Supplementary material to article by F. von Walden et al. "Comparative analysis of power, work and muscle activation during weight-stack and iso-inertial flywheel resistance exercise in young adults with cerebral palsy"

Table SI. Subjects with cerebral palsy

[1]Type of spastic CP (bilateral/unilateral)	4/4	
[2]GMFCS (I/II/III)	4/1/3	
[3]Contractures	More affected leg ($n=8$)	Less affected leg ($n=8$)
Extension deficit of the hip	2	1
Extension deficit of the knee	4	3
Dorsiflexion deficit of the foot	3	0
[4]Spasticity (0/1/ +1/2/ 3/4)	More affected leg ($n=8$)	Less affected leg ($n=8$)
Hip adductors	5/1/2/0/0/0	6/1/1/0/0/0
Knee flexors	4/1/2/1/0/0	5/2/0/1/0/0
Knee extensors	7/0/1/0/0/0	7/1/0/0/0/0
Ankle plantarflexors	1/1/4/1/1/0	4/2/2/0/0/0
[5]Selective motor control of foot (0/1/2/3/4)	More affected leg ($n=8$)	Less affected leg ($n=8$)
Active dorsiflexion of foot	1/1/3/2/1	0/0/1/1/6

Number of subjects with CP have contractures, spasticity and impaired Selective Motor Control (SMC) during active dorsiflexion of foot.
[1]Number of subjects with unilateral CP or bilateral CP.
[2]Number of subjects in each level of the GMFCS.
[3]Number of subjects with joint contractures, defined as passive range of motion to less than neutral position.
[4]Number of subjects with spasticity according to the Modified Ashworth Scale, Bohannon and Smith (0/1/1+/2/3/4, where 0 is no increase in tone and 4 is when the joint is rigid in flexion or extension)
[5]Number of subjects with impaired selective motor control in active dorsiflexion of foot according to the Selective Motor Control Scale (SMC) Graham and Boyd (0, 1, 2, 3, 4, where 0 is no active movement and 4 is a perfect isolated active dorsiflexion of the foot).