Table 2. Characteristics of included studies – Neurologische complicaties – Oefentherapie

Study	Participants	Comparison	Duration of intervention	Outcome measures	Comments	Risk of bias[1]
Included in systematic review of Gianola (2024) and meeting our PICO						
Lindeman (1995)	N: 30 Intervention: 15 | Control: 15 Age (mean, SD): I: 40 (11) | C: 37 (10) Sex (% male) I: 60% | C: 80% All participants had Myotonic Dystrophy or Hereditary Motor and Sensory Neuropathy (type I or II) based on clinical picture, electromyography and nerve conduction studies.	Intervention: exercise at home 3 times a week for 24 weeks: knee extension and flexion, and hip extension and abduction with weights. Weights were adjusted every two weeks by a physiotherapist. Control: usual care: no intervention.	24 weeks	Muscle strength Endurance Functional ability Pain	Setting: The Netherlands Design: RCT	Moderate[1]
Kierkegaard (2011)	N: 35 I: 18 | C: 17 Age (mean, SD): I: 44 (11): C: 41 (15) Sex (% male) I: 44% | C: 41% All participants were diagnosed with Myotonic Dystrophy type I who were in a DM1 registry.	Intervention: group exercise training program with music, supervised by a physiotherapist: flexibility, strength, balance and aerobic exercises. Twice weekly. Control: no intervention.	14 weeks	Physical activity Quality of life	Setting: Sweden Design: pilot RCT Attendance rate (≥75% present at training): 61%	Moderate[1]
Aldehag (2013)	N: 35 I: 18 | C: 17 Age (mean, SD): I: 44 (11) | C: 41 (15) Sex (% male) I: 44 | C: 41	Intervention: hand-training program consisting of dynamic strength-endurance exercises with a resistance putty. Three times weekly (1 group session per week). Control: no intervention (each participants is its own control)	12 weeks	Muscle strength Manual muscle impairment	Setting: Sweden Design: cross-over pilot RCT Attendance rate (≥75% present at training): Group A: 50%	High[1]

	All participants were diagnosed with Myotonic Dystrophy type I who were in a DM1 registry.				Group B: 23.5%	
Okkersen (2018)	N: 255 I: 128 | C: 127 Age (mean, SD): I: 44.8 (11.7) | C: 46.4 (11.3) Sex (% male) I: 55% | C: 53% All participants had genetic confirmed Myotonic Dystrophy type I.	Intervention: cognitive behavioral therapy + when applicable, a graded exercise module supervised by a physiotherapist Control: standard care.	10 months	DM1Active scale Physical activity Fatigue	Setting: 4 centers in France Germany, Netherlands, and UK. Design: RCT Exercise was only given in two of four participating centers: to 26% of the participants.	Moderate[1]

[1] judged by the authors of the review