<table>
<thead>
<tr>
<th>Author, Year, Country, Design, PEDro score, Rating</th>
<th>Sample Size</th>
<th>Intervention</th>
<th>Outcomes and significance: (+) significant (-) not significant</th>
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| Ferre et al., 2017 USA RCT 7/10 High quality     | N = 24 children with unilateral spastic CP | Home-based hand-arm bimanual intensive therapy (H-Habit) (n=12) vs. Lower-limb functional intensive training (LIFT-control) (n=12) | Post-treatment (9 weeks):  

  *Dexterity:*  
  (+) Box and Blocks Test  
  *Bimanual performance:*  
  (-) Assisting Hand Assessment (AHA)  
  *Parent perception of functional goals (occupational performance):*  
  (+) Canadian Occupational Performance Measure (COPM) - Performance  
  *Parent satisfaction with functional goals (occupational performance):*  
  (-) COPM - Satisfaction  
  *Note: Between-group differences at 6 months not reported*  

**Intervention details:**  
- **H-Habit:**  
  - Tasks aimed to improve reaching, grasping, releasing, in-hand manipulation, and using the affected hand as an assisting hand.  
  - Activities done in child-friendly games  

- **LIFT-control:**  
  - Functional lower limb tasks to improve balance, strength and coordination (emphasis on the involved leg)  
  - Activities embedded in child-friendly play or functional tasks  
  - Activities ex: ball kicking, jumping through squares (hop scotch), walking through obstacles courses  

**Both interventions:**  
- Caregivers were trained to administer assessments and home activities  

**Age at enrollment:** 2 years 6 months - 12 years 6 months  
**CP diagnosis:** 100%  
**CP Type:** Unilateral  
**GMFCS (Gross Motor Function Classification System):** I-II (distribution N/A)  
**MACS (Manual Ability Classification System):** I-III (distribution N/A)
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<td>Gelkop et al., 2015 Israel RCT 7/10 High quality</td>
<td><strong>N = 12 children with congenital hemiplegic cerebral palsy</strong></td>
<td>Hourly supervision continued on a weekly basis (1hr/week for 9 weeks) Participants were monitored via webcam Supervisor monitored home training activities by checking logs submitted online All participants continued to receive usual and customary care</td>
<td><strong>Hand-Arm Bimanual Intensive Therapy (HABIT) (n=6)</strong> vs. <strong>Modified Constraint-Induced Movement Therapy (modified CIMT) (n=6)</strong> <strong>At post-treatment (8 weeks):</strong> (Post Baseline Period to Immediate post-intervention) <strong>Bimanual performance:</strong> (-) AHA <strong>Upper extremity function:</strong> (+) Quality of Upper Extremity Skills Test (QUEST): Dissociated movement (-) QUEST: Grasp (-) QUEST: Protective extension (-) QUEST: Weight bearing</td>
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|                                                 |             | • Intervention provided during the children’s regular preschool or kindergarten hours  
• CIMT or HABIT sessions were divided into 1 hour individual sessions (1:1 with OT) and 1 hr. group session with 2-3 interventionalists (ratio of 1:2 or 1:1 interventionist to child ratio)  
• Interventionists included OTs and therapist assistants  
• Each child was given an individualized program according to their specific abilities  
• Both approaches involve intensive, progressive task practice based on motor learning approaches  
• Age specific encouragement provided to ensure activities were motivating  
• Activities included activities of daily living and a variety of child-friendly games which could be carried out indoors or outdoors  

**HABIT:**  
• Absence of restraint  
• Task practice using fine and gross motor movements was progressed bimanually  
• Activity selection was based on the ability of the child’s paretic hand and focused on using the assisting hand for tasks requiring complex bimanual coordination  
• Children were encouraged to participate in identifying movements to complete an action (problem solving) |
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<td><strong>CIMT:</strong></td>
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<td>- Restraint of the less-affected upper extremity with practice of unimanual tasks using affected upper-extremity</td>
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<td>- Custom made gloves on less-affected hand was worn in only the second hour of CIMT</td>
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<td>- Fine-motor and gross motor activities catered to the age of the child were performed to elicit movements of the more affected hand (unimanual activities)</td>
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