Supplementary material 2. Characteristics of the included trials (n = 60). † Median [range]

Study	Sample characteristics	Intervention	Comparator CWI = Control without intervention OI= Other interventions	Outcomes measures
Alibhai, S. M. H., et al. (2014)	n= 38 *Source= Princess Margaret Hospital in Toronto, CA. *Health condition= Acute Myeloid Leukemia *Age= 56.1 (8.7) *Sex= 55% female/45% male	n= 21 *Telephone *12 weeks home-based exercise program with weekly telephone support, frequency 3–5 days per week, intensity moderate, and exercise mixed modality. The duration of exercise was increased over the course of the intervention, with a target of 30 min per session (150 min per week), following physical activity guidelines.	n=17 *CWI: Participants maintained their usual lifestyle	*Pain: Not evaluated (NE) *Physical function: 6-min walk test (6MWT) *Quality of life: QLQ-C30 *Time-point: 12 weeks (Short-term)
Allen, K. D., et al. (2010)	n= 515 *Source= Primary care clinics in a Veterans Affairs Medical Center, USA. *Health condition= hip or knee osteoarthritis (OA) *Age= 60.1 (10.4) *Sex= 7%female/93% male	n= 172 *Video and telephone *Participants received written and audio versions of OA self-management educational materials. Participants also received an exercise video. Monthly phone calls for 12 months to clear questions and set new goals.	n=171 *OI: Usual care	*Pain: Visual Analog Scale (VAS) * Physical function: Arthritis Self-Efficacy Scale (AIMS2) subscale *Quality of life: NE *Time-point: 12 months (Long-term)
Allen, K. D., et al. (2016)	n= 300 *Source= Department of Veterans Affairs Medical Center in Durham, USA. *Health condition= Hip or knee OA	n=151 *Video, telephone and audio *12-month intervention focusing on physical activity, weight management, and cognitive behavioral pain management strategies. Telephone calls were scheduled twice per month for the first 6 months and	n=149 *OI: Usual care	*Pain: Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) subscale *Physical Function: WOMAC subscale

	*Age= 61.1 (9.2) *Sex= 9% female/91%male	monthly for the last 6 months. Participants were given written educational materials to intervention topics, and exercise video, and an audio CD of relaxation exercises.		*Quality of life: NE * Time-point: 12-month (Long-term)
Bennell, K. L., et al. (2017)	n= 168 *Source= Metropolitan and Regional Communities, AU. *Health condition= Knee OA. *Age= Intervention group: 61.1 (6.9) OI group: 63.4 (7.8) *Sex= Intervention group: 68%female/ 32% male OI group: 58% female/ 42% male	n= 84 * Telephone *Participants visited a project physiotherapist for 5 individual, 30-minute sessions/6 months. + Physiotherapy and 6 phone calls form a coach for 6 months (30 minutes of moderate intensity physical activity in bouts of ≥10 minutes on most days and 10,000 steps per day), goals were individualized. Participants were encouraged to monitor their progress and to identify individual barriers.	n= 84 *OI: Participants visited a project physiotherapist for 5 individual, 30-minute sessions/6 months. + Traditional rehabilitation.	*Pain: WOMAC subscale *Physical function: WOMAC *Quality-of-life: AQoL-6D. * Time-point: 6 months (Long-term)
Bernocchi, P., et al. (2017)	n= 112 *Source= Not Specified (NS), IT. *Health condition= Heart failure and Chronic Obstructive Pulmonary Disease (COPD) *Age= Intervention group: 71 (9) OI group: 70 (9.5) *Sex= 18%female/82% male	n= 56 *Telephone * Basic level of program: 15–25 min of exercise with mini-ergometer without load and 30 min of callisthenic exercises performed 3 times/week and free walking twice a week. High level: 30–45 min of mini-ergometer with incremental load (from 0 to 60W), 30–40 min with 0.5 kg weights and pedometer-based walking, 3 to 7 days/week. The physiotherapist made a weekly phone call to each patient, verified the training level of physical activity performed and planned the rehabilitation targets for the following week and gave extra reinforcement on the value of lifestyle changes	n=56 *OI: Usual care	*Pain: NE *Physical function: 6MWT *Quality of life: Minnesota Living with Heart Failure questionnaire (MLHFQ) * Time-point: 4 months- (Long-term)

		and the exercise.		
Bini, S. A. and J. Mahajan (2017)	n= 28 *Source= Urban Medical Centre, USA. *Health condition= Total Knee Arthroplasty (TKA) *Age= Intervention group: 62.9 OI group: 63.6 *Sex= 46%female/54% male	n=14 * Web-based asynchronous visual platforms. * 23 videos illustrating the same exercises taught in the outpatient clinic. One physical therapist send instructional videos to the patients and the patients would respond with recordings of themselves completing their exercises. One physical therapist then uploaded more advanced exercise videos for the patient based on the progress seen.	n=15 *OI: Traditional rehabilitation	*Pain: NE *Physical function: Knee Injury and Osteoarthritis Outcome Score Physical Function Short Form (KOOS-PS) *Quality of life: NE *Time-point: 24 weeks (Long-term)
Bourne, S., et al. (2017)	n= 90 *Source= Portsmouth Hospitals, UK. *Health condition= COPD *Age= Interventional Group: 69.1 (7.9) OI Group: 71.4 (8.6) *Sex= Interventional Group: 41%female/62%male OI Group= 18%female/ 69%male	n= 64 *Video *Online program: 6 weeks and each week the length of each of the 10 exercises increased by 30 s, starting from 60 s in week 1, to 3½ min in week 6. The on-screen exercises were designed to be carried out with the patient in real time, with the patient following and keeping up with the video-facilitated exercises. The 10 exercises included biceps curls, squats, push-ups against a wall, leg extensions in a sitting position, upright row with weights, sit-to-stand, arm swings with a stick, leg kicks to the side, arm punches with weights and step-ups.	n= 26 *OI: Traditional rehabilitation	*Pain: NE *Physical function: Knee Injury and Osteoarthritis Outcome Score Physical Function Short Form (KOOS-PS) *Quality of life: NE *Time-point: 24 weeks (Long-term)
Brooks, D., et al. (2002)	n= 85 *Source= Inpatient and outpatient programmes were recruited, CA.	n=37 *Telephone *The program consisted of patient education, psychosocial support and supervised exercises, of	n=48 * OI: Usual care	*Pain: NE *Physical function: 6MWD *Quality of life: ST Georges Respiratory Questionnaire

	*Health condition= COPD *Age= 68 (0.8) *Sex= 41%female/59%male	which breathing exercises, interval training, upper extremity training, leisure walking and treadmill or cycle exercise comprised the main components. The subjects received a phone call from a physical therapist who asked standardized questions regarding adherence to their program and discussed any of their concerns.		(SGRQ) *Time-point: 7 weeks (Short-term)
Buhrman, M., et al. (2004)	n= 56 *Source= Newspaper articles in national and regional papers and Webpage for health on the Internet, SE. *Health condition= Chronic back pain *Age= 44.6 (10.4) *Sex= 62% female/38%male	n=22 *Internet-based and telephone *Internet-based pain management program: The program was derived from the cognitive-behavioral and included psychological components. Was well as stretching and physical exercises. Participants were taught different coping strategies, which was the main component of the program.	n=29 *CWI: Waiting list control	*Pain: Diary *Physical function: NE *Quality of life: NE *Time-point: 3 months (Short-term)
Calner, T., et al. (2017).	n= 109 *Source= Primary Healthcare Centers, SE. *Health condition= musculoskeletal pain * Age= 42.9 (10.7) * Sex= 85%female/15%male	n= 55 *Web-based interventions Multimodal Rehabilitation-web (MMR-web) and the web-based behavioral change program for activity (Web-BCPA). The web program consisted of 8 modules: pain, activity, behavior, stress and thoughts, sleep and negative thoughts, communication and self-esteem, solutions, and maintenance and progress. Each module contained information, assignments, and exercises that could be assimilated via educational texts, films, and writing tasks.	n=44 *OI: MMR three different healthcare professionals (physiotherapist, physician, occupational therapist, psychologist, or psychosocial counselor, nurse) with a minimum of two or three treatment sessions a week for at least six weeks.	*Pain: VAS *Physical function: Short Form Health Survey-36 (SF-36) subscale *Quality of life: SF-36 * Time-point: 4 months (long-time)

Carrion Perez, F., et al. (2015).	n= 19 *Source= Servicio de Rehabilitacion del Hospital Universitario Virgen de las Nieves, ES. *Health condition = Stress urinary incontinence *Age= Interventional group †: 49 [46-49,75] OI group †: 46 [47-56] *Sex= 100% female	n= 10 *Bluetooth * Pelvic floor muscle training: 5 sessions of 30 min for 2 weeks plus training in the use of the telerehabilitation device (3 sessions of 30 min). The device consists of a vaginal probe that transmits wireless pressure variations (bluetooth). Treatment was at home with the telerehabilitation device through a customized program.	n= 9 *OI: Traditional rehabilitation	*Pain: NE Physical function: NE *Quality of life: International Consultation on Incontinence Questionnaire (ICIQ-SF) * Time-point: 3 months (short-time)
Chen, M., et al. (2016)	n=187 *Source= Large Academic Medical Center, CN. *Health condition= TKA *Age= Interventional group: 66.18±3.59 OI group: 67.1(±4.05) *Sex= 71%female/29%male	n=94 *Telephone *Home exercises for 1 hour/day for 12 weeks. The structured telephone call was also made one week, 3 weeks and 6 weeks after TKA.	n=93 *OI: Traditional rehabilitation	*Pain: VAS *Physical function: WOMAC *Quality of life: SF-36 * Time-point: 3 months (short-time)
Chien, C. L., et al. (2011)	n= 51 *Source= National Taiwan University Hospital, TW. *Health condition= Chronic Heart Failure. *Age= 58 (16) *Sex= 25% female/75%male	n=24 *Telephone *30-minute face-to-face interview with a physical therapist in the clinic to provide an individualized exercise program and instructions to perform exercise safely at home, were instructed at the interview to perform walking exercise combined with strengthening exercises of major limb muscles for at least 30 minutes per session, 3 sessions per week for 8 weeks at home. Subjects were asked to keep a daily	n=27 *CWI: Participants maintained their usual lifestyle	*Pain: NE *Physical function: 6MWT *Quality of life: MLHFQ *Time-point: 8 week (short-time)

		activity log and were followed up by telephone every 1–2 weeks to monitor progress.		
Chumbler, N., et al. (2012)	n= 52 *Source= Veterans Affairs Medical Center, USA. *Health condition= Stroke *Age= Interventional group: 67.1 (9.5) OI group 67.7 (10.0) *Sex= 2% female/ 98% male	n=25 *Televisits; Telephone * 3 home visits 1-hour (televisits) by a trained assistant to assess physical performance and help communicate the instruction of exercises and use of assistive technology and/or adaptive techniques recommended. Participants' daily use of an in-home messaging device that was monitored weekly by the teletherapist; and 5 telephone intervention calls between the teletherapist and the participant. The teletherapist established report and reviewed the participant's current exercise regimen and current assistive technology, explored any potential Identified barriers and solutions. Telephone calls 2 to 5 focused on reassessment and advancement of the exercise program.	n=23 *OI: Usual care	*Pain: NE *Physical function: The motor subscale of the Telephone Version of the Functional Independence Measure (FONEFIM) *Quality of life: NE *Time-point: 3-months (short-time)
Conroy, S. S., et al. (2018)	n= 24 *Source= Baltimore VA Medical Center and the local community, USA. *Health condition= Multiple Sclerosis. * Age= 51 (8.1) *Sex= Intervention group: 44%female/56%male OI group: 63%female/37%male	n=16 *Webpage *Programs were personalized based on individual abilities and expressed goals. Each participant received instruction by the same treating therapist to complete their exercises daily, six-month. Written instruction and exercise prescription followed the same principles for both groups, and in general, repetitions and sets were assigned to be physically challenging but not exhaustive and functional exercises (sit-to-stand, wall push-ups, side stepping,	n=8 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWT *Quality of life: NE *Time-point: 6 month (Long-term)

		etc.) were emphasized.		
Cuperus, N., et al. (2015)	n= 147 *Source= Rheumatology departments of the Sint Maartenskliniek Nijmegen and Woerden, NL. *Health condition= OA *Age= Intervention group: 59 (8) OI group: 61 (8) *Sex= Interventional group: 85% female/ 15%male OI group: 85% female/15%male	n=72 *Telephone *Patients allocated to the telephone-based treatment attended two face-to-face group sessions with a duration of 2-2.5 h and were further monitored by four individual telephone contacts 15-30 min. Included an exercise program tailored to the patient's health problems to improve the quality of movement and posture and to implement the exercises in the home situation.	n=75 *OI: Traditional rehabilitation	*Pain: SF-36 subscale *Physical function: SF-36 subscale * Quality of life: SF-36 *Time-point: 6 weeks (short-time)
Damush, T. M., et al. (2003)	n= 211 *Source= University-affiliated neighborhood health centers and emergency departments, USA. *Health condition= Acute Low Back Pain *Age= Intervention group †: 45.4 [19-77] OI group †: 45.5 [18-82] *Sex= Interventional group: 72%female/28%male OI group: 75%female/25%male	n= 105 * Video and telephone *Acute Low Back Pain Self-Management Program: 3 in-person classes, class handouts (written education materials showed recommended exercises, including walking, and proper body mechanics), Classes on audiotape and a cassette player and telephone follow-up (4, 6, and 8 weeks to discuss ascertainment of goals, assist with problem solving, and set new goals). The staff made telephone calls once a month to continue reinforcing the class sessions and sustain behavioral change.	n= 106 OI: Usual care	*Pain: AIMS2 *Physical function: AIMS2 *Quality of life: NE * Time-point: 4 months (Long-term)

Demeyer, H., et al. (2017)	n= 343 *Source= Six centers BE, GR, UK (2), CH and NL. *Health condition= COPD *Age= Interventional group: 66 (8) OI group: 67 (8) Sex= Interventional group: 35%female/65%male OI group: 37%female/63% male	n=172 *Smartphone with application *Usual care + the telecoaching intervention *Telecoaching intervention: (1) a one-to-one interview with the investigator discussing motivation, barriers, favorites activities and strategies to become more active; (2) a step counter (Fitbug Air) providing direct feedback on the step count, on a 2 × 3 cm display; (3) smartphone with Fitbug application and a project-tailored coaching application. This application was specifically designed for use by patients with COPD in the present project.	n=171 *OI: Usual care	*Pain: NE *Physical function: 6MWT *Quality of life: COPD Assessment Test (CAT) * Time-point: 3 months (short-time)
Frederix, I. et al. (2015)	n= 140 *Source= Hospital the Jessa, Ziekenhuis-Oost Limburg and Hospital ST Franciscus, BE. *Health condition= Cardiac Patients *Age= Interventional Group: 61 (9) OI Group: 61 (8) *Sex= Interventional Group: 14%female/96%male OI Group: 21%female/ 79%male	n=69 *Telecoaching – Internet-based, e-mail, SMS * Traditional rehabilitation (12-week conventional center-based cardiac rehabilitation program) + 12-week the internet-based, comprehensive telerehabilitation program. *The telerehabilitation program started at week 6 of the 12-week center-based cardiac rehabilitation allowing the intervention group patients to become familiarized with the telerehabilitation's motion sensor (Yorbody accelerometer, Belgium) and associated password-protected web service during the 6-week overlap period. A semiautomatic telecoaching system to provide the patients with feedback via email and short message service (SMS) text messaging (once weekly), encouraging them to gradually achieve predefined exercise training goals.	n= 71 *OI: Traditional rehabilitation	*Pain: NE *Physical function: HeartQol (HRQL) subscale *Quality of life: HRQL *Time-point: 24weeks (Long-term)
Galiano-	n= 76	n= 39	n= 37	*Pain: NE

Castillo, N., et al. (2017)	*Source= Virgen de las Nieves Hospital, ES. *Health condition= Breast Cancer *Age= 48. 30 (± 8.80) *Sex= 100% female	*Website, SMS, video conference sessions, telephone calls *The e-CUIDATE system allows patients to participate in rehabilitation sessions through a broad-reach modality such as the Internet. 24 sessions were included in the exercise program, 3 sessions per week with a duration of 90 min per day. Each session consisted of an initial warm-up, main resistance and aerobic exercise training, and cool-down. Individual supervision by CUIDATE research staff was offered through a control platform and by means of instant messages, video conference sessions, and telephone calls.	*OI: Usual care	*Physical function: 6MWT *Quality of life: NE *Time-point: 8 weeks (short-time)
Galiano-Castillo, N., Demeyeret al. (2016)	n= 81 *Source= Virgen de las Nieves Hospital, ES. *Health condition= Breast Cancer *Age= Intervention group: 47.4 (9.6) OI group: 49.2 (7.9) *Sex= 100% female	n=40 *Website, SMS, video conference sessions, telephone calls *A telerehabilitation program was implemented using the e-CUIDATE system. The schedule consisted of 3 sessions per week that lasted approximately 90 minutes each day. Each session was delivered online and contained a battery of specific exercises that were divided into 3 sections: warm-up, resistance and aerobic exercise training, and cooldown. The system allowed participants to send instant messages and set up video conference sessions (3 times per week). Furthermore, participants received telephone calls from CUIDATE research staff if required.	n=41 *OI: Traditional rehabilitation	*Pain: Brief Pain Inventory short form * Physical Function: EORTC subscale *Quality of life: Spanish version of the EORTC QLQ-C30 *Time-point: 8 weeks (short-time)

Goode, A. P., et al. (2018)	n= 60 *Source= Durham Veterans Affairs Health Care System, USA. *Health condition= Chronic Low Back Pain *Age= 70.3 (4.9) *Sex= 7%female/93%male	n=40 *Telephone; Video called *Each intervention group received 3 telephone follow-up calls from the study physical therapist, and 10 phone calls by the exercise counselor. Participants randomized to the physical activity group or the physical activity + cognitive-behavioral therapy (PA + CBT) group, received written instructions and pictures of exercises. Exercise programs were based on a core set of strengthening and stretching exercises (in addition to regular aerobic activity), which covered major muscle groups and functional tasks. The participants also received instruction in cognitive-behavioral therapy skills, woven into each telephone-based session with the exercise counselor and with specific application to the physical activity.	n=20 CWI: Waiting list control	*Pain: NE *Physical function: Timed Up and Go Test (TUG) *Quality of life: NE *Time-point: 12 weeks (short-time)
Hayes, S. C., et al. (2013)	n= 194 *Source= Brisbane hospitals, AU. *Health condition= Breast cancer *Age= Intervention group: 52.2 (8.6) OI group: Traditional rehabilitation 51.2 (8.8) OI group: Usual-care group 53.9 (7.7) *Sex= 100% female	n= 67 *Telephone *8 month exercise intervention began in the week following baseline assessment.16 scheduled sessions (via telephone) with a designated Exercise Physiologist, starting weekly and tapering to monthly contacts after 4 months. At all stages of the intervention, women were progressing towards (or maintaining) the overall goal of exercising at least 4 days per week for 45 min (accumulating 180+ min of exercise per week) and incorporating both aerobic and strength-based exercises (on at least 2 days per week).	n= 127 *OI: Usual care group (n = 60) Traditional rehabilitation (n = 67)	*Pain: Neuropathic Pain Scale *Physical function: Disabilities of the Arm, Shoulder and Hand Questionnaire (DASH) *Quality of life: Functional Assessment of Cancer Therapy-Breast (FACT-B +4) *Time-point: 2 months (long-time)

Holland, A. E., et al. (2017)	n= 166 *Source= Two tertiary hospitals, AU. *Health condition= COPD *Age= Intervention group: 69 (13) OI group: 69 (10) Sex= Intervention group: 40%female/60%male OI group: 41%female/59%male	n=80 *Telephone *Home-based pulmonary rehabilitation commenced with one home visit by a physiotherapist to establish exercise goals, assess inhaler technique and supervise the first exercise session. At least 30 min of aerobic training for each session, using a modality accessible to the participant, which was usually walking. Participants recorded the distance walked using a pedometer. Resistance training included functional activities and equipment that were accessible in the home. The home visit was followed by seven once-weekly structured telephone calls from a physiotherapist, using a motivational interviewing approach.	n=86 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWT *Quality of life: HRQoL on the Chronic Respiratory Questionnaire (CRQ) *Time-point: 8 weeks (Short-term)
Hong, J., et al. (2017)	n= 23 *Source= Senior Citizen Centre in Gangseo-gu, SK. *Health condition= Sarcopenia *Age= Interventional group: 82.2 (5.6) Control group: 81.5 (4.4) *Sex= Intervention group: 55%female/45%male CWI group: 58%female/42%male	n=11 *Video conferencing *The tele-exercise group performed supervised resistance exercise at home for 20–40 minutes a day three times per week for 12 weeks. The remote instructor provided one-on-one instruction to each participant during the intervention. Each session consisted of a warm-up (5 min), a main exercise (10-30 min), and a cool-down (5 min). The warm-up and cool-down included stretching and walking in place. The main exercise consisted of resistance training including bicep curls, triceps curls, front raises, leg raises, leg curls, leg extensions, squats, and calf raises, with progressive charge. Exercise intensity was progressively increased by about 2 steps every	n=12 CWI: Participants maintained their usual lifestyle	*Pain: NE *Physical function: Senior Fitness Test (SFT) *Quality of life: NE *Time-point: 12-weeks (Short-term)

		four weeks. These exercises targeted the major muscle groups, such as the legs, calves, back, abdomen, chest, shoulders, and arms over three sets of 8-10 repetitions.		
Hornikx, M., et al. (2015)	n= 30 *Source= University Hospital of Leuven, BE. *Health condition= COPD *Age= Interventional group: 66 (7) Control group: 68 (6) *Sex= Interventional group: 47%female/53%male OI group: 40%female/60%male	n= 15 *Telephone *Telephone calls, 3 times a week, were used to motivate and stimulate patients in the intervention group to increase their physical activity level during 1 month. The timing of the telephone calls was determined in agreement with the patients. The goals were set individually, with the aim of improving the level of physical activity as much as possible during 1 month.	n=15 *OI: Usual Care	*Pain: NE *Physical function: 6MWT *Quality of life: CAT *Time-point: 1 month (Short-term)
Hwang, R., et al. (2017)	n= 53 *Source= Two tertiary hospitals, AU. *Health condition= Chronic heart failure. *Age= 67 (12) *Sex= 25%female/75%male	n= 24 *Videoconferencing *The telerehabilitation program was delivered via a synchronous videoconferencing platform across the internet to groups of up to four participants within the home. Participants were provided with additional home exercises similar to the control group. Educational topics were delivered as electronic slide presentations with embedded audio files, which were recorded from the education sessions delivered for a center-based program. Participants were encouraged to watch the designated presentation individually or with their support person, in their own time in preparation for subsequent online group discussions.	n= 29 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWD *Quality of life: MLHFQ *Time-point: 12 weeks (Short-term)

Iles, R., et al. (2011)	n= 30 *Source= Public hospital physiotherapy outpatient department for treatment of low back pain, AU. *Health condition= Non-chronic low back pain *Age= 39.5 (12.0) *Sex= 40%female/60%male	n= 15 *Telephone *Traditional rehabilitation + health coaching via telephone *Coaching was applied via telephone, once per week for 4 weeks after baseline, and once more 3 weeks later. In order to provide support throughout return to usual activity, coaching continued for a total of 5 sessions even if the participant reported returning to full activities. Coaching also continued for 5 sessions if the participant reported being discharged from physiotherapy or decided to pursue alternative forms of treatment. Coaching was applied independently to physiotherapy and there was no correspondence between the treating therapist and the coach.	n= 15 *OI: Traditional rehabilitation	*Pain: NE *Physical function: Patient Specific Functional Scale *Quality of life: NE *Time-point: 12 weeks (Short-term).
Jackson, J. C., et al. (2012)	n= 21 *Source= Vanderbilt University Medical Center, USA. *Health condition= Intensive care unit survivors *Age= Intervention group†: 47 [41–59] OI group†: 50 [46–69] *Sex= Intervention group: 38%female/62%male OI group: 62%female/38% male	n= 13 *Telephone; video *It included a total of 12 visits, six in-person visits for cognitive rehabilitation and six televisits for physical and functional rehabilitation, each 60–75 mins in length. Exercise prescriptions were individually tailored (“dosed”) to correspond to functional status levels and primarily targeted lower extremity function and endurance using exercises that could be easily performed in the home. The exercise intervention included six televideo visits (one every other week) along with six motivational telephone calls. In between visits and calls, the patients performed exercises independently.	n= 8 *OI: Usual Care	*Pain: NE *Physical function: TUG *Quality of life: NE *Time-point: 3 months (Short-term).

Jansons, P., et al. (2017)	n= 105 *Source= Cardina Casey Community Health Service, AU. *Health condition= Chronic health conditions *Age= Experimental group: 66 (13) Control group: 68 (11) *Sex= Intervention group:75%female/25%male OI group: 54%female/46%male	n=51 *Telephone *Home-based exercise with telephone support: 1-hour exercise session, 3 sessions per week, at home. The home-based exercise program was supervised via five telephone calls over the first 10 weeks, 25 to 30 minutes in duration. The strength-training component involved 6 to 8 exercises for the upper and lower body using body weight or an elastic exercise bands to provide resistance. The aerobic component included community walking or, if participants had access to their own exercise equipment such as a stationary bike, this was incorporated.	n=54 *OI: Gym-based exercise	*Pain: NE *Physical function: 6MWT *Quality of life: European Quality of Life Instrument (EQ-5D) * Time-point: 12 months (Long-term)
Chen J et. al. (2017)	n= 54 *Source= Shanghai 5th People's Hospital Affiliated to Fudan University, CN. *Health condition= Stroke *Age= Intervention group: 66.52 (12.08) OI group: 66.15 (12.33) *Sex= 39%female/61%male	n=27 *Video conferencing * Therapists supervised the participants to do the physical exercises and ETNS (Electromyography-Triggered Neuromuscular Stimulation) by live video conferencing and collected data by the remote control system during rehabilitation therapy. Physical exercises were conducted for 1 hour, twice in a working day for 12 weeks, a total of 60 sessions.	n=27 *OI: Traditional rehabilitation	*Pain: NE *Physical function: Berg Balance Scale (BBS) *Quality of life: NE *Time-point: 12-weeks (short-time)
Kraal, J. J., et al. (2014)	n= 50 *Source= Medical Centre, NL. *Health condition= After hospitalization for myocardial infarction, unstable angina, or a revascularization procedure	n=25 *Telephone and web application *12-week exercise program with at least two training sessions per week. Patients were instructed to exercise for 45–60 min per session at 70–85% of their maximal heart rate + This patients in the home-	n=25 *OI: 12-week exercise program with at least two training sessions per week + Traditional	*Pain: NE *Physical function: MacNew questionnaire subscale *Quality of life: MacNew questionnaire

	(percutaneous coronary intervention or coronary artery bypass grafting) *Age= Intervention group: 60.6 (7.5) OI group: 56.1(8.7) *Sex= Intervention group: 12%female/88%male OI group: 16%female/84%male	based training received three initial supervised training sessions. The web application was used to review the training data by the patient, the physical therapist and the exercise specialist. During the first sessions, the patients were also familiarized with the training program (duration, intensity) and their preferred training modality in the home environment was discussed. After three supervised training sessions, this group started training in their home environment. They received feedback on training frequency, duration and intensity from the physical therapist once a week via telephone.	rehabilitation	*Time-point: 12 weeks (short-time)
Ligibel, J. A., et al. (2012)	n= 121 *Source= Oncology clinics at ten Cancer and Leukemia Group B institutions, USA. *Health condition= Breast and colorectal cancer *Age= Intervention group: 53.1 (10.8) OI group: 55.5 (10.6) *Sex= Intervention group: 92%female/8%male OI group: 93%female/7%male	n=61 *Telephone The intervention consisted of 10–11 semi-structured phone calls over the 16-week intervention period. Call duration was 30–45 min. Initial calls focused on goal setting and performance assessment so as to build self-efficacy for exercise behaviors, while later calls concentrated upon the adequacy of plans for relapse prevention. Each call reviewed performance on the behaviors previously discussed and encouraged the participant to keep using self-regulatory skills to achieve change. The telephone calls were supplemented by a Participant Workbook. The weekly exercise target was performance of at least 180 min of moderate-intensity physical activity. Participants were allowed to choose their own form of exercise, as long as it involved moderate to strenuous activity. Participants were provided with a	n=60 *OI: Usual care	*Pain: EORTC QLQ C-30 subscale *Physical function: 6MWT *Quality of life: European Organization for Research and Training, Quality of Life Questionnaire—Core 30, Version 3.0 (EORTC QLQ-C30) *Time-point: 16-weeks – (Long-term)

		pedometer (New Lifestyle Digi-Walker) and asked to wear this daily.		
Moffet, H., et al. (2015)	n= 205 *Source= Eight hospitals, CA. *Health condition= TKA *Age= Intervention group: 65 (8) OI group: 67 (8) *Sex= Intervention group: 45%female/55%male OI group: 58%female/42%male	n= 104 *Videoconference * 16 sessions of 45 to 60 minutes, supervised by a trained physical therapist. The intervention's intensity and duration were standardized and based on the recommendations of a group of experts. The components of the intervention were an assessment before and after exercise (a structured interview and observation), supervised exercises during a period of approximately 30 minutes (mobility, strengthening, function, and balance), prescription of home exercises to perform on days without supervised sessions, and advice concerning pain control, walking aids, and the return to activities. The intensity and difficulty level of the exercises were increased according to each patient's tolerance and needs.	n= 101 OI: Traditional rehabilitation	*Pain: WOMAC subscale *Physical function: 6MWT *Quality of life: score quality of life (KOOS) *Time-point: 2 months (Short-term)
Morey, M. C., et al. (2012)	n= 302 *Source= Durham and Raleigh VA clinics, USA. *Health condition= Older Adults with Prediabetes. *Age= Intervention group: 67.1 (6.3) OI group: 67.7 (6.2) *Sex= Intervention group: 4%female/96%male	n= 180 *Telephone * Each individual was given the long-term goal of engaging in 30 or more minutes of lower extremity aerobic exercise, preferably walking, on 5 or more days of the week, and 15 minutes of exercises to increase lower extremity strength on 3 non-consecutive days each week. Regular telephone counseling every 2 weeks for 6 weeks followed by monthly calls over the entire one-year intervention period. Individuals assigned to	n= 122 *OI: Usual Care	*Pain: NE *Physical function: SF-36 subscale *Quality of life: NE *Time-point: 12 months (Long-term)

	OI group: 3%female/97% male	reduced telephone calls received telephone calls every other month during the final 6 months.		
Morey, M. C., et al. (2009)	n= 641 *Source= CA, UK and USA. *Health condition= Cancer survivors Colorectal, Breast and Prostate Cancer *Age= Intervention group: 73.0 (5.0) CWI group: 73.1 (5.1) *Sex= 55%female/45%male	n=319 *Telephone *15 minutes of strength training exercise every other day; 30 minutes of endurance exercise each day. Participants also received a pedometer, exercise bands (three levels of resistance), an exercise poster depicting six lower extremity strength exercises. Each telephone session was 15–30 minutes in duration.	n=322 *CWI: Waiting list control	*Pain: SF-36 subscale *Physical function: SF-36 subscale *Quality of life: SF-36 *Time-point: 12 month (Long-term)
O'Brien, J., et al. (2017)	n= 59 *Source= Two outpatient wound services in Queensland and a community nursing service in Victoria, AU. *Health condition= Venous leg ulcers *Age= 71.5 (14.6) *Sex= 48%female/52%males	n=29 *Telephone * Home-based progressive resistance exercise programme for 12 weeks. All patients received telephone calls at regular time points throughout the 12 weeks. Exercise protocol: Stage 1. Seated heel-rises (both legs): (10 × 3 up to 25 × 3 sets three times per day every day). Stage 2. Standing heel-rises (both legs): (10 × 3 up to 25 × 3 sets three times per day every day). Stage 3. One-legged heel-rises: (10 × 3 up to 25 × 3 sets three times per day every day). Stretching was recommended prior to and following each exercise session.	n=30 OI: Usual care	*Pain: NE *Physical function: Tinetti Gait and Balance *Quality of life: Short Form-8 (SF-8) *Time-point: 12 weeks (Short-time)
Odole, A. C. and O. D. Ojo (2013)	n= 50 *Source= University College Hospital; Neuropsychiatric Hospital; and State Hospital, NG. *Health condition=	n=25 *Telephone The knee osteoarthritis specific exercises were to be performed by the patients at home 3 times per week for 6-weeks. Exercise protocol: Stretching (2x20 seg); Strengthening exercise (2x10 rep); Balance 20	n=25 OI: Traditional rehabilitation	*Pain: VAS *Physical function: Ibadan Knee/Hip Osteoarthritis Outcome Measure (IKHOAM) *Quality of life: NE

	OA of the Knee *Age= 55.50 (7.55) *Sex= 48%female/52%male	seg. The therapists employed uniform statements from a structured telephone intervention guide three times per week.		*Time-point: 6 weeks (Short-term)
Pastora-Bernal JM (2018)	n= 18 *Source= Rehabilitation service, ES. *Health condition= Arthroscopic sub acromial decompression *Age †= 52.50 [33–65] *Sex= 44%female/56%male	n=8 * Web application *Customized exercises program through a web application that allows the physiotherapist to generate videos, images and parameters of each exercise program and send them via email. Subjects received a 12-week (5 days/week) set of self-workout video exercises.	n=10 OI: Traditional rehabilitation	*Pain: Constant–Murley Test (CM) pain subscale *Physical function: CM physical function subscale *Quality of life: NE *Time-point: 12 weeks (Short-term)
Paul, L., et al. (2014)	n= 30 *Source= Multiple Sclerosis Service, at the Douglas Grant Rehabilitation Centre, UK. *Health condition= Multiple Sclerosis *Age= 51.7 (11.2) *Sex= 80%female/20%male	n= 15 Website, Telephone * Participants were advised to undertake the exercise program a minimum of 2 a week and to complete their online exercise diary. The catalog of exercises consisted of: cardiovascular, strengthening and balance exercises, each at four levels of difficulty, as well as warm up and cool down exercises and stretches. Participants were contacted by the physiotherapist each week to discuss progress and update their exercise program by changing any combination of exercises, level of difficulty or number of repetitions.	n= 15 *OI: Usual care	*Pain: NE *Physical function: TUG *Quality of life: Leeds Multiple Sclerosis Quality of Life Scale *Time-point: after 12 weeks (Long-term)
Piga, M., et al. (2014)	n= 40 *Source= Rheumatology outpatient clinic, IT. *Health condition= Systemic Sclerosis and Rheumatoid Arthritis.	n= 20 *Telephone * The kinesiotherapy protocol consisted of 4 strengthening and 3 mobility exercises, to be repeated 5 days per week for 12 weeks, each session lasting a maximum of 50 min. Every workout was	n= 20 *OI: Traditional rehabilitation	*Pain: VAS *Physical function: Dreiser's index *Quality of life: SF-36 *Time-point: 12 weeks

	*Age= Intervention group: 57.0 (10.0) OI group: 57.4 (11.7) *Sex= 50%female/50%male	conducted at home by patients using the Recovery of Movement and Telemonitoring (Re.Mo.Te.).		(Short-term)
Piotrowicz, E., et al. (2015)	n= 131 *Source= Department of Cardiac Rehabilitation and Noninvasive Electrocardiolog, PL. *Health condition= Heart failure *Age= 56.4 (10.9) *Sex= Intervention group: 15%female/85%male OI group: 5%female/95%male	n= 75 *Telemonitored *The training session in both groups (Intervention and OI) consisted of three parts: consisted of a warm-up lasting 5–10 minutes (breathing and light resistance exercises, calisthenics); basic aerobic endurance training for 10–30 minutes; and 5 minutes cooling down, 3 times a week for 8 weeks. The patients received remote equipment for telemonitoring and supervised exercise training, which consisted device which enabled to record and transmit the ECG.	n=56 *OI: Traditional rehabilitation	*Pain: SF-36 subscale *Physical function: SF-36 subscale *Quality of life: SF-36 *Time-point: 8 weeks (Short-term)
Piqueras, M., et al. (2013)	n= 142 *Source= Tertiary hospital, ES. *Health condition= TKA *Age= 73.3 (6.5) *Sex=72%female /28%male	n= 72 *Virtual software-hardware platform * The participants received 1-h the Interactive virtual telerehabilitation system (IVT) sessions for 10 days (5 sessions performed under a therapist's supervision to verify the absence of medical complications and 5 sessions performed at home). The patient received the necessary information to perform the exercises and the therapist remotely monitored the patient's performance.	n=70 *OI: Traditional rehabilitation	*Pain: VAS *Physical function: TUG *Quality of life: NE * Time-point: 10 days (Short-term)
Salvetti, X. M., et al. (2008)	n= 39 *Source= Cardiology clinic, BR. *Health condition= Coronary disease	n=19 *Telephone *2 supervised exercise classes including a 10-minute warm-up consisting of walking and stretching	n=20 *OI: Usual care	*Pain: SF-36 subscale *Physical function: SF-36 subscale *Quality of life:

	*Age= Intervention group:53(8) OI group: 54 (9) *Sex= Intervention group: 26%female/74%male OI group: 25%female/75%male	exercises, 40 minutes of aerobic exercise training consisting of walking and a 10- minute cool-down period. The individualized training in home included standard stretching exercises, walking 3 times per week for 30 minutes on nonconsecutive days for 3 months, at the assessed target heart rate, warm-up and cooldown. The patients were telephoned every 2 weeks by the doctor to monitor progress, assess adherence and provide support.		SF-36 *Time-point: 3-month (Short-term).
Sari, D. and L. Khorshid (2009)	n= 34 *Source= Urology clinics, TR. *Health condition= Urinary Incontinence *Age= 43.23 (7.84) *Sex= 100% female	n= 17 *Telephone *The training program included 3 sets of fast and slow contractions completed daily in supine, sitting, and standing positions. Participants were asked to conduct 30 sustained contractions in 1 set. Muscle training included quick flick exercises (1-2-s contractions), followed by sustained (5 s) contractions. Sustained contractions extended 1 second more in the next 5 weeks, until they reached a maximum of 10 seconds contractions at week 6. The intervention period was 8 weeks.	n=17 *CWI: No intervention	*Pain: NE *Physical function: NE *Quality of life: Incontinence of Quality of Life (I-QOL) * Time-point: 8 Weeks (Short-term)
Stewart, A. V., et al. (2003)	n= 83 *Source= Tertiary care hospital, ZA. *Health condition= Hypertension *Age= Intervention group: 56.3 (11.5) OI group: 58.6 (11.2) *Sex=NS	n=41 *Telephone *Patients in both groups received an educational and home-based exercise program + support of telephone calls from a healthcare practitioner. Patients received an individual walking program to perform 3-5 times a week at home. The time that they were to walk was increased on a weekly basis to a maximum of 30 minutes. The intervention lasted for 24 weeks.	n=42 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWT *Quality of life: NE *Time-point: 24 weeks (Long-term)

Tsai, L. L., et al. (2017)	n= 36 *Source= Tertiary hospital PR program, AU. *Health condition= COPD *Age= Intervention group: 73 (8) OI group: 75 (9) *Sex= Intervention group: 37%female/63%male OI group: 65%female/35%male	n=19 *Videoconferencing *Telerehabilitation was conducted as supervised group exercise training, 3 times a week for 8 weeks. The participants performed lower limb cycle ergometry (Intensity: 60% Peak cycle work rate - 80% Peak cycle work rate; Duration: 15min, 20min, 30min), walking training (Intensity: 80% of 6MWT speed; Duration: 15min, 20min, 30min) and strengthening exercises.	n=17 *OI: Usual care	*Pain: NE *Physical function: 6MWT *Quality of life: The Chronic Respiratory Disease Questionnaire (CRDQ) *Time-point: 8 weeks (Short-term)
Varnfield, M., et al. (2014)	n= 94 *Source= Primary & community Health Services, AU. *Health condition= Post myocardial Infarction *Age= Intervention group: 55.5 (9.6) OI group: 55.7 (10.4) *Sex= Intervention group: 9%female/91%male OI group: 7%female/83%male	n=53 * Text messages and pre-installed audio and video files on smartphone, web portal, telephone calls *Mentors provided weekly scheduled telephone consultations (~15 min each) over 6 weeks. Exercise targets were at least 30 min of moderate activity on most days of the week with walking as the main exercise mode.	n=41 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWT *Quality of life: EQ-5D HRQoL *Time-point: 6 weeks (Short-term)
Azma, K., et al. (2018)	n= 54 *Source= Physical medicine and rehabilitation clinic, IR. *Health condition= Knee OA. *Age= 58.2 (7.41) *Sex= 60%female/40%male	n=27 *Telephone * Exercises strengthening, endurance, flexibility, and active range of motion exercises. Then, they received a pamphlet containing descriptions and pictures detailing the above exercises and also a logbook to record their activities. Patients were asked to	n=27 *OI: Traditional rehabilitation	*Pain: VAS *Physical function: WOMAC *Quality of life: KOOS *Time-point: 6 weeks (Short-term).

		continue these exercises for three times a week for 6 weeks (total of 18 sessions). They were told to place a hot pack on their knees for 20 minutes before every session. A specialist remotely monitored for telephone the progress of exercises, maintaining principles of daily activities, and symptom improvements.		
Ellis, T. D., et al. (2019)	n= 51 *Source= Boston University Medical Center, Center for Neurorehabilitation and Fox Trial Finder, USA. *Health condition= Parkinson Disease *Age= 64.1 (9.5) *Sex= 45%female/55%male	n=26 *Mobile application * Individualized exercise and walking program: 5 to 7 strengthening exercises for ≥ 3 d/wk. The walking component of the home program consisted of an individualized recommended range of steps per day that was determined from each participant's baseline activity level. Changes to the exercise program were made via the app approximately 2 to 3 times per month based on the progress of each participant.	n=25 *OI: Traditional rehabilitation	*Pain: NE *Physical function: 6MWT *Quality of life: Parkinson Disease Questionnaire 39 (PDQ-39) *Time-point: 12 months (Long-term).
Fjeldstad-Pardo, C., et al. (2018)	n= 29 *Source= NS, USA. *Health condition= Multiple Sclerosis *Age= 54.7 (12.3) *Sex= 69%female/31%male	n= 10 *Telecommunication (audio/visual real-time) *Supervised adaptable sessions with the treating physical therapist via audio/visual real-time telecommunication twice weekly.	n= 19 OI: Traditional home rehabilitation (n= 10) OI: Traditional rehabilitation in the physiotherapy clinic (n= 9)	*Pain: NE *Physical function: BBS *Quality of life : SF-36 *Time-point: 8 weeks (Short-term)
Kalron, A., et al. (2018)	n= 40 *Source= E-mails and printed advertisements, IL. *Health condition= Hip surgery *Age= 67.5 (7.8)	n=20 *Software program- video The software includes short video clips of common rehabilitation exercises (e.g. squats, lunges, heel rises, etc.) and an audio clip describing the different	n=20 *OI: Traditional rehabilitation	*Pain: NE *Physical function: TUG *Quality of life: NE *Time-point: 6 weeks (Short-

	*Sex= 45%female/55%male	phases of the exercise and a depiction of correct versus incorrect performances. According to the patient's feedback, the therapist would readjust or change the program. Participants were instructed to perform the exercise drill 3 times a week for 6 weeks.		term)
Peng, X., et al. (2018)	n= 98 *Source= Teaching hospital, CN. *Health condition= Heart failure *Age= 66.3 (10.50) *Sex= 41%female/59%male	n=49 *Instant messaging online and online webcam communication and supervision *First stage (1–4 weeks) was focused on endurance exercises with 3 20-minute sessions per week. The training modalities included walking and jogging. The patients received a total of 12 20-minute sessions of exercise training in the first stage, with 3 sessions per week. Second stage (5–8 weeks) included resistance and muscular strengthening exercises in 5 30-minute sessions per week. The target training HR was 40% to 70% of the HR reserve plus the resting HR. Each training session in both stages started with a warmup and ended with a cool-down exercise. The training modalities included walking, jogging, and calisthenics for muscular training. The muscular strengthening exercises included multiple weight-bearing calisthenics, such as single-leg squats, deep squats and partial squats.	n=49 *OI: Usual care	*Pain: NE *Physical Function: 6MWD *Quality of life: MLHFQ *Time-point: 2 months (Short-term)
Chhabra, H. S., et al. (2018).	n= 93 *Source= Spine Department in a private hospital, IN. *Health condition= Chronic low back pain *Age= Intervention group: 41.4	n= 45 *App group * The program Snapcare App addressed the following: 1) Increase in physical activity: Activity goals consisted of aerobic exercises (walking/running), and a set of home exercises	n= 48 *OI: Traditional rehabilitation	*Pain: Numeric Pain Rating Scale (NPRS) *Physical function: Modified Oswestry Disability Index (MODI) *Quality of life: NE

	(14.2) OI group: 41.0 (14.2) *Sex= NS	customized according to each individual participant's health. 2) Improvement in function: The aim was to see their progress toward normality in terms of performing basic tasks such as walking, sitting, standing, and self-care activities, without pain.		*Time-point: 12 weeks (Short-term)
Ariza-Garcia, A., et al. (2019)	n= 68 *Source= Hospital Virgen de las Nieves Granada, ES. *Health condition= Breast cancer *Age= Intervention group: 48.82 (7.68) OI group: 47.32 (9.92) *Sex= 100%female	n= 34 *Web-site * The program was organized into a warm up, a main, and a cool down part. The aerobic exercise intensity was between 45% and 60% of the maximum heart rate and lasted for 15-30 minutes. There were a total of 5 strength exercises of low intensity with functional implementation. The exercises their volume and intensity, were adapted for each patient. Participants were instructed to perform the exercise three sessions per week on nonconsecutive days.	n= 34 *OI: Usual care	*Pain: NE *Physical function: 6MWT *Quality of life: NE *Time-point: 8 weeks (Short-term)
Coronado, R. A., et al. (2019)	n=30 *Source= Vanderbilt University Medical Center, Nashville, EUA. *Health condition= Anterior Cervical Discectomy and Fusion (ACDF) *Age= Intervention group: 51.8 (10.3) OI group: 49.3 (11.9) *Sex= 53%female/47%male	n= 15 * Telephone * The program included daily walking and sleeping instructions, and range of motion and strengthening exercises. Cognitive-behavioral strategies included relaxation, deep breathing, and distraction. Specific therapeutic exercises included neck range of motion, shoulder and upper back and strengthening exercises neck, shoulder and core/trunk. Therapeutic exercises were progressed in difficulty over three 2-week phases as participants tolerated and as directed by a physical therapist over weekly phone calls.	n= 15 *OI: Usual Care	*Pain: Numeric Rating Scale (NRS) *Physical function: NE *Quality of life: NE *Time-point: 6 weeks (Short-term)

Duruturk, N. and M. A. Ozkoslu (2019)	n= 50 *Source= Baskent University Hospital, TK. *Health condition= Type 2 Diabetes *Age= TK Intervention group: 52.82 (11.86) OI group: 53.04 (10.45) *Sex= 40%/60%	n= 25 * Internet based videoconferences * All subjects in the TR group trained three times a week, for 6 weeks, lasted 40 min at home by internet based videoconferences with the supervision of a physiotherapist. Only the first session of the training was performed at the clinic to precept the exercises. The TR group performed breathing exercises and callisthenic exercise that consist of 16 different, rhythmical exercises of strengthening and stretching of the lower and upper extremity muscles. Before the callisthenic exercises, warm-up exercises involving lower and upper extremity joint movements were repeated 10 times each.	n= 25 *OI: Usual Care	*Pain: NE *Physical function: 6MWT *Quality of life: NE *Time-point: 6 weeks (Short-term)
Fang, J., et al. (2019)	n= 80 *Source= Hospital of Shantou University Medical College, CN. *Health condition= Coronary Heart Disease *Age= Intervention group: 60.24 (9.35) OI group: 61.41 (10.17) *Sex= 37%female/63%male	n= 40 *Smartphone with an application and telephone * Participants were instructed to complete outdoor walking or jogging with real-time physiological monitoring no less than thrice/week for 6 weeks. They also received two home visits by a physical therapist during a 6-week interval to enhance their training. In between visits, a weekly telephone call was made by the physical therapist to resolve any questions the patients might have.	n= 40 *OI: Usual Care	*Pain: NE *Physical function: 6MWT *Quality of life: SF-36 *Time-point: 6 weeks (Short-term)
Hinman, R. S., et al. (2019).	n= 175 *Source= NS, AU. *Health condition= Knee OA *Age= Intervention group: 62.4 (9.1) OI group: 62.5 (8.1)	n= 87 * Website * The program included an action plan for home-based strengthening exercise and physical activity. For strengthening, physiotherapists chose 5–6 exercises performed three times per week.	n= 88 *OI: Usual Care	*Pain: NE *Physical function: WOMAC *Quality of life: Assessment of Quality of Life (AQoL)

	*Sex= 63%female/37%male	Physiotherapists aimed to prescribe a programme and dosage that was 'hard' to 'very hard' to perform to stimulate strength gains that would translate to improved function. Physiotherapists assisted participants to develop a physical activity plan aimed at increasing physical activity.		*Time-point: 6 months (Long-term)
Paul, L., et al. (2019)	n= 90 *Source= NHS Ayrshire and Arran, NHS Lothian and Plymouth Hospitals NHS Trust, UK. *Health condition= Multiple Sclerosis *Age= 56.1 (9.6) *Sex= 77% females/23% males	n= 45 * Web-site Programmes could consist of cardiovascular, strengthening and balance exercises, as well as warm up, cool down and stretching exercises, at different levels of difficulty and a prescribed number of sets/repetitions individualized to meet the participants' needs. The website contained exercises (videos, text and audio description) and disease-specific advice and education.	n= 45 *OI: Traditional rehabilitation	*Pain: NE *Physical function: BBS *Quality of life: EQ-5D *Time-point: 3 months (Short-term)