Supplementary Table S1. Detailed Intervention Protocol

Session	Contents	Position
Sessions 1–2	**Phase 1 – Thermal Stimulation** ● Hot compress (>45 °C) applied for 15 seconds. ● Cold compress (<15 °C) applied for 30 seconds. ● 30-second rest interval between applications. ● 10 repetitions per cycle. ● 60-second rest between cycles. **Phase 2 – Physical Therapy** ● Facilitation of key control points of the pelvis and scapular girdle. ● Execution of directed and guided movements with visual and tactile feedback. ● Active-assisted muscle contractions of flexion, extension, abduction, adduction, and rotations of the affected hemibody. ● Righting reaction training with cephalic-to-caudal movement sequences. ● Active-assisted trunk rotations to promote pelvic and scapular dissociation.	**Thermal Stimulation** Thermal stimulation was applied locally to the palm of the hand and the sole of the foot on the hemiplegic side. Two cycles applied. **Physical Therapy** Supine and right and left lateral decubitus positions. Moderate intensity, low number of repetitions (8–10), with frequent rest intervals to monitor fatigue and cardiovascular response to exercise.
Sessions 3–4	**Phase 1 – Thermal Stimulation** ● Hot compress (>45 °C) applied for 15 seconds. ● Cold compress (<15 °C) applied for 30 seconds. ● 30-second rest interval between applications. ● 10 repetitions per cycle. ● 60-second rest between cycles. **Phase 2 – Physical Therapy** ● Postural symmetry through postural adjustments and awareness with visual feedback. ● Reaching for objects at midline level with auditory and visual stimuli.	**Thermal Stimulation** Thermal stimulation was applied locally to the palm of the hand and the sole of the foot on the hemiplegic side. Two cycles applied. **Physical Therapy** Sitting, quadruped, half-kneeling, and static standing positions.

Session	Contents	Position
	• Balance reaction training with weight displacement in quadruped and sitting positions. • Alternating activation of upper and lower limbs in a four-point kneeling position to engage crossed muscle chains. • Balance reaction training in a half-kneeling position with activation of the abdominal girdle, gluteal muscles, and progressive weight bearing. • Active-assisted muscle contractions of the upper and lower limb musculature for functional and activities-of-daily-living tasks. • Introduction of bilateral weight bearing in standing.	Moderate intensity, increased number of repetitions (12–15), moderate manual resistance, and introduction of dual-task exercises (attention + movement).
Sessions 5–12	**Phase 1 – Thermal Stimulation** • Hot compress (>45 °C) applied for 15 seconds. • Cold compress (<15 °C) applied for 30 seconds. • 30-second rest interval between applications. • 10 repetitions per cycle. • 60-second rest between cycles. **Phase 2 – Physical Therapy** • Facilitation of gait pattern with correction of compensatory strategies and use of support points. • Progressive resistance exercises in global movement patterns (diagonals) of the lower limb during single-leg support. • Muscle chain strengthening exercises, balance training, and gait re-education. • Transfer training (supine to sitting, sitting to standing).	**Thermal Stimulation** Thermal stimulation was applied locally to the palm of the hand and the sole of the foot on the hemiplegic side. Two cycles applied. **Physical Therapy** Sitting, standing, and gait positions. Moderate intensity with a higher number of repetitions (15–20, exceeding 4–5 sets), introduction of light to moderate external resistance, and progression toward tasks

Session	Contents	Position
	• Balance, righting, and protective reaction training with lateral and anteroposterior weight shifts. • Progressive assisted gait training (from orthotic aids to supervised independent ambulation). • Execution of progressive functional tasks (walking while carrying objects, ascending low steps, navigating ramps).	of greater functional complexity.