General information Author(s) title	Reject/not for data extraction and reason	Year of Publication	Country of study	Country of Publication	Initial sample size	Analysed sample size
Digital Intervention promoting physical activity in People newly diagnosed with Parkinon's Diesser, Fessibility and Acceptability of the knowledge, Exercise- efficacy and Participation (KEP) Intervention- degric, L., Martler, P., Jofffill, D., Jabola, A., Mackett, A., Rennie, K.L., & Lafortune, L.	Include?	2024	United Kingdom	England	n=30	n-29
Peer Coaching Through mHealth Targeting						
disease: Feasibility Study. Colón-Semenza, C., Latham, N. K., Quintiliani, L.M., Ellis, T. D.	Include?	2018	United States of America	United States of America	n=10 PwP (5 Dyads)	n=10 PwP (5 Dyads)
Fessability and effects of home-based smartphone-delivered automated feedback training for gait in People with Parkinosof 24, Dortman MJ, Ferral AL, Galla (Labore, 24, Dortman MJ, Ferral AL, Galla (Labore, Caming, C. G., Rocch, L.; Chari, L.; Hauddoff, J. M.; Mirchana, A.;	Include?	2015	Belgium & Urzel	Belgium	n=40 PwP Participants were included if they were able to walk for 10 minutes control 24 why have able to walk out 20 minutes control 24 why have able to able on a strate and were stable on PD medication.	40 111
Engaging Older Adults With Parkinson's Disease in Physical Activity Using Technology: A Feasibility Study, Hermanns, Mz; Haas, B. K; Lisk, J.	Include?	2019	United States of America	United States of America	n=5 PwP	S PwP
Exploring the uptake and implementation of tele-monitored home-exercise programmes in addust with Patricins' disease: A mont, Si Janod, K.; Kary, Bartow, B.; Jowano, E.; Biokel, C. W., S.	, include?	2020	United States of America	United States of America	n=20 PwP	n=20 PwP
The Impact of COVID-19 on Community-Based						
Exercise Classes for People With Parkinson Disease Manago, M. M.; Swink, L. A.; Hager,						
C. L.; Schenkman, M.;	Include?	2021	United States of America	United States of America	n=87 PwP and 43 Instructors	n=87 PwP and 43 Instructor

Effect of mobile bealth intervention for cell						
management on self-efficacy, motor and non-						
motor symptoms, self-management, and						
quality of life in people with Parkinson's disease: Pandomized controlled trial Park Y -						
Kim, S. R.; So, H. Y.; Jo, S.; Lee, S. H.; Hwang,						
Y. S.; Kim, M. S.; Chung, S. J.;	Include?	2022	South Korea	South Korea	n=50	43 PwP
Description Display 14 at the description of the labor						
People With Parkinson Disease: The Path						
Forward After the COVID-19 Pandemic?						
Quinn, L.; Macpherson, C.; Long, K.; Shah, H	Include?	2020	United States of America	United States of America	n=27	n=27
Multicentre, randomised controlled trial of						
PDSAFE, a physiotherapist-delivered fall						
Parkinson's Seymour, Kim Chivers; Pickering,						
Ruth; Rochester, Lynn; Roberts, Helen C.;						
Ballinger, Claire; Hulbert, Sophia; Kunkel,						
McIntosh, Emma; Goodwin, Victoria A.;						
Nieuwboer, Alice; Lamb, Sarah E.; Ashburn,						
Ann	Include?	2019	England	England	n=474 (I) 6 Months n=176 (C) n= 196	n=372
Physical Activity Coaching via Telehealth for						
People With Parkinson Disease:						
A Cohort Study Shih, Hai-Jung Steffi						
Macpherson, Chelsea E King, Miriam Delaney, Elizabeth Gu, Yu Long, Katring Paid			1			
Jennifer Fineman, Julie Yu, Geraldine Rieger,						
Jamie Satchidanand, Ashrita Shah, Hiral					-	
Alcalay, Koy N Quinn, Lori	Include?	2022	United States of America	United States of America	n=b2	Anatysed for ESE n=52
1			1			
1			1			
1			1			
Home-based step training using videogame						Intervention group n=3 withdraw from study N= 6
disease: a single-blinded randomised						discontinued intervention.
controlled trial Song, J.; Paul, S. S.; Caetano,			1			Control group Loss to follow
M. J. D.; Smith, S.; Dibble, L. E.; Love, R.; Schoene, D.: Menant, J. C.: Showington, C.			1		60 Community dwelling poonlo with	up n=3 withdrew from study
Lord, S. R.; Canning, C. G.; Allen, N. E.	Include?	2018	Australia	Australia	Parkinson's	ankle injury
		p	l.	н	a	

Study design	Demographic data	Age Range	Ethnicity	PwP or CG (and relationship between the two)	H&Y score at time of recruitment or other measure of disease severity
An assessor binded, randomised controlled feasibility study.	Age JJ (p-30) (7.3 (±13.6) Intervention (n=15) 70.27 (± 5.20) Control (n=15) 56.40 (p=13.90) (n=3.9) (n=3.0) 21 (5.7.9) (n=10.9) (n=13.0) (n=15.0) (n=15.0) (IGE) (J (n=16.9) (IGE) (J (n=16.9) (IGE)	673 (±10.8)	White British All (n=30)26 (85.7%) Intervention (n=53)13 (86.7%) Control (n=15)13 (86.7%)	PaP	H & Y 1 All (n=30) 7 (23%) Intervention (n=13) 4 (26.6%) Control (n=31) 3 (20%) 4 & 3 (26.6%) Control (n=31) 3 (20%) 4 & 3 (1=30) 14 (23%) Intervention (n=15) 5 (23.3%) Control (n=15) 8 (23.3%) 4 & 74 (n=30) 1 (0.03%) Intervention (n=15) none Control (n=15) 1 (6.6%)
Feasibility study	Age in years (50) 64.6 (4.04) Education in years (50) 18.0 (0.89) Male, n (%) 3 (00) Race (white) 3 (400 Race (White, n (%) n=5 (100) Disease duration in years (50) 5.2 (1.24) Hoehn and Yuhr Stage, n (53) age 1 = n-3 Sage 2 = n=1 -3 Sage 3 = n=1	Age in years (SD) 64.6 (4.04)	Race (White, n (%) n=5 (100)	PwP only	Hoehn and Yahr Stage, n (5) Stage 1 n=3 Stage 2 n=1 Stage 3 n=1
Pilot study (Intervention and Control)	Not specifically described	Not specifically described	Not specifically described	PwP	II-III in ON state
	Demographic variables Gender Male 3 (00%) Female 2 (40%) Race/ethnicity Caucasian, non hispanic 5 (100%) Martial status Married living with a significant other 4 (80%) Divorced 1 (20%) Living conditions Live alone 1 (20%) Lives with spouse or significant other 4 (80%) reveal of divacations conce Callege 2 (40%). College graduate 3 (20%) Physicial activity level	Age: (years) M/Mdn 73.00/72.00 SD	100% (5) Caucasian/non-		Stage of Parkinson's disease M/Mdn
	new (1) - (0) (1) YE Y MORE & (000)	lanning under ou at 133	prospatine.	1 ***	μ. το μ AN (260) U.J. τ Millige 1.404-7.50
neases thereads paired study from interventions, teach assisted vs. self- regulated home exercise.	reg rear, vi, i=0.10 s-4r ; 40(47) s-11(c) (i=1.0) (0.4 s ⁻¹ / 1(b) 640 (kg (rg (rg)) (0.2 s ⁻¹ / 1(b) (c) (1.2 s ⁻¹) (c)	Age years (i) ==10) 61.4+/-10.4(56 73) (c) ==20) 70.8 +/-71 (66-76)	Leunicay non-inspanic Wink-Wilack (I) 9/1 (C) 10/0	Pw9	Hoehn and Yahr scores (J) 2.15+/-0.47 (1.5- 3) (c) 2.3 +/-0.63 (1-3)
Crossettional study Custom-designed electronic surveys	Participants (n=77)-Age y Mees (D) 70.2 (7.3) sets % formate (n) 51.78 (54) Resc % Coucsian (n) 93% (b) 11 Bhdirdy % non-highen (h) 92% (b) Meiphen degree aread High School diploma/associates 14.96 (13) Borgers % (n) 23.15 (14) Matter, doctoral, porofession (h) 11 Borgers % (n) 23.25 (14) Matter, doctoral, porofession (h) 11 Borgers % (n) 23.25 (14) Matter, doctoral, porofession (h) 20.25 (14) School 20.	(n=87)- Age years Mean (SD) 70.2 (7.3) Sex % female (n) 51.7% (45)	Race % Caucasian (n) 93% (81) Ethnicity % non- Hispanic (n) 92% (80) H	PwP and Instructors	Not measured

Randomised, Controlled Trial	Demographic characteristics Gender Men (i) 5 (25.0) (C) 8 (34.8) Age ys (i) 62.20 +/-7.43 (c) 64.27 -/ 5.25 Education level (i) 5 (25.0) 2 (10.0) 9 (45.0) College or above 4 (20.0) (C) Biemestrary school 3 (13.00) 14.4 7 (20.4) 21 (52.2) 15 (52.3) Marital status Marriel (i) 13 6 (50.5) (c) (15.8.4) Morriel (i) 7 (3.00) (3.10.5) framily income (10.000 worl/hom)) (i) CliD (4(4)) 100-1994 (20) 209-2093 (15) equal to or greater than 300.5 (25.0)	(1) 62.2 +/- 7.43 (c) 64.27 +/- 8.28	Not found in the demographic data	PwP	Modified H & Y stage On (i) 3.0 (2.625-3.0) (c) 3.0 (2.5-3.0) Modified H & Y Stage Off (i) 3.0 (3.0-3.675) (c) 3.0 (3.0-4.0)
Single cohort implementation study (Case description)	Age Mean (50) age for the participants was 66.5 (8.6); Ebholdty 22 Mentifed as white, 1 Auan, 1 Hispanie, 1 Other 2 Declined Education level incomplete data for 8 participants, 1 had come college education, 7 had advanced degrees. Bushine physical arbity and suf- diracy measures. Means (50) (ange) Bunesi score was 37 (10) (10, 47) for glanned and 2.4 (0.7) (1.3-3.3) for unplanned; Norman self-efficacy was 56.8 (178.0; range 19-84).	Age Mean (SD) age for the participants was 66-5 (8-6) (n=27);	Ethnicity 22 identifed as white, 1 Asian, 1 Hispanic, 1 Other 2 Declined	PuP and 12 PuP were accompanied by a carer partner.	Modified inclusion criteria from initially H&Y score I-II to H & Y score III
Multicentre, randomised controlled	Bachine characteristics in the POSAFE and control groups: figures are number (N) unless stated otherwise POSAFE [no:15] Control (no:240) (noised totals remark to 10(15) (13) (13) (13) (13) (13) (13) (13) (13	Age (years) Mean (SD) Min to max 72 (7,7) 51 to 91,73 (7,7) 46 to 83	Not recorded in baseline characteristics	PuP	Hoehn and Yahr stage 1 26 (11%) 78 (33%) 2 102 (43%) 3 (13%) 3 (13%) 56 (24%) 4 112 (45%) 38 (05%) 56 (24%) 4
	Demographic data (n=62) (Mean and standard deviation) Age yrs 65.4 +/- 9.2 Sex Male 39 (62.99) Fernela 23 (37.15) Weight, kg 73.6 +/- 14.2 /Height, cm 12.2 o /+.6 3 Resz(Hahnidy Wink 53 (85.55) Biolochi (42.65) Hights (1-16.05) Alasin (0(8) Other 2 (3.25) Declined 3 (4.35) Education High school 2 (3.255) College 25 (4.336) Associate 2 - 32/30 Matestra 15.4223 Doctardar 5 (3.15) Other advanced dereg ref (11.33) Uninom 6		Race/ethnicity White 53 (85.55) Black/African American 3(4.85)		
Cohort study Two-arm parallel, single biinded randomised controlled truil.	(z, ray moving e ex., ray 14 6 . Y. Stage 1 to (2, 2, 39), Stage 11 25 (40%) Stage [11 22 (24%)] Time since diagnosis Vn 4.7 + <i>i</i> - 4.3 MOS-UPDRS 25.3 + <i>i</i> - 4.1 MoCA 23.4 + <i>i</i> - 12.9 Moving (20) or number for participants' characteristics at baseline. Groups Intervention (pr-31) (0, Control (pr-22) (C) Aug (10 68 (7) (C) 65 (7) (C) 6438 (C) 6148 (S) (C) 6131 (Part) (10 (1, 12 (C) 10 (Part)) (10 (1, 12 (Part)) (10 (Part)) (11 (Part)) (10 (Part)) (11 (Part)) (Part)) (11 (Part)	Age yrs 65.4 +/- 9.2 Intervention (n=31) 68 (7) Control (n=29%) 65 (7)	(Uny Other 2 (3.2%) Declined 3 (4.8%) Not recorded demographic data table	р _и р	m e + suge 12 (2,3%) stage ii 25 (40%) Stage iii 21 (24%) Not measured instead MDS-UPDRS part III (0 122) (0 31 (11) (C) 33(33)

Employment status and years in education recorded.	Not stated	Not stated	Health Eleracy mentioned	Those not diagosed with diapathic Parkinson's, reading outside the Cambridgeshire area, not having a computer, tablet or telephone connected to the neurological conditions or a clinical diagnosis of discussion and and encodes and and the context of the telephone connected to telephone connected to teleph	Co-designed digital intervention promoting exercise and physical activity in people newly diagnosed with PD	Utilies an innovative blended lawring (romat comprising of G antimes modules trained to people who are newly diagnosed with PD	Online platform, accelorometer
Not stated	Disease duration in years (SD) 5.2 (1.24	Not stated.	Only states all participants were highly educated	Diagnosed with atypical Parkinsonium, More than two falls in the previous 2 months (due to safety reasons) as score of 3 or greater on the item number reasons) as score of 3 or greater on the item number of drawing freezing when morbidities (including heart laruer, diabetes mellitus or cancer that may interfere with the ability to participate in a walking programme.	A peer coach training programme and remote peer-monitopred axiding programme using an mitealth App (FiBIE Friend) and TBIE 2p physical activity tracker.	Peer coaching using an mHealth App (FIBIR Tennsh, FIBIR Zp and trainined active trained peer mentors.	FillBR Zip and FillBR Friends App
Not specified	Not stated	Not stated	Not recorded		Two applications were used in the study 1] The audio- bidiretabusk (APS and App) and the instrumented scular (App) for discretistic approximation (App) and and one wave provided size asystomes or the smart phones spacek-20 aming the day, three days per week for 6 weeks	miteath Apps around gait and balance	Smartphone-Galaxy 53-mini, Samsung South Korea
Not specified	Not stated	Not stated	Not recorded	Exclusion criteria included inability to perform large muscle physical movements and cognitive impairments that prohibite participation in an online support group- motive that the physical sector movement of the physical movement of the physical	Fibble and (pads and online resources included perioded decides Taercical Stress areast Online participant a minimum of three times per week. Trial period 12 weeks	Fablic (activity tracker), load, pre- loaded videos, access to an online support group.	Physical activity tracker and an electronic table to engage with an online support group
No included in demographic date except employment status: Employed-dumentoyed (I) 3/8 (C) 2/8	Duration of disease (pears) () 6 559- 4 52 (1- 10) (2 7 55 -/- 4 78 (0.8- 15.5)	Not included	Not recorded	Exclusion enteria included (a) performing > 150 mi/week moderate intensity exercise (B) no wirdes internet access at home (c) any orthopaselic, vacular, or informated, vacula	Telecoach-assisted exercise, with an exercise prescription. Includes telecoach supervision. Consists of console thereasting and the two console thermetation and the the internet via asserve as a conduit between the two.	Online supervised bilecoaching via the internet, exercise equipment, instrument al recording of physical activity via a bioodtooth enabled tablet.	10.5 inch Android computer tablet with Bluetooth and werkess internet capability, mounted to an adjustable foor tand. Custom designed Android application, cuser interface from both the participant and the telecoach, which is installed on a tablet that allowed live straming of abulogical and read-time screening of physiological guarneters. The application enabled the sality to the strategy of the strategy of the sality to physiologic monotic (Bioharnes 1, 2 screening) (Everpeutic SDOXL Recumbent Bike)
Highest degree earned High School digloma/usscattes (134) Mater, doctoral, professional degree % (n)	Years since Diagnotis <1, %(n)0%(0) -3%(n) 20.7%(1) 3-5% 21.8%		Not measured however, Barriers, facilitators, and needs in PD and	Those unable to answer survey questions either with or without someone to support. Participants were also required to be able to provide written informed	Transition of community-based exercise classes to virtual intervention for YouTal	Face to face vs virtual class	Online survey Virtual class format not very clearly

tion type

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Marital status Married (i) 13 (65.0) (c) 8 (14.4) Nortmarried (i) 7 (55.0) (c) 13.00 Family income (10.000 wor/Month) (i) c108.0 (40) 10.0594 (20) 200-299 2 (15)equal to or geneter than 300 5 (5.0)	Duration of PD years (I) 935 +/- 526 (c) 10.50 +/- 4.58	Not specfically IMD	No only educational level	Those with other serious diseases that may affect 0.0, Non-motor symptoms (such as depression and Pani) and self-management and those whose PD medication had been changed within the past medication had been changed within the past participants who change participants change participants	The mobile intervention in this study consisted of mobile applications, smartphone based short text martphone based short text messages and intermation and telephone counselling for 16 weeks.	Mobile health Smartphone Smartwatch	Smartphone and Smartwatch
On in terms of general demographic data.	Not stated	No	No only level of education, however technology issues last more than 15 minutes were recreted.	PAR-Q as a screening tool and medical approval to participate.	Engage-PD is a Telecoaching intervention grounded in self- determination theory. Up to 3 with self-bash platform. The intervention incorporated 11.1 intervention incorporated 11.2 peedfic workbook to promote and support safe exercise uptake.	Single cohort implementation study	Mentions workbook on physical activity monitoring to support autonomy, which participants can do using wearable activity monitors, smartphones or exercise danse.
Not recorded in baseline characteristica	Disease duration (years) Mean (SD Min to max 8 (6:0) to 136 (5:16)	Norstated	Not measured	People were eligible if they had a clinically confirmed diagonals of Pa II and the second part of Part back orther were linking in their own home; independently mobile with or without an aid; experienced one fall in the previous 12 months; score experienced one fall in the previous 12 months; score able to understand and focus commands, and participate in an exercise participate in an exercise and states recommend.	PDSAFE comprised individually PDSAFE comprised individually alloring, progression home based exercise and strategies to avoid PT 11 Langero loss discussions 1-3-4 approved longerowide exercise tapprod longerowide exercise for about 30 mins. Participants ure given a folder with picture discriptions and descriptions of exercises a rating perceived exercises a rating perceived exercises a rating perceived demonstrations and personal descriptions do them doing the exercise. Another Master chinkal approvision sessions were implemented	Multimodal, Kome-based, Physiotherapy, digital training videos. Useconferences	Audiovisual, diaital images of excercises.
Education High school 2 (3.25%) (Dollage 25 (40.3%) Sociates (2.32%) (Maters 15 (24.2%) Doctorate 5 (8.1%) Other advanced degree 7 (11.3%) Unknown 6 (9.7%)	Time since diagnosis Yrs 4.7 ≠ f. 4	Not messured	Not measured	Participants were excluded if they had coexisting neurological or musculoskelat conditions that would restrict exercise. They were also excluded had moderate vigorous physical activity per were. No approved for exercise by a depictad for corr of failed the Physical Activity Readiress Descionance (PAR eQ).	The Engage PD intervention consists of up to 5 personal coaching sections delivered via teleheathin over a 3-month period lang 200m Coaching Section delivered by Engage-PD is grounded in self- exercise including arrobic, strengthening, balance, and healthing exercises.	Telehealth	Telehealth via ZoomD
Not recorded in demographic data table	Duration of disease (years) (I) 7 (4) (C) 9 (6)	Nor recorded	Not recorded	Participants were excluded if they had substantial cognitive impairment (MMSE <24) or medical condition which would preclude or interfere with physical assessment or stepping training.	Exergame 15 minutes three times a week for 12 weeks while on usual medicinal treatment. The exergame was a modified version of the open source Dance Dance Revolution's streamain game"	Exergame	Videogame

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Duration of intervention and type	Length of intervention	Level of interventions modification	Setting intervention took place	TIDieR items	at foot of column
					A1 in online modules A2 in online modules A3 Not described A4 Not specifically methode A5 Access to a specifically physiotherapsis A6 Behavioral user the COAR model A7
Variable depending on capability	8 Weeks (with access to online resources for the intervention and control groups after completion of the trials for up to 1 year.	Authors state no modification was undetaken.	Cambridge University Hospital NHS Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust.	TIDIER Items all described in great detail (beyond the limits of this data extraction sheet). These items in relation to this study can be found in the papers Supplment 1 found at https://dx.doi.org/ 10.3233/IPD-240071	Appears accelerometers were provided whist participants required their own devices to access the internet. A9-12 dwere framed around these to an extent but with an overriding theme of physical activity. A13 Yes in so far as the modules have been developed around the CON-B model A13-14 Described in general terms in the study discussion.
8 weeks Peer coaching using mHealth to	8 Weeks	Some modification based on participants level of	In the home	Brief name. No brief name provided intervention described a peer coaching through mitestill. Why To conduct a feasibility study on an mitestilt intervention to improve physical activity on PuV who are assertiary. What Peer coaching using rBRE 20 as a physical coaching using rBRE 20 as a physical FRIBE Trinnels and Locrats to specialist physicherhargists who tain the peer mentors who also offer support to mentees. How training PuV who are active as mentors, mentees also had support from the Falls Trinning PuV who are active as mentors, mentees also had setting from an ation plan 2-4 hour face to face sessions Tailoning Modifications Instituter tailoring Modifications Instituter tailoring where the cartcher Fallering who described Fadelity tails this was and described.	Al Yes through motivational intervelving including 2 4 hr face to face sessions in a neurorehabilitation setting with Metrica A Yes via support from the fibilit Friends mobile Ap A3 Not specifically described A1 implied only via salety A2 resporting A5 Ohly through 7-day waling monitoring and disability measures A6 At this intervention utilizes motivational intervention utilizes motivational require a smartphone to download and use the FIRE Friends App. A8-AV tes from face-to-face training and with P0 specialism and via the FIRE Friends App. A10-12 in relationship to mentor training which provides relearsal activities and self-management and psychological support via the dyad relationship A13 A-13-14 with the metalenship A13 A-14 with the met
CuPD Smartphone App's and walk 3 times per week	6 weeks	Duration and frequency times specific, however some	Home with researcher home visits.	Bef name-CuPiD Why-Study investigated the CuPD-system's feasility and effectiveness compared to feasility and effectiveness compared to simulation of the second second second second second second second second sectors. When an how much-30 mins one day three time as week for six weeks cost not recorded in the outcomes Talloning unclear, but seems to be individuals how Modifications. Not specificatly mentioned Healty. No study. When se small resulting the	A1 Not specifically, A2 Only in relation to gait and walking, A3 In part, A4 Ver, A5 Unclear A6 Yes Training, A7 Smartphone and Apex, A8 Unclear in terms of outside training visits, A9 Yes weekly training and instruction, A3 Only in terms of gait and walking, A11 Limited to intervention scope, A12 Not directly, JA1 No specifically in the intervention A14 Based on the environment directly and particularly display through the particular of the particular directly and the particular display the particular directly and the particular display the particular directly and particular display through dividual activity.
Activity 3 times per week and a minimum of three resistors per week online support for a duration of 12	17 weeks	No specified however, everyfie is unsupervised	Home setting	Brief name- Physical activity using technology: A feasibility study Why- The purposes of the study were to (a) assess the feasibility of an intervention study and the study were to (a) satisfies a study assessment the effect of this intervention on self-efficacy for physical activity name the effect of this intervention on self-efficacions. Judy and physical activity intervention add, and into appoint thew Partial online delivery Where: Online, the home stelling, agile Where no hom much Taking in this pace of the solution of the solution of the solution of the solution of the solution of and the solution of the	A1 Some information but mainly about movement, A2 Signosting to online resources and support group, A3 on indirectly. A6 yes, must demonstrate engagament, A7 yes fitbit, Pland and protoaded videos, Banckar, A9 very little detail, A10 not explicitly stated, A11 To an extent, A12 Yes in relation solit statel floagit, 24 yes in relation of stated through community molecular in recordances, A15 ro, measure and support Divided Activity.
Exercise prescription included eight weeks of exercise (three times per week-24 total session) with a goal of 150 milyweek of comined aerosch and strength exacercises. Participants were instructed to perform heart rate reserve, using the toteheadh system and a stationary recumbent cycle (Derepeutic 9000, Recumbent Biller) for strength excercise, participant used adjustable ankle weights (151b) to perform 2-3 sets of 30-30 repetitions.	s Eight weeks	Intervention description appears to suggest standardised rather than tailored intervention	Home setting.	Brief name. Telecoach Pilot study Why To ceptore the uptake and implementation of two common methods of exercise training What- Supervised and effer requisited home exercise (requised home exercise) physiological measurements val sensors, internet resources and coaching. Where in how much 150min/loves over sensors in total Tablering Not mentioned in intervention description Medications- Not mentioned in intervention description Fadelity. No examined, but was a pilot study	Al Focused on physical activity specifically not PD in general, A2 Intervention focused, A3 Ro specifically mentioned A4 Ao, A5 exercise physiological parameters and measurements A4 Ao, A5 exercise physiological parameters and dorkers, BA Mores and Felceach group A9 Training was provided (A10 more A9 Training was provided (A10 more A9 Training was provided (A10 more direct) A13 in the form of the teleoach support A14 A1m SP group A12 van direct) a13 in the form of the teleoach support A14 A1m SP group A12 van direct) y through technology and excercise equipment use.
Survey closed February 2021	Single data capture point for both groups	NA but the usual care face to face community-based care to virtual classes required significant levels of modification.	Online- virtual	Brief name- Impact of Covid-13 on Community-based exercise classes for PuP. Why: To examine the impact of Covid-19 restrictions on specific Exercise as eff effects, a classification, Exercise as eff effects, a classification, an how much: An open survey format an how much: An open survey format an tow much: An open survey format Modifications - None to the research method but yet to virtual class format Fidelity-IN/A	A1 N/A, A2 N/A, A3 N/A, A4 No, A5 Unclear for Virtual classes A6 Behaviouri changes through 51E, G1-Q , A7 Requires the participant to be able to go online, 84N on X0 No X10 No, A11 potentially, A12 Potentially, A13 of the second second second second classes for PAP of uring Covid-19 restrictions.

Complex 30 minute schedules based around activities and time of the day and day prompts.	16 weeks	The design and data collection points seem very specific	Predominatly home but also agile	Brief name- Mobile health intervention Why- To evaluate the effects of a mobile health intervention for self- management on self-efficacy, motor symptoms and non-motor symptom. PeP What-To evaluate a mobile health intervention and Smartphone and Smartwatch. How- Conducting an RCT Where-Inom/ejgle When an how much A series of multiple prompts through out the dy Taloing Patentialy, Modifications: No Fidelity- Not mentioned	A1 Yes viewed holistically IMB model, A2 Yes message feature and extensive criteria, however also has medicinal taking prompts, A4 Ne, A5 Yes, A6 Yes, Medicala prompts, A7 Yes Smartwatches and Smartphones, A8 Yes via menu and reflective tracking. A6 Imitted description, A10 To an extent, A11 Yes, A12 Yes, A13 Yes, A14 Yes, especially around hyliccal activity
Up to 4 telehealth coaching sessions over three months	3 months	Intervention was modified, however this was not unlimited.	Implied home setting	Bild name-Engage PD Why Case report to discribe a physical activity coaching programme. What Telebath coaching via Zoomo Hoov- Vitrui delivery: rating disease management reasons. Where - Up to 4 sessions with a specially trained TF vitruilly tele-coached via Zoom (c) Home setting. When a how much-Up to 4 coaching sessions over 3 months. Tablening vis built himits Modifications: Vis around functional ability Fidelity vis	A1 Yes, booklet and training, A2 Yes, as resources and via training, A3 Not directly. A4 Not directly and physical activity focused, A5 Via physical activity theorexity, and the context of the training directorating, a7 Vincers, but potentially yes, A8 Limited to up to 4 theorexity, and Vincers, but potentially yes, A8 Limited to up to 4 theorexity, and Vincers, but and self-efficace, A11 Mainly in relation to physical activity, A12 Yes in terms of behaviour change via motivational interviewing, A31 Vis vis in terms of balanced through used self effects.
	6 Months	Intervention is modified or tailored but there are limits and fidelity checks.	Home-based intervention	Bief name-POSATE Why To reduce fails in PAP What-A multimodal physichteray intervision How-Meen visits, 2002, Video teleconferences Master classes', Where-Home-based care, When an bow much-30 mings re- day for 6 months: Tailering Yes Modifications: Yes Fieldiny, Yes	A1, A2, A3, A4, A5 A6, A7, A8, A9, A10, A11, A12, A13, A14
S sessions over Three-months via Zoom ©	Three months	Some level of modification, described as advice on modified extensions based on functional ability	Home setting but aple	Brief name-Engage-PD Why-To determine the feasibility and preliminary efficacy of the Engage-PD intervention and to updrive whether backine characteristics are associated with outcomes What-Physical activity the intervention via the coaching the session deleved by licenced PT specifically stated wolficitations * ves specifically mentioned Fidelity-No, but was a feasibility study.	A1 Yes disease specific workbook, A2 Yes multimodally, A3 No, A4 Only in th course of usual care, A5 specically in terms of physical activity, A5 Undersuity and the special care of the special care of the physical activity, A1 Undera uses 2000 B but is this through the participants on device and WD. A1 Undera uses 2000 B but is this through the participants on device and WD. A1 Undera uses 2000 physical activity, A1 Specifically in relation to physical activity, A12 Caching promotes E5 and by extension psychological activities, A13 Yes via to terehealth caching, A14 Devices activity and promotion of physical activity
Stepping excersie 15 minutes three times a week for 12 weeks.	15 minutes per session	No specified, however, exercise is unsupervised	Intervention-home Ourcome-Laboratory setting	Brief name-Stepmania Why-To see if intervention improves balance gait and reduction in fails. What-A videogame (seewapen) for use in the home. Whose intervention in the home. Where intervention in the boost of the theory of the second second boostory. When a how much-St boostory whose not second second boostory whose not second second boostory. Whose not second second boostory whose not second second boostory. Whose not second boostory whose not second boostory whose not second boostory. Whose not second boostory whose not not second boostory whose not secon	At in the context of the intervention but more broadly, A2 Yes, A3 Potential during training, A4 No, A5 indirectly an only within the scope of the intervention A4 No, A7 Yes Wedegame provided, A8 No teaplicity stated, A9 Yes training with Physiotherapati, A10 Intervention, A11 VS, A12 Yes in relation to secondary outcomes, A13 Not specifically, A14 in relation to movement and physical activity throug stepping.

 Key
 A1

 Information build constant condition and/or sites management
 A2 information about available resources

 A3 Provision of /agreement on special clinical actorophane and dor rescue medication
 A4 Regular condition resources

 A3 Provision of explorement (clinical actorophane)
 A6 Regular condition resources
 A6 Regular condition resources

 A6 Provision of explorement (clinical actorophane)
 A6 Provision of explorement resources
 A8 Provision of explorement activities
 A9 Differentiation resources

 A10 Training references al deveryday activities
 A10 Training references
 A10 Training references

 A10 Training references al deveryday activities
 A13 Training references
 A13 Social support

 A11 Unicipited basis
 A13 Social support
 A14 Unicipited basis and support

Outcome/Outcome measures	Scale used to measure self-efficacy	Magnitude of change in level of self-efficacy
Performance-based outcome measures included: 1) the Unified Parkinson's Disease Rating Scale (UPDRS) motor examination part 3; 2) the Mini-BESTest; 3) the Five Time		Intervention group baseline 56 (49-68) post-intervention 40 (37.5-63.5) 6-months post follow- 65 (53.75-78.25). Control
Sit To Stand (STSTS) These outcomes were measured by a PD specialist physiotherapist at baseline and 6 months post intervention.		group baseline 64 (52.5-74) post-intervention 56 (51.5-69.5) 66 (50-76). Interpretation, self-efficacy dropped post-intervention
Patient reported outcome measures (PRDMS) included ; the Geriatric Depression Scale (GDS); the Apathy Evaluation Scale (AES), the Oxford Participation and Activities Questionnaire (Ox-PAQ); the Self-Efficacy for exercise scale (SEE); the Multidimensional Outcomes Expectations for Exercise Scale 49 (MOEES); & the Gait-Specific Attentional Provide scale ACSAB	Salf-affirary for Everrice Scale (SEE)	in the intervention group, rose to above baseline at 6-months, but lower than the control at this time point using the SEE measure
אינגברווסטרוטר דוסוויב אבוווב (עבאיז ן-	check of exercise scale (see)	
		The second difference in the second data of the sec
Feasibility measured be examining recruitment and retention, Safety was measured through reporting AE's, Acceptability questionnaire, Walking Activity measured objectively over 7 days, Self-efficacy measured using the self-efficacy for Exercise measure & Disability was measured using the Late Life Function and Disability	Self-efficacy was measured using the Self-efficacy for	(SD 25.7) points at baseline to 70 (SD 25.9) points post intervention. Clinically important differences were not
Instrument (LEDI)	walking duration 10-item Questionnaire (SEW_Dur)	established.
Primary: Gait speed under dual conditions HR-QQL- 2 Minute walk test. MiniBESTTest, Four square step test (FSST) Falls Efficacy Scale International (FES-I)	FES-I	No statistically significant changes noted
Self-efficacy via PAAI, The funcational Assessment of Cancer Therapy-General (FACT-G)-QoL-PWB-7-Item, Social and Family Wellbeing SWB 7-Item Emotional wellbeing EWB-6-Item, Functional wellbeing FWB 7-Item, Objective data from fitbit physical activity tracker.	Physical Activity Assessment Inventory (PAAI)	No statistically significant changes noted but authors mention small sample size (n=5)
Adherence outcomes of study, Attendance (%) Total sessions, Time performing exercise, Time performing moderate exercise aeorobic exercise (min/week) Walking		Qualitative findings suggested that high rates of adherence for TAE participants were largely influenced by increased self-
capacity outcomes by study group. 6 minute walk test. Qualitative themes- 1) Telecoach-assisted excercise positive programme experiences, Suggestions for improving technology. Self-regulated group- Challenges that affected excercise adherence. Potential benefits of telehealth.	Determined by mapping qualitative findings to Bandura's Social cognitive theory	efficacy, which was facilitated primarily by the assistance of the telecoach.
		Reduced face to face community-based exercise classes and
Govin Lakura-Tima Duactionnaira Salf-afficaru for Evarrica Scala Schwab-Eneland Activitias of Dailu Living Scala Darbinson's Disease Duactionnaira. 8 (DDD-8) (Do1)	Self-efficacy for Exercise Scale	was associated with a reduction in Self-efficacy for Exercise levels

Self-efficacy, motor symptoms, Non-motor symptom, Self-management, Quality of Life	Self-efficacy for managing Chronic Disease 6-item Scale	The mobile health intervention for self management is effective for self-efficacy and non-motor symptoms in PwP.
Construct-Acceptability- Measure Acceptability & Fidelity- Perceive autonomy support healthcare, Climate Questionnaire (HCCQ), Rates of adherence and retention, Post		
Intervention Questionnaire, Physical Activity Planned and unplanned activity- Brunel Inventory Scale. Disease specific impairments Balance TUG, 30CST Gait speed - 10WT. Motivation and Self efficacy Self-efficacy Norman Self-efficacy scale Satisfaction/performance with exercise. Modified Canadian Occupational Performance measure	Norman self-efficacy scale	Does not explicitly state as this is an interim point case study, the full Engage-PD study by Shih did find this approach raised levels of Exercise Self-efficacy.
	Contracting and the second second	renew an annound a duit sufficiely.
The primary outcome was risk of repeat of falling in the first 6 months after randomisation. Secondary outcomes were fractures and the rate of near falling. The		Feature in the second
Minibesi est, The Charl to stand test (CST) Genratic Depression Scale (GDS) The International Version of Falls Efficacy Scale (FES-1). New Freezing of Gait Questionnaire (NFGG) The Parkinson's Disease Questionnaire. PDQ-39. (QoL)The Physical Activity Scale for the elderly (PASE) EuroQol (ED-SD-3L)	FES-I	statistically significant change is Falls self-efficacy as a secondary outcome.
		Participants with lower baseline planned physical activity exoperienced greater improvements in planned physical
Feasibility-Recruitment, Retenion, Adverse Events, acceptibility, Participant perspectives via open ended questions. Intervention outcomes-Physical Activity via the Brunel Inventory Scale, Execercise-Self-Efficacy via the Exercise Self-efficacy Scale, Participant Goals	Exercise self-efficacy scores	activity, and those with lower exercise self-efficacy experienced greater improvements in Exercise self-efficacy.
Primary outcomes-Stepping performance CSRT task Reaction time (ms) CSRT task Movement time (ms) CSRT task Response time (MS) Mobility FGA (0-30) Secondary outcomes-Power Average hip abductor peek power (w) Average hip abductor power at load (33N) (w) Mobility TUG, Tug avg, GAT accuracy (cm) GAT velocity (cm/s)	Talls officers FFF 1/F-IIs of sources in the second	Week 0- (I) 25.3 (6.4) (c) 26.0 (10.2) Week 12 (I) 27.0 (7.9) (C)
nana movement nana reaction time (ms) Lognition- MOLA, IMI, FUG NFUGQ (U-28) Falls éfficácy- FES-I (16-64)	Pails emcacy FES-I (Falls eficacy scale-international)	25.3 (10.1)

Outcomes measured in addition to self-efficacy	PD symptoms measured	Objective measurement Y/N	Self-reporterd or CG reported outcomes	Effective Y/N/ Not measured	Safety assessed
The Unified Parkinson's Disease Rating Scale (UPDRS) motor examination part 3: the Mini-BECtect: the Fire Time Sit To Stand	The Unified Darkinson's Disease Pating	Subjective and objective from the			
(STSTS)	Scale (UPDRS) motor examination part 3	accelerometer	Self-reported	N/A feasibility study	Yes (as a theme)
Peasibility was determined by examining recruitment, participation, and retention. Safety, satisfation and acceptability were measured.					
along with individual-level changes in physical activity were examined releative to clinically important differences	Walking measurement, risk of falling, Indirect measures, study cotaction	Yes	Self-reported	No as this was a feacibility cturbs	Yes
common releasive to clinically important differences.	manifect measures, study retention	100	sen reporteu	to w this was a reasibility study	16.0
Single and dual task gait speed, MiniBESTest, Quality of Life (SF-36	Comfortable gait, Dual task gait,	Comfortable gait, Dual task gait,			
physical health) Balance, Endurance, Disease severity, FOG,	Balance, Endurance and Physical	Balance, Endurance and Physical	Solf connected	Not in torms of coll officersy	Not specifically mentioned
Cognition	Activity	Activity, MiniBESTest	Seil-reported	Not in terms of self-emcacy	Not specifically mentioned
	Motor symptoms in terms of physical				
	qualititive thematic analysis, Quantative				
OoL, Wellbeing, PWB, SWB, EWB, FWB, PAAI	measures of physical activity, mutliple wellbing and OOL domains.	Objective data from the Fitbit physical activity tracker.	Self-reported	No statistically significant difference found	No
				,,,,	
1					
1					
Adherence outcomes of study. Attendance (%) Total sessions Time				In terms of the qualitative findings was with	
performing exercise, Time performing moderate exercise aeorobic	No specifically, but looked at walking	Physiological measurements from the		an explanation related to Bandura's social	Yes, exercise on the cycle was done in a
exercise (min/week) Walking capacity outcomes by study group. 6 minute walk test.	function and strength from physical activity	various instrumentation used including wearable sensor.	Self-reported and objectively measured	cognitive theory and a proposed mechanism proposed.	falls. Training was also provided.
				The restriction placed for Covid-19 reduced	
				classes to some virtual classes. The effect of	
Godin Leisure-Time Questionnaire, Schwab-England Activities of Daily Living Scale, Parkinson's Disease Questionnaire-8 (PDO-8)	Predominatly motor, Balance Gait		Self-reported/care partner reported and instructor	these changes resulted in a reduction in the level of SEE-Self-efficacy for exercise and	
(QoL)	Falling, Depression, FoG	No All participant reported	reported.	physical activity in general.	No

BMJ	Open

Motor symptoms, Non-motor symptom, Self-management, Quality of Life	Both motor and non-motor symptoms	In terms of engagement and use yes, as actions recorded	Self-reported	Yes	Not specifically mentioned
Construct-Acceptability-Messure Acceptibility & Fidelity-Perceive autonomy support healthcarc, Climate Questionnaire (HCQ), Rates					
Physical Activity Planned and unplanned activity- Brunel Inventory Scale. Disease specific impairments Balance TUG, 30CST Gait speed- 10WT. Motivation and Self efficacy Satisfaction/performance with exercise Modified Canadian Occupational Performance measure.	Not directly symptom focused	Option of using different types of physical activity trackers and devices suggested and their use promoted.	Self-reported	Not stated, however Shih which is the full cohort study of Engage-PD notice a positive change in self-efficacy	Yes, including risk, benefit weighing
The primary outcome was risk of regest of falling in the first 6 months after randomisation. Secondary outcomes were fractures and the rate of near falling. The Minlearters, The chair to stand test (CST) Gentaric Depression Scale (GDS) New Freeing of Gait Questionnaire (PDG) The Parkinson's Diseas Questionnaire. PDQ- 39 (QuLThe Physical Activity Scale for the elderly (PAST) EuroQoI (CS-SD-31).	FoG, Balance, Gait, Depression, Walking, Fals	No All participant reported	Self-reported	Yes between moderate and severe group.	Tes, Adverse events and deaths reported
The Brunel Lifestyle Inventory (meassure of physical activity), The Exercise Self-efficacy Scale (ISS), Canadian Occupational	Not symptom focused by indirectly in terms of physical activity. Derecise Self- efficacy, Participant Goals (Tinded to behavior) Participant generactives with			Participants with lower baseline planned physical activity exoperienced greater improvements in planned physical activity, and those with lower exercise self-efficacy pare/enced greater improvements in	Yes No adverse events reported and
Performance Measure (mCOPM) Participant goals. Primary outcomes-Stepping performance CSRT task Reaction time (ms) CSRT task Movement time (ms) CSRT task Reacton time (bablity FGA (0.3) Secondary outcomes - Nover Average hp abductor peak power (w) Average hip abductor power at load (33M) (w) Mobility TGA (0.3) goag, GGAT accuracy (cm) GAT velocity (cm/s) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFGG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Cognition- MCOA, TMT, FGG MFG (0.2) Key (ms) Average hip abductor power at load (33M) Hand movement Hand reacton time (ms) Average hip	open-ended questions. Stepping reaction time test, functional gat assessment, Physical and neurospychological mesures associated with fails, number of fails, mobility and balance	No All participant reported	Self-reported	Exercise self-efficacy.	evidence of safety monitoring