

| Quality assessment | | | | | | | Number of patients | | Effect | | | |
|---|----------------------|-----------------|---------------|--------------|----------------------|-------------------------|------------------------|---------|-------------------------|--|------------------|------------|
| Number of studies | Study design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise and education | control | Relative (95% CI) | Absolute (95% CI) | Quality | Importance |
| Community participation and meaningful occupation (mild to moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Communication integration scale) | | | | | | | | | | | | |
| 1 | randomised trials | very serious | not serious | not serious | serious ² | none | 32 | 21 | | MD 0.78 fewer (2.06 fewer to 0.5 more) | ⊕⊖⊖ VERY LOW | CRITICAL |
| Quality of life (mild-moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Life Satisfaction Scale) | | | | | | | | | | | | |
| 1 | randomised trials | very serious | not serious | not serious | serious ² | none | 32 | 21 | - | MD 2.52 more (0.87 fewer to 5.91 more) | ⊕○○○ VERY LOW | CRITICAL |

Selection and detection bias

^{2.} Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).