## **Supplemental material**

 Table S1
 Summary of clinical guidelines for stroke walking recovery

Strong recommendation (Benefits outweigh harm for almost everyone. All or nearly all informed patients would likely want this option)	Definition	Guideline origin AUS & NZ – Australia and New Zealand (47) UK – United Kingdom (49) US -United States of America (48) C – Canada (50)	Notes
Tailored repetitive practice of walking (or components of walking)	Active motor sequence performed repetitively within a single training session with practice aimed towards a clear walking goal.	AUS & NZ, UK, C	
Moderate to high intensity walking training chronic stroke	Exercise training of rhythmic locomotor activities performed at a moderate or high intensity on a treadmill or overground (e.g., 60%-80% of heart rate reserve or 70%-85% of heart rate maximum)	US	
Delivery of walking practice via treadmill training with or without body weight support as an adjunct to overground training or when overground training is not available or appropriate	Walking on a treadmill with or without body weight support via a harness connected to an overhead support system	AUS & NZ, UK, US, C	US - strongly recommend clinicians should not perform BWS treadmill training for improving walking speed and distance >6 months post-stroke as compared with alternate interventions
Delivery of walking practice via circuit class	Practice of functional activities in an intensive manner. Circuit class training is provided in groups (more than two participants per therapist) with a focus on repetitive task practice of functional tasks with exercises progressed as appropriate.	AUS & NZ, US	

Delivery of walking practice via cardiorespiratory fitness training	Training targeting 'endurance' e.g., the ability to perform physical activity for an extended period	AUS & NZ, UK, C	AUS & NZ and C - recommendation listed under cardiorespiratory fitness / aerobic training rather than walking
Weak recommendation (Benefits outweigh harms for majority but not for everyone. Majority of patients would likely want this option)	Definition	Guideline origin	Notes
Virtual reality coupled with walking practice	Technology with interactive simulation creating a near-reality environment for users	AUS & NZ, US, C	US - strongly recommend walking training with augmented feedback / virtual reality individuals >6 months for walking speed and distance and weakly recommend static and dynamic (non-walking) balance training with augmented feedback / virtual reality  C - considered as an adjunct to conventional gait training (level B)
Biofeedback	Biofeedback takes intrinsic physiological signals and makes them extrinsic, giving the person immediate and accurate feedback about these body functions. Can be visual, auditory and or tactile providing information about the kinematics, kinetics and/or electromyography of activities	AUS & NZ, C, US	US strongly recommends balance training with virtual reality augmented visual feedback > 6 months post stroke for gait speed and distance
Electromechanically assisted gait training for people who cannot walk independently or would not otherwise practice walking	Electromechanical gait machines developed to reduce dependence on therapists required during treadmill training. They are either robot	AUS & NZ, UK, C, US	US- <i>strongly</i> recommend clinicians should not perform robotic-assisted walking for improving walking speed and

	driven exoskeleton orthoses or an		distance >6 months post-stroke
	electromechanical solution with two		as compared with alternate
	driven foot plates		interventions
<ul> <li>Rhythmic auditory stimulation</li> </ul>	Walking is synchronised to a	AUS & NZ, C	C - evidence level A
(RAS) - cueing of cadence	rhythmical auditory cue delivered		
	via a metronome or music		
<ul> <li>Functional Electrical</li> </ul>	Stimulates muscles to contract	AUS & NZ, UK, C	C - FES may be used to improve
Stimulation for lower limb	during the performance of walking		walking but effects may not be
	with the goal of improving the		sustained (level A evidence
	performance of walking		Early and late)
			UK – recommend use <i>only</i> for
			reduced ankle dorsiflexion (foot
T 1' '1 11 C'' 11 1' 1	Colint to stabilize the fact and and a	AUS & NZ, UK, C	drop) C – early and late Level A
Individually fitted lower limb  outhorses on selected notion to with	Splint to stabilize the foot and ankle while weightbearing and lift toes	AUS & NZ, UK, C	evidence
orthoses on selected patients with foot drop with follow up to	when stepping.		US separate guidelines
monitor effectiveness	when stepping.		OS separate guidennes
Strength training for individuals	Training targeting the ability of a	AUS & NZ, UK, C, US	AUS & NZ - recommendation
with mild to moderate impairment	specific muscle or muscle group to	1105 & 112, OK, C, OS	listed under weakness rather
in lower limb extremity	exert force strength is associated		than walking
in lower mile extremity	with the ability to perform forceful		William Williams
	movements such as pushing or		
	pulling		
Cycling and recumbent stepping	If walking is a concern seated	US	
months post-stroke to improve	cycling or recumbent stepping can		
walking speed and distance	be used		
<ul> <li>Mixed (combined) training</li> </ul>	Training providing balance, strength	US and UK	
(cardiorespiratory / strength)	and aerobic exercises		
Strongly not recommended	Definition	Guideline origin	Notes
(A moderate to high level of certainty of			
moderate to substantial benefit, harm, or			
cost)		770	
Balance training in sitting or		US	
standing directed towards			
improving postural stability and			

weight bearing symmetry over 6 months post-stroke for walking speed and distance		
<ul> <li>Standing balance training with additional vibratory stimuli over 6 months post-stroke for walking speed and distance</li> </ul>	US	