Table 1 – Results of the collaboration between the WHO and Cochrane Rehabilitation

Package of Interventions for Rehabilitation (PIR)			
•	Three introductory papers		
•	Four systematic reviews of clinical practice guidelines (CPGs) on:		
	- Amputation	Evidence from 4 CPGs	
	- Fractures in children	Evidence from 2 CPGs	
	- Fractures in adults	Evidence from 5 CPGs	
	- Osteoarthritis	Evidence from 5 CPGs	
•	the eventual of each and eventual events (each of each		
	- Cerebral palsy	Evidence from 8 CSRs (132 primary studies, 4781	
		participants)	
	- Chronic obstructive pulmonary disease	Evidence from 17 CSRs (314 primary studies, 22206 participants)	
	- Rheumatoid arthritis	Evidence from 10 CSRs (92 primary studies, 10801 participants)	
	- Spinal cord injury	Evidence from 3 CSRs (64 primary studies, 2024 participants)	
	- Traumatic brain injury	Evidence from 6 CSRs (42 primary studies, 3983 participants)	
	<u>"Evidence on" COVID-19</u>		
•	Results of our rapid living systematic reviews	Evidence from 16 RLSRs (3 main editions, 13	
	(RLSRs) used by the WHO for the development	monthly or bi-monthly updates), including 615	
	of Post COVID-19 Condition Guide	articles	
•	One rapid systematic review on the model of care	Evidence from 37 articles	
	"Evidence relevant to" symptoms of post COVID-19 condition		
•	One methodological paper		
•	Five papers in which we identified the indirect evidence extracted and synthesized from CSRs on the same symptoms in other health conditions (HCs):		
	- Arthralgia	Evidence from 11 CSRs (8 HCs)	
	- Cognitive impairment, anxiety and depression	Evidence from 17 CSRs (8 HCs) on cognitive impairment and 37 CSRs (14 HCs) on anxiety and depression	
	- Dyspnoea	Evidence from 15 CSRs (7 HCs)	
	 Dysphagia, dysphonia and olfactory disease 	Evidence from 1 CSR (1 HC)	
	 Fatigue, post-exertional malaise and orthostatic intolerance 	Evidence from 32 CSRs (13 HCs) on fatigue and 4 CSRs (2 HCs) on exercise intolerance	