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| **Study/First Author** | **Link** | **Publication Year** | **Eligible Age** | **Sample Size** | **Therapy** | **Provider** | **Setting** | **Per day (hrs)** | **Days per week** | **Therapy Duration**  | **Breaks** | **Total hours** | **Outcomes** | **Results** |
| HEIGHTEN |   | pending | 3-24mo | 20 | CIMT | Caregiver | Home | 0.5 | 7 | 18 weeks | none | 63 | COPMHAI/mini-AHA/AHA |   |
| I-ACQUIRE | <https://clinicaltrials.gov/ct2/show/NCT03910075> | pending | 8 - 36mo | 240(160 CIMT) | CIMT | Therapist | Home or Homelike setting | 3 or 6 | 5 | 4 weeks | none | 60 or 120 | EBSmini-AHA | Trial on-going |
| REACH | <https://bmjopen.bmj.com/content/bmjopen/7/9/e017204.full.pdf> | pending | 3-6mo | 150 | CIMT vs Bimanual | Caregiver | Home | 3–6mo: 20min/day6–9mo: 30min/day9–12mo: 40min/day | 5 | until 12mo ca (6-9months) | none | 70 to 89.2 | mini-AHA | Not yet reported |
| Hwang | <https://pubmed.ncbi.nlm.nih.gov/32143221/> | 2020 | 7-36mo | 24 | CIMT (continuous restraint) | therapist | clinic | 2 | 5 | 3 weeks | none | 30 | Peabody-2, GMFM-66, wrist accelerometry | The percentage of time in moderate-to-vigorous physical activity (z = -2.24; p = 0.03) and vector magnitude average counts (z = -2.52; p = 0.01) significantly increased. |
| Chamudot | <https://doi.org/10.5014/ajot.2018.025981> | 2018 | 8–16mo | 33 | CIMT vs Bimanual | Caregiver | Child's usual setting  | 1 | 7 | 8 weeks | none | 56 | mini-AHA | Significant improvement over time.No group difference.Change: CIMT 14.5; Bimanual 18.7 logits. |
| Christmas | <https://doi.org/10.1177/0269215518763512> | 2018 | 18mo–4yrs | 62 | CIMT: prolonged (24hr) vs manual constraint | Caregiver and/or Preschool teacher | Child's usual setting  | 1 | 7 | 6 weeks | 3 \* 2 wks CIMTinterspersed with 2 wk breaks | 42 (30-60hrs actually completed) | AHA | Significant improvement over time.No group difference.Change: Prolonged: 9.0; Manual: 5.3 logits. |
| Eliasson  | <https://doi.org/10.1016/j.ridd.2017.11.006> | 2018 | 3-8mo | 31(18 CIMT) | CIMT vs massage | Caregiver | Child's usual setting  | 0.5 | 6 | 12 weeks | 6 wks ON, 6 wks BREAK, 6 wks ON | 36 | HAI, AHA | Significant improvement as compared to baby massage group.Change (HAI): CIMT 3; massage 1 (p=0.041)Mean AHA @ 18mo: CIMT 51; massage 24 logits. |
| Reidy | <https://doi.org/10.3233/prm-170411> | 2017 | <18mo | 1(case study) | CIMT | Caregiver and Therapist | Clinic + home | 2 | 5 | 20 days | none | 40 | mini-AHA, QUEST | Improvements after a single block of CIMT.Change: 14 AHA units |
| Norstrand | <https://doi.org/10.1016/j.ridd.2015.05.003> | 2015 | 1-2yrs | 72(31 CIMT) | CIMT (Retrospective analysis at 2yo of children who had previously completed baby-CIMT) | Caregiver | Child's usual setting  | 0.5 | 7 | 12 weeks | 6 wks ON, 6 wks BREAK, 6 wks ON | 42 | AHA | No group difference.baby-CIMT group were more likely to have a higher functional level (n=11) compared to no CIMT (n=5), defined as AHA 63-100 units |
| Lowes | <https://doi.org/10.3109/01942638.2013.810186> | 2013 | 6-18mo | 7(5 completed study) | CIMT for 23 daysBimanual for 3 days | therapist and caregiver | child's usual setting  | 3 | 5 | 26 days | none | 78 | Bayley-3 | Significant gains in fine and gross motor skills were reported after treatment with CIMT with gains maintained at a one month follow up. |
| Case-Smith | <https://doi.org/10.5014/ajot.2012.002386> | 2011 | 3-6yrs | 18 | CIMT for 18 daysBimanual for 3 days | therapist | child's usual setting  | 3 or 6 | 5 to 6 | 21 days  | none | 63 or 126 | AHA, QUEST | Significant improvement over time.No group difference.AHA scores not provided. |
| Eliasson  | <https://doi.org/10.1016/j.ridd.2011.05.024> | 2011 | 18mo–5yrs | 25 | Eco-CIMT vs wait period | Caregiver and/or Preschool teacher | Child's usual setting  | 2 | 7 | 8 weeks | none | 112 | AHA | Significant improvement as compared to wait period.Change: 5.47 logits. |
| Coker | <https://doi.org/10.3233/nre-2009-0469> | 2009 | <1yr | 1(case study) | CIMT | therapist and caregiver | clinic + home | 1 | 7 | 30 days | none | 30 | Peabody-2, GMFM-88 | Clinical improvement on fine and gross motor skills of the assisting limb. |