARE/
101	(social$ adj5 support$).ti.
102	(social$ adj3 support$).ab. /freq=2
103	((communit$ or outpatient?) adj5 support$).ti,ab.
104	((support or communit$ or outpatient?) adj3 need?).ti,ab.
105	(support$ adj3 rehab$).ti,ab.
106	*COMMUNITY CARE/
107	COMMUNITY BASED REHABILITATION/
108	(communit$ adj3 service?).ti,ab.
109	((communit$ or outpatient?) adj3 rehab$).ti,ab.
110	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
111	or/99-110
112	48 and 70

#	Searches
113	48 and 90
114	48 and 98
115	48 and 111
116	or/112-115
117	limit 116 to english language
118	limit 117 to yr="2000 -Current"
119	4 and 118

Database: PsycInfo

Date of last search: 17/01/2020

#	Searches
1	experiences.tw.
2	interview:.tw.
3	qualitative.tw.
4	or/1-3
5	(exp INJURIES/ not BIRTH INJURIES/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED PATIENTS/ or HOSPITALS/ or exp INTENSIVE CARE/ or REHABILITATION CENTERS/)
6	(exp INJURIES/ not BIRTH INJURIES/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.
14	(exp INJURIES/ not BIRTH INJURIES/) and trauma$.ti,ab.
15	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
16	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
17	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
18	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
19	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
20	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
21	(polytrauma? or poly-trauma?).ti,ab.
22	traumatolog$.ti,ab.
23	exp ACCIDENTS/ and (exp INJURIES/ not BIRTH INJURIES/)
24	exp ACCIDENTS/ and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti,ab.
25	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
26	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
27	exp ACCIDENTS/ and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED PATIENTS/ or HOSPITALS/ or exp INTENSIVE CARE/ or REHABILITATION CENTERS/)
28	exp ACCIDENTS/ and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
29	SPINAL CORD INJURIES/
30	AMPUTATION/
31	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
32	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.

#	Searches
33	((Flail$ or stove in) adj3 chest?).ti.
34	(rib? adj3 fractur$).ti.
35	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
36	(amputat$ or amputee?).ti.
37	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
38	HEAD INJURIES/
39	(head adj3 injur$).ti.
40	exp BRAIN INJURIES/
41	(brain adj3 injur$).ti.
42	or/5-41
43	INTEGRATED SERVICES/
44	INTERDISCIPLINARY TREATMENT APPROACH/
45	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
46	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
47	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
48	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
49	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
50	((inter or multi or joint) adj3 disciplin$).ti.
51	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
52	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
53	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
54	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
55	(service? adj5 deliver$).ti,ab.
56	((service? or care) adj3 (configurat$ or model?)).ti,ab.
57	SOCIAL CASEWORK/
58	SOCIAL SERVICES/
59	(social adj1 (service? or work$)).ti,ab.
60	or/43-59
61	"CONTINUUM OF CARE"/
62	AFTERCARE/
63	FACILITY DISCHARGE/
64	HOSPITAL DISCHARGE/
65	DISCHARGE PLANNING/
66	CLIENT TRANSFER/
67	POSTTREATMENT FOLLOWUP/
68	OUTPATIENT TREATMENT/
69	((continuity or continuum) adj3 care).ti,ab.
70	aftercare.ti,ab.
71	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
72	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
73	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
74	(discharg$ adj3 plan$).ti,ab.
75	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
76	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.

#	Searches
77	(care adj3 transfer$).ti,ab.
78	((inpatient or outpatient) adj3 transfer$).ti,ab.
79	(patient? adj5 transition$).ti,ab.
80	(care adj5 transition$).ti,ab.
81	((inpatient or outpatient) adj5 transition$).ti,ab.
82	or/61-81
83	HEALTH CARE ACCESS/
84	HEALTH DISPARITIES/
85	HEALTH CARE UTILIZATION/
86	(access$ adj5 service?).ti,ab.
87	(access$ adj3 care).ti,ab.
88	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
89	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
90	or/83-89
91	SOCIAL SUPPORT/
92	SELF-CARE SKILLS/
93	(social$ adj5 support$).ti.
94	(social$ adj3 support$).ab. /freq=2
95	((communit$ or outpatient?) adj5 support$).ti,ab.
96	((support or communit$ or outpatient?) adj3 need?).ti,ab.
97	(support$ adj3 rehab$).ti,ab.
98	COMMUNITY SERVICES/
99	COMMUNITY HEALTH/
100	(communit$ adj3 service?).ti,ab.
101	((communit$ or outpatient?) adj3 rehab$).ti,ab.
102	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
103	or/91-102
104	42 and 60
105	42 and 82
106	42 and 90
107	42 and 103
108	or/104-107
109	limit 108 to english language
110	limit 109 to yr="2000 -Current"
111	4 and 110
112	limit 111 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal")

Database: Social Policy and Practice

Date of last search: 17/01/2020

#	Searches
1	interview:.mp.
2	experience:.mp.
3	qualitative.tw.
4	or/1-3
5	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
6	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
7	(patient? adj5 trauma$).ti,ab.
8	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
9	wound$ patient?.ti,ab.
10	injur$ patient?.ti,ab.
11	accident$ patient?.ti,ab.
12	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.

#	Searches
13	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
14	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
15	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
16	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
17	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
18	(polytrauma? or poly-trauma?).ti,ab.
19	traumatolog$.ti,ab.
20	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
21	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
22	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
23	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
24	((Flail$ or stove in) adj3 chest?).ti.
25	(rib? adj3 fractur$).ti.
26	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
27	(amputat$ or amputee?).ti.
28	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
29	(head adj3 injur$).ti.
30	(brain adj3 injur$).ti.
31	or/5-30
32	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
33	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
34	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
35	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
36	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
37	((inter or multi or joint) adj3 disciplin$).ti.
38	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
39	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
40	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
41	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
42	(service? adj5 deliver$).ti,ab.
43	((service? or care) adj3 (configurat$ or model?)).ti,ab.
44	(social adj1 (service? or work$)).ti,ab.
45	or/32-44
46	((continuity or continuum) adj3 care).ti,ab.
47	aftercare.ti,ab.
48	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
49	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
50	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
51	(discharg$ adj3 plan$).ti,ab.
52	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
53	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.

#	Searches
54	(care adj3 transfer$).ti,ab.
55	((inpatient or outpatient) adj3 transfer$).ti,ab.
56	(patient? adj5 transition$).ti,ab.
57	(care adj5 transition$).ti,ab.
58	((inpatient or outpatient) adj5 transition$).ti,ab.
59	or/46-58
60	(access$ adj5 service?).ti,ab.
61	(access$ adj3 care).ti,ab.
62	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
63	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
64	or/60-63
65	(social$ adj5 support$).ti.
66	(social$ adj3 support$).ab. /freq=2
67	((communit$ or outpatient?) adj5 support$).ti,ab.
68	((support or communit$ or outpatient?) adj3 need?).ti,ab.
69	(support$ adj3 rehab$).ti,ab.
70	(communit$ adj3 service?).ti,ab.
71	((communit$ or outpatient?) adj3 rehab$).ti,ab.
72	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
73	or/65-72
74	31 and 45
75	31 and 59
76	31 and 64
77	31 and 73
78	or/74-77
79	limit 78 to yr="2000 -Current"
80	4 and 79

Databases: Cochrane Central Register of Controlled Trials (CCTR); and Cochrane Database of Systematic Reviews (CDSR)

Date of last search: 17/01/2020

#	Searches
#1	interview*:ti,ab
#2	experience*:ti,ab
#3	qualitative:ti,ab
#4	#1 or #2 or #3
#5	([mh "WOUNDS AND INJURIES"] not ([mh ^ASPHYXIA] or [mh ^"BATTERED CHILD SYNDROME"] or [mh "BIRTH INJURIES"] or [mh "BITES AND STINGS"] or [mh DROWNING] or [mh ^"EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"] or [mh ^FROSTBITE] or [mh "HEAT STRESS DISORDERS"] or [mh "RADIATION INJURIES"] or [mh ^RETROPNEUMOPERITONEUM] or [mh ^"SURGICAL WOUND"]))
#6	([mh ^HOSPITALIZATION] or [mh ^"PATIENT ADMISSION"] or [mh ^"ADOLESCENT, HOSPITALIZED"] or [mh ^"CHILD, HOSPITALIZED"] or [mh HOSPITALS] or [mh "EMERGENCY SERVICE, HOSPITAL"] or [mh "INTENSIVE CARE UNITS"] or [mh ^"REHABILITATION CENTERS"])
#7	#5 and #6
#8	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#9	#5 and #8
#10	((hospitalised or hospitalized or hospitalistion* or hospitaliztion*) near/10 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#11	((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*) near/5 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab

#	Searches
#12	(patient* near/5 trauma*):ti,ab
#13	(patient* near/3 (burn* or burned or fractur*)):ti,ab
#14	"wound* patient*":ti,ab
#15	"injur* patient*":ti,ab
#16	"accident* patient*":ti,ab
#17	trauma*:ti,ab
#18	#5 and #17
#19	[mh "MULTIPLE TRAUMA"]
#20	[mh ^TRAUMATOLOGY]
#21	(trauma* near/5 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#22	((complex* or multiple or critical*) near/3 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#23	(trauma* near/3 (severe or severely or major or multiple)):ti,ab
#24	((injur* or wound* or burn* or burned or fractur*) near/2 (severe or severely or major or multiple)):ti,ab
#25	((physical* or body or bodily) near/3 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#26	(acute near/1 (injur* or trauma* or wound* or burn* or burned or fractur*)):ti,ab
#27	(polytrauma* or poly-trauma*):ti,ab
#28	traumatolog*:ti,ab
#29	([mh ^ACCIDENTS] or [mh ^"ACCIDENTAL FALLS"] or [mh ^"ACCIDENTS, HOME"] or [mh ^"ACCIDENTS, OCCUPATIONAL"] or [mh ^"ACCIDENTS, TRAFFIC"])
#30	#5 and #29
#31	(injur* or wound* or trauma* or burn* or burned or fractur*):ti,ab
#32	#29 and #31
#33	(accident* near/5 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#34	(accident* near/3 (serious* or severe or severely or major)):ti,ab
#35	#6 and #29
#36	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or intensive care or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#37	#29 and #36
#38	[mh ^"SPINAL CORD INJURIES"] or [mh ^"SPINAL CORD COMPRESSION"]
#39	[mh "THORACIC INJURIES"] or [mh ^"ACUTE LUNG INJURY"]
#40	[mh ^"PERIPHERAL NERVE INJURIES"] or [mh "CRANIAL NERVE INJURIES"]
#41	[mh AMPUTATION] or [mh ^"AMPUTATION, TRAUMATIC"] or [mh ^AMPUTEES] or [mh ^"AMPUTATION STUMPS"] or [mh ^"LIMB SALVAGE"]
#42	((spinal* or spine* or chest* or thoracic* or nerve*) near/3 injur*):ti
#43	((spinal* or spine*) near/3 cord* near/3 compress*):ti
#44	((Flail* or stove in) near/3 chest*):ti
#45	(rib* near/3 fractur*):ti
#46	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) near/3 plexus near/3 injur*):ti
#47	(amputat* or amputee*):ti
#48	(limb* near/3 (loss or losing or lost or salvag* or re-construct* or reconstruct*)):ti
#49	[mh ^"HEAD INJURIES, CLOSED"] or [mh ^"HEAD INJURIES, PENETRATING"]
#50	(head near/3 injur*):ti
#51	[mh "BRAIN INJURIES"]
#52	(brain near/3 injur*):ti
#53	#7 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #30 or #32 or #33 or #34 or #35 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52
#54	[mh ^"MODELS, ORGANIZATIONAL"]
#55	[mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"]
#56	[mh ^"INTERINSTITUTIONAL RELATIONS"]
#57	[mh ^"INTERSECTORAL COLLABORATION"]

#	Searches
#58	[mh ^"INTERDEPARTMENTAL RELATIONS"]
#59	[mh ^"INTERPROFESSIONAL RELATIONS"]
#60	[mh ^"INTERDISCIPLINARY COMMUNICATION"]
#61	(interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession*):ti,ab
#62	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession*)):ti,ab
#63	(interdisciplin* or multidisciplin* or jointdisciplin*).ti.
#64	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*)):ti,ab
#65	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 rehab*):ti,ab
#66	((inter or multi or joint) near/3 disciplin*).ti.
#67	((inter or multi or joint) near/3 disciplin* near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*)):ti,ab
#68	((inter or multi or joint) near/3 disciplin* near/5 rehab*):ti,ab
#69	((institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin* or care) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partnership* or network* or across)):ti,ab
#70	(rehab* near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partnership* or network*)):ti,ab
#71	(service* near/5 deliver*):ti,ab
#72	((service* or care) near/3 (configurat* or model*)):ti,ab
#73	[mh ^"SOCIAL WORK"]
#74	(social near/1 (service* or work*)):ti,ab
#75	#54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74
#76	[mh ^"CONTINUITY OF PATIENT CARE"]
#77	[mh ^AFTERCARE]
#78	[mh ^"PATIENT DISCHARGE"]
#79	[mh ^"PATIENT HANDOFF"]
#80	[mh ^"PATIENT TRANSFER"]
#81	[mh ^"TRANSITION TO ADULT CARE"]
#82	[mh ^"TRANSITIONAL CARE"]
#83	((continuity or continuum) near/3 care):ti,ab
#84	aftercare:ti,ab
#85	(follow up near/3 (care or service* or outpatient* or communit*)):ti,ab
#86	(patient* near/5 (discharg* or postdischarg*) near/5 follow* up):ti,ab
#87	(follow up near/5 (post or after) near/5 discharg*):ti,ab
#88	(discharg* near/3 plan*):ti,ab
#89	((patient* or clinical or nurs*) near/3 (handoff* or "hand* off*" or handover* or "hand* over*" or signout* or "sign* out*" or signover* or "sign* over*")):ti,ab
#90	(patient* near/3 transfer* near/3 (service* or setting* or department* or ward* or hospital*)):ti,ab
#91	(care near/3 transfer*):ti,ab
#92	((inpatient or outpatient) near/3 transfer*):ti,ab
#93	(patient* near/5 transition*):ti,ab
#94	(care near/5 transition*):ti,ab
#95	((inpatient or outpatient) near/5 transition*):ti,ab
#96	#76 or #77 or #78 or #79 or #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92 or #93 or #94 or #95
#97	[mh ^"HEALTH SERVICES ACCESSIBILITY"]
#98	[mh ^"HEALTHCARE DISPARITIES"]
#99	[mh ^"FACILITIES AND SERVICES UTILIZATION"]

#	Searches
#100	(access* near/5 service*):ti,ab
#101	(access* near/3 care):ti,ab
#102	((service* or care) near/3 (disparit* or inequal*)):ti,ab
#103	((service* or care) near/3 (utiliz* or utilis*)):ti,ab
#104	#97 or #98 or #99 or #100 or #101 or #102 or #103
#105	[mh ^"SOCIAL SUPPORT"]
#106	[mh ^"SELF CARE"]
#107	(social* near/5 support*).ti,ab.
#108	((communit* or outpatient*) near/5 support*):ti,ab
#109	((support or communit* or outpatient*) near/3 need*):ti,ab
#110	(support* near/3 rehab*):ti,ab
#111	[mh ^"COMMUNITY HEALTH SERVICES"]
#112	(communit* near/3 service*):ti,ab
#113	((communit* or outpatient*) near/3 rehab*):ti,ab
#114	((outpatient* or home* or communit*) near/5 (information or communicat*)):ti,ab
#115	#105 or #106 or #107 or #108 or #109 or #110 or #111 or #112 or #113 or #114
#116	#53 and #75
#117	#53 and #96
#118	#53 and #104
#119	#53 and #115
#120	#116 or #117 or #118 or #119
#121	#4 and #120
#122	#4 and #120 with Cochrane Library publication date Between Jan 2000 and Jan 2019, in Cochrane Reviews
#123	#4 and #120 with Publication Year from 2000 to 2019, in Trials

Database: Social Care Online

Date of last search: 17/01/2020

#	Searches
	AllFields: qualitative or interview or experience
	AND AllFields: rehabilitation
	AND AllFields: trauma or injury
	AND PublicationYear:'2000 2019'

Appendix C – Clinical evidence study selection

Clinical study selection for review questions:

D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

A combined search was conducted for both review questions.

This search was also done in combination with the search for qualitative studies for the adult and the children and young people versions of questions D.1 "What are the best methods to coordinate rehabilitation services for adults/children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?", D.2 "What are the best methods to deliver and coordinate rehabilitation services and social services for adults/children and young people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services", and D.4 "What are the support needs and preferences of adults/children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?".

Figure 3: Study selection flow chart: Adults

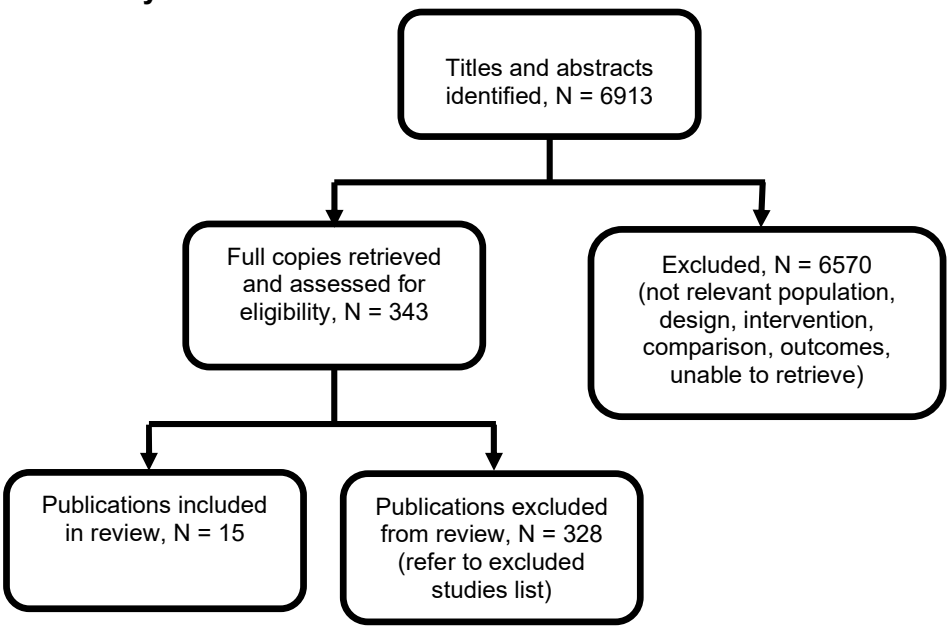
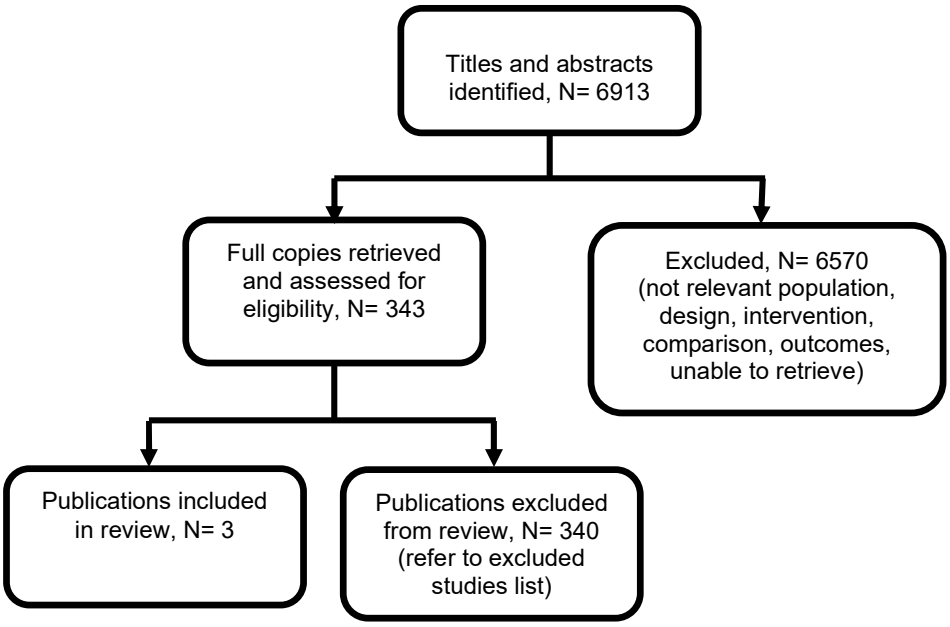


Figure 4: Study selection flow chart: Children and young people



Appendix D – Clinical evidence tables

Clinical evidence tables for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

Table 9: Clinical evidence tables

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Full citation Abrahamson, Vanessa, Jensen, Jan, Springett, Kate, Sakel, Mohamed, Experiences of patients with traumatic brain injury and their carers during transition from in-patient rehabilitation to the community: a qualitative study, Disability and rehabilitation, 39, 1683-1694, 2017 **Ref Id** 1077019 **Country/ies where the study was carried out** UK **Study type** Phenomenological study **Study dates** June 2013 - February 2014	**Recruitment strategy** Participants were recruited from a specialist 19-bed inpatient neurorehabilitation unit in an NHS teaching hospital, provided they had severe brain injury, could still speak and understand verbal language, were on the ward for at least 3 months, and were discharged to a home environment. **Setting** The community, following discharge from in-patient rehabilitation **Participant characteristics** Adults with traumatic brain injury: N=10 • Male/female: 9/1 • Mean age (range): 63 (48-89) years • Severity: NR	**Findings (including author's interpretation)** Author theme: Preparation for discharge *Example quote: "It's not in black and white. If it's in black and white, even though the injured one may not be able to understand it, but at least they have got a perception of what's wrong with them. And if that's the case then they can – like now, in my case – I can now adjust to what I know, whereas before I didn't know anything so I couldn't adjust myself to it (P9)" (p1689)* Author theme: Post-discharge experiences *Example quote: "just think it's that one missing link because the intermediate care team try so, so hard. But even they're pushed with the resources that*	**1. Was there a clear statement of the aims of the research?** Yes. "To explore the experiences of individuals who have had a severe traumatic brain injury (TBI) and their carers in the first month post-discharge from in-patient rehabilitation into living in the community" (p. 1683) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. **5. Was the data collected in a way that addressed the research issue?** Yes. The author specified their goal was not to reach data saturation. **6. Has the relationship between researcher**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Time since injury: NR **Data collection and analysis** Semi-structured interviews took place in the participant's own home one month after discharge, which were audiorecorded and transcribed verbatim. These were analysed thematically in an inductive way by two researchers.	*were available. . . . . if there was just one person that was dedicated to that family. . . . . who could co-ordinate everything [C2]" (p1690)*	**and participants been adequately considered?** Can't tell. No discussion, but researchers were not linked to the service staff. **7. Have ethical issues been taken into consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. **8. Was the data analysis sufficiently rigorous?** Yes **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Medium value for the current question. UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded **Other information** Not reported
Full citation Copley, Anna, McAllister, Lindy, Wilson, Linda, Attitride-Stirling, Barnes	**Recruitment strategy** Working-age adults with at least moderate traumatic brain injury were asked to volunteer to	**Findings (including author's interpretation)** Author theme: Continuum of Care Experienced	**1. Was there a clear statement of the aims of the research?** Yes. "to explore the recollected continuum of care experienced by 202 adults with moderate

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Brooks Carr-Hill Fagen Foster Frattali Grbich Harradine Harris Honey Humphreys Johnstone Kelly LeFebvre Marsh Minichiello Morse Murphy Muus Nabors Newberry O'Callaghan O'Callaghan O'Callaghan O'Callaghan Patton Sample Sample Schofield Schwandt Turner-Stokes Whitehead Ylvisaker Youse, We finally learnt to demand: Consumers' access to rehabilitation following traumatic brain injury, Brain Impairment, 14, 436-449, 2013 **Ref Id** 1109715 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry (within mixed methods study) **Study dates** July 2001 - June 2005	complete a quantitative survey about the care they received. A subgroup of these also participated in a qualitative interview follow-up. **Setting** Trauma centres **Participant characteristics** Adults with Traumatic Brain Injury: N=14 • Male/female: 8/6, • Age: ○ 18-25 years: N=2 ○ 26-35 years: N=3 ○ 36-45 years: N=3 ○ 46-55 years: N=3 ○ 56-65 years: N=3 • Severity: NR • Time since injury: NR **Data collection and analysis** Interviews were recorded and transcribed. It was not specified whether interviews were open or semi-structured, or made use of a script. Data was thematically analysed in a circular process that returned in several cycles to the original data, and themes were then approved by	*Example quote: "The right service at the right time reflects participants' belief that had they received appropriate funding, timely services and ongoing care their recovery following brain injury would have been optimised." (p442)* Author theme: External advocate *Example quote: "Dominic (PWTBI) made a similar point when he recalled his partner's experience while hewas in acute care: Naomi said the [health professionals] were terrible. Horrible people. If she wasn't there hassling them, I don't know what would have happened to me" (p443)* Author theme: Right service at the right time *Example quote: "I was so lucky. My private health insurance covered all aspects of my stay at the [rehabilitation centre]. It covered all the therapists, it covered my specialists. Whenever I went back to see Dr [name of consultant] I didn't have to pay a thing. That would have cost an absolute fortune, so I was so lucky." (p444)*	to severe traumatic brain injury (TBI) in Victoria, Australia" (p.436) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Can't tell. It isn't discussed whether volunteers differed from the rest of the pool. Recruitment ended once thematic saturation was reached. **5. Was the data collected in a way that addressed the research issue?** Can't tell. Script and questions not described. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell. Not discussed, however the research team were not involved in service provision. **7. Have ethical issues been taken into consideration?** Can't tell. Some discussion of consent, but nothing else including no ethics board. **8. Was the data analysis sufficiently rigorous?** Yes

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	the original participants.	Author theme: The self as an advocate. *Example quote: "I started reading everything I could on the internet and books that I borrowed from the library on brain injury. [Derek, PWTBI]" (p442)*	**9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** High value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded **Other information** NA
Full citation Fitts, Michelle S., Bird, Katrina, Gilroy, John, Fleming, Jennifer, Clough, Alan R., Esterman, Adrian, Maruff, Paul, Fatima, Yaqoot, Bohanna, India, Abrahamson, Alfandre Amery Bell Blackmer Bohanna Bohanna Bohanna Braun Burnett Choi Claiborne Coronado D'Cruz Dillon Dudley Durey Durey Einsiedel Englander Feigin Foley Franks Gentilello Gilroy Gilroy Harrison Hunt Hyder Jamieson Jayaraj Juillard	**Recruitment strategy** Working age adults who had experienced a traumatic brain injury and identified as Aboriginal and/or Torres Strait Islanders were approached and offered to participate via a network of healthcare staff. **Setting** In the community, after discharge from a major trauma hospital **Participant characteristics** Adults with Traumatic Brain Injury that identified as Aboriginal and/or Torres Strait Islanders: N=11	**Findings (including author's interpretation)** Author theme: Barriers to accessing post-discharge medical care *Example quote: "Tuesday that's when they [health service] come around in the morning, I got court now, can't do that, I didn't say I got court, I said I got to do something today I can't go and see the doctor. [Man, remote]" (p147)*	**1. Was there a clear statement of the aims of the research?** Yes. "The aims of the study were to: (i) identify the experiences of Indigenous Australians during the first 6 months after discharge from hospital; (ii) identify the help and supports Indigenous people accessed or used during transition and (iii) understand the gaps in service provision and/or difficulties Indigenous people experienced during this period" (p.139) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

Katzenellenbogen Katzenellenbogen Lakhani Lee Levack Levack Liossi Marrone Martin Moreton-Robinson Nakata Nalder Nalder Nalder Niemeier Ownsworth Paradies Rutland-Brown Shahid Tuhiwai-Smith Turner Turner Willis Zeiler, A qualitative study on the transition support needs of indigenous Australians following traumatic brain injury, Brain Impairment, 20, 137-159, 2019
 	
Ref Id
1181961
 	
Country/ies where the study was carried out
Australia
 	
Study type
Ethnographic study
 	
Study dates
Not reported
	• Male/female: 9/2
	• Mean age (SD): 40 (11) years
	• Severity:
	  ○ mild: N=7
	  ○ moderate: N=2
	  ○ severe: N=1
	  ○ unreported: N=1
	• Time since injury: NR
	• Injury cause:
	  ○ Assault: N=6
	  ○ Fall: N=3
	  ○ Motor vehicle accident: N=2
	
	Data collection and analysis
	Semi-structured interviews conducted 6 months after discharge in a place of their choosing. These were audio recorded, transcribed, and subject to an exploratory thematic analysis by the two authors.
			4. Was the recruitment strategy appropriate to the aims of the research?
			Yes. Special attention paid to language and ethnic factors.
			
			5. Was the data collected in a way that addressed the research issue?
			Yes. Opportunity sample meant saturation was not the goal.
			
			6. Has the relationship between researcher and participants been adequately considered?
			Yes. Reasonable steps taken to make the study appropriate across ethnic lines.
			
			7. Have ethical issues been taken into consideration?
			Yes. Ethical approval and consent were appropriately sought.
			
			8. Was the data analysis sufficiently rigorous?
			Yes.
			
			9. Is there a clear statement of findings?
			Yes
			
			10. How valuable is the research?
			Moderate value to the current question.
			
			Overall methodological limitations (No or minor/Minor/Moderate/Serious)

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			No or very minor **Source of funding** Not industry funded **Other information** NA

Full citation
Gabbe, Belinda J., Sleney, Jude S., Gosling, Cameron M., Wilson, Krystle, Hart, Melissa J., Sutherland, Ann M., Christie, Nicola, Patient perspectives of care in a regionalised trauma system: lessons from the Victorian State Trauma System, The Medical journal of Australia, 198, 149-52, 2013
 	
Ref Id
1110014
 	
Country/ies where the study was carried out
Australia
 	
Study type
Qualitative case study
 	
Study dates
Apr 2011 - Jan 2012
	Recruitment strategy
	Participants were recruited from a state register of adult trauma service users who were 1 to 2 years post-injury. A purposive sample was taken to make sure they represented the diversity of the population.
	
	Setting
	In the community
	
	Participant characteristics
	Trauma patients: N=120
	• Male/female: 63/57
	• Mean age (SD): 48.6 (17.6) years
	• Injury:
	  ○ traumatic brain injury: N=27
	  ○ isolated lower extremity fractures: N=23
	  ○ other: N=70
	• Severity: NR
	• Median time since injury (range): 14.2 (12.8-19.7)
		Findings (including author's interpretation)
		Author theme: Hospital discharge and post-discharge care
		Example quote: "and I've spent 5 hours here to speak to a very junior doctor and get dodgy advice. [34-year-old woman, TAC, extremity fracture]" (p151)
			1. Was there a clear statement of the aims of the research?
			Yes. "To explore injured patients' experiences of trauma care to identify areas for improvement in service delivery" (p.149)
			
			2. Is a qualitative methodology appropriate?
			Yes.
			
			3. Was the research design appropriate to address the aims of the research?
			Yes
			
			4. Was the recruitment strategy appropriate to the aims of the research?
			Yes. Purposive sample to represent the traumatic injury population.
			
			5. Was the data collected in a way that addressed the research issue?
			Yes. Methods described appropriately.
			
			6. Has the relationship between researcher and participants been adequately considered?
			Can't tell. However there was no suggestion that

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	months • Mechanism of injury: ○ Motor vehicle: N=24 ○ Motorcycle: N=21 ○ Low fall: N=19 ○ Pedal cyclist: N=16 ○ High fall: N=13 ○ Pedestrian: N=6 ○ Struck by/collision with object or person: N=5 ○ Horse-related: N=4 ○ Other: N=12 **Data collection and analysis** Semi-structured interviews were conducted by telephone. Interviews were audio recorded, transcribed, and subject to a thematic analysis by the team.		the research team were linked to service provision. **7. Have ethical issues been taken into consideration?** Yes. Ethical approval and consent were obtained. **8. Was the data analysis sufficiently rigorous?** Yes. Rigorous process involving the entire research team. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Limited value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No or very minor **Source of funding** Not industry funded **Other information** NA
Full citation Goodridge, Donna, Rogers, Marla, Klassen, Laura, Jeffery, Bonnie, Knox, Katherine, Rohatinsky,	**Recruitment strategy** Potential participants were identified from the discharge register of an inpatient rehabilitation unit of a hospital as	**Findings (including author's interpretation)** Author theme: Accessibility *Example quote: "The toughest one I've had is the eye doctor*	**1. Was there a clear statement of the aims of the research?** Yes. "To identify the perceived gaps in access, classify the nature of the perceived gaps and compare differences in perceptions of access

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Noelle, Linassi, Gary, Access to health and support services: perspectives of people living with a long-term traumatic spinal cord injury in rural and urban areas, Disability and Rehabilitation, 37, 1401-10, 2015 **Ref Id** 1021698 **Country/ies where the study was carried out** Canada **Study type** Phenomenological study **Study dates** August 2012	part of a larger study. Adults who'd had a traumatic spinal cord injury at least a year ago were invited by mail to participate. Some were also recruited directly from the unit. **Setting** Urban and rural communities **Participant characteristics** Adults with spinal cord injury: N=23 • Male/female:16/7 • Age: ○ <45 years: N=10 ○ ≥45 years: N=13 ○ Range: 23-68 years • Severity: Paraplegia (yes/no): 13/10 • Time since injury: ○ <10 years: N=11 ○ ≥10 years: N=12 • Area of residence: ○ Urban: N=13 ○ Rural: N=10 **Data collection and analysis** Individual semi-structured interviews were conducted in the persons home, except in 3 cases where the individual lived more than 2 hours away from the urban	*down here . . . Holy cow. That was a test, I'll tell ya, to just to get in the building [R006]" (p1405)* Author theme: Accommodation *Example quote: ''We can email that stuff to him and he can have it on his lap top sitting in his office. And he can say, 'Everything's good. How do you feel? And this and that and you're done'. You get up and you go home. Two minutes to go home'' (R006)." (p1406)* Author theme: Affordability *Example quote: "The chair they're gonna provide me is . . . three-four thousand bucks. The chair I want is six thousand" (p1406)* Author theme: Availability *Example quote: "You go wheel around, and go work out and stuff like that with other people . . . it was good, you know, interacting with other people in chairs, and since I've moved to [rural town] it's kind of fallen apart [R003]" (p1405)*	between urban and rural participants." (p.1401) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. Opportunity sampling until data saturation was reached. **5. Was the data collected in a way that addressed the research issue?** Yes. Rigorous and systematic approach. **6. Has the relationship between researcher and participants been adequately considered?** Yes. Interviewer was not related to any service provision, and other problems are discussed. **7. Have ethical issues been taken into consideration?** Yes. Ethical approval and consent is suitably sought. **8. Was the data analysis sufficiently rigorous?** Yes. **9. Is there a clear statement of findings?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	centre and so was interviewed by phone. Interviews were audio recorded, transcribed, and subject to thematic analysis through consensus by a mixed research team.		Yes **10. How valuable is the research?** High value to the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No or very minor **Source of funding** Not industry funded **Other information** NA
Full citation Graff, Heidi J., Christensen, Ulla, Poulsen, Ingrid, Egerod, Ingrid, Patient perspectives on navigating the field of traumatic brain injury rehabilitation: a qualitative thematic analysis, Disability and Rehabilitation, 40, 926-934, 2018 **Ref Id** 1182084 **Country/ies where the study was carried out** Denmark **Study type**	**Recruitment strategy** Purposive sampling of adults (18-60 years) with mild to severe TBI admitted to Copenhagen University Hospital between January 2010 and December 2014. Participants were identified from a list of users of the ICU, neuro-intensive care unit or step-down unit. Recruitment continued until a range of participants (i.e. age, gender and TBI severity) were enrolled. **Setting** The community following discharge from a Trauma Center **Participant characteristics**	**Findings (including author's interpretation)** Author theme: Family influence *Example quote: ""My husband has supported me all along and I have my sisters who have kept up with the rehabilitation services in our municipality. Not all people have a social network like mine, and if you also have had brain injury, it is difficult to find out where to go. That's probably one of the greatest obstacles. [Margaret, female, 63, severe TBI]" (p930)* Author theme: Rehabilitation impediments *Example quote: "I think they*	**1. Was there a clear statement of the aims of the research?** Yes - To explore the rehabilitation experiences of adults with TBI up to 4 years post injury, including facilitators and barriers. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. Purposive sampling used to get a variety of TBI experiences, including different time points after the accident.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Phenomenological study **Study dates** December 2014 - May 2015	Adults in TBI rehabilitation: N = 20 patients • Male/female:12/8, • Median age (range): 39 (25-63) years • Severity (Glasgow coma scale): o Mild: N=8 o Moderate: N=7 o Severe: N=5 • Time since injury: NR **Data collection and analysis** Semi-structured interviews were audio recorded, transcribed, and subject to a thematic analysis using a hermeneutical phenomenological approach.	*should focus on the best rehabilitation plan to optimize the patient's potential, this is my only complaint. They have offered me rehabilitation in a gym on an exercise bike, which can be great for some people, but not for a young person with a traumatic brain injury. I want a good life later and I have more cognitive problems than physical. Then it's not enough. (Steven, male, 25, severe TBI)" (p931)*	**5. Was the data collected in a way that addressed the research issue?** Yes. Included collecting until saturation was reached. Family were present which may have influenced what was reported. **6. Has the relationship between researcher and participants been adequately considered?** Yes. Members of the research team including nurses were not known to any of the participants. **7. Have ethical issues been taken into consideration?** Yes. Considerations made, including consent and ethics board approval. **8. Was the data analysis sufficiently rigorous?** Yes. Well described and thorough. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Moderate value to the current question **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No or very minor **Source of funding** This study received funding from by the

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Rigshospitalet Research Foundation and Helsefonden. Not industry funded. **Other information** None
Full citation Kingston, Gail A., Judd, Jenni, Gray, Marion A., The experience of medical and rehabilitation intervention for traumatic hand injuries in rural and remote North Queensland: a qualitative study, Disability and Rehabilitation, 37, 423-9, 2015 **Ref Id** 1110439 **Country/ies where the study was carried out** Australia **Study type** Phenomenological study **Study dates** Not reported	**Recruitment strategy** Participants were adults with traumatic hand injuries that had received occupational therapy previously and had completed a retrospective survey. A purposive sample was taken from responders to obtain a mix of age, gender, injury type, and location of residence. **Setting** Rural and remote residents in the community **Participant characteristics** Adults with traumatic hand injury: N=14 • Male/female: 6/8 • Mean age (range)=49.8 (24-82) years • Severity: NR • Time since injury: NR **Data collection and analysis** Semi-structured interviews were conducted at a location of the	**Findings (including author's interpretation)** Author theme: Limited experience *Example quote: "I saw him probably about 4 times, maybe time at the most . . . he could not do any more for me but I don't think he knew what he was doing with me anyway as he put my hand in hot wax about a half a dozen times and he'd go off and see somebody. [Fiona]" (p426)* Author theme: No physiotherapist or occupational therapist available *Example quote: "The high turnover of Physiotherapists and Occupational Therapists in rural and remote areas meant that participants were not able to access the ongoing specialist rehabilitation they required" (p425)* Author theme: Technology	**1. Was there a clear statement of the aims of the research?** Yes. "This research explored the experience of receiving medical and rehabilitation intervention for rural and remote residents in North Queensland, Australia who had experienced a traumatic hand injury" (p.423) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Can't tell. Not clear about how many were approached or declined to participate. **5. Was the data collected in a way that addressed the research issue?** Yes. Purposive selection from a larger survey sample, to obtain a breadth of experiences. **6. Has the relationship between researcher and participants been adequately considered?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	participants' choosing. These were audio recorded and transcribed, and analysed using an inductive thematic analysis.	*Example quote: "I said to my husband "it would be good if on the internet you could get in and say talk to a doctor or leave a message to a doctor or something in Townsville and tell them a problem, and when they get time they can get back to you on the internet. I think that would be excellent . . . It's like you are there but haven't got the five or six hour drive [Edna]" (p427)* Author theme: Travel *Example quote: "My husband had to take the day off because I couldn't drive so he has to take the day off work to go to Townsville and he doesn't get paid . . . it's usually dark when you get back but it's a long way to go for only 10 or 15 minutes. Yep [husband] has lost so much money on just taking me there so I can't drive [Edna]" (p426)*	No. The lead author was also involved in care for some participants. This was described as a benefit that increases trust, but the potential for bias is not discussed or accounted for. **7. Have ethical issues been taken into consideration?** Can't tell. The study was approved by an ethics board, but little other discussion or consideration given. **8. Was the data analysis sufficiently rigorous?** Yes. Conducted between two people and checking with the participants. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Moderate value to the current question **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** Not industry funded **Other information** NA
Full citation Lefebvre, Helene, Levert,	**Recruitment strategy** Study simply reports that the	**Findings (including author's interpretation)**	**1. Was there a clear statement of the aims of the research?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Marie Josee, The needs experienced by individuals and their loved ones following a traumatic brain injury, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 197-207, 2012 **Ref Id** 1110571 **Country/ies where the study was carried out** Canada and France **Study type** General qualitative inquiry **Study dates** 2007 - 2008	recruited sample included a wide range of views and experiences. No further details reported. **Setting** Range of TBI rehabilitation settings in 6 regions. **Participant characteristics** Adults in TBI rehabilitation: N = 56 • Male/female: 39/17 • Age: ○ 18-29 years: N=20 ○ ≥30 years: N=36 • Country: ○ France: N=34 ○ Canada: N=22 • Severity: NR • Time since injury: NR **Data collection and analysis** 18 semi-structured focus groups conducted. Discussion concentrated on the impact of TBI on patients and their families throughout care pathway, facilitators and barriers to quality care and concerns about the future. Groups were audio recorded and field notes taken by researchers. Thematic content analysis was conducted by 2	Author theme: Need for support *Example quote: "They also need to accept what they have become" (p202)* Author theme: Needs Related to Care and Services *Example quote: It is important for health care professionals to promote a relationship between professionals in the same field in order to improve the sharing of information and coordination" (P203)*	Yes - To explore the changing needs of patients with TBI as well as their friends and families throughout the care and rehabilitation pathway in France and in Canada. **2. Is a qualitative methodology appropriate?** Yes - Appropriate to explore the needs to patients and their loved ones during TBI rehabilitation. **3. Was the research design appropriate to address the aims of the research?** Yes - Wanted to expand the evidence base by involving a larger number and variety of participants. **4. Was the recruitment strategy appropriate to the aims of the research?** Can't tell - Lack of information reported on the recruitment methods, just that they were chosen to gain a wide range of views and experiences. **5. Was the data collected in a way that addressed the research issue?** Yes - Data collection method discussed and justified. Topic guide was used although no mention of how it was developed. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell - No information reported. **7. Have ethical issues been taken into**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	researchers, in tandem with data collection.		**consideration?** Yes - Informed consent received and ethical approval granted for both French and Canadian authorities. **8. Was the data analysis sufficiently rigorous?** Yes - Adequate description of the analysis process and how themes were developed. Adequate data presented to support findings. Multiple researchers involved in coding and themes developed using consensus. Mentions that credibility, transferability and reliability were observed throughout the study (although lack of information on how this was achieved). No discussion of researcher bias. **9. Is there a clear statement of findings?** Yes - Good description and discussion of findings, with relation back to the original research question. No discussion about credibility of findings or study limitations. **10. How valuable is the research?** Limited value for current question **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the Canadian Institute of Health Research/Institut National de la Santé et de la Recherche Médicale, the Social Sciences and Humanities Research

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Council of Canada, and the Programme de Recherche en Réadaptation et Intégration Sociale en Traumatologie. **Other information** None.

Full citation
McPherson, K., Fadyl, J., Theadom, A., Channon, A., Levack, W., Starkey, N., Wilkinson-Meyers, L., Kayes, N., Feigin, V., Barker-Collo, S., Harwood, M., Mudge, S., Christie, G., Jenkins, S., Living Life after Traumatic Brain Injury: Phase 1 of a Longitudinal Qualitative Study, Journal of Head Trauma Rehabilitation, 33, E44-E52, 2018
 	
Ref Id
1182735
 	
Country/ies where the study was carried out
New Zealand
 	
Study type
General qualitative inquiry
 	
Study dates
Not reported
	Recruitment strategy
	A purposive sample of adults aged 16 and over with traumatic brain injury was drawn from a previous study, and also through service providers and patient support organisations, for a wide and varied sample.
	
	Setting
	The community following discharge
	
	Participant characteristics
	Adults with traumatic brain injury: N=40
	• Male/female:28/12
	• Age:
	  ○ 16-34 years: N=12
	  ○ 35-64 years: N=19
	  ○ ≥65 years: N=9
	• Brain injury severity:
	  ○ Mild: N=18
	  ○ Moderate: N=8
	  ○ Severe: N=14
		Findings (including author's interpretation)
		Author theme: Being looked out for and someone to help drive the process as valued supports
		Example quote: "It's hard being a patient - all you want to do is get in there and get out and you know just go home and go back to bed because that's all I ever wanted to do, but it's trying to get the answers. And the doctors have got to realize that you are not going to know the right questions to ask to get the correct answers because when that happens you're just not thinking. [Amy, 36 years, mild TBI]" (p49)
		
		Author theme: Understanding what having a TBI means for, and to, me
		Example quote: "I get tired, but then I don't know whether it's that or just normal, because I've never been tested. I've never had a benchmark. So, I just go
			1. Was there a clear statement of the aims of the research?
			Yes. "To explore what helps and hinders recovery and adaptation after disabling traumatic brain injury (TBI) and make recommendations for improving service responsiveness." (p. 44)
			
			2. Is a qualitative methodology appropriate?
			Yes
			
			3. Was the research design appropriate to address the aims of the research?
			Yes
			
			4. Was the recruitment strategy appropriate to the aims of the research?
			Yes. Purposive sampling was used to ensure a breadth of experience.
			
			5. Was the data collected in a way that addressed the research issue?
			Yes. In some cases participants had carers and relatives present to help with facilitation, which may have had some impact on reporting, but also maximised the variety in people that could participate.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

	• Time since injury: NR
	• Ethnicity
	  ○ Maori = 7
	  ○ European = 29
	  ○ Asian = 2
	  ○ Other = 2
	
	Data collection and analysis
	Semi-structured interviews were transcribed. Themes were drawn from the data using a constant comparative method, and developed within teams using grounded theory. Findings were then checked by an external panel of service users for their feedback.
		and have a sleep. [Rob, 50 years, severe TBI]" (p48)
		
		Author theme: When to "challenge" and when to "accept"?
		Example quote: "The need to "accept" and "challenge" oneself, at the same time, was clearly difficult for participants. Participant reflections indicated this balancing process to be complex and requiring specific skills that may highlight a legitimate focus for rehabilitation intervention." (p49)
			6. Has the relationship between researcher and participants been adequately considered?
			Yes. Some discussion, and researchers were not linked directly to any service provision.
			
			7. Have ethical issues been taken into consideration?
			Can't tell. Some discussion about consent, but no mention of approval by an ethics board, or other considerations.
			
			8. Was the data analysis sufficiently rigorous?
			Yes
			
			9. Is there a clear statement of findings?
			Yes
			
			10. How valuable is the research?
			Moderate value for the current topic
			
			Overall methodological limitations (No or minor/Minor/Moderate/Serious)
			Minor
			
			Source of funding
			Not industry funded
			
			Other information
			NA

Full citation	**Recruitment strategy**	**Findings (including author's**	**1. Was there a clear statement of the aims of**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

McRae, Philippa, Hallab, Lisa, Simpson, Grahame, Anstey, Braun Brooks Ellingsen Frost Gilworth Gilworth Gracey Harradine Kreutzer Macaden Medin Menon Nightingale Olver Oppermann Petrella Ponsford Rubenson Sabatello Simpson Tate Teasdale van Velzen van Velzen, Navigating employment pathways and supports following brain injury in Australia: Client perspectives, Australian Journal of Rehabilitation Counselling, 22, 76-92, 2016
 	
Ref Id
1110797
 	
Country/ies where the study was carried out
Australia
 	
Study type
General qualitative inquiry
 	
Study dates
Not reported
	Participants were a sub-group of a larger study about employment-age people with severe traumatic brain injury. Interview subjects were approached purposively to obtain diverse experiences.
	
	Setting
	Mostly held at the Brain Injury Rehabilitation Program site, or in some cases by phone from the participants' home.
	
	Participant characteristics
	Adults with brain injury: N=29 (traumatic brain injury: N=26)
	• Male/female: 18/11
	• Mean age (range): 35.8 (19-66) years
	• Severity: NR
	• Mean years since injury (SD/range) = 3.7 (3.1/1-14)
	• Cause of injury:
	  ○ traumatic brain injury: N=26
	  ○ cerebral vascular accident: N=2
	  ○ hypoxic brain injury: N=1
	• Pre-injury employment status:
	  ○ full-time employment: N=20
	  ○ part-time employment: N=6
	  ○ student: N=1
	  ○ not working: N=2
		interpretation)
		Author theme: Access
		Example quote: "They think the accident is in the past and don't understand that problems persist [participant 20, age 46, more than 5 years post severe TBI]" (p83)
			the research?
			Yes. "to describe and contrast the VR experiences and issues of people who participated in different employment pathways: return to pre-injury employment, job seeking and those who had not worked since injury, from an Australian perspective" (p. 77-78)
			
			2. Is a qualitative methodology appropriate?
			Yes
			
			3. Was the research design appropriate to address the aims of the research?
			Yes
			
			4. Was the recruitment strategy appropriate to the aims of the research?
			Yes. Purposive sampling for a breadth of coverage.
			
			5. Was the data collected in a way that addressed the research issue?
			Yes
			
			6. Has the relationship between researcher and participants been adequately considered?
			Yes
			
			7. Have ethical issues been taken into consideration?
			Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.
			
			8. Was the data analysis sufficiently

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Post-injury employment status: ○ full-time employment: N=6 ○ part-time employment: N=10 ○ student: N=2 ○ not working: N=11 **Data collection and analysis** Semi-structured interviews scripts differed slightly for participants who had found work and those who hadn't. Two researchers were present to take notes in the interviews. Notes were verified using audio recordings. Data was analysed thematically by the research team.		**rigorous?** No. Analysis was done without transcripts, only by notes and recordings. It is not clear why. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Limited value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** Not industry funded **Other information** NA
Full citation Mehta, Swati, Hadjistavropoulos, Heather D., Earis, Danielle, Titov, Nick, Dear, Blake F., Patient perspectives of Internet-delivered cognitive behavior therapy for psychosocial issues post spinal cord injury, Rehabilitation Psychology, 2019 **Ref Id** 1022775	**Recruitment strategy** Participants were adults with spinal cord injury and anxiety or depression (according to a standardised measure) who had signed up to an internet-delivered cognitive behavior therapy course. Those in the current study had given permission to be contacted further during an initial phonecall before the course. From twenty that completed the course, eight agreed to be further interviewed.	**Findings (including author's interpretation)** Author theme: Accessibility *Example quote: "All participant commented that the accessible nature of the online course facilitated their experience for instance, many stated that they enjoyed not having to leave their homes to access treatment. Seven participants also appreciated that the course was accessible via their mobile phones." (p355)*	**1. Was there a clear statement of the aims of the research?** Yes. "to evaluate SCI patient perceptions of facilitators and barriers of engaging in ICBT as well as likes and dislikes of ICBT and suggestions for improvement" (p.352) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

Country/ies where the study was carried out
Canada
 	
Study type
General qualitative inquiry
 	
Study dates
Not reported
	Setting
	The community
	
	Participant characteristics
	Adults with traumatic spinal cord injury and anxious or depressive symptoms: N=8
	• Male/female: 4/4
	• Mean age (SD): 53.2(14.53) years
	• Severity: NR
	• Time since injury: NR
	• Cause of injury:
	  ○ trauma: N=5
	  ○ non-trauma: N=2
	  ○ other: N=1
	
	Data collection and analysis
	Semi-structured interviews were audiorecorded, transcribed, and analysed thematic content analysis.
		Author theme: Course timeframe.
		Example quote: "Some of the participants (3 of 8) shared that the course timeframe was slightly challenging. Two participants indicated that, if they still worked full-time, it would have been very hard to finish the course in the allotted timeframe." (p355)
		
		Author theme: Flexibility
		Example quote: "You can do it on a day that you plan and have nothing going on, as opposed to a rigid appointment where it may be a bad day [Participant 8]" (p355)
		
		Author theme: Motivation
		Example quote: "Participants shared different forms of motivation that facilitated their completion of the course. Five participants shared that their doctors or physiotherapists encouraged them to apply and continue with the treatment, which gave them the added push to do so. Three participants referred to their faith as a huge motivator and that their church groups were very
			4. Was the recruitment strategy appropriate to the aims of the research?
			Can't tell. The study was closed after 8 participants due to thematic saturation, however it's not clear why these program participants were initially picked over others.
			
			5. Was the data collected in a way that addressed the research issue?
			Yes. The topic guide followed the aims of the research.
			
			6. Has the relationship between researcher and participants been adequately considered?
			No. The research was conducted by the same small team that delivered the intervention, and it is not clear how they tried to deal with desirability bias.
			
			7. Have ethical issues been taken into consideration?
			Yes. Consent and ethical approval were obtained.
			
			8. Was the data analysis sufficiently rigorous?
			Can't tell. Not lots of detail about how they agreed or verified the themes.
			
			9. Is there a clear statement of findings?
			Yes.
			
			10. How valuable is the research?
			Minor value to the current topic.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		supportive and eager to hear what they had learned each week." (p355) Author theme: Personal barriers *Example quote: "Symptom interference was also a challenge for three participants. One participant reported that sitting for long periods of time was very hard and, therefore, completing the lessons was difficult because of pain." (p355)*	**Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** Not industry funded **Other information** NA
Full citation Odumuyiwa, Tolu, Improving access to social care services following acquired brain injury: a needs analysis, Journal of Long-Term Care, 164-175, 2019 **Ref Id** 1182919 **Country/ies where the study was carried out** UK **Study type** General qualitative inquiry (within mixed methods study) **Study dates**	**Recruitment strategy** Participants were adults with an acquired brain injury that led to disability. They were recruited through adverts on Twitter, Headway UK (both centrally and through local Headway chapters) and brain injury rehabilitation organisations throughout the UK. **Setting** Community ABI rehabilitation services. **Participant characteristics** Questionnaire: adults with acquired brain injury: N=19 (Mostly traumatic injury although the exact number was not reported)	**Findings (including author's interpretation)** Author theme: Hidden disability *Example quote: "urrm they closed my case saying look she's rehabilitated, she can work. Shortly after that, very shortly after that I lost my job…"not getting any support from services and I was written off by people that I used to manage. [P8]" (p170)* Author theme: Lack of professional knowledge *Example quote: "Participants identified that the lack of access to services for ABI survivors and their families is often caused by a lack of knowledge of ABI among professionals acting as*	**1. Was there a clear statement of the aims of the research?** Yes - To identify the long-term rehabilitation needs of patients with acquired brain injury and their families, and explore their experiences with accessing community services. "To improve understanding of 1) the long-term community rehabilitation needs of ABI survivors and their families, and 2) their experiences of community health and social care provision within the United Kingdom." (p. 164) **2. Is a qualitative methodology appropriate?** Yes - Appropriate to explore the experiences and views of rehabilitation patients in accessing services. **3. Was the research design appropriate to address the aims of the research?** Yes - Design discussed and justified.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Not reported	• Male/female: 10/9 • Mean age (range): 44.6 (29-72) years • Severity: NR • Time since injury: NR Interviews: adults with acquired brain injury: N=12 (Mostly traumatic injury although the exact number was not reported) • Male/female: 10/2 • Mean age (range): 45 (36-72) years • Severity: NR • Time since injury: NR **Data collection and analysis** Stage 1: Online questionnaire using platform SurveyMonkey, including free-text questions on the long-term needs following ABI. These questions were analysed using content analysis by 1 researcher, and checked by another member of the research team. Themes identified in this stage were used to inform a deductive framework for use in the analysis of stage 2. Stage 2: At the end of the questionnaire, participants were given the opportunity to complete follow-up semi-structured interviews on service needs and	*gatekeepers to services. A lack of understanding of cognitive, behavioural and psychological symptoms makes it difficult for professionals to accurately assess need." (p170)* Author theme: Limited service provision *Example quote: "Follow-up care and support after discharge from acute care is very poor, often non-existent [S102]" (p169)* Author theme: Organisational factors *Example quote: "Participants highlighted a catalogue of organisational issues that led to difficulties in accessing services post- ABI, including structural issues that restrict cross-organisational multi-disciplinary team working and information sharing." (p170)*	**4. Was the recruitment strategy appropriate to the aims of the research?** Yes – Wide variety of forums used to recruit participants. **5. Was the data collected in a way that addressed the research issue?** Yes - Using different modes throughout the study i.e. free-text questions and interviews, was described and justified well. However, no mention of topic guide and how it was developed. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell - No information reported. **7. Have ethical issues been taken into consideration?** Yes – Ethical approval granted by the University faculty ethics committee although informed consent poorly described. **8. Was the data analysis sufficiently rigorous?** Yes – Good description of the analysis process and how themes were developed. Adequate data presented to support findings. While only 1 researcher involved in coding, results were validated by another member of the research team. Additionally, the findings of stage 1 were used to triangulate and validate the findings of stage 2. No discussion of researcher's bias.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	communication between healthcare and social care services. Interviews lasted 25-60 minutes, either in person (ABI patients) or via telephone (carers and healthcare professionals). Interviews were analysed using a mixture of inductive and deductive thematic analysis.		**9. Is there a clear statement of findings?** Yes - Good description and discussion of findings, with relation back to the original research question. No discussion on credibility of findings. **10. How valuable is the research?** 4.1a High value for the current question. UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor concerns. **Source of funding** Not reported/Not industry funded **Other information** None.
Full citation Roberts, Jessica Louise, Din, Nafees Ud, Williams, Michelle, Hawkes, Claire A., Charles, Joanna M., Hoare, Zoe, Morrison, Val, Alexander, Swapna, Lemmey, Andrew, Sackley, Catherine, Logan, Phillipa, Wilkinson, Clare, Rycroft-Malone, Jo, Williams, Nefyn H., Development of an evidence-based complex	**Recruitment strategy** Participants were adults over 65 who were in rehabilitation following a hip fracture, identified from a national register (National Hip Fracture Database) by the medical and nursing staff who were responsible for maintaining the database at each site. **Setting** Rehabilitation services and the community	**Findings (including author's interpretation)** Author theme: Coordination of services and sectors delivering the rehabilitation *Example quote: "The fourth focus group theme was a need for more information for patients and their carers about what to expect following the hip fracture and how to access all of the available resources." (p7)*	**1. Was there a clear statement of the aims of the research?** Yes. "To develop an evidence and theory-based complex intervention for improving outcomes in elderly patients following hip fracture." (p. 1) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** No. Focus groups introduce greater social desirability, and may be less suited to service

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
intervention for community rehabilitation of patients with hip fracture using realist review, survey and focus groups, BMJ Open, 7, e014362, 2017 **Ref Id** 1094878 **Country/ies where the study was carried out** UK **Study type** General qualitative inquiry **Study dates** June 2014 - March 2015	**Participant characteristics** Adults with a hip fracture: N=13 • Male/female: 9/4 • Age: Not reported, but all aged ≥65 years • Severity: NR • Time since injury: NR • Months since hip-repair surgery: 3-12 **Data collection and analysis** Focus groups were held for patients and their carers, which were audio-recorded and transcribed. These were subject to thematic analysis by the team.	Author theme: Improve patient engagement by tailoring the intervention according to individual needs and preferences *Example quote: "Furthermore, comorbidities and prefracture functioning determined what patients were able to do and affected their attitude to exercise, which could be taken into account through individual tailoring of care plans." (p5)* Author theme: Reducing fear of falling and improving self-efficacy to exercise and perform activities of daily living *Example quote: "You think you are going to fall all the time, erm… so it is just practice I think, just keep doing it, keep doing little bits and erm…I had the reassurance from the physiotherapist who said 'no, by next summer you will be doing exactly what you were doing last summer [R1, female patient, FG1212]" (p6)*	evaluation questions. It is not clear why this method was chosen. **4. Was the recruitment strategy appropriate to the aims of the research?** No. Recruitment strategy is poorly described. Service staff were responsible for putting candidate-participants forward, which may introduce significant bias. **5. Was the data collected in a way that addressed the research issue?** Can't tell. It is not clear why a focus group approach was taken. Focus groups included carers which may also have influenced the results. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell. No clear discussion, but researchers were not linked directly to any service provision. It is not certain if this was clear to the participants. **7. Have ethical issues been taken into consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. **8. Was the data analysis sufficiently rigorous?** Yes **9. Is there a clear statement of findings?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Yes **10. How valuable is the research?** Moderate value for the current question. UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** Not industry funded **Other information** NA
Full citation Singh, Hardeep, Shah, Meeral, Flett, Heather M., Craven, B. Catherine, Verrier, Mary C., Musselman, Kristin E., Perspectives of individuals with sub-acute spinal cord injury after personalized adapted locomotor training, Disability and Rehabilitation, 40, 820-828, 2018 **Ref Id** 1183311 **Country/ies where the study was carried out**	**Recruitment strategy** Participants were adults with a spinal cord injury. Purposeful sampling was used to recruit participants deemed 'information-rich sources' (although it is not explained what this means.) **Setting** Spinal cord injury rehabilitation facility **Participant characteristics** Adults with spinal column injury: N=7 (traumatic injury: N=4) • Male/female: 5/2 • Mean age (SD): 56.7 (5.8) years	**Findings (including author's interpretation)** Author theme: Acquiring services to enable participation *Example quote: ""It's my wife's commitment too…she's been by my side every day, and helping me out." (p825)* Author theme: To regain prior function *Example quote: "I used to walk a lot….I walked everywhere…I needed to get back to my regular recreational life, my social life, my walking to work life [participant 1]" (p823)*	**1. Was there a clear statement of the aims of the research?** Yes. "to understand how participation in PALT impacted their lives, what aspects of PALT they perceived to work well, and what challenges they encountered while in the PALT program" (p. 820) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Can't tell. Recruitment strategy is vaguely

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Canada **Study type** Qualitative case study **Study dates** Not reported	• Severity: NR • Means time since injury (SD) = 4 (1) months **Data collection and analysis** Semi-structured interviews were audio-recorded and transcribed verbatim, and analysed using to content analysis to develop themes by two researchers, checked by two others.		described, and may have introduced biases. **5. Was the data collected in a way that addressed the research issue?** Yes. Purposive sampling means the goal was not to reach saturation. **6. Has the relationship between researcher and participants been adequately considered?** Yes **7. Have ethical issues been taken into consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. **8. Was the data analysis sufficiently rigorous?** Yes **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** MInor value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Other information NA
Full citation Turner, Benjamin James, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceived service and support needs during transition from hospital to home following acquired brain injury, Disability and Rehabilitation, 33, 818-29, 2011 **Ref Id** 1111556 **Country/ies where the study was carried out** Australia **Study type** Phenomenological study **Study dates** Not reported (Recruitment period is 5 months but dates not reported)	**Recruitment strategy** Consecutive patients being discharged from inpatient ABI rehabilitation unit and meeting inclusion criteria were recruited until saturation. For inclusion patients had to be aged 16 or over, able to provide informed consent and able to communicate adequately in English. Those with pre-morbid neurological or psychological conditions were excluded. Once enrolled, participants were asked to identify a family member to also participate. **Setting** At discharge from hospital, and then in the community. **Participant characteristics** Adults with acquired brain injury: N=20 (traumatic brain injury: N=16) • Male/female: 15/5 • Mean age (range): 40.2 (17-63) years • Severity: NR • Time since injury: NR	**Findings (including author's interpretation)** Author theme: Balancing the service and support equation *Example quote: "Many participants reported that the process of organising support services was a difficult task that was often not completed as part of the discharge preparation process." (p823)* Author theme: Negotiating the rehabilitation maze *Example quote: "In the beginning. . . . I hated it (therapy). . .. But Now I have [therapist] and she is fantastic. I have [therapist] all the time and she has a program. We set goals for me to achieve and I look forward to it [P13, 1]" (p826)* Author theme: Working with or against 'the system' *Example quote: "However, most participants without insurance cover were not in a financial position to consider funding their own ongoing rehabilitation."*	**1. Was there a clear statement of the aims of the research?** Yes. "study describes participants' recovery goals, the facilitators and barriers in their pursuit of these goals, and their recommendations for rehabilitation programs." (p. 2) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. Clearly described. **5. Was the data collected in a way that addressed the research issue?** Yes. Data collected until saturation was reached. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell. No clear discussion, but researchers were not linked directly to any service provision. **7. Have ethical issues been taken into**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Injury cause: ○ Motor vehicle accident: N=7 ○ Motor bike accident: N=1 ○ Assault: N=1 ○ Fall: N=4 ○ Other: N=3 ○ Non traumatic: N=4 • Length of stay in inpatient rehabilitation: ○ 0-3 months: N=12 ○ 3–6 months: N=7 ○ 4-6 months: N=1 **Data collection and analysis** Participants were interviewed prior to their discharge from hospital and again at 1 and 3 months post-discharge. Semi-structured interviews were conducted and were audio-recorded and transcribed, and subject to thematic analysis by consensus of the research team.	*(p827)*	**consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. 4.2 Yes - Informed consent received before interviews and ethical approval granted by the relevant committee at recruitment site and unnamed University. **8. Was the data analysis sufficiently rigorous?** Yes **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** High value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** This study received funding from an Australian Post-Graduate Award. i.e. Not industry funded **Other information** NA

ABI: Acquired brain injury; CASP: Critical Appraisal Skills Programme; ICBT: Internet-delivered cognitive behavior therapy; ICU: Intensive care unit; N: Number; NA: Not applicable; NHS: National Health Service; NR: Not reported; p: Page; PALT: Personalized adapted locomotor training; PWTBI: Person with traumatic brain injury; SCI: Spinal cord injury; SD: Standard deviation; TAC: Transport Accident Commission; TBI: Traumatic brain injury; VR: Vocational rehabilitation; UK: United Kingdom

Clinical evidence tables for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Table 10: Clinical evidence tables

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Full citation Foster, Kim, Mitchell, Rebecca, Young, Alexandra, Van, Connie, Curtis, Kate, Parent experiences and psychosocial support needs 6 months following paediatric critical injury: A qualitative study, Injury, 50, 1082-1088, 2019 **Ref Id** 1109985 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry **Study dates** Not reported	**Recruitment strategy** Purposive sample of parents of critically injured children recruited from four hospitals as part of a prospective longitudinal study. Children all had an Injury Severity Score>15 and/or had required admission to the paediatric intensive care unit for their injury. **Setting** In the community following hospital discharge **Participant characteristics** Parents of critically injured children: N=30 Children: • N=23 • Male/female: 10/13 • Mean age (SD): 7.5 (4.1) years Injuries:	**Findings (including author's interpretation)** Author theme: Family factors *Example quote 1: "Availability of support to enable parent/family members to take child to follow up appointments and rehabilitation" (p.1085)* *Example quote 2: "Ability to access insurance options to help fund rehabilitation costs" (p. 1085)* Author theme: Navigating resources to meet family needs *Example quote: "We haven't had any OT [occupational therapist] for a couple of months, mainly because of where we live. We're a couple of hours from [capital city], but not many OTs are available and certainly not paediatric and hand OTs [Mother, 10 year old]"*	**1. Was there a clear statement of the aims of the research?** Yes. "To explore parent experiences and psychosocial support needs in the 6 months following child critical injury." (p. 1083) **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. Purposive sampling was used, the strategy was well described and appropriate. **5. Was the data collected in a way that addressed the research issue?** Yes **6. Has the relationship between researcher and participants been adequately considered?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Transport related injury: N=16 • Fall, burn, or other mechanism: N=7 **Data collection and analysis** Semi-structured interviews were audio recorded and transcribed verbatim, and analysed by two researchers using thematic analysis	*(p.1086)* Author theme: Social, environment and community factors *Example quote: "Support of employers for parents to take leave so children can attend rehabilitation and hospital appointments and ongoing surgery as required" (p.1085)*	Can't tell. No clear discussion, but researchers were not linked directly to any service provision. **7. Have ethical issues been taken into consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. **8. Was the data analysis sufficiently rigorous?** Yes **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** High value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No or minor **Source of funding** Not industry funded **Other information** NA
Full citation Kirk, S., Fallon, D., Fraser, C., Robinson, G., Vassallo, G., Supporting parents following childhood traumatic brain injury: a qualitative study to examine information	**Recruitment strategy** Families of children with a severe TBI who had attended a specialist children's hospital were approached to participate, provided the discharge was more than six	**Findings (including author's interpretation)** Author theme: Coming home – abandonment *Example quote 1: "Maybe if there was something for head*	**1. Was there a clear statement of the aims of the research?** Yes. "To examine parents' experiences and support needs following a childhood TBI both during the initial stages of recovery in hospital and following discharge home" (p.304)

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
and emotional support needs across key care transitions, Child: care, health and development, 41, 303-313, 2015 **Ref Id** 990319 **Country/ies where the study was carried out** UK **Study type** General qualitative inquiry **Study dates** Jan 2007 to Jul 2012	months ago and their parent/carer hadn't also been injured. **Setting** At home following discharge **Participant characteristics** Parents of children with traumatic brain injury: • N=29 • Relationship to the child: ○ Mother=19, ○ Father=9 ○ Grandmother=2 Children: • N=29 • Male/female: 13/6, • Mean age (range): 9 (3-16) years • Accident: ○ Road traffic accident: N=11 ○ Fall: N=5 ○ Bicycle/motorcycle accident: N=3 • Mean number of months since accident (range): 33 (13-72) **Data collection and analysis** Semi-structured interviews were conducted - nine with one family	*children maybe, it's not recognized is it really? It's not, I don't think it's thought about like they don't come under any catchment, they're not disabled so what. . . . it's not like if a child is in a wheelchair like you can say there's a, you can see. You can see something. Or if you've got a poorly leg or something, or a limb. But there's not anything to look at. . . . nobody understands it because it is inside. [19]" (p. 309)* *Example quote 2: "Although some parents felt they could still contact clinicians at the specialist centre after discharge, the majority reported that there was no one who they could contact for information and support." (p.308)*	**2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Can't tell. More than half of the interviews were conducted with pairs of family carers and this may have inhibited discussion. **4. Was the recruitment strategy appropriate to the aims of the research?** Unclear. Methods were clearly describe, however it wasn't clear why recruitment was over many years or at what point they stopped, no mention of reaching saturation. **5. Was the data collected in a way that addressed the research issue?** Yes. **6. Has the relationship between researcher and participants been adequately considered?** No. It seems some of the researchers may have been working in the department, which is likely to introduce some bias. **7. Have ethical issues been taken into consideration?** Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. **8. Was the data analysis sufficiently rigorous?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	member present, and 10 with two present. Interviews were audio recorded, transcribed, and analysed by the researchers using a framework analysis.		Can't tell. The approach to analysis was not well described, but seemed quite deductive and may have been subject to the influence of the research teams' preconceptions. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Moderate value for the current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not industry funded **Other information** NA
Full citation Lee, Tracy, Norton, Andrea, Hayes, Sue, Adamson, Keith, Schwellnus, Heidi, Evans, Cathy, Exploring Parents' Perceptions and How Physiotherapy Supports Transition from Rehabilitation to School for Youth with an ABI, Physical & occupational therapy in pediatrics, 37, 444-455, 2017 **Ref Id**	**Recruitment strategy** Participants were recruited from a children's rehabilitation hospital. They were the parents of children with an acquired brain injury who had received physiotherapy and returned to school. **Setting** In the community following discharge from hospital **Participant characteristics** Parents of children with ABI:	**Findings (including author's interpretation)** Author theme: Physio-therapy: supporting the transition to school *Example quote 1: "The other obstacle would be that he needed to probably continue with therapies and was a little bit burnt out after being at rehab and was sort of a feeling I am better now and I don't need to do stuff anymore … I guess it's*	**1. Was there a clear statement of the aims of the research?** Yes. "To explore parents' perceptions of their youth's transition from rehabilitation to school following an Acquired Brain Injury (ABI) and how physiotherapy influenced the youth's participation and physical function during the transition." (p.444) **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
914691 **Country/ies where the study was carried out** Canada **Study type** Phenomenological study **Study dates** Apr to May 2015	• N=12 • Relationship: Mother=10, Father=2 Child patients: • N=12 • Male/female: 7/5 • Mean age at discharge (range): 13.9 (10-18) years • Mean months since discharge (range)=7.7 (3-12) **Data collection and analysis** Semi-structured interviews with the parents were conducted by trained physiotherapy staff, ensuring it was those they had not been treated by. The interviews were audio recorded and transcribed, and analysed iteratively and involved the whole teams input, continuing until no new themes appeared.	*that constant message…that this is a very small beginning of your recovery …when you go home it is early …that kind of talk." (p.448)* *Example quote 2: "Stuck in his mind and he never listen y'know … not able to work with anybody else except his starting team…they [youth] need more inspiration …especially the first team that was working with him at the beginning and help and support him in the recovery and his injury. [P7]" (p.449)* Author theme: Keeping up and fitting in *Example quote: "The coordinated effort piece really stopped … there is lots of ideas and suggestions and I guess the frustrations is that—you get home to a community like ours and there really isn't any support; so you have kind of 24 hours day team of 7- lots of focus and discussion and then when we were discharged umm our main source of support has been our family doctor. [P3]" (p.450)*	Yes. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes. **5. Was the data collected in a way that addressed the research issue?** Yes. Collected until thematic saturation was reached. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell. Interviewers were service staff, and although steps were taken to avoid reporting bias it is not clear how well this worked. **7. Have ethical issues been taken into consideration?** Yes. Approval was granted by an ethics board, and consent was considered. **8. Was the data analysis sufficiently rigorous?** Yes. Process was appropriate and described in detail. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Moderate value for the current question. **Overall methodological limitations (No or**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			minor/Minor/Moderate/Serious) Minor. Some issues with reporting bias. **Source of funding** Not industry funded. **Other information** NA

ABI: Acquired brain injury; CASP: Critical Appraisal Skills Programme; N: Number; NA: Not applicable; NR: Not reported; OT: Occupation therapist; p: Page; SD: Standard deviation; TBI: Traumatic brain injury UK: United Kingdom

Appendix E – Forest plots

Forest plots for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

Not applicable as this was a qualitative question.

Forest plots for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Not applicable as this was a qualitative question.

Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

Table 11: Summary of evidence (GRADE-CERQual): Inner motivation

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1.1 Receiving information about services							
4[1]	Semi-structured interviews (3), focus groups (1)	Adults with traumatic injuries need to be given information about their condition and about available rehabilitation services. Access to rehabilitation services is promoted by services making this information available to them, and also to family, friends, carers and other support staff. *"It's not in black and white. If it's in black and white, even though the injured one may not be able to understand it, but at least they have got a perception of what's wrong with them. And if that's the case then they can – like now, in my case – I can now adjust to what I know, whereas before I didn't know anything so I couldn't adjust myself to it (P9)" (Abrahamson 2017, p1689)*	No or very minor concerns	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH
1.2 Inner understanding							
4[2]	Semi-structured	Adults who have experienced a	Minor concerns[3]	Minor	Moderate	No or very	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	interviews (2), focus groups (1), unspecified interviews (1)	traumatic injury report the need to process the information they gather from medical staff and consolidate a new self-understanding about their post-accident condition. They must process their emotions and develop their own coherent understanding of the situation and the treatment options available before they can progress with rehabilitation. *"I started reading everything I could on the internet and books that I borrowed from the library on brain injury. [Derek, PWTBI]" (p442)" (Copley 2013, p.442)*		concerns[4]	concerns[5]	minor concerns	
1.3 Inner motivation versus acceptance							
4[6]	Semi-structured interviews (3), focus groups (1)	Adults with complex rehabilitation needs report different levels of inner motivation to pursue further rehabilitation. This is influenced by factors like personality, previous lifestyle and previous abilities, and future goals and aspirations. Part of recovery involves the need to find a realistic balance between what must be accepted and what can be changed, and how individuals resolve this conflict will impact their inner motivation to access rehabilitation. Inner motivation may also be reduced if the person is already fatigued from extensive treatment or hospitalisation.	Minor concerns[7]	Moderate concerns[8]	No or very minor concerns	No or very minor concerns	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		"The need to "accept" and "challenge" oneself, at the same time, was clearly difficult for participants." (McPherson 2018, p49)					
1.4 External encouragement							
4[9]	Semi-structured interviews (3), focus groups (1)	The willingness and motivation to engage with further rehabilitation may be promoted by encouragement from family, friends, practitioners, and peers. Adults with complex rehabilitation needs reported not wanting to let people down. They also wanted to avoid isolating themselves by being unable to join with normal activities with family, friends, colleagues etc. *"Participants shared different forms of motivation that facilitated their completion of the course. Five participants shared that their doctors or physiotherapists encouraged them to apply and continue with the treatment, which gave them the added push to do so. Three participants referred to their faith as a huge motivator and that their church groups were very supportiv" (Mehta 2019, p355)*	Minor concerns[10]	Minor concerns[4]	No or very minor concerns	No or very minor concerns	HIGH
1.5 Goal setting							
1 (Turner 2011)	Semi-structured interviews (1)	Engagement in goal setting activities with a professional was a facilitator of greater interest and	No or very minor concerns	No or very minor concerns	Moderate concerns[5]	Moderate concerns[11]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		success with rehabilitation. *"In the beginning. . . . I hated it (therapy). . .. But Now I have [therapist] and she is fantastic. I have [therapist] all the time and she has a program. We set goals for me to achieve and I look forward to it [P13, 1]." (Turner 2011, p826)*					

p: Page; PWTBI: Patient with traumatic brain injury
1 Abrahamson 2017, Gabbe 2013, Graff 2018, Roberts 2017
2 Copley 2013, Lefebvre 2012, McPherson 2018, Turner 2011
3 The methodological limitations of the studies were minor as per the CASP qualitative study checklist, and was downgraded due to some vague reporting about recruitment and the population, and/or the interview methods used, or the ethical considerations and consent guidelines followed.
4 The evidence was downgraded for coherence as the theme was a combination of a few different but broadly related experiences and themes.
5 Evidence was downgraded for applicability as evidence for this barrier was only identified amongst adult populations with brain injury and so it seemed quite specific and may not apply to other groups.
6 Gabbe 2013, McPherson 2018, Roberts 2017, Singh 2018
7 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, and was downgraded due to some vague reporting about recruitment in a couple of studies, and in one case a questionable processes of selecting participants by service staff, plus focus group methodology which can increase social desirability bias in findings.
8 The evidence was downgraded for coherence as the theme was a combination of some varying experiences and themes brought together into one multifaceted theme.
9 Fitts 2019, Mehta 2019, Roberts 2017, Singh 2018
10 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, and was downgraded due to some vague reporting about recruitment in a couple of studies, and vague descriptions of analytical methods, and in one case a questionable processes of selecting participants by service staff, combined with focus group methodology which can increase social desirability bias in findings.
11 Evidence was downgraded for adequacy of data as the findings were based on only one study with a modest sample size and fairly limited descriptive detail relating to this theme.

Table 12: Summary of evidence (GRADE-CERQual): Obstacles to access

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2.1 Advocate							
6[1]	Semi-structured interviews (5),	Adults with rehabilitative needs reported that their access to	No or very minor concerns	No or very minor	Minor concerns[2]	No or very minor	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	unspecified interviews (1)	services was improved by having advocates. In some cases, their access had been dependent on this. Advocates were people that researched about available services, did the necessary arranging and administration, and pushed services to do more. They also provided encouragement to the service user to take up the service. Advocates were often family carers, but could also be external advocates such as service staff. Those without advocates were believed to be much less likely to get the full rehabilitative support they need. *"My husband has supported me all along and I have my sisters who have kept up with the rehabilitation services in our municipality. Not all people have a social network like mine, and if you also have had brain injury, it is difficult to find out where to go. That's probably one of the greatest obstacles. [Margaret, female, 63, severe TBI]" (Graff 2018, p930)*		concerns		concerns	
2.2 Finances and insurance							
7[3]	Semi-structured interviews (6), unspecified interviews (1)	Access to adequate insurance, or else the ability to pay for certain services and facilities outright, was a barrier or facilitator to access in	No or very minor concerns	Minor concerns[4]	Minor concerns[5]	No or very minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		some non-UK contexts. Even in the UK certain rehabilitative activities required some capacity to pay for access. *"I was so lucky. My private health insurance covered all aspects of my stay at the [rehabilitation centre]. It covered all the therapists, it covered my specialists. Whenever I went back to see Dr [name of consultant] I didn't have to pay a thing. That would have cost an absolute fortune, so I was so lucky" (Copley 2013, p444)*					
2.3 Justice system involvement							
1 (Fitts 2019)	Semi-structured interviews (1)	Access to rehabilitation appointments may be disrupted if the adult has appointments with prosecutors or must attended court proceedings in relation to their accident (automobile accident, assault etc) *"Tuesday that's when they [health service] come around in the morning, I got court now, can't do that, I didn't say I got court, I said I got to do something today I can't go and see the doctor. [Man, remote]" (Fitts 2019, p147)*	No or very minor concerns	No or very minor concerns	Moderate concerns[6]	Moderate concerns[7]	LOW
2.4 Injury related barriers							
7[8]	Semi-structured interviews (6), Surveys and	As a result of their accident adults who are in need of rehabilitation have injuries and disabilities that	No or very minor concerns	Minor concerns[4]	No or very minor concerns	No or very minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	Semi-structured interviews (1)	can be an obstacle to rehabilitation access. This can range from difficulties organizing or remembering to arrange access, to services not being able to meet their specific needs, to the physical practicalities of getting to the appointment - including transport or accessing a hospital building. *"The toughest one I've had is the eye doctor down here . . . Holy cow. That was a test, I'll tell ya, to just to get in the building [R006]" (Goodridge 2015, p1405)*					
2.5 Tailored care for comorbidities							
2[9]	Semi-structured interviews (1), focus groups (1)	Many adults in need of rehabilitation for a specific issue will have other comorbidities also. Services that address 1 problem may not be adaptable enough to cater to another problem, preventing service engagement. The offer of individualized rehabilitative care and support that accounts for these individual needs will increases access. *No quotes presented for this theme.*	Moderate concerns[10]	No or very minor concerns	No or very minor concerns	Moderate concerns[11]	LOW
2.6 Transport							
5[12]	Semi-structured interviews (5)	Mobility is a problem for many adults after a traumatic injury. Many lose their driving licenses, some may have trouble walking, and public transportation can be	Minor concerns[13]	Minor concerns[4]	Minor concerns[14]	No or very minor concerns	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		unsuitable or highly inconvenient. They are often forced to rely on family members to drive them to appointments. Services are easier to access if they can facilitate transport, or make use of communication technology, or can visit a person in their own home. *"My husband had to take the day off because I couldn't drive so he has to take the day off work to go to Townsville and he doesn't get paid . . . it's usually dark when you get back but it's a long way to go for only 10 or 15 minutes. Yep [husband] has lost so much money on just taking me there so I can't drive [Edna]" (Kingston 2015, p426)*					

p: Page; TBI: Traumatic brain injury; UK: United Kingdom
1 Abrahamson 2017, Copley 2013, Graff 2018, McPherson 2018, Singh 2018, Turner 2011
2 Evidence was downgraded for applicability as all except one of the studies was based on adults with brain injury. This population may have particular need for advocacy, and it is less clear how important it is to other injuries – although it still seems possible.
3 Abrahamson 2017, Copley 2013, Fitts 2019, Gabbe 2013, Goodridge 2015, McRae 2016, Turner 2011
4 The evidence was downgraded for coherence as the theme was a combination of a few different but broadly related experiences and themes.
5 Evidence was downgraded for applicability as all except one study came from outside of a UK service provision context. In the single UK study access to sufficient insurance was not discussed, but there was a mention of utilising private services where public services were insufficient.
6 Evidence was downgraded for applicability as the study was from outside of a UK service context, focused on indigenous communities, and only related to adults with brain injury.
7 Evidence was downgraded for adequacy of data as the findings were based on only one study with a modest sample size and fairly limited descriptive detail relating to this theme.
8 Fitts 2019, Goodridge 2015, Graff 2018, McPherson 2018, McRae 2016, Mehta 2019, Odumuyiwa 2019
9 Roberts 2017, Singh 2018
10 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, and was downgraded due to some vague reporting about recruitment in both studies, and in one study a questionable processes of selecting participants by service staff, combined with focus group methodology which can increase social desirability bias in findings.

11 Evidence was downgraded for adequacy of data as the findings were based on two studies only with modest sample sizes and limited descriptive detail or supportive first-order quotes relating to this theme.
12 Fitts 2019, Goodridge 2015, Kingston 2015, McRae 2016, Singh 2018
13 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, and was downgraded due to some vague reporting about recruitment over several studies, and some problematic analytical practices in one case, and involvement of the author in service provision in another leading to potential bias.
14 Evidence was downgraded for applicability as none of the evidence came from the UK and this may be a greater problem in other countries that are less densely populated.

Table 13: Summary of evidence (GRADE-CERQual): Services offered

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	**Design (No. of studies)**		**Methodological Limitations**	**Coherence of findings**	**Applicability of evidence**	**Adequacy of Data**	**Overall Confidence**
3.1 Age-appropriate services							
1 (Graff 2018)	Semi-structured interviews (1)	Adults with rehabilitation needs reported being put off by services that didn't feel age-appropriate. For example a young person may not feel encouraged to use services mostly utilized by older people, or vice-versa. *"I think they should focus on the best rehabilitation plan to optimize the patient's potential, this is my only complaint. They have offered me rehabilitation in a gym on an exercise bike, which can be great for some people, but not for a young person with a traumatic brain injury. I want a good life later and I have more cognitive problems than physical. Then it's not enough. (Steven, male, 25, severe TBI)" (Graff 2018, p931)*	No or very minor concerns	No or very minor concerns	Minor concerns[1]	Serious concerns[2]	VERY LOW
3.2 Flexibility							
2[3]	Semi-structured interviews (2)	Access to rehabilitation is promoted when access times are flexible. Potential service users may have	Minor concerns[4]	Minor concerns[5]	Moderate concerns[6]	Minor concerns[7]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		work, rehabilitative appointments, criminal justice appointments, or other appointments in the week. Rehabilitative exercises or tasks could be set that can be engaged with in their own time and by their own schedule. *"You can do it on a day that you plan and have nothing going on, as opposed to a rigid appointment where it may be a bad day [Participant 8]" (Mehta 2019, p355)*					
3.3 Local availability							
10[8]	Semi-structured interviews (6), unspecified interviews (1), surveys and semi-structured interviews (1), focus-groups (2)	Availability is a major barrier to rehabilitation access. Necessary services may not be available in the person's area, or if so then there may be a significant waiting list. Service users that live in rural areas may have less access to specialists and may have to travel further to reach them. *"The high turnover of Physiotherapists and Occupational Therapists in rural and remote areas meant that participants were not able to access the ongoing specialist rehabilitation they required" (Kingston 2015, p425)*	No or very minor concerns	Minor concerns[5]	No or very minor concerns	No or very minor concerns	HIGH
3.4 Peer contact							
1 (Goodridge 2015)	Semi-structured interviews (1)	The presence of peers and the opportunity to socialise and interact may promote rehabilitation uptake.	No or very minor concerns	No or very minor concerns	Moderate concerns[9]	Moderate concerns[10]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		Disabilities may make people feel or become isolated. They feel more likely to be accepted by others who share similar experiences. There is also an opportunity to gain insights and support from these peers. *"You go wheel around, and go work out and stuff like that with other people . . . it was good, you know, interacting with other people in chairs, and since I've moved to [rural town] it's kind of fallen apart [R003]" (Goodridge 2015, p1405)*					
3.5 Point of contact							
5[11]	Semi-structured interviews (4), unspecified interviews (1)	Adults with rehabilitation needs felt their access was improved if they had consistent and trusted professional point of contact. This person could guide access, encourage and advocate for them. Having this contact encouraged them to persist with rehabilitation. *"just think it's that one missing link because the intermediate care team try so, so hard. But even they're pushed with the resources that were available. . . . . if there was just one person that was dedicated to that family. . . . . who could co-ordinate everything [C2]" (Abrahamson 2017, p1690)*	No or very minor concerns	Minor concerns[5]	No or very minor concerns	No or very minor concerns	HIGH
3.6 Specialism and staff knowledge							
5[12]	Semi-structured	Adults with rehabilitation needs felt	Minor concerns[13]	No or very	No or very	No or very	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	interviews (3), surveys and semi-structured interviews (1), focus groups (1)	put-off from accessing services or seeing professionals who did not seem to have sufficient specialist knowledge about their condition of specific needs. Services were often too 'general'. Skepticism was felt towards advice or exercises from professionals who didn't seem to know much about their condition. *"and I've spent 5 hours here to speak to a very junior doctor and get dodgy advice. [34-year-old woman, TAC, extremity fracture]" (Gabbe 2013, p151)*		minor concerns	minor concerns	minor concerns	
3.7 Technology							
3[14]	Semi-structured interviews (3)	Technology and telehealth may be useful for adults with rehabilitation needs, allowing them to contact specialists and engage with rehabilitation without needing to leave their home. However, opinions could be very mixed, with some people feeling telehealth and technology is not suitable to their needs or expressing skepticism towards its usability and reliability. *''We can email that stuff to him and he can have it on his lap top sitting in his office. And he can say, 'Everything's good. How do you feel? And this and that and you're done'. You get up and you go*	Minor concerns[4]	Moderate concerns[15]	Moderate concerns[16]	No or very minor concerns	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		home. Two minutes to go home" (R006)." (Goodridge 2015, p1406)					
3.8 Transition coordination and continuity							
8[17]	Semi-structured interviews (5), unspecified interviews (1), surveys and semi-structured interviews (1), focus-groups (1)	Adults with rehabilitation needs were more likely to access to rehabilitation services if they were conceptualised and delivered as a continuation of the treatment they had already received. A seamless transition from one level of service into the next, ideally maintaining contact with some of the same staff, was a facilitator of ongoing access. Discontinuity made them feel abandoned and put-off from accessing new services. They were resistant to having to build up new professional relationships from scratch. The sense of continuity was improved if the service provision stayed within the same center, location, or treatment network, but if it wasn't then they appreciated when their details and information was handed-over and communicated well between different services. *"Many participants reported that the process of organising support services was a difficult task that was often not completed as part of the discharge preparation process." (Turner 2011, p826)*	No or very minor concerns	Minor concerns[5]	Minor concerns[1]	No or very minor concerns	HIGH

p: Page; TAC: Transport Accident Commission; TBI: Traumatic brain injury
1 Evidence was downgraded for applicability as the only evidence come from adults with brain injury, and this may be less of a problem for other conditions.
2 Evidence was downgraded for adequacy of data as the findings were based on one study only with a moderate sample size and little descriptive detail and few supportive first-order quotes relating to this theme.
3 Fitts 2019, Mehta 2019
4 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, drawing on supporting evidence from a study that was vague in reporting about recruitment and only vaguely described analysis methods, which could be masking risks of bias.
5 The evidence was downgraded for coherence of findings as the theme was constructed from a some varying but related experiences.
6 Evidence was downgraded for applicability as the participants in the studies were not clearly completely relevant population, for example not from the UK, from indigenous communities, or not all with traumatic injuries.
7 Evidence was downgraded for adequacy of data as the findings were based on two studies only with a moderate sample size and moderate descriptive detail or supportive first-order quotes relating to this theme.
8 Copley 2013, Fitts 2019, Gabbe 2013, Goodridge 2015, Kingston 2015, Lefebvre 2012, McRae 2016, Odumuyiwa 2019, Roberts 2017, Turner 2011
9 Evidence was downgraded for applicability as the participants in this study only had supporting evidence only came from participants with spinal cord injury, and were in a non-UK context. It is not clear if UK participants or those with other conditions may feel differently towards peer support and sociability.
10 Evidence was downgraded for adequacy of data as the findings were based on one study only with a moderate sample size and moderate descriptive detail and supportive first-order quotes relating to this theme.
11 Abrahamson 2017, Copley 2013, Gabbe 2013, Graff 2018, McRae 2016
12 Abrahamson 2017, Gabbe 2013, Lefebvre 2012, McRae 2016, Odumuyiwa 2019
13 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, but three of them had vagueness in recruitment or methodological issues that may have biased the findings. Social desirability bias and observer bias a potential problems for a theme that is about the specialism of staff.
14 Goodridge 2015, Kingston 2015, Mehta 2019
15 The evidence was downgraded for coherence as the findings seemed to suggest a significant split in opinions amongst participants, with some significant enthusiasm for technology but some reports of strong feelings against it.
16 Evidence was downgraded for applicability as the participants in this study covered two conditions (hand-injury and spinal cord injury) but the usefulness of technology is likely to be very unique to different situations and conditions.
17 Abrahamson 2017, Copley 2013, Fitts 2019, Gabbe 2013, Lefebvre 2012, McRae 2016, Odumuyiwa 2019, Turner 2011

GRADE-CERQual tables for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Table 14: Summary of evidence (GRADE-CERQual): Factors about the child

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1.1 Child's own motivation							
1 (Lee 2017)	Semi-structured interviews (1)	Parents reported that the child's own interest and motivation to engage with further rehabilitation	No or very minor concerns	Minor concerns[1]	Moderate concerns[2]	Moderate concerns[3]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		can affect access. After an extensive time in treatment the child may not feel enthusiastic towards more rehabilitation after discharge. Parents and practitioners may be able to influence their child's enthusiasm positively. Membership to good facilities (pools, gyms) and sociable sports/activity clubs may increase the appeal. *"The other obstacle would be that he needed to probably continue with therapies and was a little bit burnt out after being at rehab and was sort of a feeling I am better now and I don't need to do stuff anymore … I guess it's that constant message…that this is a very small beginning of your recovery …when you go home it is early …that kind of talk. [P3]" (Lee 2017, p.448)*					
1.2 Visibility of impairments							
1 (Kirk 2015)	Semi-structured interviews (1)	Parents felt it was harder to access rehabilitation and they were offered less support if their child didn't have an obvious physical disability. *"Maybe if there was something for head children maybe, it's not recognized is it really? It's not, I don't think it's thought about like they don't come under any catchment, they're not disabled so*	Moderate concerns[4]	No or very minor concerns	Minor concerns[5]	Moderate concerns[3]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		what. . . . it's not like if a child is in a wheelchair like you can say there's a, you can see. You can see something. Or if you've got a poorly leg or something, or a limb. But there's not anything to look at. . . . nobody understands it because it is inside. [19]" (Kirk 2015, p.309)					
1.3 Child's feelings towards their rehabilitation team							
1 (Lee 2017)	Semi-structured interviews (1)	Parents reported that their child was more engaged to access rehabilitation if it was with a team they had developed a rapport with. They were harder to engage when required to see a new team that they hadn't built a connection with. *"Stuck in his mind and he never listen y'know … not able to work with anybody else except his starting team…they [youth] need more inspiration …especially the first team that was working with him at the beginning and help and support him in the recovery and his injury. [P7]" (Lee 2017, p. 449)*	No or very minor concerns	No or very minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW

p.: Page
1 The evidence was downgraded for coherence of findings as the theme was a combination of a few different but related experiences and themes.
2 Evidence was downgraded for applicability as evidence for this barrier was only identified for children with brain injury and may not apply to other groups, and also none of the evidence came from the UK's cultural context.
3 Evidence was downgraded for adequacy of data as the findings were based on only one study with a modest sample size and limited descriptive detail or supportive first-order quotes relating to this theme.
4 The methodological limitations of the study were moderate as per the CASP qualitative study checklist, and was downgraded due to the unaddressed risk of social desirability bias from interviews conducted with service staff and in the presence of other family members, plus a vague description of the analysis approach which may hide other unaddressed biases.
5 Evidence was downgraded for applicability as evidence for this barrier was only identified for children with brain injury and may not apply to other groups

Table 15: Summary of evidence (GRADE-CERQual): Parents' knowledge and ability to access services

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2.1 Information							
1 (Foster 2019)	Semi-structured interviews (1)	Parents report that they were not given information about the available services in their area. They did not know about the different community services available or how to access them. *"Availability of support to enable parent/family members to take child to follow up appointments and rehabilitation" (Foster 2019, p.1085)*	No or very minor concerns	No or very minor concerns	Minor concerns[1]	Serious concerns[2]	LOW
2.2 A point of contact							
2[3]	Semi-structured interviews (2)	Many parents did not feel they had a point of contact or knew they should call first for help or more information. Some had relationships with practitioners at services they had used previously and had built up a relationship with. *"Although some parents felt they could still contact clinicians at the specialist centre after discharge, the majority reported that there was no one who they could contact for information and support." (Kirk 2015, p.308)*	No or very minor concerns	Minor concerns[4]	No or very minor concerns	Moderate concerns[5]	MODERATE
2.3 Family factors							
1 (Foster 2019)	Semi-structured interviews (1)	The family structure may affect access. Having other relatives available to help with appointments or look after siblings may promote access. Parents that are separated	No or very minor concerns	Moderate concerns[6]	No or very minor concerns	Serious concerns[2]	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		may not be in good communication. *"Availability of support to enable parent/family members to take child to follow up appointments and rehabilitation" (Foster 2019, p.1085)*					
2.4 Employment							
1 (Foster 2019)	Semi-structured interviews (1)	The employment status of parents may limit or facilitate their ability to take children for appointments, and be especially limited if both parents have full time jobs. The willingness of their employer to grant flexibility for appointments can also be an important factor. *"Support of employers for parents to take leave so children can attend rehabilitation and hospital appointments and ongoing surgery as required" (Foster 2019, p.1085)*	No or very minor concerns	Minor concerns[4]	Minor concerns[1]	Serious concerns[2]	LOW
2.5 Finances							
1 (Foster 2019)	Semi-structured interviews (1)	Having the necessary entitlements, insurance or ability to pay up front may be barriers or facilitators to accessing services. *"Ability to access insurance options to help fund rehabilitation costs" (Foster 2019, p.1085)*	No or very minor concerns	Minor concerns[4]	Minor concerns[1]	Serious concerns[2]	LOW

p.: Page
1 Evidence was downgraded for applicability as none of the evidence came from a UK service provision context
2 Evidence was downgraded for adequacy of data as the findings were based on only one study with a modest sample size and very limited descriptive detail or supportive first-order quotes relating to this theme.
3 Foster 2019, Kirk 2015
4 The evidence was downgraded for coherence of findings as the theme was a combination of a few different but related experiences and themes.

5 Evidence was downgraded for adequacy of data as the findings were based on two studies only with modest sample sizes and limited descriptive detail or supportive first-order quotes relating to this theme.
6 The evidence was downgraded for coherence of findings as the theme was a combination of some quite different and only broadly related experiences and themes.

Table 16: Summary of evidence (GRADE-CERQual): Service approach

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	**Design (No. of studies)**		**Methodological Limitations**	**Coherence of findings**	**Applicability of evidence**	**Adequacy of Data**	**Overall Confidence**
3.1 Continuity							
2[1]	Semi-structured interviews (2)	A barrier to access occurs where services do not communicate and refer well or do not lead seamlessly onto further services. After discharge some parents reported having to take the lead in coordinating services and not knowing how to proceed. *"The coordinated effort piece really stopped … there is lots of ideas and suggestions and I guess the frustrations is that—you get home to a community like ours and there really isn't any support; so you have kind of 24 hours day team of 7- lots of focus and discussion and then when we were discharged umm our main source of support has been our family doctor. [P3]" (Lee 2017, p.450)*	Minor concerns[2]	Minor concerns[3]	Minor concerns[4]	Minor concerns[5]	MODERATE
3.2 Services available in the area							
2[6]	Semi-structured interviews (2)	Access to services were more likely if they were available in the local area, but greater distance acted as a barrier. People living in rural locations may be particularly underserved.	Minor concerns[2]	No or very minor concerns	No or very minor concerns	Minor concerns[5]	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		"We haven't had any OT [occupational therapist] for a couple of months, mainly because of where we live. We're a couple of hours from [capital city], but not many OTs are available and certainly not paediatric and hand OTs' [Mother, 10 year old]" (Foster 2019, p.1086)					

p.: Page
1 Kirk 2015, Lee 2017.
2 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, with some of the supporting evidence coming from a study at high risk of being subject to social desirability bias. However because the findings were also found in a very high quality study the concerns were lessened.
3 The evidence was downgraded for coherence of findings as the theme was a composite of several varying but related experiences.
4 Evidence was downgraded for applicability as all of the evidence was based on children affected by brain injury and continuity of care may be a more common problem with this group.
5 Evidence was downgraded for adequacy of data as the findings were based on two studies only with a moderate sample size and moderate descriptive detail and supportive first-order quotes relating to this theme.
6 Foster 2019, Kirk 2015

Appendix G – Economic evidence study selection

Economic study selection for: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Economic study selection for: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Appendix H – Economic evidence tables

Economic evidence tables for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Economic evidence tables for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Economic evidence profiles for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Appendix J – Economic analysis

Economic evidence tables for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

No economic analysis was undertaken for this qualitative review.

Economic evidence tables for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

No economic searches were undertaken for this qualitative review.

Appendix K – Excluded studies

Excluded clinical and economic studies for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

Clinical studies

Table 17: Excluded studies and reasons for their exclusion

Study	Reason for Exclusion
Adams, Deana, Dahdah, Marie, Coping and adaptive strategies of traumatic brain injury survivors and primary caregivers, NeuroRehabilitation, 39, 223-37, 2016	Study not conducted in one of the countries included in the review protocol.
Aitken, Leanne M., Chaboyer, Wendy, Jeffrey, Carol, Martin, Bronte, Whitty, Jennifer A., Schuetz, Michael, Richmond, Therese S., Indicators of injury recovery identified by patients, family members and clinicians, Injury, 47, 2655-2663, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Albrecht, Jennifer S., O'Hara, Lyndsay M., Moser, Kara A., Mullins, C. Daniel, Rao, Vani, Perception of Barriers to the Diagnosis and Receipt of Treatment for Neuropsychiatric Disturbances After Traumatic Brain Injury, Archives of Physical Medicine and Rehabilitation, 98, 2548-2552, 2017	Study not conducted in one of the countries included in the review protocol.
Alston, Margaret, Jones, Jennifer, Curtin, Michael, Alston, Bartky Blais Bourdieu Bourdieu Brookshire Butler Callaway Connell Cunningham Curtin Degeneffe Fine Foucault Graham Gwyn Howes Jones Kirkness Lupton Mukherjee O'Rance Ponsford Rees Reichard Reidpath Shildrick Slewa-Younan, Women and traumatic brain injury: "It's not visible damage", Australian Social Work, 65, 39-53, 2012	No qualitative data on phenomena of interest.
Ammons, L. L., Harraghy, R. L., Medlin, H. J., Faku, C. T., Shupp, J. W., Flanagan, K. E., Jeng, J. C., Fidler, P., Sava, J. A., Jordan, M. H., Assessing the utility of nurse-driven post-discharge telephone calls, Journal of Burn Care and Research, 32, S153, 2011	Conference abstract
Andersson, Kerstin, Bellon, Michelle, Walker, Ruth, Parents' experiences of their child's return to school following acquired brain injury (ABI): A systematic review of qualitative studies, Brain Injury, 30, 829-38, 2016	No findings or themes related to phenomena of interest. Included studies were checked for relevance.
Angel, Sanne, Kirkevold, Marit, Pedersen, Birthe D., Rehabilitation after spinal cord injury and the influence of the professional's support (or lack thereof), Journal of Clinical Nursing, 20, 1713-22, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehab following discharge.
Arbour-Nicitopoulos, K. P., Lamontagne, M. E., Tomasone, J., Pila, E., Cumming, I., Latimer-Cheung, A. E., Routhier, F., Why do I stick to the program? a qualitative analysis of the determinants of adherence to community-based physical activity support programs by persons with SCI and contrast with general population with disabilities, Journal of Spinal Cord Medicine, 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, International Journal of Stroke, 12, 14, 2017	Conference abstract.

Study	Reason for Exclusion
Armstrong, Elizabeth, Coffin, Juli, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Woods, Deborah, Hayward, Colleen, Dowell, Catelyn, McAllister, Meaghan, "You felt like a prisoner in your own self, trapped": the experiences of Aboriginal people with acquired communication disorders, Disability and Rehabilitation, 1-14, 2019	The majority of participants had not experienced traumatic injury and the results not reported separately for the target population.
Armstrong, Elizabeth, Coffin, Juli, McAllister, Meaghan, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Cross, Natasha, Arabi, Linda, Woods, Deborah, Hayward, Colleen, Alway, Armstrong Armstrong Baxter Blackmer Bohanna Bronfenbrenner Chase Coffin Creswell Elder Feigin Foster Gauld Gauthier Hines Jamieson Katzenellenbogen Katzenellenbogen Katzenellenbogen Keightley Kelly Kelly Lakhani Lewis Linton McDonald McKenna O'Reilly Olver Ponsford Rutland-Brown Salas Sandelowski Taylor Togher, 'I've got to row the boat on my own, more or less': Aboriginal Australian experiences of traumatic brain injury, Brain Impairment, 20, 120-136, 2019	No qualitative data on phenomena of interest.
Ayer, Lynsay, Farris, Coreen, Farmer, Carrie M., Geyer, Lily, Barnes-Proby, Dionne, Ryan, Gery W., Skrabala, Lauren, Scharf, Deborah M., Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury, Rand health quarterly, 5, 12, 2015	Study not conducted in one of the countries included in the review protocol.
Badger, Karen, Royse, David, Adult burn survivors' views of peer support: a qualitative study, Social Work in Health Care, 49, 299-313, 2010	Study not conducted in one of the countries included in the review protocol.
Balcazar, Fabricio E., Kelly, Erin Hayes, Keys, Christopher B., Balfanz-Vertiz, Kristin, Albrecht, Alston Balcazar Balcazar Block Boschen Burnett Cressy Devlieger Devlieger Dijkers Dijkers Engstrom Gill Groce Haskell Hayes Hernandez Hernandez Hibbard Jackson Kroll Ljungberg McDonald McKinley Ostrander Richards Rovinsky Sable Servan Sherman Veith Waters Waters Waters Whiteneck Wilson Wilson, Using peer mentoring to support the rehabilitation of individuals with violently acquired spinal cord injuries, Journal of Applied Rehabilitation Counseling, 42, 3-11, 2011	Study not conducted in one of the countries included in the review protocol.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Social and community participation following spinal cord injury: a critical review, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 38, 1-19, 2015	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Bourke-Taylor, Helen, Facilitators and barriers to social and community participation following spinal cord injury, Australian occupational therapy journal, 63, 19-28, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beaton, Angela, O'Leary, Katrina, Thorburn, Julie, Campbell, Alaina, Christey, Grant, Improving patient experience and outcomes following serious injury, The New Zealand medical journal, 132, 15-25, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beckett, K., Earthy, S., Sleney, J., Barnes, J., Kellezi, B., Barker, M., Clarkson, J., Coffey, F., Elder, G., Kendrick, D., Providing effective trauma care: The potential for service provider views to enhance the quality of care (qualitative study nested within a multicentre longitudinal quantitative study), BMJ	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
Open, 4, e005668, 2014	
Bergmark, Lisa, Westgren, Ninni, Asaba, Eric, Returning to work after spinal cord injury: exploring young adults' early expectations and experience, Disability and Rehabilitation, 33, 2553-8, 2011	Study did not examine rehabilitation while an inpatient, when transferring to community, or seeking to access rehabilitation following discharge.
Bernet, Madeleine, Sommerhalder, Kathrin, Mischke, Claudia, Hahn, Sabine, Wyss, Adrian, "Theory Does Not Get You From Bed to Wheelchair": A Qualitative Study on Patients' Views of an Education Program in Spinal Cord Injury Rehabilitation, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 44, 247-253, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Biester, Rosette C., Krych, Dave, Schmidt, M. J., Parrott, Devan, Katz, Douglas I., Abate, Melissa, Hirshson, Chari I., Individuals With Traumatic Brain Injury and Their Significant Others' Perceptions of Information Given About the Nature and Possible Consequences of Brain Injury: Analysis of a National Survey, Professional case management, 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes and costs of 2 publicly-funded community-based models of acquired brain injury services, Archives of Physical Medicine and Rehabilitation, 91, e59, 2010	Conference abstract.
Bourge, C., Body Image (BI) of acquired spinal cord injury (SCI) persons. Which patient care in an internal unit of physical and neurological rehabilitation. Experience of the patient care in an internal and neurological unit of PMR of the University Hospital of Liege, Annals of Physical and Rehabilitation Medicine, 59 (Supplement), e128, 2016	No qualitative data on phenomena of interest.
Bourke, John A., Nunnerley, Joanne L., Sullivan, Martin, Derrett, Sarah, Relationships and the transition from spinal units to community for people with a first spinal cord injury: A New Zealand qualitative study, Disability and health journal, 12, 257-262, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not reported separately for the target population.
Braaf, Sandra C., Lennox, Alyse, Nunn, Andrew, Gabbe, Belinda J., Experiences of hospital readmission and receiving formal carer services following spinal cord injury: a qualitative study to identify needs, Disability and Rehabilitation, 40, 1893-1899, 2018	Study did not examine phenomena of interest.
Brauer, Jennifer, Hay, Catherine Cooper, Francisco, Gerard, A retrospective investigation of occupational therapy services received following a traumatic brain injury, Occupational Therapy in Health Care, 25, 119-30, 2011	Study not conducted in one of the countries included in the review protocol.
Brimicombe, L., Ling, J., De Sousa De Abreu, I., Hoffman, K., Salisbury, C., Jefferson, R., Makela, P., Early integration of a self-management support package into usual care following traumatic brain injury (TBI): A feasibility study, British Journal of Neurosurgery, 31, 501, 2017	Conference abstract.
Brito, Sara, White, Jennifer, Thomacos, Nikos, Hill, Bridget, The lived experience following free functioning muscle transfer for management of pan-brachial plexus injury: reflections from a long-term follow-up study, Disability and Rehabilitation, 1-9, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Brockway, J. A., St De Lore, J., Fann, J. R., Hart, T., Hurst, S., Fey-Hinckley, S., Savage, J., Warren, M., Bell, K. R., Telephone-delivered problem-solving training after mild traumatic brain injury: qualitative analysis of service members'	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
perceptions, Rehabilitation Psychology, 61, 221â 230, 2016	
Brown, Jessica, Hux, Karen, Hey, Morgan, Murphy, Madeline, Ackerman, Aldrich Anderson Arciniegas Bach Beigel Bogdan Brandt Brown Brown Catroppa Cicerone Cicerone Creswell Creswell Cushman de Joode de Joode DePompei Donders Dowds Doyle Edwards Ewing-Cobbs Fortuny Gillette Gillette Gioia Glang Gordon Gordon Grajzel Harper Hart Hawley Helm-Estabrooks Hendricks Hux Kelley Kennedy Kennedy Kertesz Krause Leopold Lincoln Martella Martinez McAllister McCrory Merriam Moustakas Ownsworth Patel Perna Reitan Rumrill Scherer Scherer Scherer Scherer Scherer Scherer Shanahan Sherer Sherer Sohlberg Spreen Starks Tate Todis Togher Vu Wallace Ylvisaker Ylvisaker, Exploring cognitive support use and preference by college students with TBI: A mixed-methods study, NeuroRehabilitation, 41, 483-499, 2017	Study not conducted in one of the countries included in the review protocol.
Browne, C., Living with traumatic brain injury: Views of survivors and family members, Brain Injury, 26, 400, 2012	Conference abstract.
Bruner-Canhoto, Laney, Savageau, Judith, Croucher, Deborah, Bradley, Kathryn, Lessons From a Care Management Pilot Program for People With Acquired Brain Injury, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 38, 255-263, 2016	Study not conducted in one of the countries included in the review protocol.
Buck, P., Kirzner, R., Sagrati, J., Laster, R., The challenge of mTBI work: An exploratory study of rehabilitation professionals, Brain Injury, 26, 583-584, 2012	Conference abstract.
Buck, Page Walker, Sagrati, Jocelyn Spencer, Kirzner, Rachel Shapiro, Belson, Bloom Brenner Briggs Brody Buck Chrisman Gaboda Klein Marchione Padgett Patton Schwartz Strauss Thompson, Mild traumatic brain injury: A place for social work, Social Work in Health Care, 52, 741-751, 2013	Study not conducted in one of the countries included in the review protocol.
Buddai, S., Di Taranti, L. J., Adenwala, A. Y., Aepli, S., Choudhary, M., George, D. L., Koilor, C. B., Linehan, M., Peifer, H., Rub, D., Kaplan, L., Johnson, N., Lane-Fall, M. B., Characterizing intensive care unit patient and family experiences of recovery after traumatic injury, American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS, 195, 2017	Conference abstract.
Buscemi, Valentina, Cassidy, Elizabeth, Kilbride, Cherry, Reynolds, Frances Ann, A qualitative exploration of living with chronic neuropathic pain after spinal cord injury: an Italian perspective, Disability and Rehabilitation, 40, 577-586, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Bushnik, T., Smith, M., Long, C., Supporting factors for follow-up care in TBI patients post-inpatient discharge, Brain Injury, 31 (6-7), 974, 2017	Conference abstract.
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenshutz, A., Edens, K., Kreider, S. E. D., Whiteneck, G., Relationship of therapeutic recreation inpatient rehabilitation interventions and patient characteristics to outcomes following spinal cord injury: The SCIRehab project, Journal of Spinal Cord Medicine, 35, 547-564, 2012	Study not conducted in one of the countries included in the review protocol.
Calder, Allyson, Nunnerley, Jo, Mulligan, Hilda, Ahmad Ali, Nordawama, Kensington, Gemma, McVicar, Tim, van Schaik, Olivia, Experiences of persons with spinal cord injury undertaking a physical activity programme as part of the SCIPA 'Full-On' randomized controlled trial, Disability and Health	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.

Study	Reason for Exclusion
Journal, 11, 267-273, 2018	
Calleja, Pauline, Aitken, Leanne, Cooke, Marie, Staff perceptions of best practice for information transfer about multitrauma patients on discharge from the emergency department: a focus group study, Journal of Clinical Nursing, 25, 2863-73, 2016	Setting not in PICO: Emergency department.
Canto, Angela I., Chesire, David J., Buckley, Valerie A., Andrews, Terrie W., Roehrig, Alysia D., Arroyos-Jurado, Ball Bradley-Klug Brantlinger Braun Chesire Conoley Cook Davies Elliot Ewing-Cobbs Farmer Gioia Glang Glang Glang Gopinath Guba Guskiewicz Havey Hooper Hux Jantz Johnson Lewandowski Meehan Mellard Rosenthal Rutland-Brown Savage Sharp Shaw Shaw Shih Yeates Yeates Ylvisaker, Barriers to meeting the needs of students with traumatic brain injury, Educational Psychology in Practice, 30, 88-103, 2014	Study not conducted in one of the countries included in the review protocol.
Carron, R. M. C., 'nobody prepared me for this!' parents' experiences of seeking help and support with post-brain injury symptoms and changes in children and adolescents with acquired brain injury, Journal of Neurology, Neurosurgery and Psychiatry, 90, A9, 2019	Conference abstract.
Caspari, Synnove, Aasgaard, Trygve, Lohne, Vibeke, Slettebo, Ashild, Naden, Dagfinn, Perspectives of health personnel on how to preserve and promote the patients' dignity in a rehabilitation context, Journal of Clinical Nursing, 22, 2318-26, 2013	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for the target population.
Chapple, L. A., Chapman, M., Shalit, N., Udy, A., Deane, A., Williams, L., Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury: Views and Attitudes of Medical and Nursing Practitioners in the Acute Care Setting, Journal of Parenteral and Enteral Nutrition, 42, 318-326, 2018	Study did not examine phenomena of interest.
Chapple, Lee-Anne, Chapman, Marianne, Shalit, Natalie, Udy, Andrew, Deane, Adam, Williams, Lauren, Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury, JPEN. Journal of parenteral and enteral nutrition, 148607116687498, 2017	Duplicate.
Chondronikola, M., Weller, S., Rosenberg, L., Rosenberg, M., Meyer, W. J., Herndon, D. N., Sidossis, L., Variation among clinical specialties in perceptions of pediatric burn patient needs, Journal of Burn Care and Research, 37, S244, 2016	Conference abstract.
Christie, Nicola, Beckett, Kate, Earthy, Sarah, Kellezi, Blerina, Sleney, Jude, Barnes, Jo, Jones, Trevor, Kendrick, Denise, Seeking support after hospitalisation for injury: a nested qualitative study of the role of primary care, The British journal of general practice : the journal of the Royal College of General Practitioners, 66, e24-31, 2016	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Christie, Nicola, Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Jowett, Helen, Gabbe, Belinda, Barclay, Barnes Berkman Boniface Braun Cameron Carpenter Cass Charlson Christie Christie Cox Gabbe Gabbe Kellezi Larsen Levasseur Lyons Marottoli McInnes Pointer Prang Smith Syed Urry Wilson, The role of social networks in supporting the travel needs of people after serious traumatic injury: A nested qualitative study, Journal of Transport & Health, 6, 84-92, 2017	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Cichon, S., Danford, E. K., Schladen, M. M., Bruner, D., Libin, A., Scholten, J., Integrating opportunities for family involvement into a manualized goal self-management intervention for veterans with mTBI, Archives of Physical Medicine and	Conference abstract.

Study	Reason for Exclusion
Rehabilitation, 96, e77, 2015	
Cocks, Errol, Bulsara, Caroline, O'Callaghan, Annalise, Netto, Julie, Boaden, Ross, Exploring the experiences of people with the dual diagnosis of acquired brain injury and mental illness, Brain Injury, 28, 414-21, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Coffey, Nathan T., Weinstein, Ali A., Cai, Cindy, Cassese, Jimmy, Jones, Rebecca, Shaewitz, Dahlia, Garfinkel, Steven, Identifying and Understanding the Health Information Experiences and Preferences of Individuals With TBI, SCI, and Burn Injuries, Journal of patient experience, 3, 88-95, 2016	Study not conducted in one of the countries included in the review protocol.
Cogan, A., Treatment model of occupational therapy intervention for service members with chronic symptoms following MTBI, Archives of Physical Medicine and Rehabilitation, 98, e132, 2017	Conference abstract.
Curtis, Kate, Foster, Kim, Mitchell, Rebecca, Van, Connie, How is care provided for patients with paediatric trauma and their families in Australia? A mixed-method study, Journal of Paediatrics and Child Health, 52, 832-6, 2016	Study did not examine the phenomena of interest.
Cuthbert, J., Anderson, J., Mason, C., Block, S., Dettmer, J., Weintraub, A., Harrison-Felix, C., Case management of individuals with chronic TBI: A research-based approach, Journal of Head Trauma Rehabilitation, 28, E49, 2013	Conference abstract.
Daggett, Virginia S., Bakas, Tamilyn, Buelow, Janice, Habermann, Barbara, Murray, Laura L., Needs and concerns of male combat Veterans with mild traumatic brain injury, Journal of Rehabilitation Research and Development, 50, 327-40, 2013	Study not conducted in one of the countries included in the review protocol.
Dahl, O., Wickman, M., Wengstrom, Y., Adapting to life after burn injury-reflections on care, Journal of Burn Care and Research, 33, 595-605, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dalmaso, Kym, Weber, Sarah, Eley, Rob, Spencer, Lyndall, Cabilan, C. J., Nurses' perceived benefits of trauma nursing rounds (TNR) on clinical practice in an Australian emergency department: a mixed methods study, Australasian emergency nursing journal : AENJ, 18, 42-8, 2015	Setting not in PICO: Emergency department.
Dams-O'Connor, K., Landau, A., De Lore, J. S., Hoffman, J., Access, barriers, and health care quality after brain injury: Insiders' perspectives, Archives of Physical Medicine and Rehabilitation, 97, e129, 2016	Conference abstract.
Dams-O'Connor, Kristen, Landau, Alexandra, Hoffman, Jeanne, St De Lore, Jef, Patient perspectives on quality and access to healthcare after brain injury, Brain Injury, 32, 431-441, 2018	Study not conducted in one of the countries included in the review protocol.
Darnell, Doyanne A., Parker, Lea E., Wagner, Amy W., Dunn, Christopher W., Atkins, David C., Dorsey, Shannon, Zatzick, Douglas F., Task-shifting to improve the reach of mental health interventions for trauma patients: findings from a pilot study of trauma nurse training in patient-centered activity scheduling for PTSD and depression, Cognitive behaviour therapy, 48, 482-496, 2019	Study not conducted in one of the countries included in the review protocol.
D'Cruz, K., Howie, L., Lentin, P., Client-centred practice: Perspectives of persons with a traumatic brain injury, Scandinavian Journal of Occupational Therapy, 23, 30-38, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following

Study	Reason for Exclusion
	discharge.
Dickson, Adele, Ward, Richard, O'Brien, Grainne, Allan, David, O'Carroll, Ronan, Difficulties adjusting to post-discharge life following a spinal cord injury: an interpretative phenomenological analysis, Psychology, health & medicine, 16, 463-74, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Diener, M., Kirby, A., Canary, H., Sumison, F., Green, M., Community reintegration following pediatric acquired brain injury: Perspectives of providers and families, Journal of Head Trauma Rehabilitation, 33 (3), E97, 2018	Conference abstract.
Dillahunt-Aspillaga, C., Bradley, S., Ramaiah, P., Radwan, C., Ottomanelli, L., Coalition Building: A Tool To Implement Evidenced-Based Resource Facilitation in The VHA: Pilot Results, Archives of Physical Medicine and Rehabilitation, 100, e164, 2019	Conference abstract.
Dismann, Patrick D., Maignan, Maxime, Cloves, Paul D., Gutierrez Parres, Blanca, Dickerson, Sara, Eberhardt, Alice, A Review of the Burden of Trauma Pain in Emergency Settings in Europe, Pain and therapy, 7, 179-192, 2018	Setting not in PICO: Emergency settings.
Divanoglou, A., Georgiou, M., Perceived effectiveness and mechanisms of community peer-based programmes for Spinal Cord Injuries-a systematic review of qualitative findings, Spinal cord, 55, 225-234, 2017	Study did not report any findings related to the phenomena of interest.
Doig, E., Fleming, J., Kuipers, P., Cornwell, P., The relationship between goal attainment and the development of self-awareness in traumatic brain injury (TBI) rehabilitation: Descriptive and qualitative case analyses, Brain Impairment, 14, 159-160, 2013	Conference abstract.
Donnell, Zoe, Hoffman, Roseanne, Myers, Gaya, Sarmiento, Kelly, Seeking to improve care for young patients: Development of tools to support the implementation of the CDC Pediatric mTBI Guideline, Journal of Safety Research, 67, 203-209, 2018	Study not conducted in one of the countries included in the review protocol.
Donnelly, Kyla Z., Goldberg, Shari, Fournier, Debra, A qualitative study of LoveYourBrain Yoga: a group-based yoga with psychoeducation intervention to facilitate community integration for people with traumatic brain injury and their caregivers, Disability and Rehabilitation, 1-10, 2019	Study not conducted in one of the countries included in the review protocol.
Douglas, J., 'Nobody wants to know you'. Understanding the experience of friendship following severe traumatic brain injury, Brain Injury, 30, 515, 2016	Conference abstract.
Drew, S., Judge, A., Cooper, C., Javaid, M. K., Farmer, A., Gooberman-Hill, R., Secondary prevention of fractures after hip fracture: a qualitative study of effective service delivery, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 27, 1719-27, 2016	Study did not examine rehabilitation.
Drew, S., Judge, A., Javaid, M. K., Cooper, C., Farmer, A., Goobermen-Hill, R., Secondary prevention of fractures after hip fracture: A qualitative study of effective service delive, Osteoporosis International, 25, S308, 2014	Conference abstract.
Dwyer, Aoife, Heary, Caroline, Ward, Marcia, MacNeela, Padraig, Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury, Disability and Rehabilitation, 41, 33-43, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following

Study	Reason for Exclusion
	discharge.
Dyke, J., Krupa, J., Vova, J., Medical symptoms, service gaps and barriers to care using the medical home model in adolescents with acquired brain injury, Journal of Head Trauma Rehabilitation, 27 (5), E18-E19, 2012	Conference abstract.
Edworthy Ann, Donne Hannah, The availability and intelligibility of information for carers of children with a brain injury, Social Care and Neurodisability, 1, 32-40, 2010	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Eliacin, Johanne, Fortney, Sarah, Rattray, Nicholas A., Kean, Jacob, Access to health services for moderate to severe TBI in Indiana: patient and caregiver perspectives, Brain Injury, 32, 1510-1517, 2018	Study not conducted in one of the countries included in the review protocol.
Fitts, M., Fleming, J., Bird, K., Condon, T., Gilroy, J., Clough, A., Maruff, P., Esterman, A., Bohanna, I., Sentinel events during hospital admission for indigenous people following traumatic brain injury, Brain Impairment, 19, 336, 2018	Conference abstract.
Ford, James H., 2nd, Wise, Meg, Krahn, Dean, Oliver, Karen Anderson, Hall, Carmen, Sayer, Nina, Family care map: Sustaining family-centered care in Polytrauma Rehabilitation Centers, Journal of Rehabilitation Research and Development, 51, 1311-24, 2014	Study not conducted in one of the countries included in the review protocol.
Foster, Kim, Mitchell, Rebecca, Van, Connie, Young, Alexandra, McCloughen, Andrea, Curtis, Kate, Resilient, recovering, distressed: A longitudinal qualitative study of parent psychosocial trajectories following child critical injury, Injury, 50, 1605-1611, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Foster, Kim, Young, Alexandra, Mitchell, Rebecca, Van, Connie, Curtis, Kate, Experiences and needs of parents of critically injured children during the acute hospital phase: A qualitative investigation, Injury, 48, 114-120, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Fournier, D., Goldberg, S., Figucia, C., Kennedy, P., Krauss, K., Smith, C., Springmann, J., An interdisciplinary traumatic brain injury clinic: Understanding the patient experience, Journal of Head Trauma Rehabilitation, 32, E97-E98, 2017	Conference abstract.
Francis, A., Ziviani, J., Fleming, J., Rae, M., McKinlay, L., Transitioning to adulthood: Needs of young people with an acquired brain injury and those of their families, Neurorehabilitation and Neural Repair, 26, 780-781, 2012	Conference abstract.
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Fraser, M. A., Lind, J. D., Powell-Cope, G., Gavin-Dreschnack, D., Addressing non-direct care, psychosocial concerns of veterans with spinal cord injuries, Journal of Spinal Cord Medicine, 36, 546-547, 2013	Conference abstract.
Freeman, Claire, Cassidy, Bernadette, Hay-Smith, E. Jean C., Beauregard, Beisecker Chan Craig DeSanto-Madeya Dickson Dixon Ell Esmail Esmail Fisher Fronek Gilad Kendall Kennedy Kidd Kreuter Leino-Kilpi Lemonidou New Parrott Racher Rembis Schuster Sinnott Smith Smith Steinglass Taylor Vocaturo, Couple's experiences of relationship maintenance	Study did not examine phenomena of interest.

Study	Reason for Exclusion
and intimacy in acute spinal cord injury rehabilitation: An interpretative phenomenological analysis, Sexuality and Disability, 35, 433-444, 2017	
Fry, J. C., Price, P., Meeting the re-integration needs of individuals with spinal cord injury: Effectiveness of community-based occupational therapy, Archives of Physical Medicine and Rehabilitation, 94, e8, 2013	Conference abstract.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, The journal of trauma and acute care surgery, 78, 300-5, 2015	Study did not examine rehabilitation.
Gagnon, I., Friedman, D., Management of mild traumatic brain injury or concussion in children: Is there a role for the physical therapist?, Physiotherapy (United Kingdom), 1), eS1487-eS1488, 2011	Conference abstract.
Garrino, Lorenza, Curto, Natascia, Decorte, Rita, Felisi, Nadia, Matta, Ebe, Gregorino, Silvano, Actis, M. Vittoria, Marchisio, Cecilia, Carone, Roberto, Towards personalized care for persons with spinal cord injury: a study on patients' perceptions, The journal of spinal cord medicine, 34, 67-75, 2011	Study did not examine phenomena of interest.
Gawel, Marcie, Emerson, Beth, Giuliano, John S., Jr., Rosenberg, Alana, Minges, Karl E., Feder, Shelli, Violano, Pina, Morrell, Patricia, Petersen, Judy, Christison-Lagay, Emily, Auerbach, Marc, A Qualitative Study of Multidisciplinary Providers' Experiences With the Transfer Process for Injured Children and Ideas for Improvement, Pediatric Emergency Care, 34, 125-131, 2018	Study not conducted in one of the countries included in the review protocol.
Gemmel, Paul, van Steenis, Thomas, Meijboom, Bert, Bensabat, Bohmer Broekhuis Burke Chase Chase Chase Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdijk, Front-office/back-office configurations and operational performance in complex health services, Brain Injury, 28, 347-356, 2014	Not specific to rehabilitation, or to traumatic injury and results not presented separately for target population.
Gill, Carol J., Sander, Angelle M., Robins, Nina, Mazzei, Diana, Struchen, Margaret A., Allen, Aloni Aloni Anderson Anderson-Parente Bergland Brooks Ergh Garden Gillen Gosling Harrick Hibbard Hoofien Jeon Kersel Kravetz Kravetz Kreuter Kreutzer Kreutzer Kreutzer Lippert Marsh Oddy Olver Panting Patton Perlesz Peters Ponsford Porter Resnick Rosenbaum Sandel Siebert Snow Tate Tate Thomsen Vanderploeg Wallace Webster Wells Wood Wood, Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners, The Journal of Head Trauma Rehabilitation, 26, 56-68, 2011	Study not conducted in one of the countries included in the review protocol.
Gill, Ian J., Wall, Gemma, Simpson, Jane, Clients' perspectives of rehabilitation in one acquired brain injury residential rehabilitation unit: a thematic analysis, Brain Injury, 26, 909-20, 2012	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Glintborg, C., Hansen, T., De La Mata Benites, M., Supporting transitions in neurorehabilitation. A pathway to improved psychosocial outcomes, Brain Injury, 30, 565-566, 2016	Conference abstract.
Glintborg, Chalotte, Hansen, Tia G. B., Bech, Bech Braun Brenner Creswell Ellervik Engel Ghaziani Glintborg Glintborg Glintborg Glintborg Hackett Haggerty Hald Hall Holm Jorge	The majority of participants had not experienced traumatic injury and results not presented

Study	Reason for Exclusion
Jorge Keith Kennedy Miles Morton Norholm Pallant Rivera Schlossberg Teasdale Teasdale Turner, Bio-psycho-social effects of a coordinated neurorehabilitation programme: A naturalistic mixed methods study, NeuroRehabilitation, 38, 99-113, 2016	separately for target population.
Goel, R., Fruth, S., Geigle, P., Santurri, L., Abzug, J., Telerehabilitation for Individuals With Spinal Cord Injury: Is it Feasible?, Archives of Physical Medicine and Rehabilitation, 100, e203-e204, 2019	Conference abstract.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study, Injury, 49, 110-116, 2018	No qualitative data on phenomena of interest.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, Using the trauma patient experience and evaluation of hospital discharge practices to inform practice change: A mixed methods study, Journal of Clinical Nursing, 27, 1589-1598, 2018	Study did not examine rehabilitation.
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace accommodations following work-related mild traumatic brain injury: what works?, Disability and Rehabilitation, 1-10, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, Brain Injury, 31, 721-722, 2017	Conference abstract.
Guilcher, S., Everall, A., Wodchis, W., Joanna, deGraaf-Dunlop, Bar-Ziv, S., Kuluski, K., Understanding Transitions of Care in Older Adults With Hip Fractures: A Multiple-Case Study in Ontario, Archives of Physical Medicine and Rehabilitation, 100, e138, 2019	Conference abstract.
Gullick, Janice G., Taggart, Susan B., Johnston, Rae A., Ko, Natalie, The trauma bubble: patient and family experience of serious burn injury, Journal of burn care & research : official publication of the American Burn Association, 35, e413-27, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Guptill, C. A., The lived experience of professional musicians with playing-related injuries: A phenomenological inquiry, Medical Problems of Performing Artists, 26, 84-95, 2011	No qualitative data on phenomena of interest.
Haarbauer-Krupa, J., Vova, J., Follow-up of preschool children with acquired brain injury, Brain Injury, 26, 424-425, 2012	Conference abstract.
Haas, B. M., Price, L., Freeman, J. A., Qualitative evaluation of a community peer support service for people with spinal cord injury, Spinal Cord, 51, 295-9, 2013	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Harrington, Rosamund, Foster, Michele, Fleming, Jennifer, Experiences of pathways, outcomes and choice after severe traumatic brain injury under no-fault versus fault-based motor accident insurance, Brain Injury, 29, 1561-71, 2015	No qualitative data on phenomena of interest.
Harris, M. B., Rafeedie, S., McArthur, D., Babikian, T., Snyder, A., Polster, D., Giza, C. C., Addition of Occupational Therapy to an Interdisciplinary Concussion Clinic Improves Identification of Functional Impairments, Journal of Head Trauma Rehabilitation, 34, 425-432, 2019	Study not conducted in one of the countries included in the review protocol.
Harrison, Anne L., Hunter, Elizabeth G., Thomas, Heather, Bordy, Paige, Stokes, Erin, Kitzman, Patrick, Living with	Study not conducted in one of the countries included in the review

Study	Reason for Exclusion
traumatic brain injury in a rural setting: supports and barriers across the continuum of care, Disability and Rehabilitation, 39, 2071-2080, 2017	protocol.
Hartley, Naomi A., Spinal cord injury (SCI) rehabilitation: systematic analysis of communication from the biopsychosocial perspective, Disability and rehabilitation, 1-10, 2015	Study not conducted in one of the countries included in the review protocol.
Hawkins, Brent L., Crowe, Brandi M., Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study, Archives of Physical Medicine and Rehabilitation, 99, S65-S71, 2018	Study not conducted in one of the countries included in the review protocol.
Haywood, C., Perceptions of recovery among adolescents and young adults with acquired spinal cord injuries, Archives of Physical Medicine and Rehabilitation, 97, e76, 2016	Conference abstract.
Haywood, Carol, Pyatak, Elizabeth, Leland, Natalie, Henwood, Benjamin, Lawlor, Mary C., A Qualitative Study of Caregiving for Adolescents and Young Adults With Spinal Cord Injuries: Lessons From Lived Experiences, Topics in Spinal Cord Injury Rehabilitation, 25, 281-289, 2019	Study not conducted in one of the countries included in the review protocol.
Hellem, I., Forland, G., Eide, K., Ytrehus, S., Addressing uncertainty and stigma in social relations related to hidden dysfunctions following acquired brain injury, Scandinavian Journal of Disability Research, 20, 152-161, 2018	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Herrera-Escobar, J. P., Columbus, A., Castillo-Angeles, M., Rios-Diaz, A. J., Weed, C. N., Kasotakis, G., Velmahos, G. C., Salim, A., Haider, A. H., Kaafara, H. M., Discontinuity of patient-provider communication throughout the phases of care: Time to be more patient-centered in trauma?, Journal of the American College of Surgeons, 225 (4 Supplement 2), e176, 2017	Conference abstract.
Hill, Jennifer N., Smith, Bridget M., Weaver, Frances M., Nazi, Kim M., Thomas, Florian P., Goldstein, Barry, Hogan, Timothy P., Potential of personal health record portals in the care of individuals with spinal cord injuries and disorders: Provider perspectives, The journal of spinal cord medicine, 41, 298-308, 2018	Study not conducted in one of the countries included in the review protocol.
Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., Power, E., Exploring ehealth 'tribes and tribulations' in interdisciplinary rehabilitation for people with a traumatic brain injury (TBI), Brain Impairment, 19, 292-293, 2018	Conference abstract.
Hirsch, M. A., Grafton, L., Guerrier, T. P., Niemeier, J. P., Newman, M., Runyon, M. S., Unmet concussion care needs from the perspective of individuals with mild traumatic brain injury, Archives of Physical Medicine and Rehabilitation, 96, e33, 2015	Conference abstract.
Hitzig, S., Bain, P., Haycock, S., Hebert, D. A., Evaluation of a spinal cord injury community reintegration outpatient program (CROP) service, Archives of Physical Medicine and Rehabilitation, 95, e83, 2014	Conference abstract.
Hollick, R., Reid, D., Black, A., McKee, L., What matters to patients: Working together to improve the quality of osteoporosis services, Osteoporosis International, 27, S678, 2016	Conference abstract.
Holloway, Mark, Motivational interviewing and acquired brain injury, Social Care and Neurodisability, 3, 122-130, 2012	Narrative review.

Study	Reason for Exclusion
Hoogerdijk, Barbara, Runge, Ulla, Haugboelle, Jette, The adaptation process after traumatic brain injury an individual and ongoing occupational struggle to gain a new identity, Scandinavian Journal of Occupational Therapy, 18, 122-32, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Hoonakker, Peter Leonard Titus, Wooldridge, Abigail Rayburn, Hose, Bat-Zion, Carayon, Pascale, Eithun, Ben, Brazelton, Thomas Berry, 3rd, Kohler, Jonathan Emerson, Ross, Joshua Chud, Rusy, Deborah Ann, Dean, Shannon Mason, Kelly, Michelle Merwood, Gurses, Ayse Pinar, Information flow during pediatric trauma care transitions: things falling through the cracks, Internal and emergency medicine, 14, 797-805, 2019	Study not conducted in one of the countries included in the review protocol.
Hosking, J. E., Ameratunga, S. N., Bramley, D. M., Crengle, S. M., Reducing ethnic disparities in the quality of trauma care: An important research gap, Annals of Surgery, 253, 233-237, 2011	Study did not examine rehabilitation.
Hull, K., Ribariach, J., Panton, V., De Jonge, J., Bulsara, C., Developing independence and empowerment through medications self management amongst persons with acquired brain injury, Neurorehabilitation and Neural Repair, 26, 775-776, 2012	Conference abstract.
Hunt, Anne W., Laupacis, Dylan, Kawaguchi, Emily, Greenspoon, Dayna, Reed, Nick, Key ingredients to an active rehabilitation programme post-concussion: perspectives of youth and parents, Brain Injury, 32, 1534-1540, 2018	It was not clear that the participants had been hospitalised (study states that the intervention/ interviews were undertaken in a hospital but many of the participants were drawn from the community).
Hyatt, Kyong, Davis, Linda L., Barroso, Julie, Chasing the care: soldiers experience following combat-related mild traumatic brain injury, Military Medicine, 179, 849-55, 2014	Study not conducted in one of the countries included in the review protocol.
Irgens, Eirik Lind, Henriksen, Nils, Moe, Siri, Communicating information and professional knowledge in acquired brain injury rehabilitation trajectories - a qualitative study of physiotherapy practice, Disability and Rehabilitation, 1-8, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Jacoby, Sara F., Rich, John A., Webster, Jessica L., Richmond, Therese S., 'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia, Ethnicity & health, 1-19, 2018	Study not conducted in one of the countries included in the review protocol.
Jannings, Wendy, Pryor, Julie, The experiences and needs of persons with spinal cord injury who can walk, Disability and Rehabilitation, 34, 1820-6, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Janssen, Renske M. J., Satink, Ton, Ijspeert, Jos, van Alfen, Nens, Groothuis, Jan T., Packer, Tanya L., Cup, Edith H. C., Reflections of patients and therapists on a multidisciplinary rehabilitation programme for persons with brachial plexus injuries, Disability and Rehabilitation, 41, 1427-1434, 2019	Population not in PICO: Participants had not experienced traumatic injury.
Jellema, Sandra, van Erp, Sabine, Nijhuis-van der Sanden, Maria W. G., van der Sande, Rob, Steultjens, Esther M. J., Activity resumption after acquired brain injury: the influence of the social network as described by social workers, Disability and Rehabilitation, 1-8, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Cameron, Jill I., Craven, B. Catharine, Jaglal, Susan B., Identifying Required Skills to Enhance Family	The focus was not specific to participants who had experienced

Study	Reason for Exclusion
Caregiver Competency in Caring for Individuals With Spinal Cord Injury Living in the Community, Topics in Spinal Cord Injury Rehabilitation, 25, 290-302, 2019	traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Catharine Craven, B., Cameron, Jill I., Jaglal, Susan B., Facilitators and barriers to supporting individuals with spinal cord injury in the community: experiences of family caregivers and care recipients, Disability and Rehabilitation, 1-11, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jiang, T., Webster, J. L., Robinson, A., Kassam-Adams, N., Richmond, T. S., Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study, Injury, 49, 983-989, 2018	Study not conducted in one of the countries included in the review protocol.
Jourdan, C., Azouvi, P., Pradat-Diehl, P., Ruet, A., Tenovuo, O., Traumatic Brain Injury (TBI) care pathways in Finland and in France: Organization and issues, Annals of Physical and Rehabilitation Medicine, 57, e397, 2014	Conference abstract.
Jurrius, K., After care for people with acquired brain injury in the chronic phase-New equilibrium in the aftercare of people with acquired brain injury and their next of kin, Brain Injury, 30, 567, 2016	Conference abstract.
Keck, Casey S., Creaghead, Nancy A., Turkstra, Lyn S., Vaughn, Lisa M., Kelchner, Lisa N., Pragmatic skills after childhood traumatic brain injury: Parents' perspectives, Journal of communication disorders, 69, 106-118, 2017	Study not conducted in one of the countries included in the review protocol.
Keenan, Alanna, Joseph, Lynn, The needs of family members of severe traumatic brain injured patients during critical and acute care: a qualitative study, Canadian journal of neuroscience nursing, 32, 25-35, 2010	Mixed setting and population, results not presented separately for the target settings and population.
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Sleney, Jude, Clarkson, Julie, Regel, Stephen, Jones, Trevor, Kendrick, Denise, Understanding and meeting information needs following unintentional injury: comparing the accounts of patients, carers and service providers, Injury, 46, 564-71, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Kennedy, P., Sherlock, O., McClelland, M., Short, D., Royle, J., Wilson, C., A multi-centre study of the community needs of people with spinal cord injuries: the first 18 months, Spinal Cord, 48, 15-20, 2010	No qualitative data on phenomena of interest.
Kiekens, C., Christiaens, W., Van Den Heede, K., Organization of aftercare for patients with severe burn injuries in Belgium, Annals of Physical and Rehabilitation Medicine, 57, e212-e213, 2014	Conference abstract.
Kingston, Gail A., Judd, Dr Jenni, Gray, Marion A., The experience of living with a traumatic hand injury in a rural and remote location: an interpretive phenomenological study, Rural and remote health, 14, 2764, 2014	No qualitative data on phenomena of interest.
Kivunja, Stephen, River, Jo, Gullick, Janice, Experiences of giving and receiving care in traumatic brain injury: An integrative review, Journal of clinical nursing, 27, 1304-1328, 2018	Systematic review, included studies checked for relevance.
Kjaersgaard, A., Kristensen, H. K., Brain injury and severe eating difficulties at admission-patient perspective nine to fifteen months after discharge: A pilot study, Brain Sciences, 7, 96, 2017	Unclear how many participants had experienced traumatic injury, the results not presented separately for target population.
Knox, L., Douglas, J., Bigby, C., Exploring tensions associated with supported decision making in adults with severe traumatic brain injury, Brain Injury, 26, 477, 2012	Conference abstract.

Study	Reason for Exclusion
Koehmstedt, Christine, Lydick, Susan E., Patel, Drasti, Cai, Xinsheng, Garfinkel, Steven, Weinstein, Ali A., Health status, difficulties, and desired health information and services for veterans with traumatic brain injuries and their caregivers: A qualitative investigation, PLoS ONE, 13, e0203804, 2018	Study not conducted in one of the countries included in the review protocol.
Koizia, L., Kings, R., Koizia, A., Peck, G., Wilson, M., Hettiaratchy, S., Fertleman, M. B., Major trauma in the elderly: Frailty decline and patient experience after injury, Trauma (United Kingdom), 21, 21-26, 2019	Not a qualitative study.
Koller, Kathryn, Woods, Lindsay, Engel, Lisa, Bottari, Carolina, Dawson, Deirdre R., Nalder, Emily, Bandura, Bottari Braun Chen Colantonio Creswell Dreer Engel Fleming Fox Gaudette Hall Hoskin Kelley Kershaw Kim Knight Kreutzer Langlois Levack Malee Marson Martin McCabe McHugh Patton Poncer Weiner, Loss of financial management independence after brain injury: Survivors' experiences, American Journal of Occupational Therapy, 70, No-Specified, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Kontos, P., Miller, K. L., Colantonio, A., Cott, C., Therapeutic landscape theory: Identifying health detracting and health enhancing aspects of neurorehabilitation, Brain Injury, 28, 535, 2014	Conference abstract.
Kornhaber, R., Wilson, A., Abu-Qamar, M., McLean, L., Vandervord, J., Inpatient peer support for adult burn survivors-a valuable resource: a phenomenological analysis of the Australian experience, Burns : journal of the International Society for Burn Injuries, 41, 110-7, 2015	Study did not examine phenomena of interest.
Kozlowski-Moreau, O., Danze, F., Pollez, B., Brooks, N., Johnson, C., Line, M. C., Rousseaux, M., Croisiaux, C., Lanthier, A., Long-term management of severe TBI in Europe-The value of a network, Brain Injury, 30, 650, 2016	Conference abstract.
Kuipers, Pim, Kendall, Melissa B., Amsters, Delena, Pershouse, Kiley, Schuurs, Sarita, Descriptions of community by people with spinal cord injuries: concepts to inform community integration and community rehabilitation, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 34, 167-74, 2011	No qualitative data on phenomena of interest.
Lafebvre, H., Levert, M. J., Gelinas, I., Croteau, C., Le Dorze, G., Bottari, C., McKerrall, M., Personalized accompaniment for community integration for people with a traumatic brain injury in postrehabilitation, Archives of Physical Medicine and Rehabilitation, 91, e7, 2010	Conference abstract.
Lange, R., French, L., Bailie, J., Lippa, S., Gartner, R., Driscoll, A., Wright, M., Smith, J., Dilay, A., Pizzano, B., Johnson, L., Nora, D., Mahatan, H., Sullivan, J., Thompson, D., Snelling, A., Brickell, T., Caring for U.S. military service members following mild-moderate traumatic brain injury: Examination of access to services, service needs, and barriers to care, Journal of Head Trauma Rehabilitation, 32, E71, 2017	Conference abstract.
Lannin, N., Roberts, K., D'Cruz, K., Morarty, J., Unsworth, C., Who holds the 'Power' during goal-setting? A qualitative study exploring patient perceptions, International Journal of Stroke, 10, 68, 2015	Conference abstract.
Lapierre, Alexandra, Lefebvre, Helene, Gauvin-Lepage, Jerome, Factors Affecting Interprofessional Teamwork in Emergency Department Care of Polytrauma Patients: Results of an Exploratory Study, Journal of trauma nursing : the official	Setting not in PICO: Emergency department.

Study	Reason for Exclusion
journal of the Society of Trauma Nurses, 26, 312-322, 2019	
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczynski, P., Preferred Methods and Messengers for Delivering Physical Activity Information to People With Spinal Cord Injury: A Focus Group Study, Rehabilitation Psychology, 56, 128-137, 2011	It was unclear if the focus was specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Lexell, E. M., Alkhed, A. K., Olsson, K., The group rehabilitation helped me adjust to a new life: Experiences shared by persons with an acquired brain injury, Brain Injury, 27, 529-537, 2013	No qualitative data on phenomena of interest.
Lind, J. D., Fraser, M. A., Powell-Cope, G., Gavin-Dreschnack, D., Enhancing patient dignity in va spinal cord injury units, Journal of Spinal Cord Medicine, 36, 555, 2013	Study not conducted in one of the countries included in the review protocol.
Lindahl, Marianne, Teljigovic, Sanel, Heegaard Jensen, Lars, Hvalsoe, Berit, Juneja, Hemant, Barth, Clay Cooper Cott Del Bano-Aledo Donabedian Donabedian Fitinghoff Griffiths Harris Hours Hush Jensen Kidd Lempp Lindahl Martins McLean Mead Mussener Partridge Pinto Polinder Rindflesch Sanders Strauss Walton Willamson, Importance of a patient-centred approach in ensuring quality of post-fracture rehabilitation for working aged people: A qualitative study of therapists' and patients' perspectives, Work: Journal of Prevention, Assessment & Rehabilitation, 55, 831-839, 2016	Mixed population, cannot separate or confirm which patients were hospitalised and match the population of interest.
Lindberg, J., Kreuter, M., Taft, C., Person, L. O., Patient participation in care and rehabilitation from the perspective of patients with spinal cord injury, Spinal Cord, 51, 834-7, 2013	Study did not examine phenomena of interest.
Linnarsson, J. R., Bubini, J., Perseius, K. I., A meta-synthesis of qualitative research into needs and experiences of significant others to critically ill or injured patients, Journal of Clinical Nursing, 19, 3102-11, 2010	Included studies did not meet the inclusion criteria for dates.
Littooij, E., Leget, C. J. W., Stolwijk-Swuste, J. M., Doodeman, S., Widdershoven, G. A. M., Dekker, J., The importance of 'global meaning' for people rehabilitating from spinal cord injury, Spinal Cord, 54, 1047-1052, 2016	Study did not examine phenomena of interest.
Lundine, J. P., Utz, M., Jacob, V., Ciccia, A. H., Putting the person in person-centered care: Stakeholder experiences in pediatric traumatic brain injury, Journal of Pediatric Rehabilitation Medicine, 12, 21-35, 2019	Study not conducted in one of the countries included in the review protocol.
Maddick, Rosie, Norton, Ali Amir Andrews Baker Batavia Batt-Rawden Bernstein Braun Bright Bright Bruscia De Carvalho Deegan Dijkers Dorsett Dorsett Dorsett Fook Fook Galvin Golden Humphries James Larsson Lee Lefevre Lethborg Manns Montague Nielson North O'Callaghan O'Callaghan O'Neil Riessman Riessman Scheiby Slivka Stover Tamplin Whittemore Zedjlik, 'Naming the unnameable and communicating the unknowable': Reflections on a combined music therapy/social work program, The Arts in Psychotherapy, 38, 130-137, 2011	Study did not examine phenomena of interest.
Makela, P., Jones, F., de Sousa de Abreu, M. I., Hollinshead, L., Ling, J., Supporting self-management after traumatic brain injury: Codesign and evaluation of a new intervention across a trauma pathway, Health expectations : an international journal of public participation in health care and health policy, 22, 632-642, 2019	Study did not examine phenomena of interest.
Manning, Joseph C., Hemingway, Pippa, Redsell, Sarah A., Survived so what? Identifying priorities for research with children and families post-paediatric intensive care unit,	Study did not examine rehabilitation.

Study	Reason for Exclusion
Nursing in critical care, 23, 68-74, 2018	
Martin, Laurie T., Farris, Coreen, Parker, Andrew M., Epley, Caroline, The Defense and Veterans Brain Injury Center Care Coordination Program: Assessment of Program Structure, Activities, and Implementation, Rand health quarterly, 3, 4, 2013	Study not conducted in one of the countries included in the review protocol.
Martin, Suzanne, Armstrong, Elaine, Thomson, Eileen, Vargiu, Eloisa, Sola, Marc, Dauwalder, Stefan, Miralles, Felip, Daly Lynn, Jean, A qualitative study adopting a user-centered approach to design and validate a brain computer interface for cognitive rehabilitation for people with brain injury, Assistive technology : the official journal of RESNA, 30, 233-241, 2018	Study did not examine phenomena of interest.
Materne, M., Lundqvist, L. O., Strandberg, T., Opportunities and barriers for successful return to work after acquired brain injury: A patient perspective, Work (Reading, Mass.), 56, 125-134, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
McBain, Sacha A., Sexton, Kevin W., Palmer, Brooke E., Landes, Sara J., Barriers to and facilitators of a screening procedure for PTSD risk in a level I trauma center, Trauma surgery & acute care open, 4, e000345, 2019	Study not conducted in one of the countries included in the review protocol.
McDermott, Garret L., McDonnell, Anne Marie, Acquired brain injury services in the Republic of Ireland: experiences and perceptions of families and professionals, Brain Injury, 28, 81-91, 2014	The focus was not specific to care of people who have experienced traumatic injury and the results not presented separately for target population.
McGarry, Sarah, Elliott, Catherine, McDonald, Ann, Valentine, Jane, Wood, Fiona, Girdler, Sonya, "This is not just a little accident": a qualitative understanding of paediatric burns from the perspective of parents, Disability and Rehabilitation, 37, 41-50, 2015	Study did not examine phenomena of interest.
McIntyre, Michelle, Ehrlich, Carolyn, Kendall, Elizabeth, Informal care management after traumatic brain injury: perspectives on informal carer workload and capacity, Disability and Rehabilitation, 1-9, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
McKelvey, M., Bush, E., Screening and identification of individuals with brain injury (BI) seeking services through the area agency on ageing in rural Nebraska, Brain Injury, 28, 712, 2014	Conference abstract.
McPherson, K., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, Brain Injury, 26, 493-494, 2012	Conference abstract.
Meade, M., Carr, L., Ellenbogen, P., Barrett, K., Perceptions of provider education and attitude by individuals with spinal cord injury: Implications for health care disparities, Topics in Spinal Cord Injury Rehabilitation, 17, 25-37, 2011	Study not conducted in one of the countries included in the review protocol.
Medina-Mirapeix, F., Del Bano-Aledo, M. E., Oliveira-Sousa, S. L., Escolar-Reina, P., Collins, S. M., How the rehabilitation environment influences patient perception of service quality: A qualitative study, Archives of Physical Medicine and Rehabilitation, 94, 1112-1117, 2013	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Meixner, Cara, O'Donoghue, Cynthia R., Witt, Michelle, Accessing crisis intervention services after brain injury: a mixed methods study, Rehabilitation psychology, 58, 377-85, 2013	Study not conducted in one of the countries included in the review protocol.
Messinger, Seth, Bozorghadad, Sayeh, Pasquina, Paul, Social relationships in rehabilitation and their impact on positive	Study not conducted in one of the countries included in the review

Study	Reason for Exclusion
outcomes among amputees with lower limb loss at Walter Reed National Military Medical Center, Journal of rehabilitation medicine, 50, 86-93, 2018	protocol.
Milte, R., Ratcliffe, J., Miller, M., Whitehead, C., Cameron, I. D., Crotty, M., What are frail older people prepared to endure to achieve improved mobility following hip fracture? A Discrete Choice Experiment, Journal of rehabilitation medicine : official journal of the UEMS European Board of Physical and Rehabilitation Medicine, 45, 81-86, 2013	Not a qualitative study.
Minney, M. J., Roberts, R. M., Mathias, J. L., Raftos, J., Kochar, A., Service and support needs following pediatric brain injury: perspectives of children with mild traumatic brain injury and their parents, Brain Injury, 33, 168-182, 2019	Study did not examine rehabilitation.
Mitchell, Rebecca, Fajardo Pulido, Diana, Ryder, Tayhla, Norton, Grace, Brodaty, Henry, Draper, Brian, Close, Jacqueline, Rapport, Frances, Lystad, Reidar, Harris, Ian, Harvey, Lara, Sherrington, Cathie, Cameron, Ian D., Braithwaite, Jeffrey, Access to rehabilitation services for older adults living with dementia or in a residential aged care facility following a hip fracture: healthcare professionals' views, Disability and Rehabilitation, 1-12, 2019	Study did not examine phenomena of interest.
Mitsch, Virginia, Curtin, Michael, Badge, Helen, The provision of brain injury rehabilitation services for people living in rural and remote New South Wales, Australia, Brain Injury, 28, 1504-13, 2014	The majority of participants had not experienced traumatic injury and the results not presented separately for target population .
Moore, M., Robinson, G., Mink, R., Hudson, K., Dotolo, D., Gooding, T., Ramirez, A., Zatzick, D., Vavilala, M., Acute care after pediatric traumatic brain injury: A qualitative study of the family perspective, Journal of Neurotrauma, 31, A59, 2014	Conference abstract.
Moore, Megan, Robinson, Gabrielle, Mink, Richard, Hudson, Kimberly, Dotolo, Danae, Gooding, Tracy, Ramirez, Alma, Zatzick, Douglas, Giordano, Jessica, Crawley, Deborah, Vavilala, Monica S., Developing a Family-Centered Care Model for Critical Care After Pediatric Traumatic Brain Injury, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 16, 758-65, 2015	Study not conducted in one of the countries included in the review protocol.
Morriss, Elissa, Wright, Suzanne, Smith, Sharon, Roser, Judy, Kendall, Melissa, Ackerson, Ackerson Bassett Bassett Baulderstone Baxter Bisogni Butera-Prinzi Charles Cicerone Clark Cowling Craig Degeneffe Devany-Serio Evenson Flanagan Fletcher Gan Jacob Jones Kaatz Kirshbaum Kosciulek Lancaster Leinonen Lezak Llewellyn Maitz Nicholson Olson Pessar Qu Sander Smith Stake Strauss Urbach Uysal Visser-Meily Wade, Parenting challenges and needs for fathers following acquired brain injury (ABI) in Queensland, Australia: A preliminary model, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 119-134, 2013	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Mumbower, R., Heaton, K., Dreer, L., Novack, T., Childs, G., Vance, D., Sleep experiences following traumatic brain injury: A qualitative descriptive study, Archives of Physical Medicine and Rehabilitation, 98, e155, 2017	Conference abstract.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following

Study	Reason for Exclusion
and rehabilitation managers: an opportunity for improved care delivery, BMC Neurology, 16, 11, 2016	discharge.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Perceived facilitators and barriers to self-management in individuals with traumatic spinal cord injury: a qualitative descriptive study, BMC Neurology, 14, 48, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, The impact of simulated multidisciplinary Trauma Team Training on team performance: A qualitative study, Australasian emergency care, 22, 1-7, 2019	Study did not examine rehabilitation.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, Using theories of behaviour change to transition multidisciplinary trauma team training from the training environment to clinical practice, Implementation science : IS, 14, 43, 2019	Study did not examine rehabilitation.
Murray, A., Watter, K., Nielsen, M., Kennedy, A., A scoping study examining vocational rehabilitation in early acquired brain injury rehabilitation, Brain Impairment, 19, 306-307, 2018	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Identity and the life course: Lived experiences of individuals with traumatic brain injury during the period of transition from hospital to home, Brain Impairment, 14, 159, 2013	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Worrall, L., Ownsworth, T., Haines, T., Kendall, M., Chenoweth, L., What constitutes transition success? An investigation into factors influencing the perceptions of individuals with a TBI regarding the transition from hospital to home, Brain Injury, 24 (3), 189-190, 2010	Conference abstract.
Nalder, Emily J., Zabjek, Karl, Dawson, Deirdre R., Bottari, Carolina L., Gagnon, Isabelle, McFadyen, Bradford J., Hunt, Anne W., McKenna, Suzanne, Ouellet, Marie-Christine, Giroux, Sylvain, Cullen, Nora, Niechwiej-Szwedo, Ewa, Onf-Repar Abi Team, Research Priorities for Optimizing Long-term Community Integration after Brain Injury, The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 45, 643-651, 2018	Data was not collected using an appropriate qualitative methodology (the authors have analysed their own field notes taken at a 2-day conference for practitioners)
Nalder, Emily, Fleming, Jennifer, Cornwell, Petrea, Shields, Cassandra, Foster, Michele, Reflections on life: experiences of individuals with brain injury during the transition from hospital to home, Brain Injury, 27, 1294-303, 2013	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Nasrabadi, A. N., Mohammadi, N., Davatgaran, K., Yekaninejad, M., Javidan, A. N., Shabany, M., Designing a client and family empowerment model to promote constructive life recovery among persons with spinal cord injury: A qualitative study, Archives of Neuroscience, 6, e87867, 2019	Study not conducted in one of the countries included in the review protocol.
Nilsson, Charlotte, Bartfai, Aniko, Lofgren, Monika, Bartfai, Ben-Yishai Brooks Carlsson Charmaz Christensen Cicerone Cicerone Cicerone Comper Creswell Cullen Dahlgren Ferguson Fleming Gard Ho Kielhofner Lincoln Miller Ohman Phipps Ponsford Prigatano Rice-Oxley Roding Roxendahl Rudolfsson Ruff Stalnacke Svendsen Tiersky Wilson, Holistic group rehabilitation-A short cut to adaptation to the new life after mild acquired brain injury, Disability and Rehabilitation: An International, Multidisciplinary Journal, 33, 969-978, 2011	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Nunnerley, J. L., Hay-Smith, E. J., Dean, S. G., Leaving a spinal unit and returning to the wider community: an	Population not in PICO: Study did not mention that the patients

Study	Reason for Exclusion
interpretative phenomenological analysis, Disability and Rehabilitation, 35, 1164-1173, 2013	were transferred to outpatient or community services following discharge.
O'Callaghan, A., McNamara, B., Cocks, E., 'What am I supposed to do? Cartwheels down the passageway?' Perspectives on the rehabilitation journey from people with ABI, Brain Injury, 28, 577-578, 2014	Conference abstract.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Blight, Brookshire Brown Cicerone Denzin Fleming Foster Gentleman Goranson Grbich Hickson Hughes Humphreys Humphreys Josselson Katz Keleher LeFebvre Mackay MacPhail Malec McNaughton Minichiello Morse Morton Muus O'Callaghan O'Callaghan O'Callaghan O'Callaghan Penchansky Rankin Sandelowski Schmidt Schwandt Seale Sherer Stringer Tuel Turner-Stokes Youse, Healthcare consumers' need for brain-injury services: The critical importance of timing in planning future services, Brain Impairment, 13, 316-332, 2012	Analysis methods not appropriate (data reduced into case vignettes)
Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis, Kate, The injury trajectory for young people 16-24 years in the six months following injury: A mixed methods study, Injury, 47, 1966-74, 2016	Study did not examine phenomena of interest.
Oster, Caisa, Kildal, Morten, Ekselius, Lisa, Return to work after burn injury: burn-injured individuals' perception of barriers and facilitators, Journal of burn care & research : official publication of the American Burn Association, 31, 540-50, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Oyesanya, Tolu O., Bowers, Barbara J., Royer, Heather R., Turkstra, Lyn S., Nurses' concerns about caring for patients with acute and chronic traumatic brain injury, Journal of Clinical Nursing, 27, 1408-1419, 2018	Study not conducted in one of the countries included in the review protocol.
Palimaru, Alina, Cunningham, William E., Dillistone, Marcus, Vargas-Bustamante, Arturo, Liu, Honghu, Hays, Ron D., A comparison of perceptions of quality of life among adults with spinal cord injury in the United States versus the United Kingdom, Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation, 26, 3143-3155, 2017	Study did not examine phenomena of interest.
Patterson, F., Fleming, J., Doig, E., Patient experiences of occupational therapy groups in traumatic brain injury rehabilitation, Brain Impairment, 19, 281, 2018	Conference abstract.
Patton, Desmond, Sodhi, Aparna, Affinati, Steven, Lee, Jooyoung, Crandall, Marie, Post-Discharge Needs of Victims of Gun Violence in Chicago: A Qualitative Study, Journal of interpersonal violence, 34, 135-155, 2019	Study not conducted in one of the countries included in the review protocol.
Pekmezaris, Renee, Kozikowski, Andrzej, Pascarelli, Briana, Handrakis, John P., Chory, Ashley, Griffin, Doug, Bloom, Ona, Participant-reported priorities and preferences for developing a home-based physical activity telemonitoring program for persons with tetraplegia: a qualitative analysis, Spinal cord series and cases, 5, 48, 2019	Study not conducted in one of the countries included in the review protocol.
Phillips, J., Holmes, J., Auton, M., Radford, K., What are the most important outcomes of traumatic brain injury vocational rehabilitation? People with TBI, service provider and employer perspectives, Brain Injury, 30, 494-495, 2016	Conference abstract.
Piccenna, Loretta, Lannin, Natasha A., Gruen, Russell, Pattuwage, Loyal, Bragge, Peter, The experience of discharge for patients with an acquired brain injury from the inpatient to	The focus was not specific to participants who had experienced traumatic injury and the results

Study	Reason for Exclusion
the community setting: A qualitative review, Brain Injury, 30, 241-51, 2016	not presented separately for target population.
Plant, Sarah E., Tyson, Sarah F., Kirk, Susan, Parsons, John, What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis, Clinical rehabilitation, 30, 921-30, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Barette, M., Fradelizi, P., Swaine, B., A mixed-methods approach to evaluate participants' and service providers' perceptions of an outpatient rehabilitation programme for persons with acquired brain injury, Brain Injury, 31, 816, 2017	Conference abstract.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Fradelizi, P., Barette, M., Swaine, B., Participant and service provider perceptions of an outpatient rehabilitation program for people with acquired brain injury, Annals of Physical and Rehabilitation Medicine, 60, 334-340, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Popejoy, Lori L., Dorman Marek, Karen, Scott-Cawiezell, Jill, Patterns and problems associated with transitions after hip fracture in older adults, Journal of gerontological nursing, 39, 43-52, 2013	Study not conducted in one of the countries included in the review protocol.
Porto, A., Anderson, L., Vogel, L., Zebracki, K., Barriers in accessing adult healthcare for transitioning youth with spinal cord injury, Developmental Medicine and Child Neurology, 60, 116, 2018	Conference abstract.
Poulin, V., Lamontagne, M. E., Ouellet, M. C., Pellerin, M. A., Jean, A., Implementing best practices in cognitive rehabilitation: What are rehabilitation teams' priorities and why?, Archives of Physical Medicine and Rehabilitation, 98, e157, 2017	Conference abstract.
Prescott, Sarah, Fleming, Jennifer, Doig, Emmah, Refining a clinical practice framework to engage clients with brain injury in goal setting, Australian Occupational Therapy Journal, 66, 313-325, 2019	Study did not examine phenomena of interest.
Ramakrishnan, Kumaran, Johnston, Deborah, Garth, Belinda, Murphy, Gregory, Middleton, James, Cameron, Ian, Early Access to Vocational Rehabilitation for Inpatients with Spinal Cord Injury: A Qualitative Study of Patients' Perceptions, Topics in Spinal Cord Injury Rehabilitation, 22, 183-191, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Rongen, A., Bakx, W., Nijhuis, F., Follow-up study of patients with an acquired Brain Injury after early focus on return to work during post-acute rehabilitation, Brain Injury, 24, 450-451, 2010	Conference abstract.
Roscigno, Cecelia I., Parent Perceptions of How Nurse Encounters Can Provide Caring Support for the Family in Early Acute Care After Children's Severe Traumatic Brain Injury, Journal of Neuroscience Nursing, 48, E2-E15, 2016	Study not conducted in one of the countries included in the review protocol.
Roth, Karin, Mueller, Gabi, Wyss, Adrian, Experiences of peer counselling during inpatient rehabilitation of patients with spinal cord injuries, Spinal cord series and cases, 5, 1, 2019	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Rothlisberger, Fabian, Boes, Stefan, Rubinelli, Sara, Schmitt, Klaus, Scheel-Sailer, Anke, Challenges and potential improvements in the admission process of patients with spinal cord injury in a specialized rehabilitation clinic - an interview based qualitative study of an interdisciplinary team, BMC health services research, 17, 443, 2017	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.

Study	Reason for Exclusion
Ryerson Espino, S., Kelly, E., Riordan, A., Zebracki, K., Vogel, L., Personal and family experiences of caregivers of children with SCI, Developmental Medicine and Child Neurology, 58, 107-108, 2016	Conference abstract.
Ryerson Espino, Susan L., Kelly, Erin H., Rivelli, Anne, Zebracki, Kathy, Vogel, Lawrence C., It is a marathon rather than a sprint: an initial exploration of unmet needs and support preferences of caregivers of children with SCI, Spinal Cord, 56, 284-294, 2018	Study not conducted in one of the countries included in the review protocol.
Sale, J. E. M., Bogoch, E., Hawker, G., Gignac, M., Beaton, D., Jaglal, S., Frankel, L., Patient perceptions of provider barriers to post-fracture secondary prevention, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 25, 2581-9, 2014	No qualitative data on phenomena of interest.
Salsbury, Stacie A., Vining, Robert D., Gosselin, Donna, Goertz, Christine M., Be good, communicate, and collaborate: a qualitative analysis of stakeholder perspectives on adding a chiropractor to the multidisciplinary rehabilitation team, Chiropractic & manual therapies, 26, 29, 2018	Study not conducted in one of the countries included in the review protocol.
Samoborec, Stella, Ayton, Darshini, Ruseckaite, Rasa, Winbolt, Gary, Evans, Sue M., System complexities affecting recovery after a minor transport-related injury: The need for a person-centred approach, Journal of Rehabilitation Medicine, 51, 120-126, 2019	Population described as people that sustained predominantly minor injuries; study does not report any results separately for target population.
Sandstrom, Linda, Engstrom, Asa, Nilsson, Carina, Juuso, Paivi, Experiences of suffering multiple trauma: A qualitative study, Intensive & critical care nursing, 2019	Setting not in PICO: Intensive care unit
Sashika, Hironobu, Takada, Kaoruko, Kikuchi, Naohisa, Rehabilitation needs and participation restriction in patients with cognitive disorder in the chronic phase of traumatic brain injury, Medicine, 96, e5968, 2017	Study not conducted in one of the countries included in the review protocol.
Schiller, Claire, Franke, Thea, Belle, Jessica, Sims-Gould, Joanie, Sale, Joanna, Ashe, Maureen C., Words of wisdom - patient perspectives to guide recovery for older adults after hip fracture: a qualitative study, Patient preference and adherence, 9, 57-64, 2015	Study did not examine rehabilitation.
Segevall, Cecilia, Soderberg, Siv, Bjorkman Randstrom, Kerstin, The Journey Toward Taking the Day for Granted Again: The Experiences of Rural Older People's Recovery From Hip Fracture Surgery, Orthopedic nursing, 38, 359-366, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Self, Megan, Driver, Simon, Stevens, Laurel, Warren, Ann Marie, Physical activity experiences of individuals living with a traumatic brain injury: a qualitative research exploration, Adapted physical activity quarterly : APAQ, 30, 20-39, 2013	Study not conducted in one of the countries included in the review protocol.
Sharp, K., Richards, S., Client's perspectives of smartphone technology in acquired brain injury rehabilitation, Brain Impairment, 14, 167, 2013	Conference abstract.
Silver, Jeremy, Ljungberg, Inger, Libin, Alexander, Groah, Suzanne, Barriers for individuals with spinal cord injury returning to the community: a preliminary classification, Disability and Health Journal, 5, 190-6, 2012	Study not conducted in one of the countries included in the review protocol.
Silver, Samuel A., Saragosa, Marianne, Adhikari, Neill K., Bell, Chaim M., Harel, Ziv, Harvey, Andrea, Kitchlu, Abhijat, Neyra,	The focus was not specific to participants who had experienced

Study	Reason for Exclusion
Javier A., Wald, Ron, Jeffs, Lianne, What insights do patients and caregivers have on acute kidney injury and posthospitalisation care? A single-centre qualitative study from Toronto, Canada, BMJ Open, 8, e021418, 2018	traumatic injury and the results not presented separately for target population.
Slomic, M., Christiansen, B., Sveen, U., Soberg, H. L., Users' experiential knowledge as a base for evidence-based practice in inter-professional rehabilitation, Brain Injury, 30, 580-581, 2016	Conference abstract.
Smith, Bridget M., Martinez, Rachael N., Evans, Charlesnika T., Saban, Karen L., Balbale, Salva, Proescher, Eric J., Stroupe, Kevin, Hogan, Timothy P., Barriers and strategies for coordinating care among veterans with traumatic brain injury: a mixed methods study of VA polytrauma care team members, Brain Injury, 32, 755-762, 2018	Study not conducted in one of the countries included in the review protocol.
Smith, E. M., Boucher, N., Miller, W. C., Caregiving services in spinal cord injury: A systematic review of the literature, Spinal Cord, 54, 562-569, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Smith, M., Hada, E., Long, C., Bushnik, T., Examining language preference and acculturation and implications for the continuum of care of patients with traumatic brain injury (TBI), Journal of Head Trauma Rehabilitation, 30, E107, 2015	Conference abstract.
Snell, Deborah L., Martin, Rachelle, Surgenor, Lois J., Siegert, Richard J., Hay-Smith, E. Jean C., What's wrong with me? seeking a coherent understanding of recovery after mild traumatic brain injury, Disability and Rehabilitation, 39, 1968-1975, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Soong, Christine, Kurabi, Bochra, Exconde, Kathleen, Tajammal, Faiqa, Bell, Chaim M., Design of an orthopaedic-specific discharge summary, BMC Health Services Research, 16, 545, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sorli, H., Bach, B., Haarberg, D., Hjort-Larsen, G., Anette Hansen, S., Kristiansen, G., Hansen, H., Telerehabilitation in Norway, Brain Injury, 24, 284-285, 2010	Conference abstract.
Speck, Rebecca M., Jones, Gabrielle, Barg, Frances K., McCunn, Maureen, Team composition and perceived roles of team members in the trauma bay, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 133-8, 2012	Study not conducted in one of the countries included in the review protocol.
Starnes, C. L., Bailey, E. A., Calvert, C. T., Gusler, J., Cairns, B. A., Development of a pediatric educational tool: Helping burns heal-an adventure for kids with burns, Journal of Burn Care and Research, 37, S172, 2016	Conference abstract.
Stergiou-Kita, M., Bottari, C., Dawson, D., Hebert, D., Grigorovich, A., Inter-professional approaches to vocational evaluation following traumatic brain injury, Brain Injury, 28, 774-775, 2014	Conference abstract.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, Brain Injury, 28, 754, 2014	Conference abstract.
Sullivan, Martin, Paul, Charlotte E., Herbison, G. Peter, Tamou, Peina, Derrett, Sarah, Crawford, Maureen, A longitudinal study of the life histories of people with spinal cord injury, Injury prevention : journal of the International Society for Child and	A study protocol only. No data presented.

Study	Reason for Exclusion
Adolescent Injury Prevention, 16, e3, 2010	
Sveen, Unni, Ostensjo, Sigrid, Laxe, Sara, Soberg, Helene L., Problems in functioning after a mild traumatic brain injury within the ICF framework: the patient perspective using focus groups, Disability and Rehabilitation, 35, 749-57, 2013	No qualitative data on phenomena of interest.
Swaine, B., Cullen, N., Bayley, M., Lavoie, A., Marshall, S., Turgeon, A., Sirois, M. J., Messier, F., Trempe, C., Who goes where and why? An environmental scan of rehab referral, admission and discharge of persons with brain injury in two canadian provinces, Brain Injury, 24, 362, 2010	Conference abstract.
Takada, Kaoruko, Sashika, Hironobu, Wakabayashi, Hidetaka, Hirayasu, Yoshio, Social participation and quality-of-life of patients with traumatic brain injury living in the community: A mixed methods study, Brain Injury, 30, 1590-1598, 2016	Study not conducted in one of the countries included in the review protocol.
Thrussell, Helen, Coggrave, Maureen, Graham, Allison, Gall, Angela, Donald, Michelle, Kulshrestha, Richa, Geddis, Tracey, Women's experiences of sexuality after spinal cord injury: a UK perspective, Spinal Cord, 56, 1084-1094, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Todis, Bonnie, McCart, Melissa, Glang, Ann, Hospital to school transition following traumatic brain injury: A qualitative longitudinal study, NeuroRehabilitation, 42, 269-276, 2018	Study not conducted in one of the countries included in the review protocol.
Torjussen, I., In sickness and in health? The effect of ABI on couples' relationships, Brain Impairment, 13, 160-161, 2012	Conference abstract.
Toscan, Justine, Manderson, Brooke, Santi, Selena M., Stolee, Paul, "Just another fish in the pond": the transitional care experience of a hip fracture patient, International journal of integrated care, 13, e023, 2013	Case report.
Turner, B., Fleming, J., Ownsworth, T., Cornwell, P., From hospital to home: A new conceptual framework for transition-based service delivery following acquired brain injury, Neurorehabilitation and Neural Repair, 26, 686, 2012	Conference abstract.
Turner, Benjamin, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceptions of recovery during the early transition phase from hospital to home following acquired brain injury: a journey of discovery, Neuropsychological rehabilitation, 21, 64-91, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Tverdal, Cathrine Buaas, Howe, Emilie Isager, Roe, Cecilie, Helseth, Eirik, Lu, Juan, Tenovuo, Olli, Andelic, Nada, Traumatic brain injury: Patient experience and satisfaction with discharge from trauma hospital, Journal of Rehabilitation Medicine, 50, 505-513, 2018	Not a qualitative study.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, The experiences of parenting a child with an acquired brain injury: A meta-synthesis of the qualitative literature, Brain Injury, 31, 1553-1563, 2017	Study did not examine rehabilitation.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, Murray, Craig D., Siblings' experiences of their relationship with a brother or sister with a pediatric acquired brain injury, Disability and Rehabilitation, 41, 2940-2948, 2019	The majority of participants' siblings had not experienced traumatic injury and results not presented separately for target population.
Umeasiegbu, Veronica I., Waletich, Brittany, Whitten, Laura A., Bishop, Malachy, Abreu, Bartlett Berg Bishop Corrigan Cott Creswell Degeneffe Degeneffe deGuise Elbogen Gontkovsky Heinemann Jennekens Kreutzer Lefebvre Lehan Man Murphy O'Callaghan O'Callaghan Pickelsimer Ponsford Rotondi	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
Sinnakaruppan Spearman Turner Vaughn, Community-based rehabilitation needs: Perceptions of individuals with brain injury and their families in the Midwestern United States, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 155-163, 2013	
Unger, Janelle, Singh, Hardeep, Mansfield, Avril, Hitzig, Sander L., Lenton, Erica, Musselman, Kristin E., The experiences of physical rehabilitation in individuals with spinal cord injuries: a qualitative thematic synthesis, Disability and Rehabilitation, 41, 1367-1383, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Valizadeh, Sousan, Dadkhah, Behrouz, Mohammadi, Eissa, Hassankhani, Hadi, The perception of trauma patients from social support in adjustment to lower-limb amputation: a qualitative study, Indian journal of palliative care, 20, 229-38, 2014	Study not conducted in one of the countries included in the review protocol.
Van de Velde, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Devisch, Ignaas, Vanderstraeten, Guy, The illusion and the paradox of being autonomous, experiences from persons with spinal cord injury in their transition period from hospital to home, Disability and Rehabilitation, 34, 491-502, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Van de Veldea, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Vanderstraeten, Guy, Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 33, 346-55, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Vassallo, G., Robinson, G., Fraser, C., Fallon, D., Kirk, S., A qualitative study to investigate families' information and support needs following severe traumatic brain injury in childhood, Developmental Medicine and Child Neurology, 1), 34, 2014	Conference abstract.
Wade, S. L., Moscato, E. L., Raj, S. P., Narad, M. E., Clinician perspectives delivering telehealth interventions to children/families impacted by pediatric traumatic brain injury, Rehabilitation Psychology, 64, 298-306, 2019	Study not conducted in one of the countries included in the review protocol.
Waring, Justin, Marshall, Fiona, Bishop, Simon, Understanding the occupational and organizational boundaries to safe hospital discharge, Journal of health services research & policy, 20, 35-44, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Weatherhead, S., Calvert, P., Newby, G., Three models of group therapy in community brain injury rehabilitation, Brain Injury, 26, 430-431, 2012	Conference abstract.
Weir, N., Prescott, S., Fleming, J., Doig, E., Exploration of structured communication during client-centred goal setting with people with acquired brain injury, Brain Impairment, 19, 347-348, 2018	Conference abstract.
Wheatley, Alison, Bamford, Claire, Shaw, Caroline, Flynn, Elizabeth, Smith, Amy, Beyer, Fiona, Fox, Chris, Barber, Robert, Parry, Steve W., Howel, Denise, Homer, Tara, Robinson, Louise, Allan, Louise M., Developing an Intervention for Fall-Related Injuries in Dementia (DIFRID): an integrated, mixed-methods approach, BMC Geriatrics, 19, 57, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Whiteneck, G., Gassaway, J., Dijkers, M., Balance of spinal cord injury rehabilitation services provided in inpatient and postdischarge settings, Archives of Physical Medicine and	Conference abstract.

Study	Reason for Exclusion
Rehabilitation, 91, e19, 2010	
Whiteneck, G., Gassaway, J., Dijkers, M., Lammertse, D., Hammond, F., Heinemann, A., Backus, D., Charlifue, S., Ballard, P., Zanca, J., Inpatient and post-discharge rehabilitation services provided in the first year after spinal cord injury: Findings from the SCI rehab study, Topics in Spinal Cord Injury Rehabilitation, 16, 28-29, 2011	Conference abstract.
Whiteneck, Gale G., Gassaway, Julie, Dijkers, Marcel P., Lammertse, Daniel P., Hammond, Flora, Heinemann, Allen W., Backus, Deborah, Charlifue, Susan, Ballard, Pamela H., Zanca, Jeanne M., Inpatient and postdischarge rehabilitation services provided in the first year after spinal cord injury: findings from the SCIRehab Study, Archives of Physical Medicine and Rehabilitation, 92, 361-8, 2011	Study not conducted in one of the countries included in the review protocol.
Wilbanks, Susan R., Ivankova, Nataliya V., Exploring factors facilitating adults with spinal cord injury rejoining the workforce: a pilot study, Disability and Rehabilitation, 37, 739-49, 2015	Study not conducted in one of the countries included in the review protocol.
Williams, L. M., Douglas, J. M., It takes 2 to tango: The therapeutic alliance in community brain injury rehabilitation, Brain Impairment, 18, 362, 2017	Conference abstract.
Wong, A., Papadimitriou, C., Whiteneck, G., Deutsch, A., Heinemann, A., Goldsmith, A., Christopher, K., Focht, C., Lenze, E., Patient engagement in spinal cord injury rehabilitation: Patient and provider perspectives, Archives of Physical Medicine and Rehabilitation, 97, e71, 2016	Conference abstract.
Yenikomshian, Haig A., Lerew, Tara L., Tam, Melvin, Mandell, Sam P., Honari, Shari E., Pham, Tam N., Evaluation of Burn Rounds Using Telemedicine: Perspectives from Patients, Families, and Burn Center Staff, Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 25, 25-30, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Yoshida, Karen K., Self, Hazel M., Renwick, Rebecca M., Forma, Laura L., King, Audrey J., Fell, Leslie A., A value-based practice model of rehabilitation: consumers' recommendations in action, Disability and Rehabilitation, 37, 1825-33, 2015	No qualitative data on phenomena of interest.

Economic studies

No economic searches were undertaken for this qualitative review.

Excluded clinical and economic studies for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

Clinical studies

Table 18: Excluded studies and reasons for their exclusion

Study	Reason for Exclusion
Adams, Deana, Dahdah, Marie, Coping and adaptive strategies of traumatic brain injury survivors and primary caregivers, NeuroRehabilitation, 39, 223-37, 2016	Study not conducted in one of the countries included in the review protocol.
Aitken, Leanne M., Chaboyer, Wendy, Jeffrey, Carol, Martin,	Population not in PICO: Study did

Study	Reason for Exclusion
Bronte, Whitty, Jennifer A., Schuetz, Michael, Richmond, Therese S., Indicators of injury recovery identified by patients, family members and clinicians, Injury, 47, 2655-2663, 2016	not mention that the patients were transferred to outpatient or community services following discharge.
Albrecht, Jennifer S., O'Hara, Lyndsay M., Moser, Kara A., Mullins, C. Daniel, Rao, Vani, Perception of Barriers to the Diagnosis and Receipt of Treatment for Neuropsychiatric Disturbances After Traumatic Brain Injury, Archives of Physical Medicine and Rehabilitation, 98, 2548-2552, 2017	Study not conducted in one of the countries included in the review protocol.
Alston, Margaret, Jones, Jennifer, Curtin, Michael, Alston, Bartky Blais Bourdieu Bourdieu Brookshire Butler Callaway Connell Cunningham Curtin Degeneffe Fine Foucault Graham Gwyn Howes Jones Kirkness Lupton Mukherjee O'Rance Ponsford Rees Reichard Reidpath Shildrick Slewa-Younan, Women and traumatic brain injury: "It's not visible damage", Australian Social Work, 65, 39-53, 2012	No qualitative data on phenomena of interest.
Ammons, L. L., Harraghy, R. L., Medlin, H. J., Faku, C. T., Shupp, J. W., Flanagan, K. E., Jeng, J. C., Fidler, P., Sava, J. A., Jordan, M. H., Assessing the utility of nurse-driven post-discharge telephone calls, Journal of Burn Care and Research, 32, S153, 2011	Conference abstract
Andersson, Kerstin, Bellon, Michelle, Walker, Ruth, Parents' experiences of their child's return to school following acquired brain injury (ABI): A systematic review of qualitative studies, Brain Injury, 30, 829-38, 2016	No findings or themes related to phenomena of interest. Included studies were checked for relevance.
Angel, Sanne, Kirkevold, Marit, Pedersen, Birthe D., Rehabilitation after spinal cord injury and the influence of the professional's support (or lack thereof), Journal of Clinical Nursing, 20, 1713-22, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehab following discharge.
Arbour-Nicitopoulos, K. P., Lamontagne, M. E., Tomasone, J., Pila, E., Cumming, I., Latimer-Cheung, A. E., Routhier, F., Why do I stick to the program? a qualitative analysis of the determinants of adherence to community-based physical activity support programs by persons with SCI and contrast with general population with disabilities, Journal of Spinal Cord Medicine, 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, International Journal of Stroke, 12, 14, 2017	Conference abstract.
Armstrong, Elizabeth, Coffin, Juli, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Woods, Deborah, Hayward, Colleen, Dowell, Catelyn, McAllister, Meaghan, "You felt like a prisoner in your own self, trapped": the experiences of Aboriginal people with acquired communication disorders, Disability and Rehabilitation, 1-14, 2019	The majority of participants had not experienced traumatic injury and the results not reported separately for the target population.
Armstrong, Elizabeth, Coffin, Juli, McAllister, Meaghan, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Cross, Natasha, Arabi, Linda, Woods, Deborah, Hayward, Colleen, Alway, Armstrong Armstrong Baxter Blackmer Bohanna Bronfenbrenner Chase Coffin Creswell Elder Feigin Foster Gauld Gauthier Hines Jamieson Katzenellenbogen Katzenellenbogen Katzenellenbogen Keightley Kelly Kelly Lakhani Lewis Linton McDonald McKenna O'Reilly Olver Ponsford Rutland-Brown Salas Sandelowski Taylor Togher, 'I've got to row the boat on my own, more or less': Aboriginal Australian experiences of	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
traumatic brain injury, Brain Impairment, 20, 120-136, 2019	
Ayer, Lynsay, Farris, Coreen, Farmer, Carrie M., Geyer, Lily, Barnes-Proby, Dionne, Ryan, Gery W., Skrabala, Lauren, Scharf, Deborah M., Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury, Rand health quarterly, 5, 12, 2015	Study not conducted in one of the countries included in the review protocol.
Badger, Karen, Royse, David, Adult burn survivors' views of peer support: a qualitative study, Social Work in Health Care, 49, 299-313, 2010	Study not conducted in one of the countries included in the review protocol.
Balcazar, Fabricio E., Kelly, Erin Hayes, Keys, Christopher B., Balfanz-Vertiz, Kristin, Albrecht, Alston Balcazar Balcazar Block Boschen Burnett Cressy Devlieger Devlieger Dijkers Dijkers Engstrom Gill Groce Haskell Hayes Hernandez Hernandez Hibbard Jackson Kroll Ljungberg McDonald McKinley Ostrander Richards Rovinsky Sable Servan Sherman Veith Waters Waters Waters Whiteneck Wilson Wilson, Using peer mentoring to support the rehabilitation of individuals with violently acquired spinal cord injuries, Journal of Applied Rehabilitation Counseling, 42, 3-11, 2011	Study not conducted in one of the countries included in the review protocol.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Social and community participation following spinal cord injury: a critical review, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 38, 1-19, 2015	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Bourke-Taylor, Helen, Facilitators and barriers to social and community participation following spinal cord injury, Australian occupational therapy journal, 63, 19-28, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beaton, Angela, O'Leary, Katrina, Thorburn, Julie, Campbell, Alaina, Christey, Grant, Improving patient experience and outcomes following serious injury, The New Zealand medical journal, 132, 15-25, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beckett, K., Earthy, S., Sleney, J., Barnes, J., Kellezi, B., Barker, M., Clarkson, J., Coffey, F., Elder, G., Kendrick, D., Providing effective trauma care: The potential for service provider views to enhance the quality of care (qualitative study nested within a multicentre longitudinal quantitative study), BMJ Open, 4, e005668, 2014	No qualitative data on phenomena of interest.
Bergmark, Lisa, Westgren, Ninni, Asaba, Eric, Returning to work after spinal cord injury: exploring young adults' early expectations and experience, Disability and Rehabilitation, 33, 2553-8, 2011	Study did not examine rehabilitation while an inpatient, when transferring to community, or seeking to access rehabilitation following discharge.
Bernet, Madeleine, Sommerhalder, Kathrin, Mischke, Claudia, Hahn, Sabine, Wyss, Adrian, "Theory Does Not Get You From Bed to Wheelchair": A Qualitative Study on Patients' Views of an Education Program in Spinal Cord Injury Rehabilitation, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 44, 247-253, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Biester, Rosette C., Krych, Dave, Schmidt, M. J., Parrott, Devan, Katz, Douglas I., Abate, Melissa, Hirshson, Chari I., Individuals With Traumatic Brain Injury and Their Significant Others' Perceptions of Information Given About the Nature and Possible Consequences of Brain Injury: Analysis of a National Survey, Professional case management, 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes and costs of 2 publicly-funded community-based models of acquired brain injury services, Archives of Physical Medicine and Rehabilitation, 91, e59, 2010	Conference abstract.
Bourge, C., Body Image (BI) of acquired spinal cord injury (SCI) persons. Which patient care in an internal unit of physical and neurological rehabilitation. Experience of the patient care in an internal and neurological unit of PMR of the University Hospital of Liege, Annals of Physical and Rehabilitation Medicine, 59 (Supplement), e128, 2016	No qualitative data on phenomena of interest.
Bourke, John A., Nunnerley, Joanne L., Sullivan, Martin, Derrett, Sarah, Relationships and the transition from spinal units to community for people with a first spinal cord injury: A New Zealand qualitative study, Disability and health journal, 12, 257-262, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not reported separately for the target population.
Braaf, Sandra C., Lennox, Alyse, Nunn, Andrew, Gabbe, Belinda J., Experiences of hospital readmission and receiving formal carer services following spinal cord injury: a qualitative study to identify needs, Disability and Rehabilitation, 40, 1893-1899, 2018	Study did not examine phenomena of interest.
Brauer, Jennifer, Hay, Catherine Cooper, Francisco, Gerard, A retrospective investigation of occupational therapy services received following a traumatic brain injury, Occupational Therapy in Health Care, 25, 119-30, 2011	Study not conducted in one of the countries included in the review protocol.
Brimicombe, L., Ling, J., De Sousa De Abreu, I., Hoffman, K., Salisbury, C., Jefferson, R., Makela, P., Early integration of a self-management support package into usual care following traumatic brain injury (TBI): A feasibility study, British Journal of Neurosurgery, 31, 501, 2017	Conference abstract.
Brito, Sara, White, Jennifer, Thomacos, Nikos, Hill, Bridget, The lived experience following free functioning muscle transfer for management of pan-brachial plexus injury: reflections from a long-term follow-up study, Disability and Rehabilitation, 1-9, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Brockway, J. A., St De Lore, J., Fann, J. R., Hart, T., Hurst, S., Fey-Hinckley, S., Savage, J., Warren, M., Bell, K. R., Telephone-delivered problem-solving training after mild traumatic brain injury: qualitative analysis of service members' perceptions, Rehabilitation Psychology, 61, 221â 230, 2016	Study not conducted in one of the countries included in the review protocol.
Brown, Jessica, Hux, Karen, Hey, Morgan, Murphy, Madeline, Ackerman, Aldrich Anderson Arciniegas Bach Beigel Bogdan Brandt Brown Brown Catroppa Cicerone Cicerone Creswell Creswell Cushman de Joode de Joode DePompei Donders Dowds Doyle Edwards Ewing-Cobbs Fortuny Gillette Gillette Gioia Glang Gordon Gordon Grajzel Harper Hart Hawley Helm-Estabrooks Hendricks Hux Kelley Kennedy Kennedy Kertesz Krause Leopold Lincoln Martella Martinez McAllister McCrory Merriam Moustakas Ownsworth Patel Perna Reitan Rumrill Scherer Scherer Scherer Scherer Scherer Scherer Shanahan Sherer Sherer Sohlberg Spreen Starks Tate Todis Togher Vu Wallace Ylvisaker Ylvisaker, Exploring cognitive support use and preference by college students with TBI: A mixed-methods study, NeuroRehabilitation, 41, 483-499, 2017	Study not conducted in one of the countries included in the review protocol.
Browne, C., Living with traumatic brain injury: Views of survivors and family members, Brain Injury, 26, 400, 2012	Conference abstract.
Bruner-Canhoto, Laney, Savageau, Judith, Croucher, Deborah, Bradley, Kathryn, Lessons From a Care Management Pilot	Study not conducted in one of the countries included in the review

Study	Reason for Exclusion
Program for People With Acquired Brain Injury, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 38, 255-263, 2016	protocol.
Buck, P., Kirzner, R., Sagrati, J., Laster, R., The challenge of mTBI work: An exploratory study of rehabilitation professionals, Brain Injury, 26, 583-584, 2012	Conference abstract.
Buck, Page Walker, Sagrati, Jocelyn Spencer, Kirzner, Rachel Shapiro, Belson, Bloom Brenner Briggs Brody Buck Chrisman Gaboda Klein Marchione Padgett Patton Schwartz Strauss Thompson, Mild traumatic brain injury: A place for social work, Social Work in Health Care, 52, 741-751, 2013	Study not conducted in one of the countries included in the review protocol.
Buddai, S., Di Taranti, L. J., Adenwala, A. Y., Aepli, S., Choudhary, M., George, D. L., Koilor, C. B., Linehan, M., Peifer, H., Rub, D., Kaplan, L., Johnson, N., Lane-Fall, M. B., Characterizing intensive care unit patient and family experiences of recovery after traumatic injury, American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS, 195, 2017	Conference abstract.
Buscemi, Valentina, Cassidy, Elizabeth, Kilbride, Cherry, Reynolds, Frances Ann, A qualitative exploration of living with chronic neuropathic pain after spinal cord injury: an Italian perspective, Disability and Rehabilitation, 40, 577-586, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Bushnik, T., Smith, M., Long, C., Supporting factors for follow-up care in TBI patients post-inpatient discharge, Brain Injury, 31 (6-7), 974, 2017	Conference abstract.
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenshutz, A., Edens, K., Kreider, S. E. D., Whiteneck, G., Relationship of therapeutic recreation inpatient rehabilitation interventions and patient characteristics to outcomes following spinal cord injury: The SCIRehab project, Journal of Spinal Cord Medicine, 35, 547-564, 2012	Study not conducted in one of the countries included in the review protocol.
Calder, Allyson, Nunnerley, Jo, Mulligan, Hilda, Ahmad Ali, Nordawama, Kensington, Gemma, McVicar, Tim, van Schaik, Olivia, Experiences of persons with spinal cord injury undertaking a physical activity programme as part of the SCIPA 'Full-On' randomized controlled trial, Disability and Health Journal, 11, 267-273, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Calleja, Pauline, Aitken, Leanne, Cooke, Marie, Staff perceptions of best practice for information transfer about multitrauma patients on discharge from the emergency department: a focus group study, Journal of Clinical Nursing, 25, 2863-73, 2016	Setting not in PICO: Emergency department.
Canto, Angela I., Chesire, David J., Buckley, Valerie A., Andrews, Terrie W., Roehrig, Alysia D., Arroyos-Jurado, Ball Bradley-Klug Brantlinger Braun Chesire Conoley Cook Davies Elliot Ewing-Cobbs Farmer Gioia Glang Glang Glang Gopinath Guba Guskiewicz Havey Hooper Hux Jantz Johnson Lewandowski Meehan Mellard Rosenthal Rutland-Brown Savage Sharp Shaw Shaw Shih Yeates Yeates Ylvisaker, Barriers to meeting the needs of students with traumatic brain injury, Educational Psychology in Practice, 30, 88-103, 2014	Study not conducted in one of the countries included in the review protocol.
Carron, R. M. C., 'nobody prepared me for this!' parents' experiences of seeking help and support with post-brain injury symptoms and changes in children and adolescents with acquired brain injury, Journal of Neurology, Neurosurgery and	Conference abstract.

Study	Reason for Exclusion
Psychiatry, 90, A9, 2019	
Caspari, Synnove, Aasgaard, Trygve, Lohne, Vibeke, Slettebo, Ashild, Naden, Dagfinn, Perspectives of health personnel on how to preserve and promote the patients' dignity in a rehabilitation context, Journal of Clinical Nursing, 22, 2318-26, 2013	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for the target population.
Chapple, L. A., Chapman, M., Shalit, N., Udy, A., Deane, A., Williams, L., Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury: Views and Attitudes of Medical and Nursing Practitioners in the Acute Care Setting, Journal of Parenteral and Enteral Nutrition, 42, 318-326, 2018	Study did not examine phenomena of interest.
Chapple, Lee-Anne, Chapman, Marianne, Shalit, Natalie, Udy, Andrew, Deane, Adam, Williams, Lauren, Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury, JPEN. Journal of parenteral and enteral nutrition, 148607116687498, 2017	Duplicate.
Chondronikola, M., Weller, S., Rosenberg, L., Rosenberg, M., Meyer, W. J., Herndon, D. N., Sidossis, L., Variation among clinical specialties in perceptions of pediatric burn patient needs, Journal of Burn Care and Research, 37, S244, 2016	Conference abstract.
Christie, Nicola, Beckett, Kate, Earthy, Sarah, Kellezi, Blerina, Sleney, Jude, Barnes, Jo, Jones, Trevor, Kendrick, Denise, Seeking support after hospitalisation for injury: a nested qualitative study of the role of primary care, The British journal of general practice : the journal of the Royal College of General Practitioners, 66, e24-31, 2016	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Christie, Nicola, Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Jowett, Helen, Gabbe, Belinda, Barclay, Barnes Berkman Boniface Braun Cameron Carpenter Cass Charlson Christie Christie Cox Gabbe Gabbe Kellezi Larsen Levasseur Lyons Marottoli McInnes Pointer Prang Smith Syed Urry Wilson, The role of social networks in supporting the travel needs of people after serious traumatic injury: A nested qualitative study, Journal of Transport & Health, 6, 84-92, 2017	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Cichon, S., Danford, E. K., Schladen, M. M., Bruner, D., Libin, A., Scholten, J., Integrating opportunities for family involvement into a manualized goal self-management intervention for veterans with mTBI, Archives of Physical Medicine and Rehabilitation, 96, e77, 2015	Conference abstract.
Cocks, Errol, Bulsara, Caroline, O'Callaghan, Annalise, Netto, Julie, Boaden, Ross, Exploring the experiences of people with the dual diagnosis of acquired brain injury and mental illness, Brain Injury, 28, 414-21, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Coffey, Nathan T., Weinstein, Ali A., Cai, Cindy, Cassese, Jimmy, Jones, Rebecca, Shaewitz, Dahlia, Garfinkel, Steven, Identifying and Understanding the Health Information Experiences and Preferences of Individuals With TBI, SCI, and Burn Injuries, Journal of patient experience, 3, 88-95, 2016	Study not conducted in one of the countries included in the review protocol.
Cogan, A., Treatment model of occupational therapy intervention for service members with chronic symptoms following MTBI, Archives of Physical Medicine and Rehabilitation, 98, e132, 2017	Conference abstract.
Curtis, Kate, Foster, Kim, Mitchell, Rebecca, Van, Connie, How is care provided for patients with paediatric trauma and their families in Australia? A mixed-method study, Journal of	Study did not examine the phenomena of interest.

Study	Reason for Exclusion
Paediatrics and Child Health, 52, 832-6, 2016	
Cuthbert, J., Anderson, J., Mason, C., Block, S., Dettmer, J., Weintraub, A., Harrison-Felix, C., Case management of individuals with chronic TBI: A research-based approach, Journal of Head Trauma Rehabilitation, 28, E49, 2013	Conference abstract.
Daggett, Virginia S., Bakas, Tamilyn, Buelow, Janice, Habermann, Barbara, Murray, Laura L., Needs and concerns of male combat Veterans with mild traumatic brain injury, Journal of Rehabilitation Research and Development, 50, 327-40, 2013	Study not conducted in one of the countries included in the review protocol.
Dahl, O., Wickman, M., Wengstrom, Y., Adapting to life after burn injury-reflections on care, Journal of Burn Care and Research, 33, 595-605, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dalmaso, Kym, Weber, Sarah, Eley, Rob, Spencer, Lyndall, Cabilan, C. J., Nurses' perceived benefits of trauma nursing rounds (TNR) on clinical practice in an Australian emergency department: a mixed methods study, Australasian emergency nursing journal : AENJ, 18, 42-8, 2015	Setting not in PICO: Emergency department.
Dams-O'Connor, K., Landau, A., De Lore, J. S., Hoffman, J., Access, barriers, and health care quality after brain injury: Insiders' perspectives, Archives of Physical Medicine and Rehabilitation, 97, e129, 2016	Conference abstract.
Dams-O'Connor, Kristen, Landau, Alexandra, Hoffman, Jeanne, St De Lore, Jef, Patient perspectives on quality and access to healthcare after brain injury, Brain Injury, 32, 431-441, 2018	Study not conducted in one of the countries included in the review protocol.
Darnell, Doyanne A., Parker, Lea E., Wagner, Amy W., Dunn, Christopher W., Atkins, David C., Dorsey, Shannon, Zatzick, Douglas F., Task-shifting to improve the reach of mental health interventions for trauma patients: findings from a pilot study of trauma nurse training in patient-centered activity scheduling for PTSD and depression, Cognitive behaviour therapy, 48, 482-496, 2019	Study not conducted in one of the countries included in the review protocol.
D'Cruz, K., Howie, L., Lentin, P., Client-centred practice: Perspectives of persons with a traumatic brain injury, Scandinavian Journal of Occupational Therapy, 23, 30-38, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Dickson, Adele, Ward, Richard, O'Brien, Grainne, Allan, David, O'Carroll, Ronan, Difficulties adjusting to post-discharge life following a spinal cord injury: an interpretative phenomenological analysis, Psychology, health & medicine, 16, 463-74, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Diener, M., Kirby, A., Canary, H., Sumison, F., Green, M., Community reintegration following pediatric acquired brain injury: Perspectives of providers and families, Journal of Head Trauma Rehabilitation, 33 (3), E97, 2018	Conference abstract.
Dillahunt-Aspillaga, C., Bradley, S., Ramaiah, P., Radwan, C., Ottomanelli, L., Coalition Building: A Tool To Implement Evidenced-Based Resource Facilitation in The VHA: Pilot Results, Archives of Physical Medicine and Rehabilitation, 100, e164, 2019	Conference abstract.
Dismann, Patrick D., Maignan, Maxime, Cloves, Paul D., Gutierrez Parres, Blanca, Dickerson, Sara, Eberhardt, Alice, A Review of the Burden of Trauma Pain in Emergency Settings in	Setting not in PICO: Emergency settings.

Study	Reason for Exclusion
Europe, Pain and therapy, 7, 179-192, 2018	
Divanoglou, A., Georgiou, M., Perceived effectiveness and mechanisms of community peer-based programmes for Spinal Cord Injuries-a systematic review of qualitative findings, Spinal cord, 55, 225-234, 2017	Study did not report any findings related to the phenomena of interest.
Doig, E., Fleming, J., Kuipers, P., Cornwell, P., The relationship between goal attainment and the development of self-awareness in traumatic brain injury (TBI) rehabilitation: Descriptive and qualitative case analyses, Brain Impairment, 14, 159-160, 2013	Conference abstract.
Donnell, Zoe, Hoffman, Roseanne, Myers, Gaya, Sarmiento, Kelly, Seeking to improve care for young patients: Development of tools to support the implementation of the CDC Pediatric mTBI Guideline, Journal of Safety Research, 67, 203-209, 2018	Study not conducted in one of the countries included in the review protocol.
Donnelly, Kyla Z., Goldberg, Shari, Fournier, Debra, A qualitative study of LoveYourBrain Yoga: a group-based yoga with psychoeducation intervention to facilitate community integration for people with traumatic brain injury and their caregivers, Disability and Rehabilitation, 1-10, 2019	Study not conducted in one of the countries included in the review protocol.
Douglas, J., 'Nobody wants to know you'. Understanding the experience of friendship following severe traumatic brain injury, Brain Injury, 30, 515, 2016	Conference abstract.
Drew, S., Judge, A., Cooper, C., Javaid, M. K., Farmer, A., Gooberman-Hill, R., Secondary prevention of fractures after hip fracture: a qualitative study of effective service delivery, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 27, 1719-27, 2016	Study did not examine rehabilitation.
Drew, S., Judge, A., Javaid, M. K., Cooper, C., Farmer, A., Goobermen-Hill, R., Secondary prevention of fractures after hip fracture: A qualitative study of effective service delive, Osteoporosis International, 25, S308, 2014	Conference abstract.
Dwyer, Aoife, Heary, Caroline, Ward, Marcia, MacNeela, Padraig, Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury, Disability and Rehabilitation, 41, 33-43, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dyke, J., Krupa, J., Vova, J., Medical symptoms, service gaps and barriers to care using the medical home model in adolescents with acquired brain injury, Journal of Head Trauma Rehabilitation, 27 (5), E18-E19, 2012	Conference abstract.
Edworthy Ann, Donne Hannah, The availability and intelligibility of information for carers of children with a brain injury, Social Care and Neurodisability, 1, 32-40, 2010	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Eliacin, Johanne, Fortney, Sarah, Rattray, Nicholas A., Kean, Jacob, Access to health services for moderate to severe TBI in Indiana: patient and caregiver perspectives, Brain Injury, 32, 1510-1517, 2018	Study not conducted in one of the countries included in the review protocol.
Fitts, M., Fleming, J., Bird, K., Condon, T., Gilroy, J., Clough, A., Maruff, P., Esterman, A., Bohanna, I., Sentinel events during hospital admission for indigenous people following traumatic brain injury, Brain Impairment, 19, 336, 2018	Conference abstract.

Study	Reason for Exclusion
Ford, James H., 2nd, Wise, Meg, Krahn, Dean, Oliver, Karen Anderson, Hall, Carmen, Sayer, Nina, Family care map: Sustaining family-centered care in Polytrauma Rehabilitation Centers, Journal of Rehabilitation Research and Development, 51, 1311-24, 2014	Study not conducted in one of the countries included in the review protocol.
Foster, Kim, Mitchell, Rebecca, Van, Connie, Young, Alexandra, McCloughen, Andrea, Curtis, Kate, Resilient, recovering, distressed: A longitudinal qualitative study of parent psychosocial trajectories following child critical injury, Injury, 50, 1605-1611, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Foster, Kim, Young, Alexandra, Mitchell, Rebecca, Van, Connie, Curtis, Kate, Experiences and needs of parents of critically injured children during the acute hospital phase: A qualitative investigation, Injury, 48, 114-120, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Fournier, D., Goldberg, S., Figucia, C., Kennedy, P., Krauss, K., Smith, C., Springmann, J., An interdisciplinary traumatic brain injury clinic: Understanding the patient experience, Journal of Head Trauma Rehabilitation, 32, E97-E98, 2017	Conference abstract.
Francis, A., Ziviani, J., Fleming, J., Rae, M., McKinlay, L., Transitioning to adulthood: Needs of young people with an acquired brain injury and those of their families, Neurorehabilitation and Neural Repair, 26, 780-781, 2012	Conference abstract.
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Fraser, M. A., Lind, J. D., Powell-Cope, G., Gavin-Dreschnack, D., Addressing non-direct care, psychosocial concerns of veterans with spinal cord injuries, Journal of Spinal Cord Medicine, 36, 546-547, 2013	Conference abstract.
Freeman, Claire, Cassidy, Bernadette, Hay-Smith, E. Jean C., Beauregard, Beisecker Chan Craig DeSanto-Madeya Dickson Dixon Ell Esmail Esmail Fisher Fronek Gilad Kendall Kennedy Kidd Kreuter Leino-Kilpi Lemonidou New Parrott Racher Rembis Schuster Sinnott Smith Smith Steinglass Taylor Vocaturo, Couple's experiences of relationship maintenance and intimacy in acute spinal cord injury rehabilitation: An interpretative phenomenological analysis, Sexuality and Disability, 35, 433-444, 2017	Study did not examine phenomena of interest.
Fry, J. C., Price, P., Meeting the re-integration needs of individuals with spinal cord injury: Effectiveness of community-based occupational therapy, Archives of Physical Medicine and Rehabilitation, 94, e8, 2013	Conference abstract.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, The journal of trauma and acute care surgery, 78, 300-5, 2015	Study did not examine rehabilitation.
Gagnon, I., Friedman, D., Management of mild traumatic brain injury or concussion in children: Is there a role for the physical therapist?, Physiotherapy (United Kingdom), 1), eS1487-eS1488, 2011	Conference abstract.
Garrino, Lorenza, Curto, Natascia, Decorte, Rita, Felisi, Nadia, Matta, Ebe, Gregorino, Silvano, Actis, M. Vittoria, Marchisio, Cecilia, Carone, Roberto, Towards personalized care for	Study did not examine phenomena of interest.

Study	Reason for Exclusion
persons with spinal cord injury: a study on patients' perceptions, The journal of spinal cord medicine, 34, 67-75, 2011	
Gawel, Marcie, Emerson, Beth, Giuliano, John S., Jr., Rosenberg, Alana, Minges, Karl E., Feder, Shelli, Violano, Pina, Morrell, Patricia, Petersen, Judy, Christison-Lagay, Emily, Auerbach, Marc, A Qualitative Study of Multidisciplinary Providers' Experiences With the Transfer Process for Injured Children and Ideas for Improvement, Pediatric Emergency Care, 34, 125-131, 2018	Study not conducted in one of the countries included in the review protocol.
Gemmel, Paul, van Steenis, Thomas, Meijboom, Bert, Bensabat, Bohmer Broekhuis Burke Chase Chase Chase Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdijk, Front-office/back-office configurations and operational performance in complex health services, Brain Injury, 28, 347-356, 2014	Not specific to rehabilitation, or to traumatic injury and results not presented separately for target population.
Gill, Carol J., Sander, Angelle M., Robins, Nina, Mazzei, Diana, Struchen, Margaret A., Allen, Aloni Aloni Anderson Anderson-Parente Bergland Brooks Ergh Garden Gillen Gosling Harrick Hibbard Hoofien Jeon Kersel Kravetz Kravetz Kreuter Kreutzer Kreutzer Kreutzer Lippert Marsh Oddy Olver Panting Patton Perlesz Peters Ponsford Porter Resnick Rosenbaum Sandel Siebert Snow Tate Tate Thomsen Vanderploeg Wallace Webster Wells Wood Wood, Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners, The Journal of Head Trauma Rehabilitation, 26, 56-68, 2011	Study not conducted in one of the countries included in the review protocol.
Gill, Ian J., Wall, Gemma, Simpson, Jane, Clients' perspectives of rehabilitation in one acquired brain injury residential rehabilitation unit: a thematic analysis, Brain Injury, 26, 909-20, 2012	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Glintborg, C., Hansen, T., De La Mata Benites, M., Supporting transitions in neurorehabilitation. A pathway to improved psychosocial outcomes, Brain Injury, 30, 565-566, 2016	Conference abstract.
Glintborg, Chalotte, Hansen, Tia G. B., Bech, Bech Braun Brenner Creswell Ellervik Engel Ghaziani Glintborg Glintborg Glintborg Glintborg Hackett Haggerty Hald Hall Holm Jorge Jorge Keith Kennedy Miles Morton Norholm Pallant Rivera Schlossberg Teasdale Teasdale Turner, Bio-psycho-social effects of a coordinated neurorehabilitation programme: A naturalistic mixed methods study, NeuroRehabilitation, 38, 99-113, 2016	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Goel, R., Fruth, S., Geigle, P., Santurri, L., Abzug, J., Telerehabilitation for Individuals With Spinal Cord Injury: Is it Feasible?, Archives of Physical Medicine and Rehabilitation, 100, e203-e204, 2019	Conference abstract.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study, Injury, 49, 110-116, 2018	No qualitative data on phenomena of interest.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, Using the trauma patient experience and evaluation of hospital discharge practices to inform practice change: A mixed methods study, Journal of Clinical Nursing, 27, 1589-1598, 2018	Study did not examine rehabilitation.

Study	Reason for Exclusion
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace accommodations following work-related mild traumatic brain injury: what works?, Disability and Rehabilitation, 1-10, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, Brain Injury, 31, 721-722, 2017	Conference abstract.
Guilcher, S., Everall, A., Wodchis, W., Joanna, deGraaf-Dunlop, Bar-Ziv, S., Kuluski, K., Understanding Transitions of Care in Older Adults With Hip Fractures: A Multiple-Case Study in Ontario, Archives of Physical Medicine and Rehabilitation, 100, e138, 2019	Conference abstract.
Gullick, Janice G., Taggart, Susan B., Johnston, Rae A., Ko, Natalie, The trauma bubble: patient and family experience of serious burn injury, Journal of burn care & research : official publication of the American Burn Association, 35, e413-27, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Guptill, C. A., The lived experience of professional musicians with playing-related injuries: A phenomenological inquiry, Medical Problems of Performing Artists, 26, 84-95, 2011	No qualitative data on phenomena of interest.
Haarbauer-Krupa, J., Vova, J., Follow-up of preschool children with acquired brain injury, Brain Injury, 26, 424-425, 2012	Conference abstract.
Haas, B. M., Price, L., Freeman, J. A., Qualitative evaluation of a community peer support service for people with spinal cord injury, Spinal Cord, 51, 295-9, 2013	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Harrington, Rosamund, Foster, Michele, Fleming, Jennifer, Experiences of pathways, outcomes and choice after severe traumatic brain injury under no-fault versus fault-based motor accident insurance, Brain Injury, 29, 1561-71, 2015	No qualitative data on phenomena of interest.
Harris, M. B., Rafeedie, S., McArthur, D., Babikian, T., Snyder, A., Polster, D., Giza, C. C., Addition of Occupational Therapy to an Interdisciplinary Concussion Clinic Improves Identification of Functional Impairments, Journal of Head Trauma Rehabilitation, 34, 425-432, 2019	Study not conducted in one of the countries included in the review protocol.
Harrison, Anne L., Hunter, Elizabeth G., Thomas, Heather, Bordy, Paige, Stokes, Erin, Kitzman, Patrick, Living with traumatic brain injury in a rural setting: supports and barriers across the continuum of care, Disability and Rehabilitation, 39, 2071-2080, 2017	Study not conducted in one of the countries included in the review protocol.
Hartley, Naomi A., Spinal cord injury (SCI) rehabilitation: systematic analysis of communication from the biopsychosocial perspective, Disability and rehabilitation, 1-10, 2015	Study not conducted in one of the countries included in the review protocol.
Hawkins, Brent L., Crowe, Brandi M., Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study, Archives of Physical Medicine and Rehabilitation, 99, S65-S71, 2018	Study not conducted in one of the countries included in the review protocol.
Haywood, C., Perceptions of recovery among adolescents and young adults with acquired spinal cord injuries, Archives of Physical Medicine and Rehabilitation, 97, e76, 2016	Conference abstract.
Haywood, Carol, Pyatak, Elizabeth, Leland, Natalie, Henwood, Benjamin, Lawlor, Mary C., A Qualitative Study of Caregiving for Adolescents and Young Adults With Spinal Cord Injuries: Lessons From Lived Experiences, Topics in Spinal Cord Injury Rehabilitation, 25, 281-289, 2019	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
Hellem, I., Forland, G., Eide, K., Ytrehus, S., Addressing uncertainty and stigma in social relations related to hidden dysfunctions following acquired brain injury, Scandinavian Journal of Disability Research, 20, 152-161, 2018	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Herrera-Escobar, J. P., Columbus, A., Castillo-Angeles, M., Rios-Diaz, A. J., Weed, C. N., Kasotakis, G., Velmahos, G. C., Salim, A., Haider, A. H., Kaafara, H. M., Discontinuity of patient-provider communication throughout the phases of care: Time to be more patient-centered in trauma?, Journal of the American College of Surgeons, 225 (4 Supplement 2), e176, 2017	Conference abstract.
Hill, Jennifer N., Smith, Bridget M., Weaver, Frances M., Nazi, Kim M., Thomas, Florian P., Goldstein, Barry, Hogan, Timothy P., Potential of personal health record portals in the care of individuals with spinal cord injuries and disorders: Provider perspectives, The journal of spinal cord medicine, 41, 298-308, 2018	Study not conducted in one of the countries included in the review protocol.
Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., Power, E., Exploring ehealth 'tribes and tribulations' in interdisciplinary rehabilitation for people with a traumatic brain injury (TBI), Brain Impairment, 19, 292-293, 2018	Conference abstract.
Hirsch, M. A., Grafton, L., Guerrier, T. P., Niemeier, J. P., Newman, M., Runyon, M. S., Unmet concussion care needs from the perspective of individuals with mild traumatic brain injury, Archives of Physical Medicine and Rehabilitation, 96, e33, 2015	Conference abstract.
Hitzig, S., Bain, P., Haycock, S., Hebert, D. A., Evaluation of a spinal cord injury community reintegration outpatient program (CROP) service, Archives of Physical Medicine and Rehabilitation, 95, e83, 2014	Conference abstract.
Hollick, R., Reid, D., Black, A., McKee, L., What matters to patients: Working together to improve the quality of osteoporosis services, Osteoporosis International, 27, S678, 2016	Conference abstract.
Holloway, Mark, Motivational interviewing and acquired brain injury, Social Care and Neurodisability, 3, 122-130, 2012	Narrative review.
Hoogerdijk, Barbara, Runge, Ulla, Haugboelle, Jette, The adaptation process after traumatic brain injury an individual and ongoing occupational struggle to gain a new identity, Scandinavian Journal of Occupational Therapy, 18, 122-32, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Hoonakker, Peter Leonard Titus, Wooldridge, Abigail Rayburn, Hose, Bat-Zion, Carayon, Pascale, Eithun, Ben, Brazelton, Thomas Berry, 3rd, Kohler, Jonathan Emerson, Ross, Joshua Chud, Rusy, Deborah Ann, Dean, Shannon Mason, Kelly, Michelle Merwood, Gurses, Ayse Pinar, Information flow during pediatric trauma care transitions: things falling through the cracks, Internal and emergency medicine, 14, 797-805, 2019	Study not conducted in one of the countries included in the review protocol.
Hosking, J. E., Ameratunga, S. N., Bramley, D. M., Crengle, S. M., Reducing ethnic disparities in the quality of trauma care: An important research gap, Annals of Surgery, 253, 233-237, 2011	Study did not examine rehabilitation.
Hull, K., Ribariach, J., Panton, V., De Jonge, J., Bulsara, C., Developing independence and empowerment through medications self management amongst persons with acquired	Conference abstract.

Study	Reason for Exclusion
brain injury, Neurorehabilitation and Neural Repair, 26, 775-776, 2012	
Hunt, Anne W., Laupacis, Dylan, Kawaguchi, Emily, Greenspoon, Dayna, Reed, Nick, Key ingredients to an active rehabilitation programme post-concussion: perspectives of youth and parents, Brain Injury, 32, 1534-1540, 2018	It was not clear that the participants had been hospitalised (study states that the intervention/ interviews were undertaken in a hospital but many of the participants were drawn from the community).
Hyatt, Kyong, Davis, Linda L., Barroso, Julie, Chasing the care: soldiers experience following combat-related mild traumatic brain injury, Military Medicine, 179, 849-55, 2014	Study not conducted in one of the countries included in the review protocol.
Irgens, Eirik Lind, Henriksen, Nils, Moe, Siri, Communicating information and professional knowledge in acquired brain injury rehabilitation trajectories - a qualitative study of physiotherapy practice, Disability and Rehabilitation, 1-8, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Jacoby, Sara F., Rich, John A., Webster, Jessica L., Richmond, Therese S., 'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia, Ethnicity & health, 1-19, 2018	Study not conducted in one of the countries included in the review protocol.
Jannings, Wendy, Pryor, Julie, The experiences and needs of persons with spinal cord injury who can walk, Disability and Rehabilitation, 34, 1820-6, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Janssen, Renske M. J., Satink, Ton, Ijspeert, Jos, van Alfen, Nens, Groothuis, Jan T., Packer, Tanya L., Cup, Edith H. C., Reflections of patients and therapists on a multidisciplinary rehabilitation programme for persons with brachial plexus injuries, Disability and Rehabilitation, 41, 1427-1434, 2019	Population not in PICO: Participants had not experienced traumatic injury.
Jellema, Sandra, van Erp, Sabine, Nijhuis-van der Sanden, Maria W. G., van der Sande, Rob, Steultjens, Esther M. J., Activity resumption after acquired brain injury: the influence of the social network as described by social workers, Disability and Rehabilitation, 1-8, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Cameron, Jill I., Craven, B. Catharine, Jaglal, Susan B., Identifying Required Skills to Enhance Family Caregiver Competency in Caring for Individuals With Spinal Cord Injury Living in the Community, Topics in Spinal Cord Injury Rehabilitation, 25, 290-302, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Catharine Craven, B., Cameron, Jill I., Jaglal, Susan B., Facilitators and barriers to supporting individuals with spinal cord injury in the community: experiences of family caregivers and care recipients, Disability and Rehabilitation, 1-11, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jiang, T., Webster, J. L., Robinson, A., Kassam-Adams, N., Richmond, T. S., Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study, Injury, 49, 983-989, 2018	Study not conducted in one of the countries included in the review protocol.
Jourdan, C., Azouvi, P., Pradat-Diehl, P., Ruet, A., Tenovuo, O., Traumatic Brain Injury (TBI) care pathways in Finland and in France: Organization and issues, Annals of Physical and Rehabilitation Medicine, 57, e397, 2014	Conference abstract.
Jurrius, K., After care for people with acquired brain injury in the chronic phase-New equilibrium in the aftercare of people	Conference abstract.

Study	Reason for Exclusion
with acquired brain injury and their next of kin, Brain Injury, 30, 567, 2016	
Keck, Casey S., Creaghead, Nancy A., Turkstra, Lyn S., Vaughn, Lisa M., Kelchner, Lisa N., Pragmatic skills after childhood traumatic brain injury: Parents' perspectives, Journal of communication disorders, 69, 106-118, 2017	Study not conducted in one of the countries included in the review protocol.
Keenan, Alanna, Joseph, Lynn, The needs of family members of severe traumatic brain injured patients during critical and acute care: a qualitative study, Canadian journal of neuroscience nursing, 32, 25-35, 2010	Mixed setting and population, results not presented separately for the target settings and population.
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Sleney, Jude, Clarkson, Julie, Regel, Stephen, Jones, Trevor, Kendrick, Denise, Understanding and meeting information needs following unintentional injury: comparing the accounts of patients, carers and service providers, Injury, 46, 564-71, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Kennedy, P., Sherlock, O., McClelland, M., Short, D., Royle, J., Wilson, C., A multi-centre study of the community needs of people with spinal cord injuries: the first 18 months, Spinal Cord, 48, 15-20, 2010	No qualitative data on phenomena of interest.
Kiekens, C., Christiaens, W., Van Den Heede, K., Organization of aftercare for patients with severe burn injuries in Belgium, Annals of Physical and Rehabilitation Medicine, 57, e212-e213, 2014	Conference abstract.
Kingston, Gail A., Judd, Dr Jenni, Gray, Marion A., The experience of living with a traumatic hand injury in a rural and remote location: an interpretive phenomenological study, Rural and remote health, 14, 2764, 2014	No qualitative data on phenomena of interest.
Kivunja, Stephen, River, Jo, Gullick, Janice, Experiences of giving and receiving care in traumatic brain injury: An integrative review, Journal of clinical nursing, 27, 1304-1328, 2018	Systematic review, included studies checked for relevance.
Kjaersgaard, A., Kristensen, H. K., Brain injury and severe eating difficulties at admission-patient perspective nine to fifteen months after discharge: A pilot study, Brain Sciences, 7, 96, 2017	Unclear how many participants had experienced traumatic injury, the results not presented separately for target population.
Knox, L., Douglas, J., Bigby, C., Exploring tensions associated with supported decision making in adults with severe traumatic brain injury, Brain Injury, 26, 477, 2012	Conference abstract.
Koehmstedt, Christine, Lydick, Susan E., Patel, Drasti, Cai, Xinsheng, Garfinkel, Steven, Weinstein, Ali A., Health status, difficulties, and desired health information and services for veterans with traumatic brain injuries and their caregivers: A qualitative investigation, PLoS ONE, 13, e0203804, 2018	Study not conducted in one of the countries included in the review protocol.
Koizia, L., Kings, R., Koizia, A., Peck, G., Wilson, M., Hettiaratchy, S., Fertleman, M. B., Major trauma in the elderly: Frailty decline and patient experience after injury, Trauma (United Kingdom), 21, 21-26, 2019	Not a qualitative study.
Koller, Kathryn, Woods, Lindsay, Engel, Lisa, Bottari, Carolina, Dawson, Deirdre R., Nalder, Emily, Bandura, Bottari Braun Chen Colantonio Creswell Dreer Engel Fleming Fox Gaudette Hall Hoskin Kelley Kershaw Kim Knight Kreutzer Langlois Levack Malee Marson Martin McCabe McHugh Patton Poncer Weiner, Loss of financial management independence after brain injury: Survivors' experiences, American Journal of Occupational Therapy, 70, No-Specified, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Kontos, P., Miller, K. L., Colantonio, A., Cott, C., Therapeutic	Conference abstract.

Study	Reason for Exclusion
landscape theory: Identifying health detracting and health enhancing aspects of neurorehabilitation, Brain Injury, 28, 535, 2014	
Kornhaber, R., Wilson, A., Abu-Qamar, M., McLean, L., Vandervord, J., Inpatient peer support for adult burn survivors-a valuable resource: a phenomenological analysis of the Australian experience, Burns : journal of the International Society for Burn Injuries, 41, 110-7, 2015	Study did not examine phenomena of interest.
Kozlowski-Moreau, O., Danze, F., Pollez, B., Brooks, N., Johnson, C., Line, M. C., Rousseaux, M., Croisiaux, C., Lanthier, A., Long-term management of severe TBI in Europe-The value of a network, Brain Injury, 30, 650, 2016	Conference abstract.
Kuipers, Pim, Kendall, Melissa B., Amsters, Delena, Pershouse, Kiley, Schuurs, Sarita, Descriptions of community by people with spinal cord injuries: concepts to inform community integration and community rehabilitation, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 34, 167-74, 2011	No qualitative data on phenomena of interest.
Lafebvre, H., Levert, M. J., Gelinas, I., Croteau, C., Le Dorze, G., Bottari, C., McKerrall, M., Personalized accompaniment for community integration for people with a traumatic brain injury in postrehabilitation, Archives of Physical Medicine and Rehabilitation, 91, e7, 2010	Conference abstract.
Lange, R., French, L., Bailie, J., Lippa, S., Gartner, R., Driscoll, A., Wright, M., Smith, J., Dilay, A., Pizzano, B., Johnson, L., Nora, D., Mahatan, H., Sullivan, J., Thompson, D., Snelling, A., Brickell, T., Caring for U.S. military service members following mild-moderate traumatic brain injury: Examination of access to services, service needs, and barriers to care, Journal of Head Trauma Rehabilitation, 32, E71, 2017	Conference abstract.
Lannin, N., Roberts, K., D'Cruz, K., Morarty, J., Unsworth, C., Who holds the 'Power' during goal-setting? A qualitative study exploring patient perceptions, International Journal of Stroke, 10, 68, 2015	Conference abstract.
Lapierre, Alexandra, Lefebvre, Helene, Gauvin-Lepage, Jerome, Factors Affecting Interprofessional Teamwork in Emergency Department Care of Polytrauma Patients: Results of an Exploratory Study, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 26, 312-322, 2019	Setting not in PICO: Emergency department.
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczynski, P., Preferred Methods and Messengers for Delivering Physical Activity Information to People With Spinal Cord Injury: A Focus Group Study, Rehabilitation Psychology, 56, 128-137, 2011	It was unclear if the focus was specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Lexell, E. M., Alkhed, A. K., Olsson, K., The group rehabilitation helped me adjust to a new life: Experiences shared by persons with an acquired brain injury, Brain Injury, 27, 529-537, 2013	No qualitative data on phenomena of interest.
Lind, J. D., Fraser, M. A., Powell-Cope, G., Gavin-Dreschnack, D., Enhancing patient dignity in va spinal cord injury units, Journal of Spinal Cord Medicine, 36, 555, 2013	Study not conducted in one of the countries included in the review protocol.
Lindahl, Marianne, Teljigovic, Sanel, Heegaard Jensen, Lars, Hvalsoe, Berit, Juneja, Hemant, Barth, Clay Cooper Cott Del Bano-Aledo Donabedian Donabedian Fitinghoff Griffiths Harris Hours Hush Jensen Kidd Lempp Lindahl Martins McLean Mead Mussener Partridge Pinto Polinder Rindflesch Sanders Strauss Walton Willamson, Importance of a patient-centred approach in	Mixed population, cannot separate or confirm which patients were hospitalised and match the population of interest.

Study	Reason for Exclusion
ensuring quality of post-fracture rehabilitation for working aged people: A qualitative study of therapists' and patients' perspectives, Work: Journal of Prevention, Assessment & Rehabilitation, 55, 831-839, 2016	
Lindberg, J., Kreuter, M., Taft, C., Person, L. O., Patient participation in care and rehabilitation from the perspective of patients with spinal cord injury, Spinal Cord, 51, 834-7, 2013	Study did not examine phenomena of interest.
Linnarsson, J. R., Bubini, J., Perseius, K. I., A meta-synthesis of qualitative research into needs and experiences of significant others to critically ill or injured patients, Journal of Clinical Nursing, 19, 3102-11, 2010	Included studies did not meet the inclusion criteria for dates.
Littooij, E., Leget, C. J. W., Stolwijk-Swuste, J. M., Doodeman, S., Widdershoven, G. A. M., Dekker, J., The importance of 'global meaning' for people rehabilitating from spinal cord injury, Spinal Cord, 54, 1047-1052, 2016	Study did not examine phenomena of interest.
Lundine, J. P., Utz, M., Jacob, V., Ciccia, A. H., Putting the person in person-centered care: Stakeholder experiences in pediatric traumatic brain injury, Journal of Pediatric Rehabilitation Medicine, 12, 21-35, 2019	Study not conducted in one of the countries included in the review protocol.
Maddick, Rosie, Norton, Ali Amir Andrews Baker Batavia Batt-Rawden Bernstein Braun Bright Bright Bruscia De Carvalho Deegan Dijkers Dorsett Dorsett Dorsett Fook Fook Galvin Golden Humphries James Larsson Lee Lefevre Lethborg Manns Montague Nielson North O'Callaghan O'Callaghan O'Neil Riessman Riessman Scheiby Slivka Stover Tamplin Whittemore Zedjlik, 'Naming the unnameable and communicating the unknowable': Reflections on a combined music therapy/social work program, The Arts in Psychotherapy, 38, 130-137, 2011	Study did not examine phenomena of interest.
Makela, P., Jones, F., de Sousa de Abreu, M. I., Hollinshead, L., Ling, J., Supporting self-management after traumatic brain injury: Codesign and evaluation of a new intervention across a trauma pathway, Health expectations : an international journal of public participation in health care and health policy, 22, 632-642, 2019	Study did not examine phenomena of interest.
Manning, Joseph C., Hemingway, Pippa, Redsell, Sarah A., Survived so what? Identifying priorities for research with children and families post-paediatric intensive care unit, Nursing in critical care, 23, 68-74, 2018	Study did not examine rehabilitation.
Martin, Laurie T., Farris, Coreen, Parker, Andrew M., Epley, Caroline, The Defense and Veterans Brain Injury Center Care Coordination Program: Assessment of Program Structure, Activities, and Implementation, Rand health quarterly, 3, 4, 2013	Study not conducted in one of the countries included in the review protocol.
Martin, Suzanne, Armstrong, Elaine, Thomson, Eileen, Vargiu, Eloisa, Sola, Marc, Dauwalder, Stefan, Miralles, Felip, Daly Lynn, Jean, A qualitative study adopting a user-centered approach to design and validate a brain computer interface for cognitive rehabilitation for people with brain injury, Assistive technology : the official journal of RESNA, 30, 233-241, 2018	Study did not examine phenomena of interest.
Materne, M., Lundqvist, L. O., Strandberg, T., Opportunities and barriers for successful return to work after acquired brain injury: A patient perspective, Work (Reading, Mass.), 56, 125-134, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
McBain, Sacha A., Sexton, Kevin W., Palmer, Brooke E., Landes, Sara J., Barriers to and facilitators of a screening procedure for PTSD risk in a level I trauma center, Trauma	Study not conducted in one of the countries included in the review

Study	Reason for Exclusion
surgery & acute care open, 4, e000345, 2019	protocol.
McDermott, Garret L., McDonnell, Anne Marie, Acquired brain injury services in the Republic of Ireland: experiences and perceptions of families and professionals, Brain Injury, 28, 81-91, 2014	The focus was not specific to care of people who have experienced traumatic injury and the results not presented separately for target population.
McGarry, Sarah, Elliott, Catherine, McDonald, Ann, Valentine, Jane, Wood, Fiona, Girdler, Sonya, "This is not just a little accident": a qualitative understanding of paediatric burns from the perspective of parents, Disability and Rehabilitation, 37, 41-50, 2015	Study did not examine phenomena of interest.
McIntyre, Michelle, Ehrlich, Carolyn, Kendall, Elizabeth, Informal care management after traumatic brain injury: perspectives on informal carer workload and capacity, Disability and Rehabilitation, 1-9, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
McKelvey, M., Bush, E., Screening and identification of individuals with brain injury (BI) seeking services through the area agency on ageing in rural Nebraska, Brain Injury, 28, 712, 2014	Conference abstract.
McPherson, K., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, Brain Injury, 26, 493-494, 2012	Conference abstract.
Meade, M., Carr, L., Ellenbogen, P., Barrett, K., Perceptions of provider education and attitude by individuals with spinal cord injury: Implications for health care disparities, Topics in Spinal Cord Injury Rehabilitation, 17, 25-37, 2011	Study not conducted in one of the countries included in the review protocol.
Medina-Mirapeix, F., Del Bano-Aledo, M. E., Oliveira-Sousa, S. L., Escolar-Reina, P., Collins, S. M., How the rehabilitation environment influences patient perception of service quality: A qualitative study, Archives of Physical Medicine and Rehabilitation, 94, 1112-1117, 2013	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Meixner, Cara, O'Donoghue, Cynthia R., Witt, Michelle, Accessing crisis intervention services after brain injury: a mixed methods study, Rehabilitation psychology, 58, 377-85, 2013	Study not conducted in one of the countries included in the review protocol.
Messinger, Seth, Bozorghadad, Sayeh, Pasquina, Paul, Social relationships in rehabilitation and their impact on positive outcomes among amputees with lower limb loss at Walter Reed National Military Medical Center, Journal of rehabilitation medicine, 50, 86-93, 2018	Study not conducted in one of the countries included in the review protocol.
Milte, R., Ratcliffe, J., Miller, M., Whitehead, C., Cameron, I. D., Crotty, M., What are frail older people prepared to endure to achieve improved mobility following hip fracture? A Discrete Choice Experiment, Journal of rehabilitation medicine : official journal of the UEMS European Board of Physical and Rehabilitation Medicine, 45, 81-86, 2013	Not a qualitative study.
Minney, M. J., Roberts, R. M., Mathias, J. L., Raftos, J., Kochar, A., Service and support needs following pediatric brain injury: perspectives of children with mild traumatic brain injury and their parents, Brain Injury, 33, 168-182, 2019	Study did not examine rehabilitation.
Mitchell, Rebecca, Fajardo Pulido, Diana, Ryder, Tayhla, Norton, Grace, Brodaty, Henry, Draper, Brian, Close, Jacqueline, Rapport, Frances, Lystad, Reidar, Harris, Ian, Harvey, Lara, Sherrington, Cathie, Cameron, Ian D., Braithwaite, Jeffrey, Access to rehabilitation services for older adults living with dementia or in a residential aged care facility	Study did not examine phenomena of interest.

Study	Reason for Exclusion
following a hip fracture: healthcare professionals' views, Disability and Rehabilitation, 1-12, 2019	
Mitsch, Virginia, Curtin, Michael, Badge, Helen, The provision of brain injury rehabilitation services for people living in rural and remote New South Wales, Australia, Brain Injury, 28, 1504-13, 2014	The majority of participants had not experienced traumatic injury and the results not presented separately for target population .
Moore, M., Robinson, G., Mink, R., Hudson, K., Dotolo, D., Gooding, T., Ramirez, A., Zatzick, D., Vavilala, M., Acute care after pediatric traumatic brain injury: A qualitative study of the family perspective, Journal of Neurotrauma, 31, A59, 2014	Conference abstract.
Moore, Megan, Robinson, Gabrielle, Mink, Richard, Hudson, Kimberly, Dotolo, Danae, Gooding, Tracy, Ramirez, Alma, Zatzick, Douglas, Giordano, Jessica, Crawley, Deborah, Vavilala, Monica S., Developing a Family-Centered Care Model for Critical Care After Pediatric Traumatic Brain Injury, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 16, 758-65, 2015	Study not conducted in one of the countries included in the review protocol.
Morriss, Elissa, Wright, Suzanne, Smith, Sharon, Roser, Judy, Kendall, Melissa, Ackerson, Ackerson Bassett Bassett Baulderstone Baxter Bisogni Butera-Prinzi Charles Cicerone Clark Cowling Craig Degeneffe Devany-Serio Evenson Flanagan Fletcher Gan Jacob Jones Kaatz Kirshbaum Kosciulek Lancaster Leinonen Lezak Llewellyn Maitz Nicholson Olson Pessar Qu Sander Smith Stake Strauss Urbach Uysal Visser-Meily Wade, Parenting challenges and needs for fathers following acquired brain injury (ABI) in Queensland, Australia: A preliminary model, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 119-134, 2013	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Mumbower, R., Heaton, K., Dreer, L., Novack, T., Childs, G., Vance, D., Sleep experiences following traumatic brain injury: A qualitative descriptive study, Archives of Physical Medicine and Rehabilitation, 98, e155, 2017	Conference abstract.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care and rehabilitation managers: an opportunity for improved care delivery, BMC Neurology, 16, 11, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Perceived facilitators and barriers to self-management in individuals with traumatic spinal cord injury: a qualitative descriptive study, BMC Neurology, 14, 48, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, The impact of simulated multidisciplinary Trauma Team Training on team performance: A qualitative study, Australasian emergency care, 22, 1-7, 2019	Study did not examine rehabilitation.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, Using theories of behaviour change to transition multidisciplinary trauma team training from the training environment to clinical practice, Implementation science : IS, 14, 43, 2019	Study did not examine rehabilitation.
Murray, A., Watter, K., Nielsen, M., Kennedy, A., A scoping study examining vocational rehabilitation in early acquired brain injury rehabilitation, Brain Impairment, 19, 306-307, 2018	Conference abstract.

Study	Reason for Exclusion
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Identity and the life course: Lived experiences of individuals with traumatic brain injury during the period of transition from hospital to home, Brain Impairment, 14, 159, 2013	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Worrall, L., Ownsworth, T., Haines, T., Kendall, M., Chenoweth, L., What constitutes transition success? An investigation into factors influencing the perceptions of individuals with a TBI regarding the transition from hospital to home, Brain Injury, 24 (3), 189-190, 2010	Conference abstract.
Nalder, Emily J., Zabjek, Karl, Dawson, Deirdre R., Bottari, Carolina L., Gagnon, Isabelle, McFadyen, Bradford J., Hunt, Anne W., McKenna, Suzanne, Ouellet, Marie-Christine, Giroux, Sylvain, Cullen, Nora, Niechwiej-Szwedo, Ewa, Onf-Repar Abi Team, Research Priorities for Optimizing Long-term Community Integration after Brain Injury, The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 45, 643-651, 2018	Data was not collected using an appropriate qualitative methodology (the authors have analysed their own field notes taken at a 2-day conference for practitioners)
Nalder, Emily, Fleming, Jennifer, Cornwell, Petrea, Shields, Cassandra, Foster, Michele, Reflections on life: experiences of individuals with brain injury during the transition from hospital to home, Brain Injury, 27, 1294-303, 2013	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Nasrabadi, A. N., Mohammadi, N., Davatgaran, K., Yekaninejad, M., Javidan, A. N., Shabany, M., Designing a client and family empowerment model to promote constructive life recovery among persons with spinal cord injury: A qualitative study, Archives of Neuroscience, 6, e87867, 2019	Study not conducted in one of the countries included in the review protocol.
Nilsson, Charlotte, Bartfai, Aniko, Lofgren, Monika, Bartfai, Ben-Yishai Brooks Carlsson Charmaz Christensen Cicerone Cicerone Cicerone Comper Creswell Cullen Dahlgren Ferguson Fleming Gard Ho Kielhofner Lincoln Miller Ohman Phipps Ponsford Prigatano Rice-Oxley Roding Roxendahl Rudolfsson Ruff Stalnacke Svendsen Tiersky Wilson, Holistic group rehabilitation-A short cut to adaptation to the new life after mild acquired brain injury, Disability and Rehabilitation: An International, Multidisciplinary Journal, 33, 969-978, 2011	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Nunnerley, J. L., Hay-Smith, E. J., Dean, S. G., Leaving a spinal unit and returning to the wider community: an interpretative phenomenological analysis, Disability and Rehabilitation, 35, 1164-1173, 2013	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
O'Callaghan, A., McNamara, B., Cocks, E., 'What am I supposed to do? Cartwheels down the passageway?' Perspectives on the rehabilitation journey from people with ABI, Brain Injury, 28, 577-578, 2014	Conference abstract.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Blight, Brookshire Brown Cicerone Denzin Fleming Foster Gentleman Goranson Grbich Hickson Hughes Humphreys Humphreys Josselson Katz Keleher LeFebvre Mackay MacPhail Malec McNaughton Minichiello Morse Morton Muus O'Callaghan O'Callaghan O'Callaghan O'Callaghan Penchansky Rankin Sandelowski Schmidt Schwandt Seale Sherer Stringer Tuel Turner-Stokes Youse, Healthcare consumers' need for brain-injury services: The critical importance of timing in planning future services, Brain Impairment, 13, 316-332, 2012	Analysis methods not appropriate (data reduced into case vignettes)
Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis,	Study did not examine

Study	Reason for Exclusion
Kate, The injury trajectory for young people 16-24 years in the six months following injury: A mixed methods study, Injury, 47, 1966-74, 2016	phenomena of interest.
Oster, Caisa, Kildal, Morten, Ekselius, Lisa, Return to work after burn injury: burn-injured individuals' perception of barriers and facilitators, Journal of burn care & research : official publication of the American Burn Association, 31, 540-50, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Oyesanya, Tolu O., Bowers, Barbara J., Royer, Heather R., Turkstra, Lyn S., Nurses' concerns about caring for patients with acute and chronic traumatic brain injury, Journal of Clinical Nursing, 27, 1408-1419, 2018	Study not conducted in one of the countries included in the review protocol.
Palimaru, Alina, Cunningham, William E., Dillistone, Marcus, Vargas-Bustamante, Arturo, Liu, Honghu, Hays, Ron D., A comparison of perceptions of quality of life among adults with spinal cord injury in the United States versus the United Kingdom, Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation, 26, 3143-3155, 2017	Study did not examine phenomena of interest.
Patterson, F., Fleming, J., Doig, E., Patient experiences of occupational therapy groups in traumatic brain injury rehabilitation, Brain Impairment, 19, 281, 2018	Conference abstract.
Patton, Desmond, Sodhi, Aparna, Affinati, Steven, Lee, Jooyoung, Crandall, Marie, Post-Discharge Needs of Victims of Gun Violence in Chicago: A Qualitative Study, Journal of interpersonal violence, 34, 135-155, 2019	Study not conducted in one of the countries included in the review protocol.
Pekmezaris, Renee, Kozikowski, Andrzej, Pascarelli, Briana, Handrakis, John P., Chory, Ashley, Griffin, Doug, Bloom, Ona, Participant-reported priorities and preferences for developing a home-based physical activity telemonitoring program for persons with tetraplegia: a qualitative analysis, Spinal cord series and cases, 5, 48, 2019	Study not conducted in one of the countries included in the review protocol.
Phillips, J., Holmes, J., Auton, M., Radford, K., What are the most important outcomes of traumatic brain injury vocational rehabilitation? People with TBI, service provider and employer perspectives, Brain Injury, 30, 494-495, 2016	Conference abstract.
Piccenna, Loretta, Lannin, Natasha A., Gruen, Russell, Pattuwage, Loyal, Bragge, Peter, The experience of discharge for patients with an acquired brain injury from the inpatient to the community setting: A qualitative review, Brain Injury, 30, 241-51, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Plant, Sarah E., Tyson, Sarah F., Kirk, Susan, Parsons, John, What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis, Clinical rehabilitation, 30, 921-30, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Barette, M., Fradelizi, P., Swaine, B., A mixed-methods approach to evaluate participants' and service providers' perceptions of an outpatient rehabilitation programme for persons with acquired brain injury, Brain Injury, 31, 816, 2017	Conference abstract.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Fradelizi, P., Barette, M., Swaine, B., Participant and service provider perceptions of an outpatient rehabilitation program for people with acquired brain injury, Annals of Physical and Rehabilitation Medicine, 60, 334-340, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.

Study	Reason for Exclusion
Popejoy, Lori L., Dorman Marek, Karen, Scott-Cawiezell, Jill, Patterns and problems associated with transitions after hip fracture in older adults, Journal of gerontological nursing, 39, 43-52, 2013	Study not conducted in one of the countries included in the review protocol.
Porto, A., Anderson, L., Vogel, L., Zebracki, K., Barriers in accessing adult healthcare for transitioning youth with spinal cord injury, Developmental Medicine and Child Neurology, 60, 116, 2018	Conference abstract.
Poulin, V., Lamontagne, M. E., Ouellet, M. C., Pellerin, M. A., Jean, A., Implementing best practices in cognitive rehabilitation: What are rehabilitation teams' priorities and why?, Archives of Physical Medicine and Rehabilitation, 98, e157, 2017	Conference abstract.
Prescott, Sarah, Fleming, Jennifer, Doig, Emmah, Refining a clinical practice framework to engage clients with brain injury in goal setting, Australian Occupational Therapy Journal, 66, 313-325, 2019	Study did not examine phenomena of interest.
Ramakrishnan, Kumaran, Johnston, Deborah, Garth, Belinda, Murphy, Gregory, Middleton, James, Cameron, Ian, Early Access to Vocational Rehabilitation for Inpatients with Spinal Cord Injury: A Qualitative Study of Patients' Perceptions, Topics in Spinal Cord Injury Rehabilitation, 22, 183-191, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Rongen, A., Bakx, W., Nijhuis, F., Follow-up study of patients with an acquired Brain Injury after early focus on return to work during post-acute rehabilitation, Brain Injury, 24, 450-451, 2010	Conference abstract.
Roscigno, Cecelia I., Parent Perceptions of How Nurse Encounters Can Provide Caring Support for the Family in Early Acute Care After Children's Severe Traumatic Brain Injury, Journal of Neuroscience Nursing, 48, E2-E15, 2016	Study not conducted in one of the countries included in the review protocol.
Roth, Karin, Mueller, Gabi, Wyss, Adrian, Experiences of peer counselling during inpatient rehabilitation of patients with spinal cord injuries, Spinal cord series and cases, 5, 1, 2019	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Rothlisberger, Fabian, Boes, Stefan, Rubinelli, Sara, Schmitt, Klaus, Scheel-Sailer, Anke, Challenges and potential improvements in the admission process of patients with spinal cord injury in a specialized rehabilitation clinic - an interview based qualitative study of an interdisciplinary team, BMC health services research, 17, 443, 2017	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Ryerson Espino, S., Kelly, E., Riordan, A., Zebracki, K., Vogel, L., Personal and family experiences of caregivers of children with SCI, Developmental Medicine and Child Neurology, 58, 107-108, 2016	Conference abstract.
Ryerson Espino, Susan L., Kelly, Erin H., Rivelli, Anne, Zebracki, Kathy, Vogel, Lawrence C., It is a marathon rather than a sprint: an initial exploration of unmet needs and support preferences of caregivers of children with SCI, Spinal Cord, 56, 284-294, 2018	Study not conducted in one of the countries included in the review protocol.
Sale, J. E. M., Bogoch, E., Hawker, G., Gignac, M., Beaton, D., Jaglal, S., Frankel, L., Patient perceptions of provider barriers to post-fracture secondary prevention, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 25, 2581-9, 2014	No qualitative data on phenomena of interest.
Salsbury, Stacie A., Vining, Robert D., Gosselin, Donna,	Study not conducted in one of the

Study	Reason for Exclusion
Goertz, Christine M., Be good, communicate, and collaborate: a qualitative analysis of stakeholder perspectives on adding a chiropractor to the multidisciplinary rehabilitation team, Chiropractic & manual therapies, 26, 29, 2018	countries included in the review protocol.
Samoborec, Stella, Ayton, Darshini, Ruseckaite, Rasa, Winbolt, Gary, Evans, Sue M., System complexities affecting recovery after a minor transport-related injury: The need for a person-centred approach, Journal of Rehabilitation Medicine, 51, 120-126, 2019	Population described as people that sustained predominantly minor injuries; study does not report any results separately for target population.
Sandstrom, Linda, Engstrom, Asa, Nilsson, Carina, Juuso, Paivi, Experiences of suffering multiple trauma: A qualitative study, Intensive & critical care nursing, 2019	Setting not in PICO: Intensive care unit
Sashika, Hironobu, Takada, Kaoruko, Kikuchi, Naohisa, Rehabilitation needs and participation restriction in patients with cognitive disorder in the chronic phase of traumatic brain injury, Medicine, 96, e5968, 2017	Study not conducted in one of the countries included in the review protocol.
Schiller, Claire, Franke, Thea, Belle, Jessica, Sims-Gould, Joanie, Sale, Joanna, Ashe, Maureen C., Words of wisdom - patient perspectives to guide recovery for older adults after hip fracture: a qualitative study, Patient preference and adherence, 9, 57-64, 2015	Study did not examine rehabilitation.
Segevall, Cecilia, Soderberg, Siv, Bjorkman Randstrom, Kerstin, The Journey Toward Taking the Day for Granted Again: The Experiences of Rural Older People's Recovery From Hip Fracture Surgery, Orthopedic nursing, 38, 359-366, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Self, Megan, Driver, Simon, Stevens, Laurel, Warren, Ann Marie, Physical activity experiences of individuals living with a traumatic brain injury: a qualitative research exploration, Adapted physical activity quarterly : APAQ, 30, 20-39, 2013	Study not conducted in one of the countries included in the review protocol.
Sharp, K., Richards, S., Client's perspectives of smartphone technology in acquired brain injury rehabilitation, Brain Impairment, 14, 167, 2013	Conference abstract.
Silver, Jeremy, Ljungberg, Inger, Libin, Alexander, Groah, Suzanne, Barriers for individuals with spinal cord injury returning to the community: a preliminary classification, Disability and Health Journal, 5, 190-6, 2012	Study not conducted in one of the countries included in the review protocol.
Silver, Samuel A., Saragosa, Marianne, Adhikari, Neill K., Bell, Chaim M., Harel, Ziv, Harvey, Andrea, Kitchlu, Abhijat, Neyra, Javier A., Wald, Ron, Jeffs, Lianne, What insights do patients and caregivers have on acute kidney injury and posthospitalisation care? A single-centre qualitative study from Toronto, Canada, BMJ Open, 8, e021418, 2018	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Slomic, M., Christiansen, B., Sveen, U., Soberg, H. L., Users' experiential knowledge as a base for evidence-based practice in inter-professional rehabilitation, Brain Injury, 30, 580-581, 2016	Conference abstract.
Smith, Bridget M., Martinez, Rachael N., Evans, Charlesnika T., Saban, Karen L., Balbale, Salva, Proescher, Eric J., Stroupe, Kevin, Hogan, Timothy P., Barriers and strategies for coordinating care among veterans with traumatic brain injury: a mixed methods study of VA polytrauma care team members, Brain Injury, 32, 755-762, 2018	Study not conducted in one of the countries included in the review protocol.
Smith, E. M., Boucher, N., Miller, W. C., Caregiving services in spinal cord injury: A systematic review of the literature, Spinal Cord, 54, 562-569, 2016	The focus was not specific to participants who had experienced traumatic injury and the results

Study	Reason for Exclusion
	not presented separately for target population.
Smith, M., Hada, E., Long, C., Bushnik, T., Examining language preference and acculturation and implications for the continuum of care of patients with traumatic brain injury (TBI), Journal of Head Trauma Rehabilitation, 30, E107, 2015	Conference abstract.
Snell, Deborah L., Martin, Rachelle, Surgenor, Lois J., Siegert, Richard J., Hay-Smith, E. Jean C., What's wrong with me? seeking a coherent understanding of recovery after mild traumatic brain injury, Disability and Rehabilitation, 39, 1968-1975, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Soong, Christine, Kurabi, Bochra, Exconde, Kathleen, Tajammal, Faiqa, Bell, Chaim M., Design of an orthopaedic-specific discharge summary, BMC Health Services Research, 16, 545, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sorli, H., Bach, B., Haarberg, D., Hjort-Larsen, G., Anette Hansen, S., Kristiansen, G., Hansen, H., Telerehabilitation in Norway, Brain Injury, 24, 284-285, 2010	Conference abstract.
Speck, Rebecca M., Jones, Gabrielle, Barg, Frances K., McCunn, Maureen, Team composition and perceived roles of team members in the trauma bay, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 133-8, 2012	Study not conducted in one of the countries included in the review protocol.
Starnes, C. L., Bailey, E. A., Calvert, C. T., Gusler, J., Cairns, B. A., Development of a pediatric educational tool: Helping burns heal-an adventure for kids with burns, Journal of Burn Care and Research, 37, S172, 2016	Conference abstract.
Stergiou-Kita, M., Bottari, C., Dawson, D., Hebert, D., Grigorovich, A., Inter-professional approaches to vocational evaluation following traumatic brain injury, Brain Injury, 28, 774-775, 2014	Conference abstract.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, Brain Injury, 28, 754, 2014	Conference abstract.
Sullivan, Martin, Paul, Charlotte E., Herbison, G. Peter, Tamou, Peina, Derrett, Sarah, Crawford, Maureen, A longitudinal study of the life histories of people with spinal cord injury, Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention, 16, e3, 2010	A study protocol only. No data presented.
Sveen, Unni, Ostensjo, Sigrid, Laxe, Sara, Soberg, Helene L., Problems in functioning after a mild traumatic brain injury within the ICF framework: the patient perspective using focus groups, Disability and Rehabilitation, 35, 749-57, 2013	No qualitative data on phenomena of interest.
Swaine, B., Cullen, N., Bayley, M., Lavoie, A., Marshall, S., Turgeon, A., Sirois, M. J., Messier, F., Trempe, C., Who goes where and why? An environmental scan of rehab referral, admission and discharge of persons with brain injury in two canadian provinces, Brain Injury, 24, 362, 2010	Conference abstract.
Takada, Kaoruko, Sashika, Hironobu, Wakabayashi, Hidetaka, Hirayasu, Yoshio, Social participation and quality-of-life of patients with traumatic brain injury living in the community: A mixed methods study, Brain Injury, 30, 1590-1598, 2016	Study not conducted in one of the countries included in the review protocol.
Thrussell, Helen, Coggrave, Maureen, Graham, Allison, Gall, Angela, Donald, Michelle, Kulshrestha, Richa, Geddis, Tracey, Women's experiences of sexuality after spinal cord injury: a UK	Population not in PICO: Study did not mention that the patients were transferred to outpatient or

Study	Reason for Exclusion
perspective, Spinal Cord, 56, 1084-1094, 2018	community services following discharge.
Todis, Bonnie, McCart, Melissa, Glang, Ann, Hospital to school transition following traumatic brain injury: A qualitative longitudinal study, NeuroRehabilitation, 42, 269-276, 2018	Study not conducted in one of the countries included in the review protocol.
Torjussen, I., In sickness and in health? The effect of ABI on couples' relationships, Brain Impairment, 13, 160-161, 2012	Conference abstract.
Toscan, Justine, Manderson, Brooke, Santi, Selena M., Stolee, Paul, "Just another fish in the pond": the transitional care experience of a hip fracture patient, International journal of integrated care, 13, e023, 2013	Case report.
Turner, B., Fleming, J., Ownsworth, T., Cornwell, P., From hospital to home: A new conceptual framework for transition-based service delivery following acquired brain injury, Neurorehabilitation and Neural Repair, 26, 686, 2012	Conference abstract.
Turner, Benjamin, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceptions of recovery during the early transition phase from hospital to home following acquired brain injury: a journey of discovery, Neuropsychological rehabilitation, 21, 64-91, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Tverdal, Cathrine Buaas, Howe, Emilie Isager, Roe, Cecilie, Helseth, Eirik, Lu, Juan, Tenovuo, Olli, Andelic, Nada, Traumatic brain injury: Patient experience and satisfaction with discharge from trauma hospital, Journal of Rehabilitation Medicine, 50, 505-513, 2018	Not a qualitative study.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, The experiences of parenting a child with an acquired brain injury: A meta-synthesis of the qualitative literature, Brain Injury, 31, 1553-1563, 2017	Study did not examine rehabilitation.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, Murray, Craig D., Siblings' experiences of their relationship with a brother or sister with a pediatric acquired brain injury, Disability and Rehabilitation, 41, 2940-2948, 2019	The majority of participants' siblings had not experienced traumatic injury and results not presented separately for target population.
Umeasiegbu, Veronica I., Waletich, Brittany, Whitten, Laura A., Bishop, Malachy, Abreu, Bartlett Berg Bishop Corrigan Cott Creswell Degeneffe Degeneffe deGuise Elbogen Gontkovsky Heinemann Jennekens Kreutzer Lefebvre Lehan Man Murphy O'Callaghan O'Callaghan Pickelsimer Ponsford Rotondi Sinnakaruppan Spearman Turner Vaughn, Community-based rehabilitation needs: Perceptions of individuals with brain injury and their families in the Midwestern United States, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 155-163, 2013	Study not conducted in one of the countries included in the review protocol.
Unger, Janelle, Singh, Hardeep, Mansfield, Avril, Hitzig, Sander L., Lenton, Erica, Musselman, Kristin E., The experiences of physical rehabilitation in individuals with spinal cord injuries: a qualitative thematic synthesis, Disability and Rehabilitation, 41, 1367-1383, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Valizadeh, Sousan, Dadkhah, Behrouz, Mohammadi, Eissa, Hassankhani, Hadi, The perception of trauma patients from social support in adjustment to lower-limb amputation: a qualitative study, Indian journal of palliative care, 20, 229-38, 2014	Study not conducted in one of the countries included in the review protocol.
Van de Velde, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Devisch, Ignaas, Vanderstraeten, Guy,	Population not in PICO: Study did not mention that the patients

Study	Reason for Exclusion
The illusion and the paradox of being autonomous, experiences from persons with spinal cord injury in their transition period from hospital to home, Disability and Rehabilitation, 34, 491-502, 2012	were transferred to outpatient or community services following discharge.
Van de Veldea, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Vanderstraeten, Guy, Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 33, 346-55, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Vassallo, G., Robinson, G., Fraser, C., Fallon, D., Kirk, S., A qualitative study to investigate families' information and support needs following severe traumatic brain injury in childhood, Developmental Medicine and Child Neurology, 1), 34, 2014	Conference abstract.
Wade, S. L., Moscato, E. L., Raj, S. P., Narad, M. E., Clinician perspectives delivering telehealth interventions to children/families impacted by pediatric traumatic brain injury, Rehabilitation Psychology, 64, 298-306, 2019	Study not conducted in one of the countries included in the review protocol.
Waring, Justin, Marshall, Fiona, Bishop, Simon, Understanding the occupational and organizational boundaries to safe hospital discharge, Journal of health services research & policy, 20, 35-44, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Weatherhead, S., Calvert, P., Newby, G., Three models of group therapy in community brain injury rehabilitation, Brain Injury, 26, 430-431, 2012	Conference abstract.
Weir, N., Prescott, S., Fleming, J., Doig, E., Exploration of structured communication during client-centred goal setting with people with acquired brain injury, Brain Impairment, 19, 347-348, 2018	Conference abstract.
Wheatley, Alison, Bamford, Claire, Shaw, Caroline, Flynn, Elizabeth, Smith, Amy, Beyer, Fiona, Fox, Chris, Barber, Robert, Parry, Steve W., Howel, Denise, Homer, Tara, Robinson, Louise, Allan, Louise M., Developing an Intervention for Fall-Related Injuries in Dementia (DIFRID): an integrated, mixed-methods approach, BMC Geriatrics, 19, 57, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Whiteneck, G., Gassaway, J., Dijkers, M., Balance of spinal cord injury rehabilitation services provided in inpatient and postdischarge settings, Archives of Physical Medicine and Rehabilitation, 91, e19, 2010	Conference abstract.
Whiteneck, G., Gassaway, J., Dijkers, M., Lammertse, D., Hammond, F., Heinemann, A., Backus, D., Charlifue, S., Ballard, P., Zanca, J., Inpatient and post-discharge rehabilitation services provided in the first year after spinal cord injury: Findings from the SCI rehab study, Topics in Spinal Cord Injury Rehabilitation, 16, 28-29, 2011	Conference abstract.
Whiteneck, Gale G., Gassaway, Julie, Dijkers, Marcel P., Lammertse, Daniel P., Hammond, Flora, Heinemann, Allen W., Backus, Deborah, Charlifue, Susan, Ballard, Pamela H., Zanca, Jeanne M., Inpatient and postdischarge rehabilitation services provided in the first year after spinal cord injury: findings from the SCIRehab Study, Archives of Physical Medicine and Rehabilitation, 92, 361-8, 2011	Study not conducted in one of the countries included in the review protocol.
Wilbanks, Susan R., Ivankova, Nataliya V., Exploring factors facilitating adults with spinal cord injury rejoining the workforce:	Study not conducted in one of the countries included in the review

Study	Reason for Exclusion
a pilot study, Disability and Rehabilitation, 37, 739-49, 2015	protocol.
Williams, L. M., Douglas, J. M., It takes 2 to tango: The therapeutic alliance in community brain injury rehabilitation, Brain Impairment, 18, 362, 2017	Conference abstract.
Wong, A., Papadimitriou, C., Whiteneck, G., Deutsch, A., Heinemann, A., Goldsmith, A., Christopher, K., Focht, C., Lenze, E., Patient engagement in spinal cord injury rehabilitation: Patient and provider perspectives, Archives of Physical Medicine and Rehabilitation, 97, e71, 2016	Conference abstract.
Yenikomshian, Haig A., Lerew, Tara L., Tam, Melvin, Mandell, Sam P., Honari, Shari E., Pham, Tam N., Evaluation of Burn Rounds Using Telemedicine: Perspectives from Patients, Families, and Burn Center Staff, Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 25, 25-30, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Yoshida, Karen K., Self, Hazel M., Renwick, Rebecca M., Forma, Laura L., King, Audrey J., Fell, Leslie A., A value-based practice model of rehabilitation: consumers' recommendations in action, Disability and Rehabilitation, 37, 1825-33, 2015	No qualitative data on phenomena of interest.

Economic studies

2 No economic searches were undertaken for this qualitative review.

Appendix L – Research recommendations

Research recommendations for review question: D.3a What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults with complex rehabilitation needs after traumatic injury?

No research recommendation was made for this review question.

Research recommendations for review question: D.3b What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for children and young people with complex rehabilitation needs after traumatic injury?

No research recommendation was made for this review question.