

Supplementary Material. Table S1: Data collection Notebook

PHYSICAL THERAPY Data Collection

Patient's name: ID: Rehabilitation Start Date: Patient's n°:

PHYSICAL THERAPY		Session n°	Session n°	Session n°	Session n°	Session n°
		Date				
		Morning / Afternoon				
		Therapist's name				
Activities	Passive mobilizations of affected extremities.	Time	Time	Time	Time	Time
	Auto-Assisted exercises of affected extremities.	Time	Time	Time	Time	Time
	Active exercises of affected extremities.	Time	Time	Time	Time	Time
	Balance training and stepping.	Time	Time	Time	Time	Time
	Trunk control training.	Time	Time	Time	Time	Time
	Body-weight supported treadmill training.	Time	Time	Time	Time	Time
	Standing training – Standing frame.	Time	Time	Time	Time	Time
	Stairs, ramps and obstacles.	Time	Time	Time	Time	Time
	Gait training.	Time	Time	Time	Time	Time
	Transfer training.	Time	Time	Time	Time	Time
	Aerobic training.	Time	Time	Time	Time	Time
	Coordination and integration exercises of the affected side.	Time	Time	Time	Time	Time
Total time/day						
Not attendance? – Reason						
Early termination? – Reason						
Comment/adverse events during session						

OCUPATIONAL THERAPY Data Collection

Patient's name: _____ ID: _____ Rehabilitation Start Date: ____ / ____ / ____ Patient's n°: _____

OCUPATIONAL THERAPY		Session n° ____	Session n° ____	Session n° ____	Session n° ____	Session n° ____
		Date				
		Morning / Afternoon				
		Therapist's name				
Activities	Upper Limb movement patterns, coordination, and dexterity training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Task-specific training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Active-assisted tasks upper limb weight support.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Postural control and orthosis use for affected upper limb.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Constraint Induced Movement Therapy (CIMT).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Mirror therapy.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Virtual reality for upper limb movement training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Somatosensory rehabilitation.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Cognitive and perceptual tasks.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Activities of daily live training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Stroke education.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
Total time/day						
Not attendance? – Reason						
Early termination? – Reason						
Comment/adverse events during session						

SPEECH THERAPY Data Collection

Patient's name: _____ ID: _____ Rehabilitation Start Date: ____/____/____ Patient's nº: _____

SPEECH THERAPY		Session nº ____	Session nº ____	Session nº ____	Session nº ____	Session nº ____
		Date				
		Morning / Afternoon				
		Therapist's name				
Activities	Verbal and written comprehension.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Oral production (articulation, volume, tone and prosody).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Phonological processing.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Morphosyntax's exercises.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Functional communication.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Lexical evocation (free, phonetic phonological and semantic).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Lingual praxis.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Cognition (memory, reasoning, logical reasoning and abstraction).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Respiratory Muscle Training (Orygen Dual Valve©).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Sensitive and gustatory stimulation.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Neuromuscular Electrical Stimulation (Vital Stym©).	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
Total time/day						
Not attendance? – Reason						
Early termination? – Reason						
Comment/adverse events during session						