

JOGOS USADOS NA REABILITAÇÃO APÓS ACIDENTE VASCULAR CEREBRAL: SCOPING REVIEW

JUEGOS UTILIZADOS EN REHABILITACIÓN DESPUÉS DE UN ACCIDENTE CEREBROVASCULAR: SCOPING REVIEW

GAMES USED IN REHABILITATION AFTER STROKE: SCOPING REVIEW

DOI 10.33194/rper.2020.v3.n1.4.5740 | Submitted 13/12/2019 | Approved 18/05/2020

Rita Pires Magalhães²; Sara Rodrigues Barbeiro¹; Vanessa Taveira¹;
Bruno Magalhães^{2,3}; Gustavo Ferreira¹

1 - Centro Hospitalar e Universitário do Porto; 2 - Instituto Português de Oncologia; 3 - Escola Superior de Saúde de Santa Maria

RESUMO

Objetivos: explorar o estado atual do conhecimento científico relacionado com a utilização de jogos na reabilitação do indivíduo após Acidente Vascular Cerebral, para mapear os jogos e identificar as áreas de função reabilitadas.

Método: revisão do tipo *Scoping*, com base no modelo do *Joanna Briggs Institute*. Realizada busca nas bases de dados MEDLINE®, CINAHL® e SPORTDiscus®. Foram considerados todos os tipos de estudos científicos publicados em inglês, espanhol e português, sem limite temporal.

Resultados: Nos 116 artigos considerados para análise identificaram-se três grandes agrupamentos de jogos: Realidade Virtual imersiva/não imersiva, videojogos e Jogos Tradicionais, que se associaram à reabilitação das funções motora, proprioceptiva, cognitiva e cardiorrespiratória.

Conclusão: A utilização de jogos na reabilitação cresceu ao longo dos últimos anos. Os jogos induzem maior interatividade no treino intensivo e repetitivo, acrescentando mais motivação e adesão aos processos de reabilitação, podendo ser um importante recurso terapêutico.

Descritores: AVC; Jogos; Reabilitação

RESUMEN

Objetivos: explorar el estado actual del conocimiento científico relacionado con el uso de juegos en la rehabilitación de individuos después de un accidente cerebrovascular, para mapear los juegos e identificar áreas de función reabilitadas.

Método: Revisión del alcance, basado en el modelo del Instituto Joanna Briggs. Busque en las bases de datos MEDLINE®, CINAHL® y SPORTDiscus®. Se consideraron todos los tipos de estudios científicos publicados en inglés, español y portugués, sin límite de tiempo.

Resultados: En los 116 artículos considerados para el análisis se identificaron tres grandes grupos de juegos: Realidad virtual inmersiva / no inmersiva, Videojuegos y Juegos tradicionales, que se asociaron con la rehabilitación de las funciones motoras, propioceptivas, cognitivas y cardiorrespiratorias.

Conclusión: El uso de juegos en rehabilitación ha crecido en los últimos años. Los juegos inducen una mayor interactividad en el entrenamiento intensivo y repetitivo, agregando más motivación y adherencia a los procesos de rehabilitación, que pueden ser un recurso terapéutico importante.

Palabras clave: Accidente cerebrovascular; Juegos; Rehabilitación.

ABSTRACT

Objectives: To explore the current state of scientific knowledge related to the use of games in the rehabilitation of individuals after stroke, for mapping the games and identifying the areas of function rehabilitated.

Method: Scoping review, based on Joanna Briggs Institute model. Search in MEDLINE®, CINAHL® and SPORTDiscus® databases. All types of scientific studies published in English, Spanish and Portuguese, without time limit, were considered.

Results: In the 116 articles considered for analysis three major groupings of games were identified: Immersive / Non-Immersive Virtual Reality, Video Games and Traditional Games, which were associated with the rehabilitation of motor, proprioceptive, cognitive and cardiorespiratory functions.

Conclusion: The use of games in rehabilitation has grown over the last few years. Games induce greater interactivity in intensive and repetitive training, adding more motivation and adherence to rehabilitation processes, which can be an important therapeutic resource.

Descriptors: Stroke; Games; Rehabilitation.

INTRODUCTION

The stroke (Cerebrovascular Accident), all over the world, is the third main cause of disability for adults. The stroke is a devastating disease for individuals and their families, being also one of the main causes of dementia and depression⁽¹⁻²⁾.

The main stroke-related sequels are the total or partial loss of upper limb (UL) and lower limb (LL) mobility, speech commitment, loss of memory capacity and reasoning that undermine the performance of daily life activities and compromise the quality of life of individuals⁽³⁾. Rehabilitation of individuals with stroke is a challenging process. To be effective, it should be precocious, intensive and repetitive for several weeks after initial lesion, which leads to the challenge of how to maintain motivation for people in therapy. Games can be an effective strategy to address the problem of involvement in therapy⁽⁴⁾.

Games are structured activities with plays; however they are also used and exploited in different contexts, aiming to take advantage of their ability to stimulate cognitive and physical functions. Exercise done through games allows the active movement of affected areas activating sensory and cognitive systems, benefiting individuals with stroke⁽⁵⁾. The use of the games allows developing the potential and decreases the limitations, seeks to stimulate physical, mental and sensory skills, and improves the quality of life⁽⁶⁾.

A preliminary survey conducted at the Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports, Cochrane Library, Medline and Cinahl, revealed that the publication of a scoping mapping or revision in this area is unknown.

This review research aims to explore the current state of scientific knowledge related to the use of games in the rehabilitation of the individual after stroke, with the main objective of mapping the games used in stroking rehabilitation. As a secondary goal, we intend to identify the rehabilitated function areas. Throughout the article, it is aimed to answer the following questions: What types of games are used to rehabilitate the individual with stroke? What functions of the individual can be rehabilitated through the games?

METHOD

For the achievement of the objectives, a scoping review of the scientific literature was drawn up, based on the guidelines advocated by the JBI for this type of revision⁽⁷⁾. A scoping review assumes as main objectives: to formulate a broad and open initial issue, to map existing evidence underlying a research area, to identify gaps in existing evidence, to constitute a preliminary exercise that justifies and inform the realization of a systematic review of the literature⁽⁸⁾.

It was chosen for this specific revision by this being suitable for determining the body of knowledge of a

certain topic and highlighting the volume of literature and studies available, giving an overview of its content⁽⁹⁾.

The Prisma - Preferred Reporting Items for Systematic Reviews and Meta-Analysts for the organization of the information and the recommendations described in Prisma-SCR (Prisma Extension for Scoping Reviews) were still followed for the presentation of this report⁽¹⁰⁾.

The formulation of the investigation issue was based on the PCC acronym (population, concept and context). Thus, as population we considered all adult individuals (> 18 years-old) with a Diagnosis of stroke; we considered, for the concept, the use of games; and for the context, their rehabilitation.

On the basis of the guiding issue, the respective descriptors were identified in English, resorting to research syntaxes adjusted to each of the databases: Medline® (Medical Literature Analysis and Retrieval System Online), CINAHL® (Cumulative Index to Nursing and Allied Health Literature) and sportdiscus®. Descriptors / Medical Subject Headings (Mesh), Subject Headings and Subjects terms, for each of the databases, with use of free terms were used. In this way the following Boolean phrases: Medline® - (MH "Stroke +") and (MH "Video Games") OR (MH "Games, Recreational") OR (MH "Games, Experimental +") and (MH "Rehabilitation +"); Cinahl® - (MH "Stroke +") and (MH "Games +") OR (MH "Video Games +") and (MH "Rehabilitation +"); SPORTDISCUS - (STROKE AND GAMES AND REHABILITATION) Not (Child or Children)).

In the inclusion criteria we consider all eligible articles as long as it was identified in individuals with stroke, the use of games in rehabilitation. The research methodology was not restricted to any kind of primary study, and all types of scientific studies published in English, Spanish and Portuguese, with no time limit in the search. As exclusion criteria there are studies performed with children.

The selection of the articles included in this literature review undergoes a rigorous and systematized process, presented in the Prisma® diagram that exhibits the search, exclusion and selection process of the articles found. This process was performed by researchers independently and the final result was obtained after consensus meeting. The data were obtained using custom extraction forms for this purpose. For each study, information about authorship, year of publication and country were documented; Methodological drawing; Characteristics of games and intervention area in rehabilitation. Subsequently, these data were compiled in frames and figures, through a narrative summary of the data extracted in each of the articles.

RESULTS

In the scientific research carried out in the different databases, 228 articles were obtained. After the different steps in Figure 1 were selected 128

applications for integral reading of which, 116 were included in this review.

In Table 1, the Included Studies Included Information is presented. The publications described with games occur between 2002 and 2018, evidencing an increase in scientific production in recent years. In relation to the methodology, experimental studies are mainly highlighted, and two systematic revisions have been identified. As for the games, it was possible to identify three large groups: immersive and non-immersive virtual reality games, video games and traditional games, and their associated devices and resources, which are schematized in Figure 2.

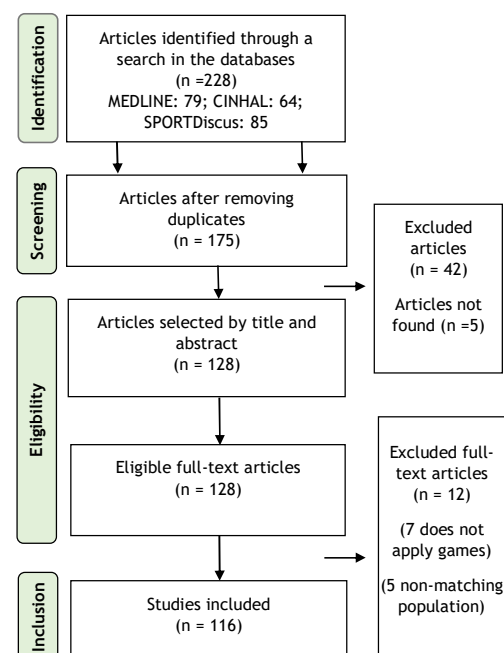


Figure 1 – Prisma® Flowchart (Adapted) of the Study Selection Process

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Bailey, M.J., et al., United Kingdom, 2002 ⁽³³⁾	Experimental study	Board games (Snakes and Ladders, Scrabble, Domino, word puzzle).	Motor function: UL Heminegint
Wood, S.R., et al., Mexico, 2003 ⁽³⁴⁾	Experimental study	Pong computer game with "Palanca" device - lever placed in a box named by "car". With sensors. When necessary they used a glove to hold the affected member to the lever.	Motor function: UL Thin motricity Ludic
Broeren, J., et al., USA, 2004 ⁽³⁵⁾	Case study	3D virtual reality (VR) set by computer with haptic device - portable stylus. It consists of knocking down a brick wall with a ball with various speeds.	Motor function: UL fine motricity
Bekter, A.L., et al., USA, 2006 ⁽¹⁵⁾	Case study	Computer set with pressure rug - Under Pressure, Memory Match, Tic-Tac-Toe (Pickle with a basket).	Motor Cognition Body balance
Broeren, J., et al., Sweden, 2007 ⁽¹⁶⁾	Case study	Computer VR game with a haptic device (portable stylus) that consists of knocking down a wall of blocks with a ball.	Motor Thin hand motricity
Flynn, S., et al., USA, 2007 ⁽³⁶⁾	Case study	VR game with Sony Playstation 2 Eyetoy (23 games).	Motor Balance Proprioseption Cognition
Santos, M.C., Mexico, 2007 ⁽³⁷⁾	Experimental study	Modified pong computer game, such as additional therapy (restrictive and electrostimulation therapy).	Motor function Spasticity
Broeren, J., et al., Sweden, 2008 ⁽³⁸⁾	Comparative study	VR games (Space Tennis, Bingo, Simon, Archery, Mugmastermind and Spherethrix), by means of a hand pen (haptic device) and stereoscopic 3D glasses.	Motor Thin motricity Cognition
Broeren, J., et al., Sweden, 2008 ⁽³⁹⁾	Experimental study	3D Games: Archery; Bingo; Memory; Simon; Space Tennis and Fish as additional therapy. Use of a semi-immersive countertop, 3D glasses and a haptic - The Phantom Omni).	Motor function: UL Cognition
Rand, D., et al., Israel, 2008 ⁽⁴⁰⁾	Experimental study	VR Games: Space Tennis, Welly-Washy and Kung-fu on Sony PlayStation Eyetoy.	Motor function Ludic
Szturm, T., et al., Canada, 2008 ⁽⁴¹⁾	Experimental study	Video interactive game with motion sensor associated with therapeutic objects (balls, cylinders, etc.) that help in games.	Motor function: UL Thin motricity
Yavuzer, G., et al., Turkey, 2008 ⁽⁴²⁾	Experimental study	VR games in PlayStation Eyetoy "Kun-foo, Goal.Attack, Mrchef, Dig and Home-Run" combined with a conventional rehabilitation program compared to conventional rehabilitation and game viewing.	Motor function: UL Body balance
Lange, B., et al., USA 2009 ⁽⁴³⁾	Experimental study	Eyetoy: boxing and football games; Wii: Golf game and bowling with avatar on the screen or video that captures image of the patient. Game developed specifically for rehabilitation with haptic device (Novint Falcon) with off-the-shelf feedback - player feels weight, shape, texture, dimension and force of an object. Can be played bimanual.	Motor function: UL
Qiu, Q., et al., USA, 2009 ⁽⁴⁴⁾	Experimental study	Immersive VR games with haptic system - Cybergloves and Cybergrasp for games: Plasma Pong, Huntbird Hunt, Hammer Task, virtual piano.	Motor function: UL Thin motricity

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Ruparel, R. et al., USA, 2009 ⁽⁴⁵⁾	Experimental study	Video game with thermadrive system that uses games that simulate driving (Trackmania, Millipede, Need for Speed)	Motor function: UL Ludic Spasticity
Cameirão, MS., et al., Spain, 2010 ⁽²⁶⁾	Experimental study	Rhab game system based on VR games and neurorabilitation. Game spheroids (uses a spring similar to spring, where you interact virtually using 2 virtual arms on the screen).	Motor function: UL Proprieto Reply speed
Golden, S., et al., USA, 2010 ⁽⁴⁶⁾	Journal paper	Nintendo Wii Sports (football and tennis) and Nintendo Wii Fit.	Motor function Balance Gait
Lange, B., et al., USA, 2010 ⁽⁴⁷⁾	Experimental study	VR game with Nintendo Wii Fit (Balance Board) platform set panda 3d adapted.	Balance Gait Ludic
Saposnik, G., et al., Canada, 2010 ⁽⁴⁸⁾	Experimental study	VR Nintendo Wii (Wii Sports and Cooking Mama Game) vs.	Motor function: UL
Yong Joo, L., et al., Singapore Republic, 2010 ⁽⁴⁹⁾	Experimental study	Recreational therapy (cards of deck, bingo or "Jenga")	Motor function: UL Sensor Ludic
Cameirão, M. S., et al., Spain, 2011 ⁽⁵⁰⁾	Experimental study	VR games, Nintendo Wii Games Sports with Wiimote device (Bowling, Tennis, Golf and Baseball), used as a complement to conventional therapy.	Motor function: UL Ludic
Hijmans, J.M., et al., New Zealand, 2011 ⁽⁵¹⁾	Experimental study	VR Spheroids game through gloves with motion sensors comparing with conventional rehabilitation.	Motor function: UL
Merians, A. S., et al., USA, 2011 ⁽⁵²⁾	Experimental study	VR Games with Personal Computer (Solitaire, Mah-Jong, Freecell, and Bejeweled) Similar to Nintendo Wii - with Cywee Z, Handlebar devices.	Motor function: UL Thin motricity
Mouawad, M.R., et al., Australia, 2011 ⁽⁵³⁾	Experimental study	Immersive VR games with cyberglove that uses simulator with games (Plasma Pong, Hummingbird Hunt, Hammer Task, virtual piano).	Motor function: UL
Saposnik, G. and M. Levin. Canada, 2011 ⁽²⁾	Systematic review with meta- analysis	VR Games - Nintendo Wii Sports (Tennis, Golf, Boxing, Bowling and Baseball) with Wii Mote device) with formal workout in laboratory and informal at home.	Motor function: UL Cognition Cortical reorganization Spasticity
Schuck, S.O., et al., USA, 2011 ⁽⁵⁴⁾	Experimental study	Revision on different types of immersive and non-immersive VR systems and devices used in MS neurorabilitation.	Motor function: UL Quality of life
Acosta, A.M., et al., USA, 2011 ⁽⁵⁵⁾	Experimental study	VR Air Hockey 3D game video game, uses arm avatar / hPotic interface.	Motor function: UL
Combs, S.A., et al., USA, 2011 ⁽⁵⁶⁾	Experimental study	Game- Hand Dance Pro - with adapted command and motion sensors.	Motor function: UL with trunk restriction
Kim, E. K., et al., Republic of Korea, 2012 ⁽⁵⁷⁾	Experimental study	Wii Sports with Wii Remote and Nunchuk Controllers device (with bandwidth to hold the commands if necessary)	Functional independence motor function Balance
Hale, L. A., et al., New Zealand, 2012 ⁽⁵⁸⁾	Qualitative pilot study	Easy-to-See Objects and Icons, Basic Sports Concepts, Or Simple Puzzles with Cywee Z Movement Controller Command.	Motor function: UL Balance Concentration
Kam, N., Israel, 2012 ⁽⁵⁹⁾	Pilot study	Nintendo Games: <i>Wii-Sports (Bowling and Tennis); Wii-Fit (Ski-Slalom)</i>	Motor function: UL
Kim, I., South Korea, 2012 ⁽⁶⁰⁾	Experimental study	Group games with children's toys - soccer match - Golf game.	Motor function Cognition (Fatigue, sleep disorder and depression)
King M., et al., New Zealand, 2012 ⁽⁶¹⁾	Experimental study	Cywee Z movement controller games Target games and strategy: "whack a mole"; "Bejeweled"; "Balloon Popping"; "Mosquito SWAT"; "Music Catch" and "Rebound". Sport Games "Air Hockey". "Mah-jong" and "Solitaire" puzzle games.	Motor function: UL
Reinthal, A., et al., USA, 2012 ⁽⁶²⁾	Pilot study	Selected games through an algorithm that considers various particularities and characteristics of each individual: Playstation II with Eyetoy and Nintendo wii (Wii Sports, Wii Resort, and Wii Play).	Motor function: UL
Taheri, H., et al., USA, 2012 ⁽⁶³⁾	Experimental study	GUITAR HERO game type assisted by robotic device and visual feedback.	Motor function: UL Thin motricity
Finley, M. and S. Combs, USA, 2012 ⁽⁶⁴⁾	Experimental study	Video game - with adapted control (reach the targets as indicated by a combination of auditory clues via music and visual clues through on-screen arrows).	Motor: UL Cognition Ludic / motivational
Fritz, S.L., et al., USA, 2013 ⁽⁶⁵⁾	Experimental study	RV game - interactive movement interface and avatar on the screen.	Motor function Balance Gait

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Gyuchang, L., Republic of Korea, 2013 ⁽⁶⁶⁾	Experimental study	Xbox Kinect (with conventional occupational therapy): Kinect sports (Boxing and Bowling); Kinect adventure (Rally Ball, 20,000 Leaks, and Space Pop) vs Conventional physiotherapy.	Motor Function: UL Activities of daily living
Orihuela-Espina, F., et al., Mexico, 2013 ⁽²⁷⁾	Descriptive study	VR games, based on the Gesture Therapy (GT) platform. The set of games used is the Armeo system (Hocoma, Switzerland), with games representing activities of daily living. To interact with the game, the patient holds a hand module (with pressure sensor) that incorporates a ball (top) for hand exercises.	Motor Function: UL Fine motor skills
Peters, D.M., et al., EUA, 2013 ⁽⁶⁷⁾	Experimental study	Nintendo Wii games (Wii Fit, Wii Sports with Wii balance board) and Sony Playstation 2 (EyeToy play 2 and Kinetic games)	Motor Function Balance
Sin, HH. and Lee, GC., Republic of Korea, 2013 ⁽³¹⁾	Experimental study	VR Games - Xbox Kinect (bowling, boxing, Rally ball, 20,000 Leaks, Space pop).	Motor Function: UL Fine motor skills
Singh, D.K.A., et al., Malasya, 2013 ⁽³²⁾	Experimental study	Nintendo Wii Fit Plus, (Balance Bubble with Balance Board) Xbox 360 Kinect (Reflex Ridge, Rally Ball) + conventional therapy vs conventional therapy.	Motor Function: LL Balance Gait
Sucar, L.E., et al., Mexico, 2013 ⁽¹⁷⁾	Experimental study	Gesture Therapy - VR based platform. Use 3 Games: Steak, Clean window, Fly Killer with tasks based on serious games. The webcam tracks hand/inca movements and translates this into commands to control games.	Motor function: UL Fine motor skills
Wüest, S., et al., Switzerland, 2013 ⁽⁶⁸⁾	Experimental study	Rehabilitation program that uses VR games with different training scenarios. Microsoft Kinect and Tymo Force Platform.	Motor function Balance Gait
Simmons, C.D., et al., USA, 2013 ⁽⁶⁹⁾	Experimental study	Computer-based virtual anatomical interactivity, PreMotor Exercise Games (PEGs) using PreMotorSkill 3D Technology. Patients visualize movement with the help of a computer-simulated virtual limb (mirror therapy). Serious games: Grab and turn the key; Two-finger action to grab the ball and drop it into the cup. Open the box correctly; set of nine boxes with voice instructions to the player; puzzle games; simple numbers game and simple letter games.	Motor function: UL Fine motor skills Cognition
Goodman, N.R., et al., USA, 2014 ⁽⁷⁰⁾	Experimental pilot study	Sitting video game, with ankle movement, assisted by robot (anklebot) to control a cursor. Auxiliary device: Ankle robot with sensors (which, if necessary, can assist movement) with electroencephalographic monitoring.	Motor function: ankle Gait
Bower, K.J., et al., Australia, 2014 ⁽⁷¹⁾	Experimental study	Nintendo VR Games - 'Wii Fit Plus' and Wii Sports / Wii Sports Resort (boxing, cycling, bowling, archery).	Motor function Balance
Donoso Brown, E.V., et al., USA 2014 ⁽⁷²⁾	Experimental study	Laptop video game - Neurogame Therapy - Peggle game, assisted by an electromyography device.	Motor function: UL
Friedman, N., et al., USA, 2014 ⁽⁷³⁾	Experimental study	Music therapy: use of "Musicglove" vs conventional hand therapy and isometric grip training with "IsoTrainer" Game: "Frets on Fire", inspired by "Guitar Hero".	Fine motor skills
Hung, J.-W., et al., Taiwan, 2014 ⁽⁷⁴⁾	Experimental study	Nintendo Wii Fit Plus ("Table Tilt", "Ski Slalom", "Soccer Heading", "Balance Bubble", "Penguin Slide", "Basic Step" e "Warrior") vs Treino convencional (exercícios de deslocamento de peso e uso de "rocker board").	Balance
Jordan, K., et al., USA, 2014 ⁽²⁴⁾	Experimental study	Computer games with Smart Skate device - forearm splint with built-in mouse).	Motor function: UL
Kafri, M., et al., USA, 2014 ⁽⁷⁵⁾	Experimental study	NintendoWii: <i>Boxing, Run e Penguin</i> Xbox + Kinect: <i>Boxing</i> .	Motor function: UL Balance Gait
Morone, G., et al., Italy, 2014 ⁽⁷⁶⁾	Experimental study	Wii Fit games in association with conventional physiotherapy.	Balance
Novak, D., et al., Switzerland, 2014 ⁽⁷⁷⁾	Experimental study	Air-hockey game displayed on computer screen using ARMin III arm rehabilitation robots.	Motor function: UL
Pompeu, J.E., et al., Brazil, 2014 ⁽⁷⁸⁾	Systematic review	VR Systems: IREX - virtual rehabilitation system with serious games ("Bird and Ball"; "Coconut" and "Container"; "Juggler"; "Soccer") Nintendo Wii Fit; Wii Sports (tennis, golf, boxing, bowling and baseball). Games with a Force platform; 3D glasses ("Pinch", "Reaching", "Ball Shooting", "Rotation"); Virtual environment projection systems in front of a "treadmill" associated or not with a weight suspension system; projection of interactive virtual scenarios with camera motion sensors.	Gait Balance proprioception Motor function: UL Cognition
Shin, J.-H., et al., Republic of Korea, 2014 ⁽²⁵⁾	Observational study Experimental study	RehabMaster System (task-based interactive VR system for post-stroke rehabilitation) with games: Underwater fire, Goalkeeper, Bug hunter, and Rollercoaster.	Motor function: UL Balance

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Shiner, C.T., et al., Australia, 2014 ⁽⁷⁹⁾	Experimental study	Wii-based Movement Therapy (Nintendo Wii and Wii Sports) combined with Bilateral priming (use of a device to perform symmetric mirrored movements).	Motor function: UL
Slijper, A., et al., Sweden, 2014 ⁽¹⁸⁾	Experimental study	Laptop-based game console, controlled by 1 or 2 knobs (cross-cylinder grip) for MS Games: Breakout, Snake, Puzzle bubble, Boxing, Recycling, Trombone. (Home environment)	Motor function: UL
Subramaniam, S., et al., USA, 2014 ⁽⁸⁰⁾	Experimental study	RV - Use of Wii Fit (with the games, Table tilt, Tightrope, Soccer and Balance bubble), associated with the performance of cognitive games together (word game, memory game, question-answer game).	Balance cognition
Taheri, H., et al., USA, 2014 ⁽⁸¹⁾	Experimental study	Video game similar to "Guitar Hero" with hand-held robotic device FINGER (Finger Individuating Grasp Exercise Robot).	Motor function: UL (hand and fingers)
Viana, R.T., et al., Brazil, 2014 ⁽⁸²⁾	Experimental study	Transcranial Electrical Stimulation combined with TV therapy, Nintendo Wii, using three games: "Wii Sports ResortTM", "Wii Play MotionTM" and "Let's TapTM"	Motor function: UL
Mei-Hsiang, C., et al., Taiwan, 2014 ⁽⁸³⁾	Experimental study	Conventional rehabilitation combined with VR games: Nintendo Wii (bowling and boxing) or XaviX games (bowling and climbing games).	Motor function: UL
Tseklevs, E., et al., UK, 2014 ⁽⁸⁴⁾	Experimental study	Virtual reality - games (with wiimote Plus), adjustable by the therapist, associated with a 3D movement monitoring system for performance assessment and greater involvement.	Motor function: UL
Wingham, J., et al., UK, 2015 ⁽⁸⁵⁾	Experimental study	Nintendo Wii Sports - Bowling; Tennis; Baseball and Boxing.	Função motora: UL
Omiyale, O., et al., USA, 2015 ⁽⁸⁶⁾	Experimental study	Nintendo Wii Fit balance board (ski slalom, table tilt, penguin slide, tight rope e balance rope).	Motor function: LL Balance Coordination
Anderson, K.R., et al., USA, 2015 ⁽⁸⁷⁾	Clinical guidance	Wii Games, Wii Sports (package): Wii Fit (package); Just Dance (game); Zumba Fitness (game); Wii Ware Arcade Games (package); Kinect Games: Kinect Sports, Bowling, Boxing e Table Tennis; Kinect Adventures.	Motor function: UL and LL Balance Resistance
Bower, K.J., et al., Australia, 2015 ⁽⁸⁸⁾	Experimental study	VR: Interactive motion control games, 3D: Ball Maze, Fridge Frenzy, Tentacle Dash and Bubble Fish. They use a camera with a depth sensor (PrimeSense - similar to Microsoft Kinect), connected to a laptop.	Motor function: UL Balance cognition
da Silva Ribeiro, N.M., et al., Brazil, 2015 ⁽⁸⁹⁾	Experimental study	VR - Nintendo Wii: Tennis, hula hoop, football and boxing games vs conventional physiotherapy.	Motor function: UL and LL Balance Sensory Function.
Donoso Brown, E.V., et al., USA, 2015 ⁽⁹⁰⁾	Qualitative experimental study	NeuroGame Therapy: Peggle cursor game, which combines biofeedback with surface electromyography (sEMG).	Motor function: UL (wrist flexors and extensors).
Hyung Young, L., et al., Republic of Korea, 2015 ⁽⁹¹⁾	Experimental study	VR based training schedule vs task-oriented training schedule. VR Training: Using Wii fit Plus with Nintendo Wii, Wii Remote Control, Sensor Bar for Wii and Wii Balance Board. Motion is displayed on the monitor by an Avatar.	Balance
Kyoung-Hee, L., et al., Republic of Korea, 2015 ⁽⁹²⁾	Experimental study	VR exercise program, which uses the Interactive Virtual Reality System with the following games: Airborne Rangers, Birds and Balls, Coconuts, Conveyor, Drums, Juggler and Soccer.	Motor function: UL cognition Performance in activities of daily living
Macdonald, J. A. and L. Gauthier. USA, 2015 ⁽⁹³⁾	Experimental study	3D Virtual Game and game with behavioral techniques, which promote day-to-day problem solving and member activation. Game with eye movement tracking, involving optokinetic stimulation and promotion of functional left-side look navigation.	Hemineglect
McNulty, P.A., et al., Australia, 2015 ⁽⁹⁴⁾	Experimental study	Motion Therapy Based on Wii Vs Video Game Modified Constraint-Induced Motion Therapy. Games: Wii Sports: golf, boxing, baseball, bowling and tennis. (Performed at the institute and at home).	Motor function: UL
Mobini, A., et al., Iran, 2015 ⁽⁹⁵⁾	Experimental study	Rehabilitation systems that analyze upper limb movement through Microsoft Kinect, using Kinect as an accessible motion capture sensor. Used at home and clinical care.	Motor function: UL and trunk.
Paquin, K., et al., Canada, 2015 ⁽²⁰⁾	Experimental study	Nintendo WiiMote - game: Kororinpa Marble Mania uDraw Game Table: Spongebob, Squigglepants Instant Artist: Studio - Alien Splat	Fine motor skills
Gamito, P., et al., Portugal, 2015 ⁽²⁸⁾	Experimental study	VR games based on Serious games (educational games) vs group without intervention.	Cognition (memory, concentration, spatial orientation)
Ponte, S., et al., Italy, 2015 ⁽⁹⁶⁾	Experimental study	Microsoft Kinect for Xbox 360 - games: <i>Bees and Flowers; Popping Flowers; Colored Cans; Grab your can; Blackboard.</i> Home rehabilitation program.	Motor function: UL

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Prange, G.B., et al., Netherlands, 2015 ⁽⁹⁷⁾	Experimental study	Computer game, with interactive 3D exercises, using an arm support device (ArmeoBoom) Vs Conventional therapy exercises (reaching objects positioned on top of a table/shelves or stacking cups, placing discs, transporting blocks or pegs, without assistance of mechanical supports).	Motor function: UL
Buick, A.R., et al., North Ireland, 2015 ⁽⁹⁸⁾	Experimental study	ReJoyce workstation (Joystick use in VR computer games) with functional electrical stimulation via a wrist strap. Games: car racing, boxing, shooting, gardening. Games based on serious games: turning a knob, holding a can, turning a key or unscrewing a lid.	Motor function: UL Fine motor skills
Givon, N., et al., Israel, 2015 ⁽⁹⁹⁾	Experimental study	Use of RV Video Games Vs Conventional Therapy Exercises. Xbox Kinect; Sony Playstation 2 Eyetoy, Sony PlayStation 3; Nintendo Wii Fit, SeeMe VR System Wii Fit walking/jogging game.	Motor function: MS and MI Balance Gait
Llorens, R., et al., Spain, 2015 ⁽¹⁰⁰⁾	Experimental study	Posturography system based on the Wii Balance Board.	Balance proprioception
Bonuzzi, G.M.G., et al., Brazil, 2016 ⁽¹⁰¹⁾	Experimental study	Nintendo Wii with balance platform. Game: Table Tilt - Wii Fit Plus.	Balance
Shin, Ho-Joon., et al., South Korea, 2016 ⁽¹⁰²⁾	Experimental study	VR combined with occupational therapy - RAPAE Smart Glove™ System - glove with sensor and avatar on screen. Games based on "serious games": catching butterflies or balls, squeezing oranges, fishing, cooking, mopping the floor, filling a glass of wine, turning pages of a book.	Motor Function: UL (distal extremity)
Kong, K.-H., et al., Singapore, 2016 ⁽¹⁰³⁾	Experimental study	Nintendo Wii (Wii Sports and Wii Sports Resort) with Wiimote device - games: Boxing, bowling, tennis, golf, baseball, table tennis, basketball, cycling, Frisbee disc, spade and flight control on airplanes; Vs Conventional Therapy.	Motor function: UL Balance fine motor skills
Lee, M., et al., Republic of Korea, 2016 ⁽¹⁰⁴⁾	Experimental study	VR system: Microsoft Kinect - displays the user's reflection on the screen or a hammer that reflects the patient's hand, with visual and auditory feedback.	Motor function: UL
Mousavi Hondori, H., et al., USA, 2016 ⁽¹⁰⁵⁾	Experimental study	Augmented reality in video game (computer projected virtual objects) - subjects see the game and their arm movements simultaneously) Vs video game on personal computer with mouse. Same movements but different cognitive request. Game Fruit Ninja.	Motor function: UL
Na Jin, S., et al., USA, 2016 ⁽²¹⁾	Experimental study	Virtual reality games with glove device - Kinect and P5 Glove (<i>kitchen, archery, puzzle</i>).	Motor function: UL
Paquin, K., et al., Canada, 2016 ⁽¹⁰⁶⁾	Experimental study	VR games: <i>Kororinpa Marble Mania</i> (with WiiMote), <i>Spongebob Squigglepants</i> (with uDraw game tablet), <i>Instant Artist: Studio - Alie Splat</i> (with uDraw game tablet).	Motor Function: UL Fine Motricity cognition
Proffitt, R. and Henderson, W., USA, 2016 ⁽¹⁰⁷⁾	Case study	Virtual game <i>Mystic Isle</i> on Kinect.	Motor function
Rinne, P., et al., USA, 2016 ⁽¹⁰⁸⁾	Experimental study	Game on tablets or smartphones through: swipe, touch, joystick, tilt the screen and an adapted grip.	Motor function: UL
Saposnik, G., et al., Canada, 2016 ⁽¹⁰⁹⁾	Experimental study	Nintendo Wii vs traditional games (playing cards, bingo, Jenga or ball game).	Motor Function: UL Fine Motricity
Şimşek, T.T. and K. Çekok, Turkey, 2016 ⁽¹¹⁰⁾	Experimental study	Nintendo Wii (Wii Sports; Wii Fit) vs Bobath concept (conventional neurological rehabilitation treatment).	Motor: UL Balance Gait Improvement of ADL
Adie, K., et al., UK, 2016 ⁽¹⁹⁾	Experimental study	Nintendo Wii sports (bowling, tennis, golf, baseball) with remote control vs home arm exercises.	Motor function: UL
Bang, Y., et al., Republic of Korea, 2016 ⁽¹¹¹⁾	Experimental study	VR with Nintendo Wii - via wii board device. Comparison with a group that used treadmill gait training.	Balance Gait
Zondervan, D.K., et al., USA, 2016 ⁽¹¹²⁾	Experimental study	Conventional exercises (table exercises) vs therapy with "music glove" on a laptop - game similar to guitar hero.	Motor function: UL (hand)
Khor, K. X., et al., Malasya, 2016 ⁽¹⁴⁾	Experimental study	Robotic device of the upper limb, associated with a VR game that assists in a passive, active-assisted and resisted way.	Motor Function: UL (wrist and forearm)
Nijenhuis, S.M., et al., Netherlands, 2016 ⁽¹¹³⁾	Experimental study	Touchscreen computer games associated with wrist and hand orthosis vs exercises in exercise/activity book.	Motor Function: UL fine motor skills
Rand, D., et al., Israel, 2016 ⁽¹¹⁴⁾	Experimental study	Xbox Kinect: Bowling, <i>Table Tennis</i> , <i>20,000 Leaks</i> - for standing exercises. Sony PlayStation 2 EyeToy: <i>Wishi washi</i> , <i>Ghosts</i> , <i>Kong fu</i> - for sitting exercises.	Motor function: UL Balance
Standen, P. J., et al., UK, 2016 ⁽¹¹⁵⁾	Experimental study	Low-cost virtual reality video games (home use) with virtual glove vs conventional therapy watch game: Spacerace Balloonpop Spongeball	Motor function: UL

Study (Author, Country, Year)	Type of study	Type of game/ game description	Intervention areas/ Function
Trinh, T., et al., USA, 2016 ⁽¹¹⁶⁾	Observational study	Wii sports (golf, baseball, bowling, tennis and boxing).	Motor function: UL and LL Balance Gait
Bouchard, A.E., et al., Canada, 2016 ⁽¹¹⁷⁾	Experimental study	Pinball-like game with the hand positioned on a robotic device that induces a haptic orientation or an error magnification.	Motor Function: UL proprioception
Choi, H., et al., Republic of Korea, 2017 ⁽³⁰⁾	Experimental study	Pinball-like game with the hand positioned on a robotic device that induces a haptic orientation or an error magnification.	Motor function: LL and Balance
Gauthier, Lynne V., et al., USA, 2017 ⁽²⁹⁾	Experimental study	Video game with motion sensors in MS associated with restriction-induced movement therapy, therapist-assisted or video assistance, vs conventional restriction therapy vs conventional therapy.	Motor function: UL
Grossi, M., et al., Brazil, 2017 ⁽¹¹⁸⁾	Experimental study	Wii fit with balance board (penguin and tightrope games, ball game and river game).	Balance Gait
Hung, J. W., et al., Thailand, 2017 ⁽²³⁾	Experimental study	Wii Fit games (Table Tilt, Soccer Heading, Balance Bubble, Penguin Slide, and Perfect 10), Tetrax balance biofeedback system (Speedtrack, Catch, Skyball, Gotcha, Speedball, Tag, Freeze, Immobilizer) vs conventional balance training.	Balance Cognition
James, T.T. e Brammatha, A., India, 2017 ⁽¹¹⁹⁾	Experimental study	“Thera - Trainer Balo” (robotic device similar to a standing-frame), assisted with visual feedback game (Thera Trainer Software) vs conventional therapy.	Balance (posture)
Park, D. -S., et al., Republic of Korea, 2017 ⁽¹²⁰⁾	Experimental study	VR - Xbox Kinect: boxing, table tennis, soccer, golf, ski, football; vs conventional physical therapy.	Motor function: UL and LL Balance Gait
Rowe, J. B., et al., USA, 2017 ⁽¹²¹⁾	Experimental study	Robotic finger device that watches game similar to Guitar Hero.	Motor function: UL Fine motor skills
Jung, S-M. et al., Republic of Korea, 2017 ⁽¹²²⁾	Experimental study	VR - Nintendo Wii Sport.	Motor function: UL ADL performance
Carregosa, A.A., et al., Brazil, 2017 ⁽¹²³⁾	Experimental study	Wii sports and Wii fit (Boxing, tennis, football and hula hoop).	Motor function: UL Balance
Huang, X., et al., Australia, 2017 ⁽³⁾	Experimental study	VR games assisted by handheld robotic device (Amadeo).	Motor function: UL (hand) Fine motor skills
Rand, D., et al., Israel, 2018 ⁽²²⁾	Experimental study	Games with the devices: Microsoft Xbox Kinect, Sony PlayStation 2 Eyetoy, Sony PlayStation 3, Nintendo Wii Fit and the SeeMe VR system (Virtual Reality Kinect Rehabilitation, 2016).	Motor function: UL Balance Gait
Choi, Y.-H. and Paik, N.-J., Republic of Korea, 2018 ⁽¹²⁴⁾	Experimental study	VR through games viewed on a tablet, using a smartphone attached to the forearm to detect movement.	Motor function: UL
Silva de Sousa, J. C., et al., Brazil, 2018 ⁽¹²⁵⁾	Experimental study	XBox360+Kinect: Tennis and boxing games.	Cardiorespiratory (Impact on heart rate (HR) and oxygen consumption)
Karasu, A. U., et al., Turkey, 2018 ⁽¹²⁾	Experimental study	Nintendo Wii Fit and Wii Balance Board - Games: Heading, Ski Slalom, Table Tilt, Tightrope Tension, Balance Bubble and Penguin Slide; associated with conventional rehabilitation vs only conventional rehabilitation.	Balance

Table 1 – summary of researches

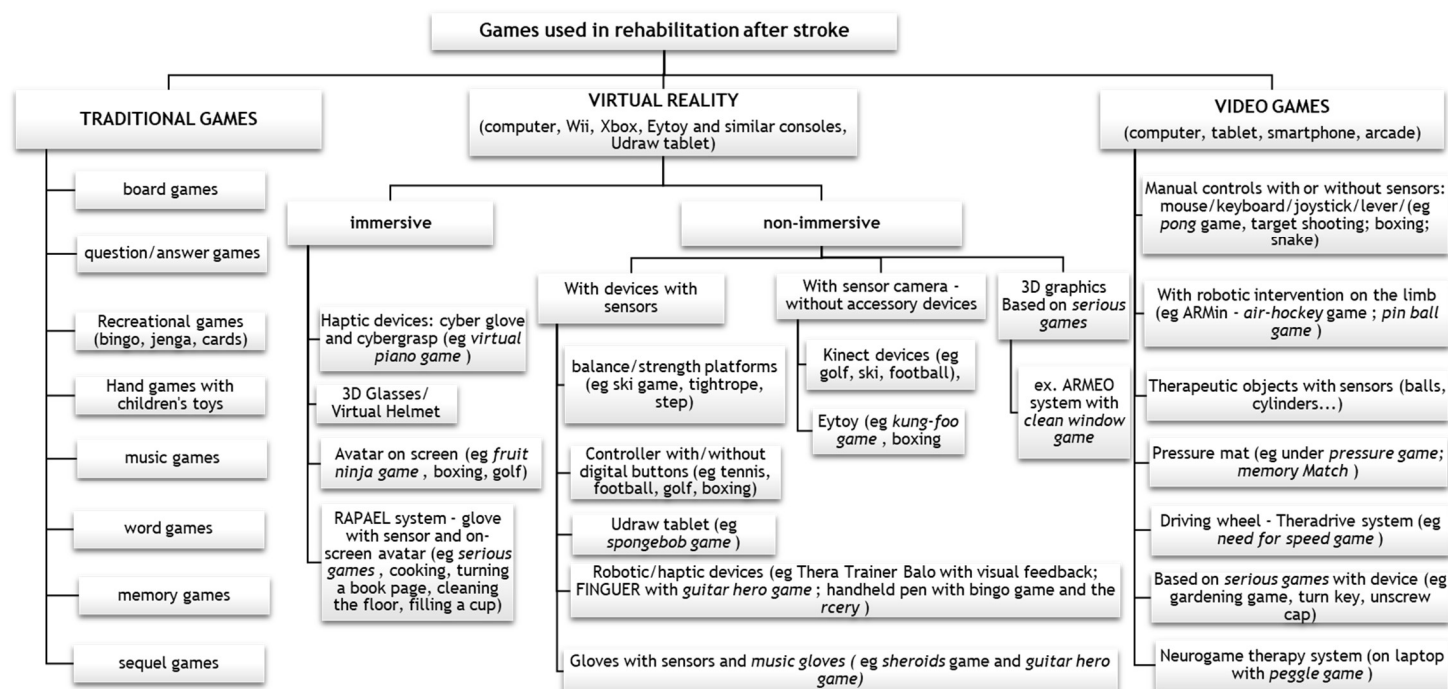


Figure 2 – Type of games

The first paper resulting from this research dates back to 2002 and studies the use of traditional games, through the use of board games, for rehabilitation of the motor function of the UL with hemineglect. In this decade, despite the small number of articles found (less than 17% of the total articles), it is already possible to identify the use of the three large groups of games.

Of the total results obtained in the survey, traditional games were mentioned in 7% of the articles, video games in 21% and virtual reality games in 72%. The latter appear in large numbers mainly due to the use of commercial consoles (52%), which begin to be studied in rehabilitation in 2007 (the same year they are commercially launched). It was in this year that we identified the first article that studies the use of a commercial console (Sony Playstation2 Eyetoy®) that, through a camera with a motion sensor, captures the player's image, projecting it on the screen and uses body movements to interact with the virtual objects inside the screen. Later, another commercial console, Nintendo Wii®, which is characterized by the use of a wireless control device, the Wii Remote, equipped with an accelerometer capable of detecting movements in three dimensions, was identified in a 2009 article. articles that refer to this type of console multiply. The use of equipment associated with these consoles are also mentioned, such as the TYMO® force platform (portable posturography system and balance platform), the Wii Balance Board (a scale with pressure sensors that allows the player to perform various activities physical games such as sports games or yoga) and the uDraw GameTablet (graphic game tablet that has a pressure-sensitive stylus that allows users to draw and visualize on the screen). In addition to commercial consoles, other types of equipment

associated with video games or virtual reality games were identified, such as computers (fixed or portable), arcade, tablet and smartphone. The equipments associated with traditional games were board games, children's toys, musical instruments, activity books and activity tables.

Described in Table 2 are mentioned the different devices associated with video games and VR games that allow greater playability and interaction with the game, which can also promote sensory and/or motor feedback.

Gaming systems based on VR, developed and designed specifically for rehabilitation, were identified with greater representativeness at the end of this decade, in order to provide a more individualized treatment and keep the patient more motivated. These systems add different games in different virtual environments that can be customized according to patients' needs. These systems include serious games class games. Although there is no clear definition of the term serious games, this class of games is mainly aimed at simulating practical everyday situations. The term serious games came to be used to identify games whose purpose is to favor the absorption of psychomotor concepts and skills, benefiting from playful and recreational characteristics⁽¹¹⁾.

Through the analysis of the description of the games, it was also possible to identify the different classes of games used in rehabilitation: word games, recreational games, memory games, question/answer, strategy, puzzles, music and rhythm games, sports games, of physical activity and adventure, skill games and serious games.

DEVICES	DESCRIPTION
With sensors	Commands (ex: cewezz, wiimote); handle; therapeutic objects balls and cylinders; pressure mat; Thera Drive® (steering wheel for driving game).
Platforms	TYMO® force platform (portable posturography system and balance platform); Wii Balance Board (balance with pressure sensors that allows the player to do various physical activities, such as sports games or yoga); walking mat; pressure mat.
With support	<i>ArmeoBoom</i> (adjustable arm and hand support, which counteracts the effects of gravity and facilitates self-initiated movements with greater feedback in a three-dimensional work environment); Smart Skate (forearm splint with built-in mouse).
Gloves type	Often used for games similar to Guitar Hero®, namely in the rehabilitation of the distal end of the UL and fine motor training: Music Glove/P5 Glove/Cybergloves® (gloves with sensors); Cybergrasp (hand haptic exoskeleton); FINGER (robot with finger bending mechanisms); RAPAE Smart Glove TM System (biofeedback system designed for the rehabilitation of the distal extremity of the UL of the stroke patient, through a sensor glove device that tracks the movement and posture of the limb using a software application that allows to play different games , manipulating hands or virtual objects).
Haptics/robotics	Portable stylus; hand pen; The Phantom Omni® (pen-like device that interacts with virtual scenery, through a semi-immersive bench and stereoscopic 3D glasses); Novint Falcon (provides bimanual training, allowing the player to feel the weight, shape, texture, dimension and strength of an object); Pinball-like handheld robotic game that induces haptic orientation or error magnification; Amadeo hand robotic (passively or actively-assisted flexion and extension of each finger; ARMin III arm robotic (provides up to seven degrees of freedom for shoulder and elbow joint and includes a manual module); Anklebot ankle robot (allows dorsiflexion or plantar flexion of the paretic ankle to move the cursor on the screen) Thera trainer balo (a device similar to standing frame, for dynamic balance exercises and postural control assisted by visual feedback through computer game).

Table 2 – Devices associated with games

SYSTEMS	DESCRIPTION
Rehabilitation Gaming System	It provides neurorehabilitation training for the affected upper limb extremity.
SeeMe	It combines therapeutic tasks with interactive games (Kinect technology) to make the rehabilitation process easier, funnier and more effective. Can practice and assess strength, endurance, range of motion, postural control, reaction time, proprioception, quality of movement, perception, attention, and memory.
Reab Master	It provides a rich environment for interactive rehabilitation and uses the concept of games, without the need to use any device, reproducing movement through an avatar. It involves four games (sports, skill and adventure) that require movement of the upper limb and/or torso to train control, endurance, speed, precision, range of motion and hand-vision coordination.
Gesture Therapy	Platform/therapy based on virtual reality for upper limb motor rehabilitation that favors the principles of rehabilitation (repetition, feedback, motivation and training for a specific task), challenging the patient to perform daily tasks, in the form of serious games, in a safe virtual environment.
IREX®	GestureTek Interactive Exercise and Rehabilitation System that uses immersive video control technology to place patients in virtual gaming environments where they are guided by therapeutic exercise regimens.

Table 3 - Game systems designed for rehabilitation.

Therapies associated with playing games were mentioned in some articles, such as restriction-induced movement therapy, electrostimulation, transcranial electrical stimulation or mirror therapy, in order to enhance the individual's functional recovery. A video game (Peggle) was also found that combines a surface biofeedback - NeuroGame Therapy, with the objective of promoting the motor recovery of the UL (wrist flexors and extensors).

Most of the identified games were used with the objective of recovering UL motor function (55%). Other areas of intervention mentioned were: balance, posture, gait and proprioception reported in 23%; fine motor skills reported at 12%; cognition in 9% and only one experimental study from the year 2018 was found

that investigated the impact of games (tennis and boxing) on cardiorespiratory function (impact on heart rate and oxygen consumption) through the use of a commercial console.

A type of game often referred to in the rehabilitation of the motor function of the hands and fingers is the Guitar Hero game, associated with haptic and robotic devices. For balance training, the games that use balance platforms stand out, which allow you to play physical activity, skill, sports and adventure games, such as ski slalom, table tilt, penguin slide, balance rope, soccer heading , balance bubble, basic step. For cognitive training, serious games stand out. In the rehabilitation of UL and LL, games classified as sports stand out, present in the three large groups of games

(traditional games, video games and virtual reality), such as football, boxing, bowling, tennis, golf, baseball.

DISCUSSION

Virtual reality games are the ones that have aroused the most interest in research into their use in rehabilitation after stroke, and they were unequivocally the most found in this review. In recent years, there has been a growing interest in the use of new technologies such as VR in the rehabilitation of individuals after stroke. Clinical results indicate that the use of virtual reality technologies improves motor functioning and can be used to improve upper limb function, gait and balance, global motor function and cognitive function in stroke patients⁽¹²⁾. On the other hand, traditional games were the least identified, and most were studied in association or comparison with video games and VR games.

Video games and VR games are often referred to using devices with haptic or robotic sensors. Rehabilitation robots have become important tools in the rehabilitation of individuals with stroke. Compared to manual arm training, robot-supported training can be more intensive, longer and more repetitive, giving robots the potential to improve the rehabilitation process in stroke patients⁽¹³⁾. However, the cost of rehabilitation robots is still a problem, limiting their cost-benefit profile and making large-scale evaluation and implementation difficult⁽¹⁴⁾. Haptic devices, identified in a large number of articles with the aim of enhancing the function of the affected limb, can exercise movement passively, actively assisted or resisted, with the possibility of transmitting feedback at various levels, from vibrotactile, visual, auditory or even proprioceptive. The use of these devices has been suggested to improve the rehabilitation of individuals with stroke, using virtual reality in order to increase users' motivation⁽¹⁵⁻¹⁶⁾. Feedback improves learning, being extremely important for motor learning. It evokes neurophysiological processes that induce profound cortical and subcortical changes. In general, computer games are excellent at providing feedback, contributing even more to keeping the player involved⁽¹⁷⁾.

VR can be classified from non-immersive to fully immersive, depending on the degree to which the user is isolated from the surrounding physical environment when interacting with the virtual environment. Immersive virtual reality is not so used in experimental studies, as it is more expensive and implies its use in a controlled manner in the laboratory⁽²⁾. The most common games in our sample were non-immersive virtual reality games associated with commercial devices such as the Nintendo Wii and similar ones. The entertainment industry developed these games for home use, making this technology less expensive and easier to access for use in rehabilitation⁽¹²⁾. Several of these games have been adopted by health professionals as rehabilitation interventions, although they were not initially designed for this purpose. The interactivity that

characterizes these games, as well as the different associated devices, make the game environment more real, more dynamic, challenging, competitive, stimulating and motivating for the user. The patient's motivation is essential to exercise adherence to exercise⁽¹⁷⁾. The challenge and competition inherent in games are elements that can improve it. Considering that repetition, feedback, task-oriented training and motivation are important factors for the rehabilitation of the individual after a stroke, these games are an important tool to increase adherence⁽¹⁷⁻¹⁸⁾ and can motivate patients in the interconnection with friends and family, giving them a social feeling of connection⁽¹⁷⁾.

Based on the chronology of published studies, it was possible to observe an evolution in the use of games that accompanies technological development. Different types of devices have emerged in order to make the user's involvement greater and greater, using devices that are easy to manipulate, with the possibility of transmitting feedback at various levels simultaneously. They were found mainly for the UL (e.g. Wii Remote device)⁽¹⁹⁾ and its distal extremity (e.g. tablet udraw)⁽²⁰⁾; P5 Glove⁽²¹⁾. Devices such as the Thera Trainer Balo were also investigated for the trunk and LL, a device that resembles a standing frame ⁽²²⁻²³⁾ to allow the user to interactively play virtual reality games (with visual feedback), while simultaneously performing posture and balance training, being suitable for patients unable to stand or at high risk of falling, providing an effective and safe form of exercise.

The use of arm and hand orthoses or limb supports (example: arm skate)⁽²⁴⁾ were also referred to in several articles as a fundamental strategy for the user to be able to use the necessary commands to carry out the game with their affected limb .

In this review, mainly in recent years, game systems based on VR, developed specifically for rehabilitation, were found. These VR platforms, capable of assisting the patient in training, are based on the principles of rehabilitation, promoting repetition, task-oriented training, appropriate feedback and a motivating environment. These systems use concepts identical to commercial games, from which several advantages stand out: low cost, an attractive environment, gradual and individual training protocols, wide adaptability to the patient's needs and progress, performance recording capabilities, producing real-time feedback for patient and therapist, and the possibility of using it with minimal supervision from the health professional, facilitating home prescription. The RehabMaster system has proven to be feasible and safe to improve upper extremity function in stroke patients⁽²⁵⁾. The games used in these systems are mostly from the serious games class, simulating activities of daily living⁽²⁶⁻²⁷⁾. These contain educational content that contrasts with traditional computer games, whose main purpose is to entertain. Serious games include games for learning, games for health and games for politics and social change, hence the health sector shows a greater interest in these games⁽²⁸⁾.

Associated with games, articles were identified that tried to enhance the effect of the game, relating its execution with conventional therapy techniques, such as mirror movement or restriction-induced movement therapy. It is known that mechanical and functional restriction increases the use of the most affected limb and promotes brain plasticity⁽²⁹⁾, as well as recovers the symmetry of the lower limbs, improving balance⁽³⁰⁾.

The use of games - either associated with conventional therapy or as a comparison group - allowed some authors to conclude that their use in exercise-oriented training with the paretic extremity (repetition, intensity) allows obtaining the same results as conventional rehabilitation, in a shorter period of time⁽³¹⁾. It also makes it possible to reduce the time spent by the therapist with individuals⁽³²⁾ and increases motivation and adherence to treatment.

CONCLUSION

The objective of this scoping review was to map and analyze the games used in the rehabilitation of individuals after stroke. 116 studies were obtained where it was possible to identify three large groups of games: immersive and non-immersive VR Games, videogames and Traditional Games. These games were used for the rehabilitation of global motor function and cognitive function in stroke patients, and most of the identified games were used for the recovery of the UL motor function.

The use of games in individuals' rehabilitation processes has been growing over the last few years, following technological development and making this process more interactive, motivating and stimulating for the user. Intensive and repetitive training, combined with the interactivity and motivation that are inherent to them, facilitates adherence to rehabilitation, which can improve its effectiveness. Virtual reality games are the ones that have aroused the most interest.

Knowledge about the use of games and their development can make a valuable contribution to the recovery processes of individuals after a stroke and for the respective health professionals, and should increasingly be a tool to be considered. Thus, we believe that in the future the theme of this study can be completed with a more in-depth investigation into the functions that can be rehabilitated with each type of game and into the environmental contexts where games are used for the rehabilitation of the individual after a stroke. We thus conclude that the results of this review may be useful both for clinical practice in the context of Rehabilitation Nursing as well as for future investigations in the area.

Some limitations found in this study were related to: the poorly detailed description of the games that some authors refer to; with the concepts associated with VR and its immersiveness that are not always well understood and present different interpretations; and the lack of clarity sometimes found in describing the

use of traditional games in conventional rehabilitation.

BIBLIOGRAPHIC REFERENCES

1. Johnson W, Onuma O, Sachdev S. Stroke: a global response is needed. 2016;
2. Saposnik G, Levin M. Virtual Reality in Stroke Rehabilitation A Meta-Analysis and Implications for Clinicians. 2011;1380-6.
3. Huang X, Naghdy F, Naghdy G, Du H, Todd C. The Combined Effects of Adaptive Control and Virtual Reality on Robot-Assisted Fine Hand Motion Rehabilitation in Chronic Stroke Patients : A Case Study. *J Stroke Cerebrovasc Dis* [Internet]. 2017;1-8. Available from: <https://doi.org/10.1016/j.jstrokecerebrovasdis.2017.08.027>
4. Burke JW, McNeill MDJ, Charles DK, Morrow PJ. Serious Games for Upper Limb Rehabilitation Following Stroke. 2009;
5. Proffitt R, Otr L, Lange B, Hons B. Feasibility of a Customized, In-Home, Game-Based stroke exercise program using The Microsoft Kinect® Sensor. *Int Journal Telerehabilitation*. 2015;7(2)
6. Bittencourt, J R., Walter E. Workshop de Jogos Digitais na Educação. Ludens Art. Gravataí; 2006.
7. The Joanna Briggs Institute Reviewers ' Manual 2015 Methodology for JBI Scoping Reviews. 2015;
8. Peters MDJ, Godfrey CM, Khalil H, McInerney P, Parker D SC. Guidance for conducting systematic scoping reviews. 2015;
9. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A AE. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *Med Res Methodol*. 20018;18(1):143.
10. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, Ioannidis JPA, et al. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions : Explanation and Elaboration. *J Clin Epidemiol*. 2009;62(10):e1-34.
11. Blackman S. Serious games... and less!. *ACM Siggraph Comput Graph*. 2005 Feb 1;39(1):12-6.
12. Karasu AU, Batur EB. Effectiveness of Wii-based rehabilitation in stroke: a randomized controlled study. *J Rehabil Med*. 2018 May 5;50(5):406-12.
13. Nef T, Guidali M, Riener R. ARMin III-arm therapy exoskeleton with an ergonomic shoulder actuation. *Appl Bionics Biomech*. 2009 Jan 1;6(2):127-42.
14. Khor KX, Chin PJ, Yeong CF, Su EL, Narayanan AL, Rahman HA, Khan QI. Portable and reconfigurable wrist robot improves hand function for post-stroke subjects. *IEEE Trans Neural Syst Rehabil Eng*. 2017 Apr 7;25(10):1864-73.
15. Betker AL, Szturm T, Moussavi ZK, Nett C. Video game-based exercises for balance rehabilitation: a single-subject design. *Arch Phys Med Rehabil*. 2006 Aug 1;87(8):1141-9.
16. Broeren J, Rydmark M, Björkdahl A, Sunnerhagen KS. Assessment and training in a 3-dimensional virtual environment with haptics: a report on 5 cases of motor rehabilitation in the chronic stage after stroke. *Neurorehabil Neural Repair*. 2007 Mar;21(2):180-9.
17. Sucar LE, Orihuela-Espina F, Velazquez RL, Reinkensmeyer DJ, Leder R, Hernández-Franco J. Gesture therapy: An upper limb virtual reality-based motor rehabilitation platform. *IEEE Trans Neural Syst Rehabil Eng*. 2013 Dec 5;22(3):634-43.
18. Slijper A, Svensson KE, Backlund P, Engström H, Sunnerhagen KS. Computer game-based upper extremity training in the home environment in stroke persons: a single subject design. *J Neuroeng Rehabil*. 2014 Dec 1;11(1):35.
19. Adie K, Schofield C, Berrow M, Wingham J, Humfries J, Pritchard C, James M, Allison R. Does the use of Nintendo Wii SportsTM improve arm function? Trial of WiiTM in Stroke: A randomized controlled trial and economics analysis. *Clin Rehabil*. 2017 Feb;31(2):173-85.
20. Paquin K, Ali S, Carr K, Crawley J, McGowan C, Horton S. Effectiveness of commercial video gaming on fine motor control in chronic stroke within community-level rehabilitation. *Disabil Rehabil* [Internet]. 2015;0(0):1-8. Available from: <http://dx.doi.org/10.3109/09638288.2014.1002574>

21. Seo NJ, Kumar JA, Hur P, Crocher V, Motawar B, Lakshminarayanan K. Usability evaluation of low-cost virtual reality hand and arm rehabilitation games. *J Rehabil Res Dev*. 2016;53(3):321-34.
22. Rand D, Givon N, Avrech Bar M. A video-game group intervention: Experiences and perceptions of adults with chronic stroke and their therapists. *Can J Occup Ther*. 2018 Apr;85(2):158-68.
23. Hung JW, Chou CX, Chang HF, Wu WC, Hsieh YW, Chen PC, Yu MY, Chang CC, Lin JR. Cognitive effects of weight-shifting controlled exergames in patients with chronic stroke: a pilot randomized comparison trial. *Eur J Phys Rehabil Med*. 2017 Oct;53(5):694-702.
24. Jordan K, Sampson M, King M. Gravity-Supported Exercise With Computer Gaming Improves Arm Function in Chronic Stroke. *Arch Phys Med Rehabil* [Internet]. 2014; Available from: <http://dx.doi.org/10.1016/j.apmr.2014.02.028>
25. Shin JH, Ryu H, Jang SH. A task-specific interactive game-based virtual reality rehabilitation system for patients with stroke: a usability test and two clinical experiments. *J Neuroeng Rehabil*. 2014 Dec 1;11(1):32.
26. Cameirão MS, i Badia SB, Oller ED, Verschure PF. Neurorehabilitation using the virtual reality based Rehabilitation Gaming System: methodology, design, psychometrics, usability and validation. *J Neuroeng Rehabil*. 2010 Dec 1;7(1):48.
27. Orihuela-Espina F, Fernandez del Castillo I, Palafox L, Pasaye E, Sánchez-Villavicencio I, Leder R, Hernández Franco J, Enrique Sucar L. Neural reorganization accompanying upper limb motor rehabilitation from stroke with virtual reality-based gesture therapy. *Top Stroke Rehabil*. 2013 May 1;20(3):197-209.
28. Gamito P, Oliveira J, Coelho C, Morais D, Lopes P, Pacheco J, Brito R, Soares F, Santos N, Barata AF. Cognitive training on stroke patients via virtual reality-based serious games. *Disabil Rehabil*. 2017 Feb 13;39(4):385-8.
29. Gauthier LV, Kane C, Borstad A, Strahl N, Uswatte G, Taub E, Morris D, Hall A, Arakelian M, Mark V. Video Game Rehabilitation for Outpatient Stroke (VIGOROUS): protocol for a multi-center comparative effectiveness trial of in-home gamified constraint-induced movement therapy for rehabilitation of chronic upper extremity hemiparesis. *BMC Neurol*. 2017 Dec;17(1):1-8.
30. Choi HS, Shin WS, Bang DH, Choi SJ. Effects of game-based constraint-induced movement therapy on balance in patients with stroke: a single-blind randomized controlled trial. *Am J Phys Med Rehabil*. 2017 Mar 1;96(3):184-90.
31. Sin H, Lee G. Additional virtual reality training using Xbox Kinect in stroke survivors with hemiplegia. *Am J Phys Med Rehabil*. 2013 Oct 1;92(10):871-80.
32. Singh DK, Nordin NA, Abd Aziz NA, Lim BK, Soh LC. Effects of substituting a portion of standard physiotherapy time with virtual reality games among community-dwelling stroke survivors. *BMC neurol*. 2013 Dec;13(1):1-7.
33. Bailey MJ, Riddoch MJ, Crome P. Treatment of visual neglect in elderly patients with stroke: a single-subject series using either a scanning and cueing strategy or a left-limb activation strategy. *Phys Ther*. 2002 Aug 1;82(8):782-97.
34. Wood SR, Murillo N, Bach-y-Rita P, Leder RS, Marks JT, Page SJ. Motivating, game-based stroke rehabilitation: a brief report. *Top Stroke Rehabil*. 2003 Jul 1;10(2):134-40.
35. Broeren J, Rydmark M, Sunnerhagen KS. Virtual reality and haptics as a training device for movement rehabilitation after stroke: a single-case study. *Arch Phys Med Rehabil*. 2004 Aug 1;85(8):1247-50.
36. Flynn S, Palma P, Bender A. Feasibility of using the Sony PlayStation 2 gaming platform for an individual poststroke: a case report. *J Neurol Phys Ther*. 2007 Dec 1;31(4):180-9.
37. Santos MC. Biorretroalimentación y juegos de computadora como complemento del manejo de limitación inducida sobre el control motor de la extremidad superior del paciente con secuelas de enfermedad vascular cerebral. *Arch Neurocienc*. 2007;12(2):77-85.
38. Broeren J, Bjorkdahl A, Claesson L, Goude D, Lundgren-Nilsson A, Samuelsson H, Blomstrand C, Sunnerhagen KS, Rydmark M. Virtual rehabilitation after stroke. *Stud Health Technol Inform*. 2008 May;136:77.
39. Broeren J, Claesson L, Goude D, Rydmark M, Sunnerhagen KS. Virtual rehabilitation in an activity centre for community-dwelling persons with stroke. *Cerebrovasc Dis*. 2008;26(3):289-96.
40. Rand D, Kizony R, Weiss PT. The Sony PlayStation II EyeToy: low-cost virtual reality for use in rehabilitation. *J Neurol Phys Ther*. 2008 Dec 1;32(4):155-63.
41. Szturm T, Peters JF, Otto C, Kapadia N, Desai A. Task-specific rehabilitation of finger-hand function using interactive computer gaming. *Arch Phys Med Rehabil*. 2008 Nov 1;89(11):2213-7.
42. Yavuzer G, Senel A, Atay MB, Stam HJ. Playstation eyetoy games" improve upper extremity-related motor functioning in subacute stroke: a randomized controlled clinical trial. *Eur J Phys Rehabil Med*. 2008 Sep 1;44(3):237-44.
43. Lange B, Flynn S, Rizzo A. Initial usability assessment of off-the-shelf video game consoles for clinical game-based motor rehabilitation. *Phys Ther Rev*. 2009 Oct 1;14(5):355-63.
44. Qiu Q, Fluet GG, Lafond I, Merians AS, Adamovich SV. Coordination changes demonstrated by subjects with hemiparesis performing hand-arm training using the NJIT-RAVR robotically assisted virtual rehabilitation system. In 2009 Annual International Conference of the IEEE Engineering in Medicine and Biology Society 2009 Sep 3 (pp. 1143-1146). IEEE.
45. Ruparel R, Johnson MJ, Strachota E, McGuire J, Tchekanov G. Evaluation of the theradrive system for robot/computer assisted motivating rehabilitation after stroke. In 2009 Annual International Conference of the IEEE Engineering in Medicine and Biology Society 2009 Sep 3 (pp. 811-814). IEEE..
46. Golden S, Slezak K. Making things possible. Technology plays a role in neurorehabilitation for stroke patients. *Rehab management*. 2010;23(10):10-2.
47. Lange B, Flynn S, Proffitt R, Chang CY, "Skip" Rizzo A. Development of an interactive game-based rehabilitation tool for dynamic balance training. *Top Stroke Rehabil*. 2010 Sep 1;17(5):345-52.
48. Saposnik G, Teasell R, Mamdani M, Hall J, McIlroy W, Cheung D, Thorpe KE, Cohen LG, Bayley M. Effectiveness of virtual reality using Wii gaming technology in stroke rehabilitation: a pilot randomized clinical trial and proof of principle. *Stroke*. 2010 Jul 1;41(7):1477-84.
49. Joo LY, Yin TS, Xu D, Thia E, Chia PF, Kuah CW, He KK. A feasibility study using interactive commercial off-the-shelf computer gaming in upper limb rehabilitation in patients after stroke. *J Rehabil Med*. 2010 May 1;42(5):437-41.
50. Cameirão MS, Badia SB, Duarte E, Verschure PF. Virtual reality based rehabilitation speeds up functional recovery of the upper extremities after stroke: a randomized controlled pilot study in the acute phase of stroke using the rehabilitation gaming system. *Restor Neurol Neurosci*. 2011;29(5):287-98.
51. Hijmans JM, Hale LA, Satherley JA, McMillan NJ, King MJ. Bilateral upper-limb rehabilitation after stroke using a movement-based game controller. *J Rehabil Res Dev*. 2011 Nov 1;48(8):1005-14.
52. Merians AS, Fluet GG, Qiu Q, Saleh S, Lafond I, Davidow A, Adamovich SV. Robotically facilitated virtual rehabilitation of arm transport integrated with finger movement in persons with hemiparesis. *J Neuroeng Rehabil*. 2011 Dec 1;8(1):27.
53. Mouawad MR, Doust CG, Max MD, McNulty PA. Wii-based movement therapy to promote improved upper extremity function post-stroke: a pilot study. *J Rehabil Med*. 2011 May 5;43(6):527-33.
54. Schuck SO, Whetstone A, Hill V, Levine P, Page SJ. Game-based, portable, upper extremity rehabilitation in chronic stroke. *Top Stroke Rehabil*. 2011 Nov 1;18(6):720-7.
55. Acosta AM, Dewald HA DJ. Pilot study to test effectiveness of video game on reaching. *J Rehabil Res Dev*. 2012;48(4):431-44.
56. Combs SA, Finley MA, Henss M, Himmler S, Lapota K, Stillwell D. Effects of a repetitive gaming intervention on upper extremity impairments and function in persons with chronic stroke: a preliminary study. *Dis Rehabil*. 2012 Jul 1;34(15):1291-8.
57. Kim EK, Kang JH, Park JS, Jung BH. Clinical feasibility of interactive commercial Nintendo gaming for chronic stroke rehabilitation. *J Phys Ther Sci*. 2012;24(9):901-3.
58. Hale LA, Satherley JA, McMillan NJ, Milosavljevic S, Hijmans JM, King MJ. Participant perceptions of use of CyWee Z as adjunct to rehabilitation of upper-limb function following stroke. *J Rehabil Res Dev*. 2012 Jul 1;49(4).

59. Kam N, Struzik J, Jarus T, Rand D. Is the Nintendo Wii suitable for stroke rehabilitation? A pilot feasibility and usability study. *Israeli J Occup Ther.* 2012 Feb;21(1):3-25.
60. Kim I. Effects of an enjoyable nurse-led intervention to promote movement in poststroke inpatients. *Clin Nurs Res.* 2012 Nov;21(4):390-405.
61. King M, Hijmans JM, Sampson M, Satherley J, Hale L. Home-based stroke rehabilitation using computer gaming. *New Zealand J. Phys.* 2012 Nov 1;40(3).
62. Reinthal A, Szirony K, Clark C, Swiers J, Kellicker M, Linder S. ENGAGE : Guided Activity-Based Gaming in Neurorehabilitation after Stroke : A Pilot Study. *Stroke Res Treat.* 2012;2012. doi: 10.1155/2012/784232
63. Taheri H, Rowe JB, Gardner D, Chan V, Reinkensmeyer DJ, Wolbrecht ET. Robot-assisted guitar hero for finger rehabilitation after stroke. In 2012 Annual International Conference of the IEEE Engineering in Medicine and Biology Society 2012 Aug 28 (pp. 3911-3917). IEEE.
64. Finley M, Combs S. User perceptions of gaming interventions for improving upper extremity motor function in persons with chronic stroke. *Physiother Theory Pract.* 2013 Apr 1;29(3):195-201.
65. Fritz SL, Peters DM, Merlo AM, Donley J. Active video-gaming effects on balance and mobility in individuals with chronic stroke: a randomized controlled trial. *Top Stroke Rehabil.* 2013 May 1;20(3):218-25.
66. Lee G. Effects of training using video games on the muscle strength, muscle tone, and activities of daily living of chronic stroke patients. *J Phys Ther Sci.* 2013 May 25;25(5):595-7.
67. Peters DM, McPherson AK, Fletcher B, McClenaghan BA, Fritz SL. Counting repetitions: an observational study of video game play in people with chronic poststroke hemiparesis. *J Neurol Phys Ther.* 2013 Sep 1;37(3):105-11.
68. Wüest S, Van De Langenberg R, De Bruin ED. Design considerations for a theory-driven exergame-based rehabilitation program to improve walking of persons with stroke. *European Review of Aging and Physical Activity.* 2014 Oct 1;11(2):119-29.
- Simmons CD, Arthanat S, Macri VJ. Pilot study: Computer-based virtual anatomical interactivity for rehabilitation of individuals with chronic acquired brain injury. *J Rehabil Res Dev.* 2014 Mar 1;51(3).
- 70 Goodman RN, Rietschel JC, Roy A, Jung BC, Diaz J, Macko RF, Forrester LW. Increased reward in ankle robotics training enhances motor control and cortical efficiency in stroke. *J Rehabil Res Dev.* 2014 Feb 1;51(2).
71. Bower KJ, Clark RA, McGinley JL, Martin CL, Miller KJ. Clinical feasibility of the Nintendo Wii™ for balance training post-stroke: a phase II randomized controlled trial in an inpatient setting. *Clin Rehabil.* 2014 Sep;28(9):912-23.
72. Brown EVD, Otr L, Mccoy SW, Fechko AS, Price R, Gilbertson T, et al. Preliminary Investigation of an Electromyography- Controlled Video Game as a Home Program for Persons in the Chronic Phase of Stroke Recovery. *Arch Phys Med Rehabil [Internet].* 2014; Available from: <http://dx.doi.org/10.1016/j.apmr.2014.02.025>
73. Friedman N, Chan V, Reinkensmeyer AN, Beroukhim A, Zambrano GJ, Bachman M, Reinkensmeyer DJ. Retraining and assessing hand movement after stroke using the MusicGlove: comparing with conventional hand therapy and isometric grip training. *J Neuroeng Rehabil.* 2014 Dec;11(1):1-4.
74. Hung J, Chou C, Hsieh Y, Wu W, Yu M, Chen P, et al. A Randomized Comparison Trial of Balance Training by Using Exergaming and Conventional Weight-Shifting Therapy in Patients with Chronic Stroke. *Arch Phys Med Rehabil [Internet].* 2014; Available from: <http://dx.doi.org/10.1016/j.apmr.2014.04.029>
75. Kafri M, Myslinski MJ, Gade VK, Deutsch JE. Energy expenditure and exercise intensity of interactive video gaming in individuals poststroke. *Neurorehabil Neural Repair.* 2014 Jan;28(1):56-65.
76. Morone G, Tramontano M, Iosa M, Shofany J, Iemma A, Musicco M, et al. The Efficacy of Balance Training with Video Game-Based Therapy in Subacute Stroke Patients : A Randomized Controlled Trial. *Biomed Res Int.* 2014;2014:1-6.
77. Novak D, Nagle A, Keller U, Riener R. Increasing motivation in robot-aided arm rehabilitation with competitive and cooperative gameplay. *J Neuroeng Rehabil.* 2014 Dec;11(1):64.(1-15).
78. Pompeu JE, Alonso TH, Masson IB, Maria S, Pompeu AA, Torriani-pasin C. Os efeitos da realidade virtual na reabilitação do acidente vascular encefálico : Uma revisão sistemática The effects of virtual reality on stroke rehabilitation : A systematic review. *Motricidade.* 2014;10(4):111-22.
79. Shiner CT, Byblow WD, McNulty PA. Bilateral priming before Wii-based movement therapy enhances upper limb rehabilitation and its retention after stroke: a case-controlled study. *Neurorehabil Neural Repair.* 2014 Nov;28(9):828-38.
80. Subramaniam S, Hui-Chan CW, Bhatt T. A cognitive-balance control training paradigm using wii fit to reduce fall risk in chronic stroke survivors. *J Neurol Phys Ther.* 2014 Oct 1;38(4):216-25.
81. Taheri H, Rowe JB, Gardner D, Chan V, Gray K, Bower C, Reinkensmeyer DJ, Wolbrecht ET. Design and preliminary evaluation of the FINGER rehabilitation robot: controlling challenge and quantifying finger individuation during musical computer game play. *J Neuroeng Rehabil.* 2014 Dec 1;11(1):10.
82. Viana RT, Fonseca JB, Filho EMS, Dias SN. Effects of the addition of transcranial direct current stimulation to virtual reality therapy after stroke : A pilot randomized controlled trial. *NeuroRehabil.* 2014;34:437-46.
83. Chen MH, Huang LL, Lee CF, Hsieh CL, Lin YC, Liu H, Chen MI, Lu WS. A controlled pilot trial of two commercial video games for rehabilitation of arm function after stroke. *Clin Rehabil.* 2015 Jul;29(7):674-82.
84. Tsekles E, Paraskevopoulos IT, Warland A, Kilbride C. Development and preliminary evaluation of a novel low cost VR-based upper limb stroke rehabilitation platform using Wii technology. *Disabil Rehabil Assist Technol.* 2016 Jul 3;11(5):413-22.
85. Wingham J, Adie K, Turner D, Schofield C, Pritchard C. Participant and caregiver experience of the Nintendo Wii Sports™ after stroke: qualitative study of the trial of Wii™ in stroke (TWIST). *Clin Rehabil.* 2015 Mar;29(3):295-305.
86. Omiyale O, Crowell CR, Madhavan S. Effect of Wii-based balance training on corticomotor excitability post stroke. *J Mot Behav.* 2015 May 4;47(3):190-200.
87. Anderson KR, Otr L, Woodbury ML, Otr L, Phillips K, Gauthier L V. Information / Education Page Virtual Reality Video Games to Promote Movement Recovery in Stroke Rehabilitation : A Guide for Clinicians. *Arch Phys Med Rehabil [Internet].* 2015;96(5):973-6.
88. Bower KJ, Louie J, Landesrocha Y, Seedy P, Gorelik A, Bernhardt J. Clinical feasibility of interactive motion- controlled games for stroke rehabilitation. *J Neuroeng Rehabil [Internet].* 2015;1-12.
89. da Silva Ribeiro NM, Ferraz DD, Pedreira É, Pinheiro Í, da Silva Pinto AC, Neto MG, Dos Santos LR, Pozzato MG, Pinho RS, Masruha MR. Virtual rehabilitation via Nintendo Wii® and conventional physical therapy effectively treat post-stroke hemiparetic patients. *Top Stroke Rehabil.* 2015 Aug 1;22(4):299-305.
90. Brown EVD, Dudgeon BJ, Gutman K, Chet T. Understanding Upper Extremity Home Programs and the use of Gaming Technology for Persons After Stroke. *Disabil Health J [Internet].* 2015; Available from: <http://dx.doi.org/10.1016/j.dhjo.2015.03.007>
91. Lee HY, Kim YL, Lee SM. Effects of virtual reality-based training and task-oriented training on balance performance in stroke patients. *J Phys Ther Sci.* 2015;27(6):1883-8.
92. Lee KH. Effects of a virtual reality-based exercise program on functional recovery in stroke patients: part 1. *J Phys Ther Sci.* 2015;27(6):1637-40.
93. Macdonald JA, Gauthier L. Research Posters. *Arch Phys Med Rehabil [Internet].* 96(12):e6-7. Available from: <http://dx.doi.org/10.1016/j.apmr.2015.10.008>
94. McNulty PA, Thompson-Butel AG, Faux SG, Lin G, Katrak PH, Harris LR, Shiner CT. The efficacy of Wii-based Movement Therapy for upper limb rehabilitation in the chronic poststroke period: a randomized controlled trial. *Int J Stroke.* 2015 Dec;10(8):1253-60.
95. Mobini A, Behzadipour S, Saadat M. Test-retest reliability of Kinect's measurements for the evaluation of upper body recovery of stroke patients. *Biomed Eng Online.* 2015 Dec 1;14(1):75.
96. Ponte S, Gabrielli S, Jonsdottir J, Morando M, Dellepiane S. Monitoring game-based motor rehabilitation of patients at home for better plans of care and quality of life. In 2015 37th Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC) 2015 Aug 25 (pp. 3941-3944). IEEE.
97. P Prange GB, Kottink AI, Buurke JH, Eckhardt MM, van Keulen-Rouweler BJ, Ribbers GM, Rietman JS. The effect of arm support combined with rehabilitation games on upper-extremity function in subacute stroke: a randomized controlled trial. *Neurorehabil Neural Repair.* 2015 Feb;29(2):174-82.

98. Buick AR, Kowalczewski J, Carson RG PA. Tele Supervised FES-exercise hemiplegic upper limb. *IEEE Trans Neural Syst Rehabil Eng*. 2016 Jan;24(1):79-87.
99. Givon N, Zeilig G, Weingarden H, Rand D. Video-games used in a group setting is feasible and effective to improve indicators of physical activity in individuals with chronic stroke: a randomized controlled trial. *Clin Rehabil*. 2016 Apr;30(4):383-92.
100. Llorens R, Latorre J, Noé E, Keshner EA. Posturography using the Wii Balance Board™: a feasibility study with healthy adults and adults post-stroke. *Gait Posture*. 2016 Jan 1;43:228-32.
101. Bonuzzi GM, Freitas TB, Corrêa UC, Freudenheim AM, Pompeu JE, Torriani-Pasin C. Learning of a postural control task by elderly post-stroke patients. *Motricidade*. 2016;12(1):141-8.
102. Shin J, Kim M, Lee J, Jeon Y, Kim S, Lee S, et al. Effects of virtual reality-based rehabilitation on distal upper extremity function and health-related quality of life : a single- blinded , randomized controlled trial. *J Neuroeng Rehabil [Internet]*. 2016;1-10.
103. Kong K, Loh Y, Thia E, Chai A, Ng C, Soh M, et al. Efficacy of a Virtual Reality Commercial Gaming Device in Upper Limb Recovery after Stroke : A Randomized , Controlled Study Efficacy of a Virtual Reality Commercial Gaming Device in Upper Limb Recovery after Stroke : A Randomized , Controlled Study. *Top Stroke Rehabil [Internet]*. 2016;9357:1-8.
104. Lee M, Pyun SB, Chung J, Kim J, Eun SD, Yoon B. A further step to develop patient-friendly implementation strategies for virtual reality-based rehabilitation in patients with acute stroke. *Phys Ther*. 2016 Oct 1;96(10):1554-64.
105. Mousavi Hondori H, Khademi M, Dodakian L, McKenzie A, Lopes CV, Cramer SC. Choice of human-computer interaction mode in stroke rehabilitation. *Neurorehabil Neural Repair*. 2016 Mar;30(3):258-65.
106. Paquin K, Crawley J, Harris JE, Horton S. Survivors of chronic stroke-participant evaluations of commercial gaming for rehabilitation. *Dis Rehabil*. 2016 Oct 8;38(21):2144-52.
107. Proffitt R, Henderson W. LSVT-BIG in Stroke: A Case Study. *Arch Phys Med Rehabil [Internet]*. 2016;97(12):e17.
108. Rinne P, Mace M, Nakornchai T, Zimmerman K, Fayer S, Sharma P, Liardon JL, Burdet E, Bentley P. Democratizing neurorehabilitation: How accessible are low-cost mobile-gaming technologies for self-rehabilitation of arm disability in stroke?. *PLoS one*. 2016 Oct 5;11(10):e0163413.
109. Saposnik G, Cohen LG, Mamdani M, Pooyania S, Ploughman M, Cheung D, et al. Efficacy and safety of non-immersive virtual reality exercising in stroke rehabilitation (EVREST): a randomised , multicentre , single-blind , controlled trial. *Lancet Glob Heal [Internet]*. 2016;4422(16):1-9.
110. Şimşek TT, Çekok K. The effects of Nintendo Wii™-based balance and upper extremity training on activities of daily living and quality of life in patients with sub-acute stroke: a randomized controlled study. *Int J Neurosci*. 2016 Dec 1;126(12):1061-70.
111. Bang YS, Son KH, Kim HJ. Effects of virtual reality training using Nintendo Wii and treadmill walking exercise on balance and walking for stroke patients. *J Phys Ther Sci*. 2016;28(11):3112-5.
112. Zondervan DK, Friedman N, Chang E, Zhao X, Augsburg R, Reinkensmeyer DJ, Cramer SC. Home-based hand rehabilitation after chronic stroke: Randomized, controlled single-blind trial comparing the MusicGlove with a conventional exercise program. *J Rehabil Res Dev*. 2016;53(4):457-72.
113. Nijenhuis SM, Prange-Lasonder GB, Stienen AH, Rietman JS, Buurke JH. Effects of training with a passive hand orthosis and games at home in chronic stroke: a pilot randomised controlled trial. *Clin Rehabil*. 2017 Feb;31(2):207-16.;
114. Rand D, Weingarden H, Weiss R, Yacoby A, Reif S, Malka R, et al. Self-training to improve UE function at the chronic stage post-stroke : a pilot randomized controlled trial. *Disabil Rehabil [Internet]*. 2017 Jul 17;39(15):1541-8.
115. Standen PJ, Threapleton K, Connell L, Richardson A, Brown DJ, Battersby S, Sutton CJ, Platts F. Patients' use of a home-based virtual reality system to provide rehabilitation of the upper limb following stroke. *Phys Ther*. 2015 Mar 1;95(3):350-9.
116. Trinh T, Shiner CT, Thompson-butel AG, Penelope A, Trinh T, Shiner CT, et al. Targeted upper-limb Wii-based Movement Therapy also improves lower-limb muscle activation and functional movement in chronic stroke. *Disabil Rehabil*. 2017 Sep 11;39(19):1939-49.
117. Bouchard AE, Corriveau H, Milot MH. A single robotic session that guides or increases movement error in survivors post-chronic stroke: which intervention is best to boost the learning of a timing task?. *Disabil Rehabil*. 2017 Jul 31;39(16):1607-14.
118. Grossi M, Fabrin S, Soares N, Regalo SC, Zanella CA, Verri ED. Benefícios do video game em pacientes com sequelas de acidente vascular cerebral. *Fisioterapia Brasil*. 2017 Jun 25;18(3):356-61.
119. James TT. Effect of Gaming Assisted Visual Feedback on Functional Standing Balance among Acute Hemiparetic Stroke Patients. *Indian J Physiother OccupTher*. 2017 Oct 1;11(4).
120. Park D, Lee D, Lee K, Lee G. Effects of Virtual Reality Training using Xbox Kinect on Motor Function in Stroke Survivors : A Preliminary Study. *J Stroke Cerebrovasc Dis*. 2017;1-7.
121. Rowe JB, Chan V, Ingemanson ML, Cramer SC, Wolbrecht ET, Reinkensmeyer DJ. Robotic assistance for training finger movement using a hebbian model: a randomized controlled trial. *Neurorehabil Neural Repair*. 2017 Aug;31(8):769-80.;
122. Jung SM, Choi WH. Effects of virtual reality intervention on upper limb motor function and activity of daily living in patients with lesions in different regions of the brain. *J Phys Ther Sci*. 2017;29(12):2103-6.
123. Carregosa AA, Rafael L, Masruha MR, Lira M, Coêlho S, Machado TC, et al. Virtual Rehabilitation through Nintendo Wii in Poststroke Patients : Follow-Up. *J Stroke Cerebrovasc Dis*. 2017;1-5.
124. Choi YH, Paik NJ. Mobile game-based virtual reality program for upper extremity stroke rehabilitation. *JoVE (Journal of Visualized Experiments)*. 2018 Mar 8(133):e56241.
125. Cesar J, Sousa S De, Torriani-pasin C, Tosi AB, Fecchio RY, Augusto L. Aerobic stimulus induced by virtual reality games in stroke survivors. *Arch Phys Med Rehabil [Internet]*. 2018; Available from: <https://doi.org/10.1016/j.apmr.2018.01.014>



THIS WORK IS LICENSED UNDER A [CREATIVE COMMONS ATTRIBUTION-
NONCOMMERCIAL-NO DERIVATIVES 4.0 INTERNATIONAL LICENSE](https://creativecommons.org/licenses/by-nc-nd/4.0/).

COPYRIGHT (C) 2020 PORTUGUESE REHABILITATION NURSING JOURNAL