April 2021 in English, French, German or Dutch containing predictors of employment outcome. In addition, backward as well as forward citation tracking was performed.

Study Selection: Study selection was in accordance with the PRISMA flow and the whole process was conducted by two reviewers who had to attain a consensus. Studies were required to: (1) be original quantitative research articles, (2) concern civilian working-age adults with moderate-to-severe TBI and (3) assess employment outcome or employment stability (for wage only). Nineteen studies met inclusion criteria and were included in the review.

Data Extraction: Evidence was collected from regression coefficients, correlations or other analysis types appropriate for prognostic modelling. Quality appraisal was performed by two independent researchers in accordance with the guidelines of the National Institute of for Health and Clinical Excellence (NICE) for prognostic studies.

Data Synthesis: Evidence was found for being employed and white-collar occupations as pre-injury facilitators of return to work. Low Glasgow Coma Scale, long time to follow commands and prolonged hospital stays can be considered acute barriers. High levels of disability and weak memory performance were identified as functional barriers. Insurance status and year of injury were found as possible environmental facilitators.

Conclusions: While there was a reasonable amount of evidence about pre-injury and injury variables, literature on modifiable factors related to functioning and the patient's environment remains scarce. Future studies should focus on this domain to increase predictive accuracy as well as enable targeted advancements in the fields of rehabilitation and policymaking in order to improve the vocational prognosis of patients with TBI.

Author(s) Disclosures: No conflict of interest to declare.

Keywords: Brain Injury, Neurotrauma, Employment, Return to Work

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Late Breaking Systematic & Meta-analytic Review Poster 1828700

International Clinician Perspectives on Telerehabilitation (Pre-Coronavirus): a Qualitative Meta-Synthesis

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Objective(s): To describe therapists' (PT, OT, SLP, RT) attitudes and beliefs of telerehabilitation at the international level.

Data Sources: Medline, NARIC, Web of Science, Scopus, CINAHL, PubMed, and Cochrane Library. Limits were not placed on year, language, or publication type. The systematic search strategy was implemented 2/29/20 and was updated 6/29/20.

Study Selection: Study titles and/or abstracts were screened by the first author using the Rayyan web application. Following the screening, full-text articles were read by the first author to determine eligibility. The second author reviewed rejected studies using Rayyan and consensus was reached on selected studies. Studies were selected if they used interviews or focus groups, included at least one or more rehab professions in the sample, and addressed attitudes toward telerehabilitation as a service delivery model. Of the 1,039 unique results, 961 studies failed to meet the inclusion criteria after screening. Seventy-eight studies were selected for full-text review. Nine studies met the inclusion criteria and were included in this meta-synthesis.

Data Extraction: Data were extracted and coded by the first author according to the methods described by Thomas and Harden (2008). Extraction and coding were confirmed by peer debriefing sessions with the second and third authors. Study quality was assessed using the Critical Appraisal Skills Programme (CASP) and the level of evidence was assessed using the Let Evidence Guide Every New Decision (LEGEND) guidelines.

Data Synthesis: Primary themes centered on the importance of communication, the telerehab envrionment, and the role of technology and connectivity. Clinicians' overall views of TR were generally "positive with reservations," which corresponded to clinician inexperience with telerehabilitation.

Conclusions: This study provides evidence that clinician perceptions of telerehabilitation are similar across disciplines, with views generally being positive. Less experienced clinicians were more likely to have reservations about telerehabilitation, indicating a need for more education and training. The overall strength of recommendation is moderate. It is recommended that these themes be utilized to increase clinician acceptance of telerehabilitation.

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Keywords: Telerehabilitation, Attitude of Health Personnel, Qualitative Research

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Late Breaking Systematic & Meta-analytic Review Poster 1828704

Appraisal of Long COVID: Lessons to be Learned from Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

Lewis Kazis (Boston University, Harvard Medical School, Spaulding Rehabilitation Hospital), Mary Slavin, Hannah Bailey, Emily Hickey, Aileen Ledingham, Ananya Vasudevan, Ronald Tompkins

Objective(s): Little is known regarding after-effects of Long-COVID-19 (LC), while ME/CFS has been extensively researched. We performed a rigorous scoping review to inform a better definition of symptomatology of LC and cross-cutting similarities with ME/CFS. Our objective was to review the National Institutes of Health (NIH) ME/CFS Common Data Elements (CDEs), identify Patient Reported Outcome Measures (PROMs) and link items to the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) codes to inform efforts to define LC.

Data Sources: NIH ME/CFS CDEs (Jan. 2020), Google Scholar, PubMed - search terms: Long COVID and ME/CFS.

Study Selection: A review of 119 NIH ME/CFS CDEs applied the following inclusion criteria: 1) PROM based; 2) assess symptomatology; 3) specific to adults 18 years and over; 4) no visual or pictographic scales.

Data Extraction: Of the 119 NIH ME/CFS CDEs, 38 met review criteria; items were entered into an Excel spreadsheet. Five researchers independently coded items using ICF linking rules and resolved discrepancies using a consensus-based process.

Data Synthesis: Six articles specifically compared LC and ME/CFS for symptom overlap. Similarities between ME/CFS and Long COVID symptoms include: fatigue, post exertional malaise (PEM), cognitive symptoms, sleep dysfunction, pain, noise and light hypersensitivity, orthostatic intolerance, cardiac, gastrointestinal and immune pathologies. The 944 items from 38 PROM CDEs were coded based on common ME/CFS and LC symptoms. The percent of items linked to one or more ICF categories (1288 codes) was as follows: Body Function (b codes) 73%: Fatigability, N=252 (20%); Cognitive functions, N=234 (18%); Sleep functions, N=139, 11%; and Pain, N=119, (9%). Activity and Participation (d codes), N=332, (26%). Environment (e codes), N=11, 0.9%.

Conclusions: The ICF provides a common language to assess ME/CFS and LC cross-cutting symptoms and their impact on body function, activity and participation. This review of ME/CFS CDE's can help identify common symptoms, such as PEM, and encourage appropriate symptom management to prevent cycles of overexertion and relapse for those with LC.

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Keywords: Fatigue syndrome, Chronic, International Classification of Functioning, Disability and Health, Post-acute COVID-19 syndrome, Patient Reported Outcome Measures