Table 1. Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence[1] to Assess Treatment Benefits (Does this intervention help?)

Level	
1	Systematic review of randomized trials or *n*-of-1 trials
2	Randomized trial or observational study with dramatic effect
3	Nonrandomized controlled cohort/follow-up study
4	Case-series, case-control studies, or studies using a historic control
5	Mechanism-based reasoning

[1] OCEBM Levels of Evidence Working Group. (2011). *The Oxford 2011 levels of evidence.* Retrieved from http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf

Table 2. Summaries and Ratings of Studies Included in This Review

Reference	OCEBM level	Included studies/participants	Major findings
Linden et al., 2016	2[a]	1 of 3 studies included in the review approximated the PICO question from this review	Limited evidence to support the use of CCT for the rehabilitation of memory in children and adolescents with brain injury.
Phillips et al., 2016	2	27 adolescents with moderate-to-severe TBI; 13 enrolled in an adaptive CCT program (10 completed) and 14 enrolled in a nonadaptive/placebo CCT program (13 completed)	When compared to participants in the placebo group, those in the adaptive CCT group demonstrated significantly greater gains on memory tasks that were similar to training tasks and on tests of reading achievement. No between-group differences were found on tests of more complex memory, attention, or math achievement.

[a] This study was graded down, per OCEBM recommendations, because only 1 of 3 studies in this systematic review approximated the specific PICO question addressed in this review and due to the overall quality of that study (no intention-to-treat program for control participants, poor reporting of blinding, and selective reporting of outcome data).