

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.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Auto-Assisted exercises of affected extremities.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Active exercises of affected extremities.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Balance training and stepping.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Trunk control training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Body-weight supported treadmill training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Standing training – Standing frame.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Stairs, ramps and obstacles.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Gait training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Transfer training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Aerobic training.	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>	<i>Time</i>
	Coordination and integration exercises of the affected side.	<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				

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				