Reviewer’s report

Title: Mobile tablet-based therapies following stroke: a systematic scoping review protocol of attempted interventions and the challenges encountered

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Reviewer: Rachel Stockley

Reviewer's report:

This is an interesting review topic which will be of interest to therapists, rehabilitation workers and stroke survivors. There is a growing use of technology in therapy and so a scoping review in this area is timely.

The structure and purpose of the review is clear.

However, the literature reviewed outlining the use of MTBT seems mainly limited to US and Canada and consequently refers to in and out patient rehab. The article would have broader appeal if community based rehab (e.g. as done in UK) was considered. It is important to recognise that access to beds does not limit access to rehabilitation (as stated on page 4) as rehab can occur outside of the hospital setting and indeed does do so in many healthcare settings.

This argument may also be better framed by discussing the use of MTBT as adjuncts to therapy, not as a replacement when therapy is not available. This could also lead to discussion of the time therapists are able to spend with patients and how technology may provide extra "therapy time" without a therapist being present. In my experience, this is how many mobile technologies are intended to be used.

Method: (P.7) I am unclear why there is a distinction between mobile tablets and smart phones - I would suggest including both as most have similar applications. Alternatively, a clear distinction and rationale why smart phones are not included as the primary MTBT device should be provided.

Similarly the first "smart phones" have been available since the mid to late 1990s - if they are included, the search criteria would have to be amended to reflect this (ie from 2010 to 1994).

Results : Much of the data is likely to be qualitative in nature and so a narrative review is appropriate. However, it would be good to state how qualitative data will be handled - e.g. how will themes be developed, analysed and verified? which theoretical framework will be used? This is needed to ensure that patient interviews/perceptions etc are thoroughly represented.
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