

# Appendix B. Data Extraction Forms

## Feeding and Nutrition Interventions in Cerebral Palsy Abstract Review Form

First Author, Year: \_\_\_\_\_

Reference#: \_\_\_\_\_

Abstractor Initials: \_\_\_\_

| <b>Primary Inclusion/Exclusion Criteria</b>   |     |    |                  |
|---|-----|----|------------------|
| 1. Original research or systematic review<br>(Exclude editorials, commentaries, letters to editor, etc.)  | Yes | No | Cannot Determine |
| 2. Study includes relevant population<br><ul style="list-style-type: none"> <li>• Individuals with cerebral palsy (all ages and severity)</li> </ul>  | Yes | No | Cannot Determine |
| 3. Study includes an evaluation of the effectiveness of feeding or nutrition intervention(s) in individuals with CP<br><ul style="list-style-type: none"> <li>• Surgical (gastrostomy using j-tube or g-tube, fundoplication)</li> <li>• Food thickeners, caloric supplementation with formulas, vitamin supplementation, altering food consistency</li> <li>• Positioning, oral appliances, oral stimulation, sensorimotor facilitation, caregiver training, other behavioral interventions</li> </ul> | Yes | No | Cannot Determine |
| 4. Study published in English   | Yes | No | Cannot Determine |

**Retain for:**

\_\_\_\_\_ **BACKGROUND/DISCUSSION**

\_\_\_\_\_ **REVIEW OF REFERENCES**

\_\_\_\_\_ **OTHER** \_\_\_\_\_

**COMMENTS:**