Rayyan Systematic Review

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Sumário



<u>O que é?</u>

Operações que RYYAN realiza

Criar conta

Abrir uma revisão

Excluir duplicatas

Export

Como exportar apenas estudos "incluídos"?

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Sumário

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Excluir documentos

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Maybe (pode ser)

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My reviews

Collaboration Reviews - verificar as revisões que sou colaborador

Translation only reviews

Sumário



Other reviews

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Blind on - Blind off

Funcionalidades Painel Lateral



O que é?

"É um aplicativo da Web (gratuito) desenvolvido pelo QCRI (Qatar Computing Research Institute) que auxilia os autores de revisão sistemática a realizar seu trabalho de forma rápida, fácil e agradável."



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Operações que RYYAN realiza:

- Criação de uma revisão,
- > Convidar colaboradores para uma revisão,
- Upload de citações,
- Exclusão de citações e
- Inclusão de citações.

Fonte:

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Abrir uma conta

acesse: <u>https://rayyan.ai/users/sign_up?_ga=2.171303842.300234937.1651087674-</u> <u>1786633690.1650915998</u>

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criar senha

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ABRIR UMA REVISÃO



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EXCLUIR DUPLICATAS



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parallel groups	08	Resolve duplicate Randomized controlled trial showed significant gains in coordinated gait components for those in the chronic phase after stroke in response to motor learning coordination training and functional electrical stimulation	
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	00	Background and Purpose: Many patients not recover normal gait after stroke and conventional rehabilitation. There are few reports of interventions, for persistent gait deficits, that produce gains in	
More >>		coordinated gait components. The purpose of this study was to test an innovative motor learning approach to gait training and the use of a multi-channel functional electrical stimulation (FES) with	
		intramuscular (IM) electrodes (FES-IM) for retraining coordinated gait components. Methods: We enrolled 50 subjects (>6 months after stroke) with persistent gait deficits. Both groups had treatment	
Keywords for exclude [Add new]	_	composed of 1.5hrs/session, 4sessions/wk for 12 weeks. Both groups received comprehensive gait training including these three treatment aspects: 1) coordination exercise, 2) body weight supported	
randomised controlled trials	0.*	treadmill training (BWSTT), and 3) over ground gait training. Subjects were randomized to either of two groups: A) No functional electrical stimulation (No-FES; n=24); or B) FES-IM applied during each	
randomized controlled trials	0 0 0 0	of the three aspects of treatment; n=26). Primary outcome measures were Tinetti Gait (TG) and Gait Assessment and Intervention Tool (G.A.I.T.). Secondary measures were: leg muscle strength (MMT),	
sensitivity and specificity	00	isolated leg joint movement coordination (Fugl-Myer (FM)), knee flexion coordination (FMKFx), leg muscle spasticity (Ashworth (ASH), 6 Min Walk Test (6MWT), Tinetti Balance (TB), Functional	
retrospective cohort	00	Independence Measure (FIM total score and Locomotion and Mobility subscales FIML&M). Plum ordinal regression model for ordinal measures was used to test the effect of the intervention (group).	
regression analyses	0 0	Wilcoxon Signed Rank Test was used to test within-groups pre-/post-treatment effect. Results: There was a statistically significant additive advantage of FES-IM vs No-FES (group difference) for FMKFx	
regression analysis	00	(p=.038), TG (p=.017), and G.A.I.T. (p=.008). Both No-FES and FES-IM showed significant within-group pre-/post-treatment effect for MMT (p =.0001, p =.0001), FM (p =.0001), PM (p =.0001), FMKFx (p =.0001), FM (p =.00	
retrospective study	00	=.001, p =.0001, ASH (p =.003, p =.009), 6MWT(p =.0001, p =.0001), TB(p =.001, p =.001), TG (p =.001, p =.001), G.A.I.T. (p =.0001, p =.0001), FIM (p =.008, p =.0001), and FIML&M (p =.025, p =.001), FIM (p =.025, p =.001), FIM (p =.001, p =.001),	
literature review	00	p=.054), respectively. Conclusions: In the chronic phase after stroke, coordinated gait components and function can improve in response to a motor learning approach to gait training. FES-IM had a	
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	-	2011-01-01	Haplotype structure in Asl	kenazi Jewish BRCA1 an	d BRCA2 mutation carriers		Im, K. M	; Kirchhoff, T.; Wa	an
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eywords for exclude [Add new]	-	multidisciplinary manne	er: 1) Patients self-report CVD ris	k factors, 2) non-fasting lip	eligible. The CVD risk factors recorded ids are ordered by health secretaries	in addition to routine laborate	ory tests and 3) rheu	matology nurses p	erform
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als	11 🛱	Results: Of the 6150 IJ	D patients (Rheumatoid arthritis	[RA]: 3504, ankylosing spo	ndylitis [AS]: 1107, psoriatic arthritis	[PsA]: 1108, and other spon	dyloarthritides [SpA]	: 431) who were e	ligible for
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randomly assigned 8 = randomly allocated 4 =	Background: Patients with in the cory joint dise D) have a high risk of cardiovascular disease (CVD). The EULAR recommendations for CVD risk ma	nagement in natients with IID states that
parallel group 4 a	CVD risk assessment should direct annual patient population, and emphasizes that such assessment easily can be incorporated into a routing	
	groups with high CVD risk of a structured group to ensure adequate CVD prevention, these measures are rarely implemented for IJD patients. Obj	
More >>	Collaboration on Atheroscler attents with Figure c joint diseases (NOCAR) was to design a program of annual CVD risk assessment for IDD patients	
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	multidisciplinary manner: 1] self-report C factors, 2) non-fasting lipids are ordered by health secretaries in addition to routine laboratory test	
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survey 19 cross-sectional 18	estimate is 25%, the rheumacoogist forwards a note to the patient's primary physician to inform that there is indication for initiation of CVD-preventive mea	
cross-sectional 18 observational 12	changes). Additionally, the rheumatologists and rheumatology nurses are instructed in how to deliver brief advice regarding smoking cessation and healthy or	
cohort 11 @	NOCAR centres from which visit data was extracted in October 2015. We evaluated how many of the eligible patients who had received a CVD risk evaluation	
trials 11 °	project. A CVD risk assessment was defined as having recoded all of the CVD risk factors included in the SCORE algorithm (total cholesterol, systolic blood p Results: Of the 6150 IJD patients (Rheumatoid arthritis [RA]: 3504, ankylosing spondylitis [AS]: 1107, psoriatic arthritis [PsA]: 1108, and other spondyloart	
systematic review 6	Results: Or the 6150 LD patients (kneumatoia artinitis [kA]: 3504, ankytosing spondylitis [kA]: 1107, psonatic artinitis [kA]: 1108, and other spondyloart the NOCAR project. 2519 (41%) patients received a CVD risk assessment during this 1.5 year interval [kA: 1569 [45%]). A5: 118 [38%], PsA: 350 [32%],	
meta-analysis 6	ule NOCAK project, 2019 (41%) patients received a CVD risk assessment ouring units 1.5 year interval (RA: 1509 (45%)), AS: 416 (36%), PSA: 500 (32%), successful implementation encountered in NOCAR were time scarcity; defining a date for annual CVD risk assessment and making sure that lipids were mass	
regression analysis 5 T	succession implementation encountered in North were onne starticly defining a date for annual CVD risk assessment and making sure that inplus were meas Conclusions: To our knowledge, this is the first multi-centre clinical project to show that incorporation of CVD risk assessment into routine rheumatology visit	
longitudinal 5	conclusions, to our knowledge, this is the first mater-centre clinical project to show that incorporation of CVD hisk assessment into routine medinatology visit to elucidate success criteria for optimal implementation of CVD preventive strategies in rheumatology. (Figure Presented).	
	to dividuce success and not optimize implantementation of one preventive subtegries in medinatology. (Figure Presented).	Marluci A

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controlled study 20 👼	Scale (SIS) and the device related Serie
More >>	life. Results: 495 subjects were enrolled
	established for all primary endpoints. Fc + wrong study design FES group significantly improved compared to the AFO group on four of the five components of the modified
Keywords for exclude [<u>Add new</u>] -	Emory Functional Ambulation Profile, th + wrong study duration the Strength and Mobility domain scores of the SIS. Conclusions: The peroneal nerve FES device was non- inferior to the AFO on measures of gait and balance, and may be more effective for improving functional ambulation and balance.
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case report 25 to	Authors: Bethoux, F.; Nolan, K. J.; Abrams, G.; Annaswamy, T.; Browne, B.; Burnfield, J.; Feng, W.; Geis, C.; Greenberg, J.; Gudesblatt, M.; Jayaraman, A.; Kautz, S. A.;
systematic review 22 🗰	Lutsep, H.; Meilahn, J.; Pease, W.; Rao, N.; Sethi, P.; Turk, M.; Rogers, H. L.; Brandstater, M.; Freed, M.; Ikramuddin, F.; Madhavan, S.;
meta-analysis 16 🗰	Journal: Archives of Physical Medicine and Rehabilitation - Volume 94, Issue 10, pp. e30 - published 2013-01-01
this review 14 🗰	Marluci •
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controlled study 20		Scale (SIS) and the device related Serie + wrong publication type rate. Series apoints included measures of walking performance, gait parameters, balance, and quality of
More >>		life. Results: 495 subjects were enrolled alysis al
		established for all primary endpoints. Fc + wrong study design FES group significantly improved compared to the AFO group on four of the five components of the modified
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trials 46	ti di la constante	Authors: Batheux, F. Malan, K. J., Abrama, G., Appaguamy, T., Brauna, D., Burefield, J., Fapa, W., Caia, C., Creanhara, J., Cudaphath, M., Javarrana, A., Kauta, C. A.,
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Documentos incluídos



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placebo	32 10		that impairs muscle function and results in physical disabilities. Spasticity is the most important limitation in improvement of normal motor function that seen in more than 80% of subacute and 56% of chronic cases. Use of pulsed electromagnetic field on the spinal cord may affects on hyperpolarization of neurons and neural Plasticity. It also can decrease muscle hypertonecity and spasticity in hemipleqic patients after stroke. So, the aim of this study was to investigate the effect of Pulsed Electromagnetic Field Therapy							
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More >>		sequential by the time of	sequential by the time of reference, patients were placed in one of three groups by lottery: test group (magnetotherapy+routine physiotherapy), sham group (placebo magnet+routine physiotherapy), control group (only routine physiotherapy). Each group consisted of 10 patients and all 3 groups had routine physical therapy program of lower							
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<u>trials</u> <u>case report</u> <u>systematic review</u>	46 亩 25 亩 22 亩	field for 20 minutes in prone position. To evaluate the effectiveness of hypnosis in the treatment off magnet was used in sham group before the first treatment session and after the last treatment session and collected data were analyzed in SPSS 16. Result and Conclusion: Although exact mechanisms of spinal cord stimulation is unknown, it is believed that stimulating dorsal part of epidural space provides complex electric field and may produce descending inhibitory signals in posterior column of spine.								
<u>meta-analysis</u> <u>this review</u>	16 to 14 to	Authors: Abdollahi, M.; E	Bahrpeyma, F.; Forough, B.;				Marluci	⑦ Help		





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trials case report	46 亩 25 亩		field for 20 minutes in prone position. To evaluate the effectiveness of hypnosis in the treatment off magnet was used in sham group before the first treatment session and after the last treatment session and collected data were analyzed in SPSS 16. Result and Conclusion: Although exact mechanisms of spinal cord stimulation is unknown, it is believed								
systematic review	23 W 22 T		that stimulating dorsal part of epidural space provides complex electric field and may produce descending inhibitory signals in posterior column of spine.								
meta-analysis	16 00								a		
this review	14 0		Authors: Abdollahi, M.; Bahrpeyma, F.; Forough, B.;								
randomized controlled trials	11 🗰	-						Marluci ^			

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1) Selecione o título do documento 2) Clique em maybe



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ADD NOTE


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Resolved	1	2013-01-01 Marluci background article Effect of spinal pulsed electromagnetic field on hmax/mmax ratio in hemipl Abdollahi, M.; Bahrpeyma, F
Inclusion decisions		2020-01-01 Marluci Neurorehabilitation for reduction of pain in patients post stroke Abdulameer, M. M.; Abbas,
<u>Undecided</u> <u>Maybe</u>	470 2	Long-term levodopa administration in chronic stroke patients. A clinical and neurophysiologic single Acler, M.; Fiaschi, A.; Manga
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Excluded	2	2019-01-01 An integrated robotic mobile platform and functional electrical stimulation system for gait rehabilita Aguirre-Ollinger, G.; Naraya
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assigned to	28 🗰	stimulation (FES) to stimulate the ankle dorsifiexors during swing phase. Real-time gait event detection using inertial measurement units is performed in order to drive the FES.
randomly assigned	27 🗰	We discuss the design of the robotic platform and its control methods, and also present preliminary results from an experimental study involving stroke patients receiving gait
controlled study	20 🗰	training with our robotic system.
More >>		Authors: Aguirre-Ollinger, G.; Narayan, A.; Reyes, F. A.; Cheng, H. J.; Yu, H. Y.;
Keywords for exclude [Add new]		Journal: 4th International Conference on NeuroRehabilitation (ICNR) - Volume 21, Issue 0, pp. 425-429 - published 2018-01-01
trials	46 🗰	Publication Types: CONF
case report	25 🗰	Topics: Electric Stimulation Gait Robotics Stroke
systematic review	22 👼	
<u>meta-analysis</u> this review	16 to 14 to	System Id: 809434692
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HIGHLIGHTS ON



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Possible Duplicates _	2022-04-12: TESTE AULA Detect duplicates Compute ratings Export Copy New search All reviews
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Inclusion decisions -	2016-01-01 📮 Effect of normal-walking-pattern-based functional electrical stimulation on gait of the lower extremi Benlei, Xu; Tiebin, Yan; Yua
Undecided 470 Maybe 2	2010-01-01 Possible deleterious effect of granulocyte-colony stimulating factor on angiogenesis and neurogenes Beom, J.; Han, T. R.; Oh, B
Included 1 Excluded 2	2013-01-01 Randomized controlled trial of peroneal nerve functional electrical stimulation versus ankle-foot ort Bethoux, F.; Nolan, K. J.; Ab
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randomly 70 m compared with 53 m controlled trial 51 m randomized controlled trial 39 m placebo 32 m assigned to 28 m randomly assigned 27 m controlled study 20 m	Randomized controlled trial of peroneal nerve functional electrical stimulation versus ankle-foot orthosis in chronic stroke Objective: To compare the effects of peroneal nerve functional electrical stimulation versus ankle-foot orthosis (AFO) on gait and quality of life (QoL) measures. Design: Unblinded parallel group randomized controlled trial (RCT) Unblinded parallel group randomized controlled trial (RCT) ES) versus ankle-foot orthosis (AFO) on gait and quality of life (QoL) measures. Design: for a non-inferiority analysis of the primary and superiority analysis of the secondary endpoints. Setting: Multi-center RCT across 30 sites in the Unit ES) versus ankle-foot orthosis (AFO) on gait and quality of life (QoL) measures. Design: for a non-inferiority analysis of the primary and superiority analysis of the secondary endpoints. Setting: Multi-center RCT across 30 sites in the Unit ES) versus ankle-foot orthosis (AFO) on gait and quality of life (QoL) measures. Design: for a non-inferiority analysis of the primary and superiority analysis of the secondary endpoints. Setting: Multi-center RCT across 30 sites in the Unit ES) versus ankle-foot orthosis (AFO) on gait and quality of life (QoL) measures. Design: for a non-inferiority analysis of the primary and superiority analysis of the secondary endpoints. Setting: Multi-center RCT across 30 sites in the Unit Scale (SIS) and the device related Serious Adverse Events (SAEs) rate. Secondary endpoints included measures of walking performance, gait parameters, balance, and quality of life. Results: 495 subjects were enrolled and 397 were used for analysis (completed baseline and 6-month assessments). Non-inferiority of EES compared to the AFO group on four of the five components of the modified established for all primary endpoints. For secon
Keywords for exclude [<u>Add new</u>] –	Emory Functional Ambulation Profile, the Berg Balance Scale, and the Strength and Mobility domain scores of the SIS. Conclusions: The peroneal nerve FES device was non- inferior to the AFO on measures of gait and balance, and may be more effective for improving functional ambulation and balance.
trials46 @case report25 @systematic review22 @	Authors: Bethoux, F.; Nolan, K. J.; Abrams, G.; Annaswamy, T.; Browne, B.; Burnfield, J.; Feng, W.; Geis, C.; Greenberg, J.; Gudesblatt, M.; Jayaraman, A.; Kautz, S. A.; Lutsep, H.; Meilahn, J.; Pease, W.; Rao, N.; Sethi, P.; Turk, M.; Rogers, H. L.; Brandstater, M.; Freed, M.; Ikramuddin, F.; Madhavan, S.;
meta-analysis 16 to 14 t	Journal: Archives of Physical Medicine and Rehabilitation - Volume 94, Issue 10, pp. e30 - published 2013-01-01





review chat- comunicação com os demais colaboradores





OPÇÕES DA TELA DA REVISÃO



MY REVIEWS



My Reviews (9) Collaboration Reviews (1) Translation Only Reviews (0) Other Reviews (0)					
► 2022-5 TESTE AULA CLICAR EM MY REVIEWS					
2022-0 : Doença de Rosa/ man (282 articles)					
> 2022-02 TRACOMA (% cles)					
> 2021-12-03: TEX (201 articles)					
> 2021-10-06: Eficácia, durabilidade e segurança da descompressão microvascular versus infiltração de toxina botulínica no tratamento da espasmo hemifacial: revisão sistemática e metanálise					
► 2021-09-14: NAVEGAÇÃO DO PACIENTE COM CANCER DE MAMA E COLO DE ÚTERO (3230 articles)					
► 2021-07-07: RAIKA					
 2021-02-12: Avaliação da incidencia e prevalencia do carcinoma espinocelular da palpebra (147 articles) 					
2021-02-12: Avaliação da incidencia e prevalencia do carcinoma espinocelular da palpebra					
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COLLABORATION REVIEWS- VERIFICAR AS REVISÕES QUE SOU COLABORADOR



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> 2021-10-03: CELU	LITE ORBITARIA EM CRIANCAS (968 a	rticles)				
> 2021-03-23: card	2021-03-23: carcinoma basocelular (313 articles)					
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TRANSLATION ONLY REVIEWS



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OTHER REVIEWS



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		2021-01-01	SARS-CoV-2 infection in pregnancy in	Denmark-characteristics and	outcomes after o	onfirmed infecti	Aabakke, A.	J. M.; Krebs, L.;	
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1. Selecionar tipo de colaboração, 2. Registrar e.mail, 3.Enviar o convite



E.mail enviado para colaborador- clique em OK

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3			Note that replying to this will send an email to Marluci Betini. If you want to contact Rayyan support, please send an email to support@rayyan.ai or visit https://help.rayyan.ai.							
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Clique em Archive



Avaliação da revisão arquivada

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1. MAXIMUM COLLABORATOR DECISION



1.1. MAXIMUM COLLABORATOR DECISION



1. SEARCH METHODS

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>O APLICATIVO PODERÁ SER UTILIZADO EM COMPUTADORES E EQUIPAMENTOS MÓVEIS: CELULAR, NOTEBOOK E TABLET.

BIBLIOGRAFIA CONSULTADA

✓ Uso do Rayyan para seleção de artigos para revisão sistemática. Disponível em <u>https://www.youtube.com/watch?v=m_FhRObnO10</u>

✓ <u>Como usar o Rayyan para revisões sistemáticas- TUTORIAL. Disponível em</u> <u>https://www.youtube.com/watch?v=dnbNEO6160g</u>

✓ TUTORIAL completo de como usar o Rayyan para Revisões Sistemáticas. Disponível em https://www.youtube.com/watch?v=dnbNEO616Og

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BETINI, M.; BOZONI, D. F. **Rayyan Systematic Review**. Botucatu: Unesp, Divisão Técnica de Biblioteca e Documentação, 2023. 146 p. Disponível em: <u>https://www.btu.unesp.br/#!/sobre/biblioteca/servicos/manuais/</u>. Acesso em: 8 ago. 2023.

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