

Appendix A. Supplementary Data

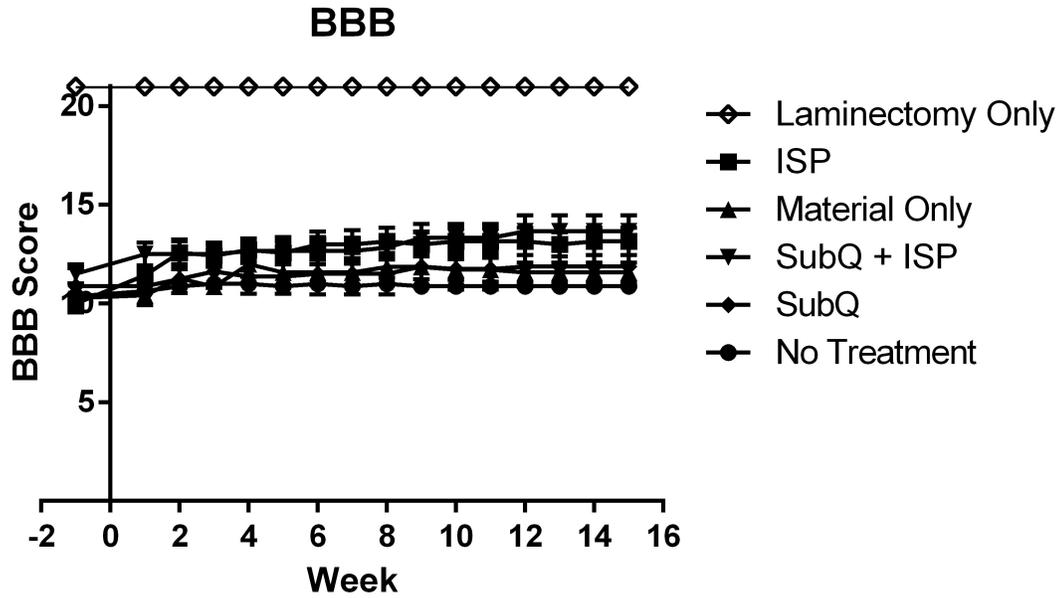


Figure A.8: BBB scores for control groups. All data points are mean \pm SEM, $n = 7$ or 8 . No control groups were different from the no treatment control. Lack of significance determined by repeated measures ANOVA ($\alpha = 0.05$, time is within-subjects variable) and Tukey's *post-hoc*, $p > 0.05$.

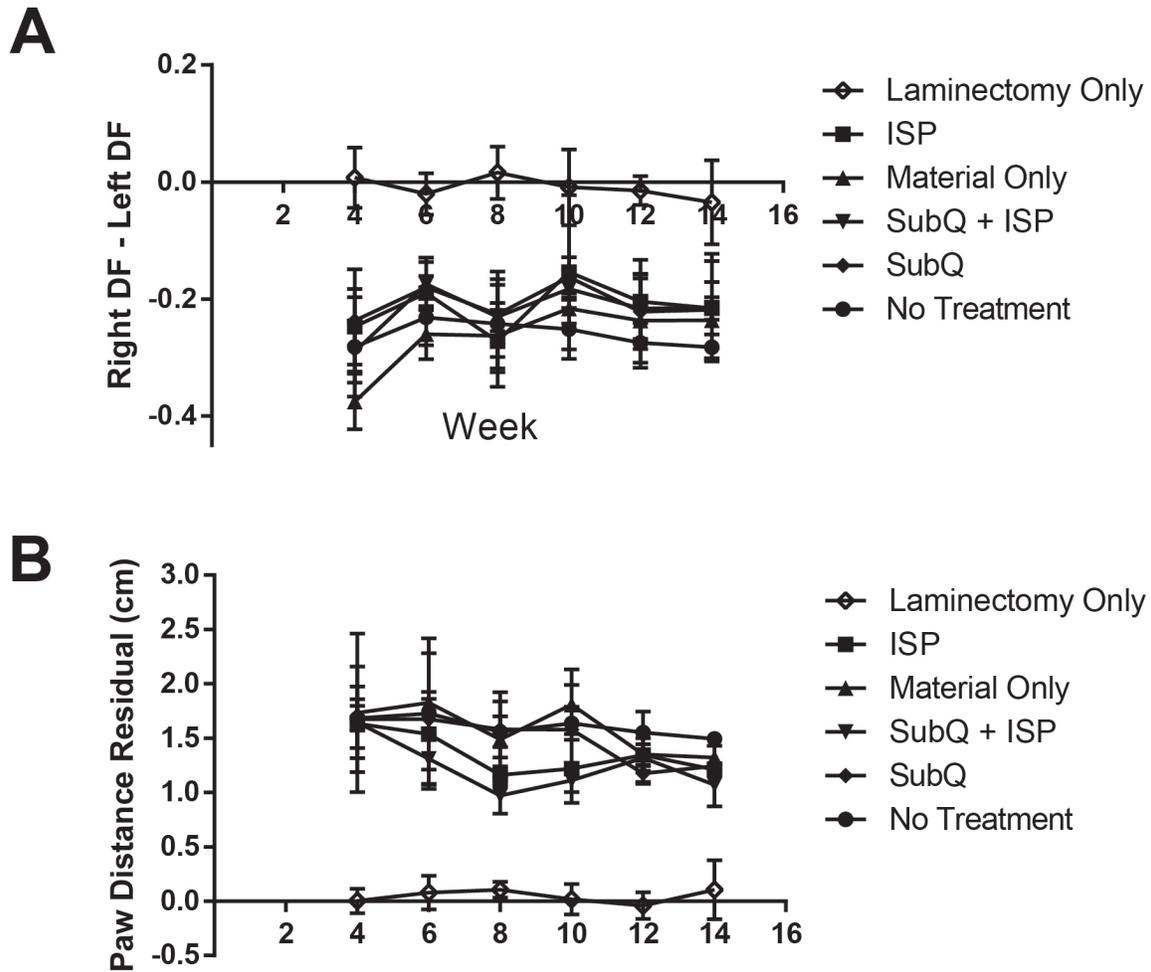


Figure A.9: Hindlimb duty factor (A) and right paw placement accuracy (B) for control groups. All data points are mean \pm SEM, $n = 7$ or 8 . No control groups were different from the no treatment control. Lack of significance determined by repeated measures ANOVA ($\alpha = 0.05$, time is within-subjects variable) and Tukey's *post-hoc*, $p > 0.05$.

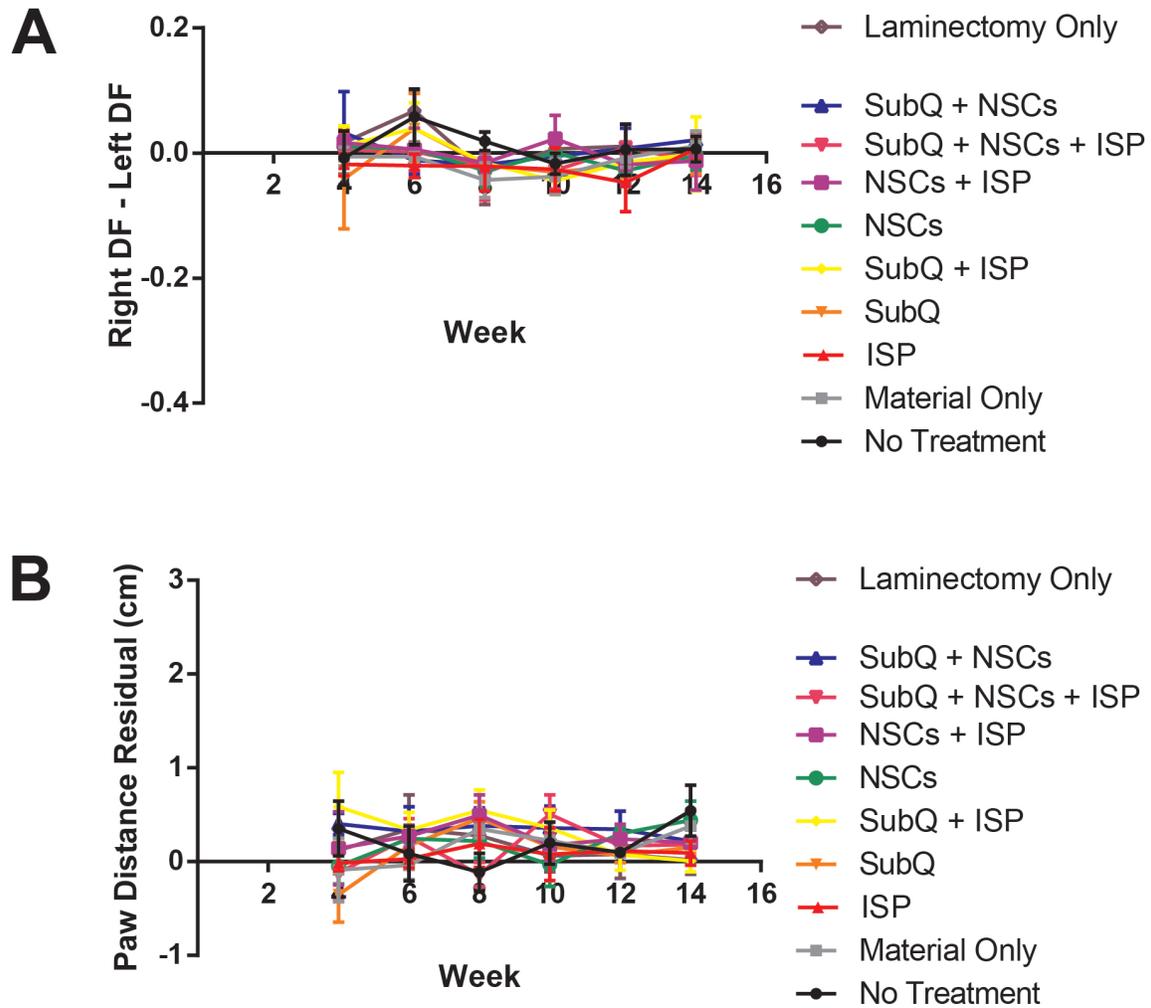


Figure A.10: Forelimb duty factor (A) and left paw placement accuracy (B) were not affected by our injury model. All data points are mean \pm SEM, $n = 7$ or 8 . Lack of significance determined by repeated measures ANOVA ($\alpha = 0.05$, time is within-subjects variable) and Tukey's *post-hoc*, $p > 0.05$.

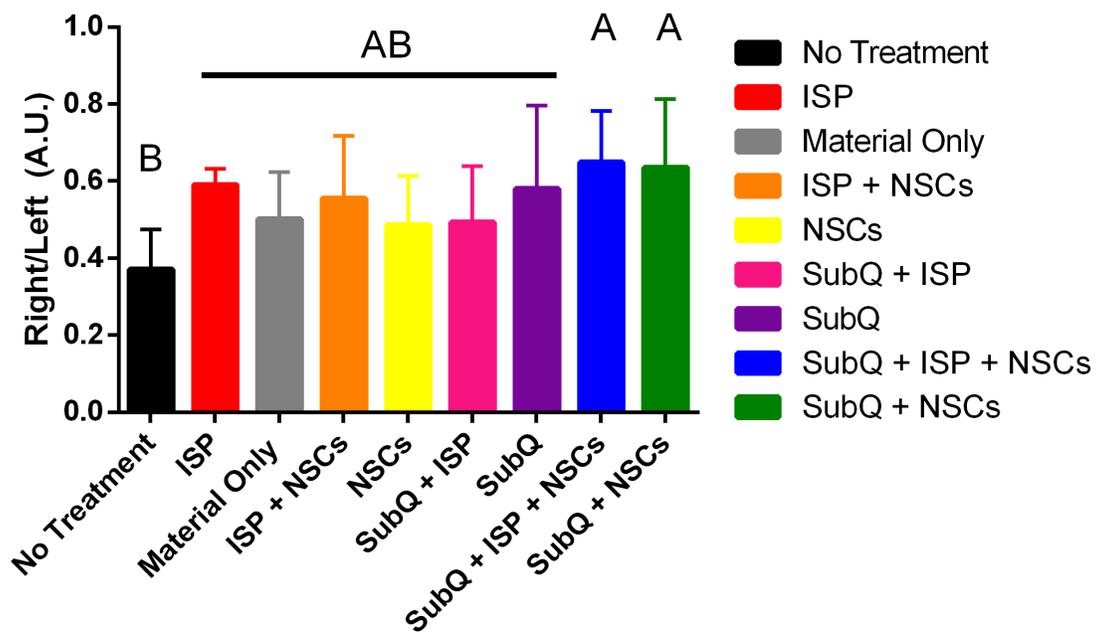


Figure A.11: Analysis of retrograde tracer uptake indicates that subcutaneous maturation of NSC-seeded scaffolds, both with and without ISP, resulted in improvements vs. a negative control. Mean \pm SD, $n = 7$ or 8 . Significance determined by ANOVA with Tukey's *post-hoc*, $\alpha = 0.05$.