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ADMINISTRATIVE INFORMATION**Support** - None.**Review Stage at time of this submission** - Risk of bias assessment.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202630004**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 March 2026 and was last updated on 2 March 2026.**INTRODUCTION**

Review question / Objective Intervention Mapping (IM), as a structured framework for intervention development, has demonstrated favorable outcomes across various health domains. However, its integrated application and effectiveness in the context of stroke rehabilitation behavioral interventions have yet to be comprehensively reviewed and evaluated.

Condition being studied Functional recovery after stroke is substantially dependent on systematic, evidence-based behavioral interventions.

METHODS

Search strategy #1 "Stroke"[Mesh] OR "Stroke, Lacunar"[Mesh] OR "Stroke Rehabilitation"[Mesh] OR stroke[tiab] OR poststroke[tiab] OR post-stroke[tiab] OR cerebrovascular accident*[tiab] OR CVA[tiab] OR brain vascular accident*[tiab] OR cerebral infarct*[tiab] OR cerebral ischemia[tiab] OR brain ischemia[tiab] OR hemiplegia[tiab] OR hemiparesis[tiab]

#2 "Intervention Mapping"[tiab] OR ("intervention" AND "mapping")[tiab] OR Intervention Mapping[tiab] OR IM protocol*[tiab] OR IM framework[tiab] OR IM approach[tiab] OR IM methodology[tiab]

#3 "Behavior Therapy"[Mesh] OR "Health Behavior"[Mesh] OR "Patient Compliance"[Mesh] OR "Self-Management"[Mesh] OR behavioral intervention*[tiab] OR behaviour intervention*[tiab] OR health promotion[tiab] OR lifestyle intervention*[tiab] OR self-management[tiab] OR self care[tiab] OR rehabilitation adherence[tiab] OR treatment adherence[tiab] OR exercise therapy[tiab] OR cognitive training[tiab]

#4 #1 AND #2 AND #3.

Participant or population Stroke patients (including ischemic and hemorrhagic stroke, at any disease stage), or their caregivers and rehabilitation team members. If a study population included patients with other conditions, data specifically related to stroke patients had to be extractable separately.

Intervention Behavioral interventions explicitly reported as being developed under the guidance

of IM (employing complete or partial IM steps). Behavioral intervention content included, but was not limited to: promotion of rehabilitation exercise adherence, self-management, increasing physical activity, cognitive training, and lifestyle modification.

Comparator No restrictions were applied, allowing for comparisons with usual care, other active interventions, or study designs without a control group.

Study designs to be included All studies applying IM in intervention development were included, encompassing intervention development studies, feasibility/pilot studies, randomized controlled trials, and non-randomized controlled studies, among others.

Eligibility criteria Inclusion criteria were established according to the PICOS framework: (1) Participants: Stroke patients (including ischemic and hemorrhagic stroke, at any disease stage), or their caregivers and rehabilitation team members. If a study population included patients with other conditions, data specifically related to stroke patients had to be extractable separately; (2) Interventions: Behavioral interventions explicitly reported as being developed under the guidance of IM (employing complete or partial IM steps). Behavioral intervention content included, but was not limited to: promotion of rehabilitation exercise adherence, self-management, increasing physical activity, cognitive training, and lifestyle modification; (3) Comparisons: No restrictions were applied, allowing for comparisons with usual care, other active interventions, or study designs without a control group; (4) Outcomes: Primary focus was placed on characteristics of the intervention development process, indicators of intervention feasibility/acceptability, and patient-level health or behavioral outcomes; and (5) Study design: All studies applying IM in intervention development were included, encompassing intervention development studies, feasibility/pilot studies, randomized controlled trials, and non-randomized controlled studies, among others.

Information sources PubMed, Embase, the Cochrane Library (CENTRAL), and Web of Science.

Main outcome(s) Primary focus was placed on characteristics of the intervention development process, indicators of intervention feasibility/acceptability, and patient-level health or behavioral outcomes.

Quality assessment / Risk of bias analysis The methodological quality of included quantitative studies was assessed using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool.

Strategy of data synthesis Given the anticipated substantial heterogeneity among the included studies regarding intervention content, target populations, outcome measures, and research methods, this study will primarily employ a narrative synthesis approach.

Subgroup analysis Not applicable.

Sensitivity analysis Not applicable.

Language restriction No restriction.

Country(ies) involved China.

Keywords Intervention Mapping; Behavioral Interventions; Stroke; Prognosis; Systematic Review.

Contributions of each author

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