Table SI. *Characteristics of 44 RCT reports concerning walking training in stroke*

Study	Number of patients		Age (years)	Time since stroke onset	Intervention	Intensity	Walking and self-care outcomes
	I:	C:					
Walking training vs no/placebo treatment[a]							
Ada et al., 2003 (8)	13	14	I: mean 66 (SD 11, 50–83) C: mean 66 (SD 11, 51–85)	I: mean 28 (SD 17, 7–60) months C: mean 26 (SD 20, 9–72) months	I: treadmill (aim of increasing step length, speed, balance, fitness and automaticity) and overground walking (aim of reinforcing improvements in walking pattern and speed achieved on the treadmill) C: home exercise programme consisting of lengthening and strengthening lower-limb muscles as well as training balance and coordination. Subjects were also encouraged to go for a walk every day	I: 45(30) min per session, 3 days a week for 4 weeks C: 3 days a week for 4 weeks with placebo intensity	10MWT, m/s 6MWT, m
Chu et al., 2004 (73)	6	6	I: mean 61.9 (SD 9.4, 51–70) C: mean 63.4 (SD 8.4, 51–72)	I: mean 3.0 (SD 2.0 1–7) months C: mean 4.2 (SD 2.1, 1–6) months	I: water-based leg exercises (in chest-level water) C: arm exercises while sitting (a 6-station circuit focused primarily on the paretic upper extremity unless there was time remaining within each of the 7-min stations)	I: 60 min (30 min walking, running, side-stepping) per session, 3 days a week for 8 weeks C: 60 min per session, 3 days a week for 8 weeks	8MWT, m/s
Kang et al., 2012 74	I1:10 I2:10	10	I1: mean 55.9 (SD 6.5) I2: mean 56.3 (SD 7.6) C: mean 56.1 (SD 7.8)	I1:14.1 (SD 4.4) months I2: 13.5 (SD 4.0) months C:15.1 (SD 7.4) months	I1: treadmill walking with optic flow + conventional physical therapy using the traditional motor development theory and neurodevelopmental treatment based on motor learning theory I2: treadmill walking training stable gait speed + conventional physical therapy using the traditional motor development theory and neurodevelopmental treatment based on motor learning theory C: general stretching added range of motion exercises in the less and more affected sides of the trunk, arms and legs + conventional physical therapy using the traditional motor development theory and neurodevelopmental treatment based on motor learning theory	I1: 30 min per session, 3 days a week for 4 weeks + 5 times per week for 4 weeks I2: 30 min per session, 3 days a week for 4 weeks + 5 times per week for 4 weeks C: 30 min per session, 3 days a week for 4 weeks + 5 times a week for 4 weeks	Timed up-and-go Test, s Fuctional reach test, cm 10MWT, m/s 6MWT, m
Luft et al., 2008 (75)	37 all/15 fMRI	34 all/17 fMRI	I: mean 63.2 (SD 8.7)/mean 64.3 (SD 9.8) C: mean 63.6 (SD 10)/mean 63.2 (SD 9.4)	I: mean 62.5 (IQR 36.0–88.9)/mean 63.9 (IQR 36.3–91.6) months C: mean 44.6 (IQR 18.8–70.5)/mean 56.8 (IQR 5.5–108.4) months	I: treadmill aerobic training C: standardized stretching on a raised mat table	Both groups: 40 min per session, 3 days a week for 6 months	10MWT, m/s 6MWT, m (concern the same RCT as Macko et al. 2005 (76))
Macko et al., 2005 (76)	25	20	I: mean 63 (SD 10) C: mean 64 (SD 8)	I: mean 35 (SD 29) months C: mean 39 (SD 59) months	I: treadmill training at a target intensity of 60–70% heart rate reserve C: stretching + treadmill training at low-intensity of 30–40 heart rate reserve	I:40 min per session, 3 days a week for 6 months C: 35 min + 5 min per session, 3 days a week for 6 months	30-feet walkway, m/s 6MWT, m
Moore et al., 2010 (77)	10	10	I & C: mean 50 (SD 15)	I & C: mean 13 (SD 8) months	Cross-over design I: first 4 weeks clinical PT, then 4 weeks intensive treadmill training (focus) and then 4 weeks no intervention C: first 4 weeks clinical PT, then 4 weeks no intervention (focus) and then 4 weeks intensive treadmill training	Both groups: 2–5 session a week for 4 weeks	10MWT 6MWT
Salbach et al., 2005 (78)	44	47	I: <65, 29%, 65–74, 34%, ≥75, 37% I & C: mean 71 (SD 11, 38–90) C: <65, 14%, 65–74, 45%, ≥75, 40%	I: mean 238 (SD 86, 86–374) days C: mean 217 (SD 74, 57–386) days	I: progressive walking intervention programme of 10 tasks C: practice of functional upper extremity tasks while sitting	Both groups: 40 min per session, 3 days a week for 6 weeks	5MWT, m/s 6MWT, m (outcomes of the same RCT as Salbach et al. 2004 (79) were used)
Salbach et al., 2004 (79)	44	47	I: <65, 29%, 65–74, 34%, ≥75, 37% I & C: mean 71 (SD 11, 38–90) C: <65, 14%, 65–74, 45%, ≥75, 40%	I: mean 238 (SD 86, 86–374) days C: mean 217 (SD 74, 57–386) days	I: progressive walking intervention programme of 10 tasks C: practice of functional upper extremity tasks while sitting	Both groups: 40 min per session, 3 days a week for 6 weeks	5MWT, m/s 6MWT, m
Yang et al., 2007 (80)	13	12	I: mean 59.5 (SD 12.0, 47–76) C: mean 59.2 (SD 12.0, 45–80)	I: mean 4.1 (SD 3.1, 1.1–9.5) years C: mean 4.7 (SD 7.4, 1.0–28.0) years	I: dual-task: walking forward/backward/on a circular route/on an s-shaped route while manipulating 1–2 balls C: no rehabilitation training	I: 30 min per session, 3 days a week for 4 weeks C: –	Electronic walkway, m/s
Walking training vs Overall physiotherapy							
Dias et al., 2007 (81)	20	20	I: mean 70.4 (SD 7.4) C: mean 68.0 (SD 10.7)	I: mean 47.1 (SD 63.8) months C: mean 48.5 (SD 29.5) months	I: joint mobilization and muscle strengthening + electromechanical assisted gait training C: joint mobilization and muscle strengthening + balance and gait training using Bobath methods	Both groups: 20 min + 20 min per session, 5 days a week for 5 weeks	10MWT, m/s 6MWT, m
Duncan et al., 2011 (82)	I1, early LT: 139 I2, late LT: 143	126	I1: mean 60.1 (SD 12.3) I2: mean 63.3 (SD 12.5) C: mean 57 (SD 11)	I: mean 64.1 (SD 8.3) days I2: mean 64.18 (SD 9.0) days C: mean 62.9 (SD 8.0) days	I1: BWST 2 months after stroke + usual care I2: BWST 6 months after stroke + usual care C: Home-exercise 2 months after stroke; task-specific walking programme with the goals of enhancing flexibility, range of motion in joints, strength of arms and legs, coordination, and static and dynamic balance + usual care strength of arms and legs, coordination, and static and dynamic balance + usual care	All groups: 90 min per session, 3 times a week for 12–16 weeks, altogether 36 sessions	10MWT, m/s 6MWT, m FMA BBS, points ASBCS ADL–IADL SIS

Study	I	C	Age	Time since stroke	Intervention	Dose	Outcomes
Fisher et al., 2011 (83)	10	10	I: mean 60 (SD 14) C: mean 60 (SD 14)	I: mean 57 (SD 73) days C: mean 81 (SD 106) days	I: electromechanical assisted gait training + goal oriented physical therapy C: goal-oriented physical therapy, including stretching and strengthening exercises of the affected lower extremity, as well as overground walking exercises using durable medical equipment such as canes and walkers	I: 30 min. RAGT + 30 min. per session goal-oriented physical therapy, altogether 24 sessions C: 1 h per session, altogether 24 sessions	8-m walk, s 3-min walk, s Tinetti score
Globas et al., 2012 (84)	18	18	I: mean 68.6 (SD 6.7) C: mean 68.7 (SD 6.1)	I: mean 60.2 (SD 46.6) months C: mean 70.00 (SD 67.4) months	Cross-over design I: treadmill training (TAEX) at 60–80% of the maximum heart rate reserve C: conventional care physiotherapy included passive, muscle tone-regulating exercises for the upper and lower extremities with elements of balance training conduced on an outpatient basis in physiotherapy practices or rehabilitation centres. No aerobic fitness training was performed. After 3 months the control group received 3 months of treadmill exercise using a modified protocol. I & C: add-on interventions: participants were allowed to obtain prescribed therapy sessions during the study, if therapy did not comprise training elements for the lower extremities or cardiorespiratory fitness	I: 30–50 min per session, 3 times a week for 3 months, altogether 39 sessions C: 60 min per session, 1–3 times a week for 3 months	10MWT, m/s 6MWT, m BBS, points Functional leg trength RMI SF-12
Høyer et al., 2012 (85)	30	30	I: mean 52.3 (SD 10.4) C: mean 52.0 (SD 13.1)	I: mean 96 (SD 42.0) days C: mean 99 (SD 39.4) days	I: treadmill training (TTBWS) + conventional gait training and other functional training C: traditional gait training and other functional training including selective training of the trunk and extremities, balance and transfer, customized to individual deficits and needs. I & C: add-on intervention: self-training individually or by the staff was allowed.	Both groups: 30 min conventional gait training and 30 min other functional training sessions, 5 days a week for minimum 10 weeks + I: this group received also 30 sessions of TTBWS. It was conducted 30 min. session per day for the first 4 weeks (20 sessions), and then 1–2 times a week (10 sessions) for the remaining 6 weeks. On days without TTBWS, conventional gait training was conducted.	FAC 10MWT, m/s 6MWT, m EU-Walking Scale, scores FIM
Jonsdottir et al., 2010 (86)	10	10	I: mean 61.6 (SD 13.1) C: mean 62.6 (SD 9.5)	I: mean 5.9 (SD 10.5) years C: mean 1.8 (SD 0.9) years	I: EMG-BFB: acoustic signal driven by the EMG recorded from the gastrocnemius lateralis during gait C: traditional physical therapy (at least 15 min of walking-related therapy)	Both groups: 45 min per session, 3 times per week, 20 treatment sessions	Electronic 8-m walkway, m/s
Kuys et al., 2011 (87)	15	15	I: mean 63 (SD1 4) C: mean 72 (SD 17)	I: mean 52 (SD 32) days C: mean 48 (SD 30) days	I: high-intensity treadmill walking, heart rate 40–60% + usual physiotherapy C: usual physiotherapy	I: 30 min per session, 3 times a week for 6 weeks + 60 min per day C: 60 min per day	10MWT, s 6MWT, m/s
Mayr et al., 2007 (88)	8	8	I: mean 65.6 (SD 11.7, 44–87) C: mean 61.3 (SD 18.7, 26–78)	I: mean 3.5 (SD 3.5) months C: mean 2.1 (SD 1.5) months	cross-over design Group 1 :A (focus): 3 weeks of electromechanical assisted walking training followed by B: 3 weeks of conventional PT (Bobath and Perfetti exercises) followed by A (ABA) Group 2: B (focus): 3 weeks of conventional PT (Bobath and Perfetti exercises) followed by A: 3 weeks of electromechanical- assisted walking training followed by B (BAB)	Both groups: actual training time 30 min per session, 5 days a week for 9 weeks, the first 3 weeks in focus	10MWT, m/s 6MWT, m EU-Walking Scale, scores
Park et al., 2011 (89)	13	12	I: mean 59.38 (SD 8.46) C: mean 56.92 (SD 7.79)	I: mean 28.08 (SD 12.59) months C: mean 28.67 (SD 17.96) months	I: community-based ambulation training, consisted of 4-phase walking training performed in various community situations, which were differently applied according to a weekly schedule. Difficulty level was increased every week + functional training based on the Bobath concept C: functional training based on the Bobath concept. This group did not receive specific walking training	I: 60 min per session + 60 min per session, 3 times a week for 4 weeks, altogether 12 sessions C: 60 min per session, 3 times a week for 4 weeks, altogether 12 sessions	10MWT, s 6MWT, m/s Community walk test Walking ability questionnaire Activities-specific balance confidence scale
Yang et al., 2005 (90)	13	12	I: mean 63.4 (SD 7.7) C: mean 63.4 (SD 11.1)	I: mean 5.5 (SD 3.0) months C: mean 7.3 (SD 2.4) months	I: Backward walking training + conventional physiotherapy focused strengthening, function and mobility activities, including gait training C: conventional physiotherapy focused on strengthening, function and mobility activities, including gait training.	I: 30 min per session, 3 days a week for 3 weeks + 40 min per session, 3 days a week for 3 weeks C: 40 min per session, 3 days a week for 3 weeks	Analyser, m/s
Yen et al., 2008 (91)	7	7	I: mean 57.3 (SD 16.4, 36–77) C: mean 56.1 (SD 12.7, 37–77)	I: mean 2.0 (SD 0.6, 1.5–2.9) years C: mean 2.0 (SD 2.4, 0.5–7.1) years	I: 12 sessions of body weight-supported treadmill training (BWSTT) + general PT including stretching, muscle strengthening, balance and overground walking training C: general PT including stretching, muscle strengthening, balance and overground walking training	I: 30 min per session, 3 days a week for 4 weeks + 50 min per session, 2–5 days a week for 4 weeks C: 50 min per session, 2–5 days a week for 4 weeks	Electronic walkway, m/s
Specific vs traditional walking training[b]							
Ada et al., 2010 (92)	64	62	I: mean 70 (SD 9) C: mean 71 (SD 9)	I: mean 18 (SD18) days C: mean 18 (SD 7) days	I: treadmill walking + BWS C: assisted overground walking	Both groups: 30 min per day for 5 days a week until they achieved independent walking or were discharged from hospital	Walking independence: being able to walk 15 m continuously across flat ground barefoot without any aids, %
da Cunha-Filho et al., 2001 (93)	6	6	I: mean 57.8 (SD 5.6, 49–63) C: mean 59.7 (SD 13.6, 44–75)	I: mean 15.7 (SD 7.7) days C: mean 14.3 (SD 6.1) days	I: BWSTT + physiotherapy focused on strengthening, function, and mobility C: conventional gait training + physiotherapy focused on strengthening, function, and mobility	Both groups: 20 min + 40 min per day, 5 days a week for 2–3 weeks (minimum 9 sessions)	FIM-locomotion (concerns the same RCT as da Cunha et al. 2002 (94))
da Cunha et al., 2002 (94)	6	7	I: mean 57.8 (SD 5.5, 49–63) C: mean 58.9 (SD 12.9, 44–75)	I: mean 15.7 (SD 7.7) days C: mean 19.0 (SD 12.7) days	I: BWSTT + physiotherapy focused on strengthening, function, and mobility C: conventional gait training + physiotherapy focused on strengthening, function, and mobility	Both groups: 20 min + 40 min per day, 5 days a week for 2–3 weeks (minimum 9 sessions)	5MWT, m/s 5MWT, m

Study			Age	Time since stroke	Intervention	Dose	Outcome measures
Dean et al., 2010 (95)	64	62	I: mean 70 (SD 9) C: mean 71 (SD 9)	I: mean 18 (SD 8) days C: mean 18 (SD 7) days	I: treadmill walking + BWS C: assisted overground walking	Both groups: 30 min per day for 5 days a week until they achieved independent walking or were discharged from hospital	10MWT, m/s 6MWT, m Walking independence, % All at follow-up (concern the same RCT with Ada et al. (2010) (92))
Eich et al., 2004 (96)	16	14	I: mean 62.4 (SD 4.8) C: mean 64.0 (SD 6.0)	I: mean 6.1 (SD 2.2) weeks C: mean 6.3 (SD 2.5) weeks	I: treadmill training + Bobath oriented physiotherapy (tone-inhibiting and gait preparatory manoeuvres and walking practice) C: Bobath-oriented physiotherapy (tone-inhibiting and gait preparatory manoeuvres and walking practice)	I: 30 min + 30 min per session, 5 days a week for 6 weeks C: 60 min per session, 5 days a week for 6 weeks	10MWT, m/s 6MWT, m Walking quality adopted from Los Ranchos Los Amigos Gait analysis handbook
Hidler et al., 2009 (97)	33	30	I: mean 59.9 (SD 11.3) C: mean 54.6 (SD 9.4, 30–79)	I: mean 110.9 (SD 62.5) days C: mean 138.9 (SD 60.9) days	I: electromechanical assisted gait training C: conventional gait training started with static and dynamic postural tasks and trunk positioning with very impaired individuals, treadmill training was allowed up to a maximum of 15 min per session	Both groups: 1.5 h (45 min) per session, 3 days a week for 8–10 weeks for a maximum of 24 sessions	5MWT, m/s 6MWT, m FAC
Husemann et al., 2007 (98)	16	14	I: mean 60 (SD 13) C: mean 57 (SD 11)	I: mean 79 (SD 56) days C:mean 89 (SD 61) days	I: electromechanical assisted gait training + conventional physiotherapy C: conventional gait training(treadmill training allowed) + conventional physiotherapy	I: 60 min (30 min) per session, 5 days a week for 4–5 weeks (20 sessions) + 20 min per session, 5 days a week for 4–5 weeks (20 sessions) C: 30 min per session, 5 days a week for 4–5 weeks + 20 min per session, 5 days a week for 4–5 weeks (20 sessions)	10MWT, m/s FAC BI
Kosak & Reding, 2000 (99)	22	34	I: mean 74 (SD 2) C: mean 70 (SD 2)	I: mean 39 (SD 3) days C: mean 40 (SD 4) days	I: PBWSTT + conventional functionally oriented physiotherapy C: aggressive bracing-assisted walking + conventional functionally oriented physiotherapy	I: 45 min + 45 min per sessions, 5 days a week for 6 weeks C: 45 min + 45 per sessions, 5 days a week for 6 weeks	2MWT, m/s Distance walked until fatigue
Langhammer & Stanghelle, 2010 (100)	21	18	I: mean 74 (SD 13.3) C: mean 75 (SD 10.4)	I: mean 419 (SD 1034) days C: mean 349 (SD 820) days	I: treadmill walking C: walking outdoors	I: 30 min per session, 5 days a week/intervention period, which was mean 15.9 days (SD 5.3) C: 30 min per session, 5 days a week/intervention period, which was mean 16.9 days (SD 5.4)	10MWT, m/s 6MWT, m 6MWT, m/s
Morone et al., 2011 (101) & 2012 (102)	I1, RGLM: 12 I2, RGHM: 12	C1, CGLM:12 C2, CGHM:12	I1: mean 55.58 (SD 13.35) I2: mean 68.33 (SD 9.11) C1: mean 60.17 (SD 9.59) C2: mean 62.92 (SD 17.43)	I1: mean 16.25 (SD 11.33) days I2: mean 21.92 (SD 10.72) days C1: mean 20.00 (SD 12.76) days C2: mean 20.00 (SD 15.68) days	I1+I2: after 1 week post admission they performed electromechanical assisted gait training + standard rehabilitation treatment C1+2: standard rehabilitation treatment, which included walking training	All groups received 2 standard physiotherapy sessions per day in the first week of admission (nearly 3 h per day, 5 days a week) After 1 week of admission: I1 + I2: 20 electromechanical sessions: 40 min per session, 5 days a week for 4 weeks + 1 standard physiotherapy session per day C1 + C2: walking training 40 min per session, 5 days a week for 4 weeks + 1 standard physiotherapy session per day	FAC RMI TCT BI RS 6MWT, m
Morris et al., 1992 (103)	13	13	I: mean 64.4 (SD 11.9, 33–74) C: mean 64.2 (SD 10.3, 48–73)	I: mean 45 (SD 23, 15–86) C: mean 79 (SD 41, 21–148)	I: auditory feedback during gait with knee angle monitor and electrogoniometer, signal if hyperextension or knee flexion exceeded 75º flexion (focus) followed by standard physiotherapy C: standard physiotherapy using Motor Relearning Programme incorporated the use of instruction, explanation, demonstration, manual guidance, verbal and visual feedback and whole practice (focus) followed by standard physiotherapy	I: 45 min (30 min) per session, 5 days a week for 4 weeks (focus) followed by other treatment phase of standard physiotherapy C: 45 min per session, 5 days a week for 4 weeks (focus) followed by other treatment phase of standard physiotherapy	10MWT, m/s
Ng et al., 2008 (104)	I1: 16 I2: 17	21	I1: mean 62.0 (SD 10.0) I2: mean 66.6 (SD 11.3) C: mean 73.4 (SD 11.5)	I1: mean 2.3 (SD 1.1) weeks I2: mean 2.7 (SD 1.2) weeks C: mean 2.5 (SD 1.2) weeks	I1: electromechanical-assisted gait training and FES (quadriceps for stance phase, common peroneal nerve for swing phase) + upper limb and trunk training + lower limb training I2: electromechanical assisted gait training + upper limb and trunk training + lower limb training C: conventional overground gait training + upper limb and trunk training + lower limb training	All groups: 20 min + 30 min + 10 min per sessions, 5 days a week for 4 weeks	5MWT, m/s FAC BI FIM
Nilsson et al., 2001 (105)	32	34	I: median 54 (24–67) C: median 56 (24–66)	I: median 22 (IQR 10–56) days C: median 17 (IQR 8–53) days	I: BWSTT C: overground walking training individually according to the Motor Relearning Programme for the patients who could not walk, exercises in standing	I: 30 min per session, 5 days a week for 3–19 weeks (median 68 days, range 21–137) C: 30 min per session, 5 days a week for 3–19 weeks (median 66 days, range 25–137)	FAC FIM,
Olawale et al., 2011 (106)	20	C1:20 C2:20	I: mean 56.8 (SD 6.4) C1: 56.8 (SD 8.3) C2: mean 70 (SD 2)	I: mean 10.2 (SD 6.9) months C1: mean 10.7 (SD 6.8) months C2: mean 10.3 (SD 5.9) months	I: treadmill walking exercise training + conventional physiotherapy treatment C1: over ground walking exercise training + conventional physiotherapy treatment C2: conventional physiotherapy treatment	I: 60 min per session, 3 sessions a week for 12 weeks including 25 min TWE C1: 60 min per session, 3 sessions a week for 12 weeks including 25 min OWE C2: 1 h/ session/3 sessions/week/12 weeks	10MWT, s 6MWT, m/s
Peurala et al., 2005 (107)	I1: 15 I2: 15	15	I1: mean 53.3 (SD 8.9) I2: mean 51.2 (SD 7.9) C: mean 52.3 (SD 6.8)	I1: mean 2.6 (SD 2.4) years I2: mean 2.4 (SD 2.6) years C: mean 4.0 (SD 5.8) years	I1: electromechanical-assisted gait training and FES (individually selected 2 muscles of paretic lower extremity) + physiotherapy based on individually set goals but aimed at improving gait I2: electromechanical-assisted gait training + physiotherapy based on individually set goals but aimed at improving gait C: conventional overground gait training + physiotherapy based on individually set goals but aimed at improving gait	All groups: 20 min actual walking + 55 min per day, 5 days a week for 3 weeks	10MWT, m/s 6MWT, m FIM

Study	N		Age	Time since stroke	Intervention/Control	Session details	Outcomes
Peurala et al., 2009 (108)	I1: 17 I2: 20	10	I1: mean 65.7 (SD 9.2) I2: mean 65.3 (SD 9.9) C: mean 69.5 (SD 11.0)	I1: mean 8.6 (SD 2.3) days I2: mean 7.8 (SD 3.0) days C: mean 9.5 (SD 1.9) days	I1: electromechanical-assisted gait training + physiotherapy based on individually set goals but aimed at improving gait I2: conventional overground gait training + physiotherapy based on individually set goals but aimed at improving gait C: conventional treatment path	I groups: up to 60 min (20 min actual walking) per session + 55 min per session, both 5 days a week for 3 weeks C: 1 or 2 less intensive physiotherapy sessions, patients were transferred from the acute care hospital to the health centre/home/rehabilitation hospital mean 3.7 days (SD 3, 0–8 days) after the first measurements at the start of the study. They visited the hospital for the testing days	10MWT, m/s 6MWT, m FAC
Pohl et al., 2002 (109)	I1: 20 I2: 20	20	I1: mean 58.2 (SD 10.5) I2: mean 57.1 (SD 13.9) C: mean 61.6 (SD 10.6)	I1: mean 16.2 (SD 16.4) weeks I2: mean 16.8 (SD 20.5) weeks C: mean 16.1 (SD 18.5) weeks	I1: structured speed-dependent treadmill training+ conventional physiotherapy I2: limited progressive treadmill training + conventional physiotherapy C: conventional gait training based on PNF and Bobath concepts+ conventional physiotherapy	I groups: 12×30 min + 8×45 min during 4 weeks C: 12×45 min + 8×45 min during 4 weeks	10MWT, m/s FAC
Pohl et al., 2007 (110)	77	78	I: mean 62.3 (SD 12.0, 26–79) C: mean 64.0 (SD 11.6, 37–79)	I: mean 4.2 (SD 1.8) weeks C: mean 4.5 (SD 1.9) weeks	I: electromechanical- assisted gait training + physiotherapy concentrating exclusively on the restoration of stance and gait, comprising at least 60% of the net therapy time C: physiotherapy concentrating exclusively on the restoration of stance and gait, comprising at least 60% of the net therapy time	I: 20 min + 25 min per sessions, 5 days a week for 4 weeks I & C: additional time for preparation was not to exceed a total of 15 min daily C: 45 min per session, 5 days a week for 4 weeks	10MWT, m/s 6MWT, m FAC
Schaeur & Mauritz, 2003 (9)	11	12	I: mean 59 (SD 12) C: mean 61 (SD 12)	I: mean 53 days C: mean 67 days	I: walking with music motor feedback (sensor insoles that detect ground contact of heels, and a portable music player) + neurodevelopmental therapy C: warming up and common exercises, such as slow walking with support of parallel bars and handrails, stepping sideways and backwards + neurodevelopmental therapy	Both groups: 20 min + 45 min per sessions, 5 days a week for 3 weeks	Pressure sensors at different distances in a hallway, m/s
Schwartz et al., 2009 (111)			I: mean 62 (SD 8.5) C: mean 65 (SD 7.5)	I: mean 21.6 (SD 8.7) days C: mean 23.6 (SD 10.1) days	I: electromechanical assisted gait training + training of upper limb strengthening, static balance training in sitting position, range of motion, and stretching exercises C: conventional gait training + training of upper limb strengthening, static balance training in sitting position, range of motion, and stretching exercises	Both groups: 30 min + 30 min per sessions, 3 days a week, for 6 weeks	10MWT FAC FIM
Tong et al., 2006 (112)	I1: 15 I2: 15	20	I1: mean 61.8 (SD 10.8, 42–75) I2: mean 66.1 (SD 9.9, 45–80) C: mean 71.4 (SD 14.0, 34–86)	I1: mean 2.3 (SD 1.0) weeks I2: mean 2.7 (SD 1.3) weeks C: mean 2.7 (SD 1.2) weeks	I1: electromechanical- assisted gait training and FES (quadriceps for stance phase, common peroneal nerve for swing phase) + upper limb and trunk training + lower limb training I2: electromechanical-assisted gait training + upper limb and trunk training + lower limb training C: conventional treatment path with less physiotherapy	All groups: 20 min + 30 min + 10 min per day, 5 days a week for 4 weeks	5MWT, m/s FAC BI FIM (concern the same RCT as Ng et al. 2008 (104))
Thaut et al., 1997 (113)	10	10	I: mean 73 (SD 7) C: mean 72 (SD 8)	I: mean 16.1 (SD 4) days C: mean 15.7 (SD 4) days	I: rhythmic auditory stimulation during gait training using metronome or specifically prepared music tapes C: conventional gait training	Both groups: 30 min per session twice a day, 5 days a week for 6 weeks	Foot contact sensors along the middle 6 of 10 m (4/ foot), m/s
Thaut et al., 2007 (114)	43	35	I: mean 69.2 (SD 11.5) C: mean 69.7 (SD 11.2)	I: mean 21.3 (SD 11) days C: mean 22.2 (SD 12) days	I: rhythmic auditory stimulation during gait training using metronome or specifically prepared music tapes C: conventional gait training		Foot contact sensors along the middle 6 of 10 m (4/ foot), m/s

The available outcomes for meta-analyses.

I: intervention group (I1=group 1, I2=group 2); C: control group; SD: standard deviation; IQR: interquartile range; PT: physiotherapy; EMG-BFB: electromyographic biofeedback; BWS: body-weight support; BWSTT: body weight-supported treadmill training; PNF: proprioceptive neuromuscular facilitation; FES: functional electrical stimulation; FNS: functional neuromuscular stimulation; 10MWT: 10-m Walk Test; 6MWT: 6-min Walk Test; 8MWT: 8-m Walk Test; FACG: Functional Ambulatory Classification; 2MWT: 2-m Walk Test; FIM: Functional Independence Measure; BIG: Barthel Index; SF-12: Short Form-12.