Supplementary Material 16: Characteristics of participants in included studies

| Character | Characteristics of participants in included studies | | | | | | | | | | |
|----------------------|---|-----------------------------------|------|------------------------------|---|---|--|--|--|--|--|
| Study ID | Group | Participants randomised (n) | | Age in years Mean (SD) | Stroke details Type: Hemisphere (r/): Severity: Time post onset: | Perceptual impairment Sense(s) Name: Diagnosis: Severity: | Concurrent impairments reported Mean (SD) and method of diagnosis | | | | |
| An 2019 ¹ | 1. Game-based vertical posture training | 7 | 4/3 | 59.3(4.6) | Ischaemic/haemorrhage:5/2 Hemisphere (r/l):6/1 Severity: not reported Time post onset: 31.4(7.4) days | Somatosensory: Pusher Syndrome Diagnosis: Burke Lateropulsion Scale (>2) Severity: not stated | not stated | | | | |
| | 2. Standard vertical posture training | 7 | 3/4 | 64.4(7.5) | Ischaemia/haemorrhage:4/3 Hemisphere (r/l): 7/0 Severity: not reported Time post onset:29.0(6.1) days | Somatosensory: Pusher Syndrome Diagnosis: Burke Lateropulsion Scale (>2) Severity: not stated | not stated | | | | |
| An 2020 ² | 1. Whole-body tilting postural training | 15 | 11/4 | 60.5 (6.0) | Ischaemia/haemorrhage: 8/7 Hemisphere (r/l): 12/3 time post-onset: 21.5 (3.4) days | Somatosensation Pusher's syndrome Severity: 4.3 (1.4)(SCP) | Neglect %: 53% (method of diagnosis unclear) K-MMSE: 26.3 (2.1) | | | | |
| | 2.General postural training | 15 | 10/5 | 64.7 (6.9) | Ischaemia/haemorrhage:7/8 Hemisphere (r/l): 11/4 Time post-onset: 21.9 (5.9) days? | Somatosensation Pusher's syndrome Severity: 4.3 (1.4) SCP | Neglect %: 60%(method of diagnosis unclear) K-MMSE: 25.7(1.5) | | | | |

| Bergmann | 1. Robot- assisted gait training | 21 | 10/5 (data not provided for 6 participants who did not complete the intervention) | 72 (9) | Ischaemia/haemorrhage: 8/7 Hemisphere (r/l): 11/4 Severity: not reported Time post onset: 7.5 (2.6) weeks | Somatosensory: Pusher Syndrome Diagnosis: Scale for Contraversive Pushing >0 per component assessed by physiotherapist.Orthostatic tolerance for 30 mins of passive standing Severity: Not stated | All patients showed cognitive deficits with ACE-R scores <84. Several patients had severe cognitive deficits |
|-------------------------|--|----|---|------------------|---|---|--|
| 2018 3 | 2. Physiotherapy | 17 | 7/8 (data not provided for 2 participants who did not complete the intervention) | 71 (10) | Ischaemia/haemorrhage: 9/6 Hemisphere (r/l): 12/3 Severity: not reported Time post onset: 8.0 (3.8) weeks | Somatosensory: Pusher Syndrome Diagnosis: Scale for Contraversive Pushing >0 per component assessed by physiotherapist.Orthostatic tolerance for 30 mins of passive standing Severity: Not stated | All patients showed cognitive deficits with ACE-R scores <84. Several patients had severe cognitive deficits particularly in control group |
| Carey 2011 ⁴ | 1. Sensory discrimination training | 25 | 17/8 | 61.08 (14.38) | Infarct/haemorrhage/infarct and haemorrhage(%):64/3 6/0 Hemisphere (r/l): 18/0 Severity (NIHSS): median 4, [IQR 2-7.25] Time post onset: median | Mixed: tacile and somatosensory Diagnosis: unclear Severity: -41.14 (35.79)(standardised somatosensory deficit) | none stated |

| | | | | | 32.57 [IQR16.29-148.29] weeks | | |
|------------------------|---|----|------|--------------|---|---|---|
| | 2. Exposure to tactile stimuli | 25 | 20/5 | 60.96(11.17) | Infarct/haemorrhage/infarct and haemorrhage)(%):64/3 6/0 Hemisphere (r/l): 18/0 Severity (NIHSS): median 4, [IQR 2-7.25] Time post onset: median 32.57, IQR16.29-148.29 weeks | Mixed: tacile and somatosensory Diagnosis: unclear Severity: -31.24 (27.07)(standardised somatosensory deficit) | none stated |
| Chen 2012 ⁵ | 1. image drawing - global processing training | 6 | 2/4 | 73.8 (8.8) | Type not stated (see inclusion criteria) hemisphere (r/l): 6/0 (inclusion criterion) Severity: not stated Time: 48.0 (17.2) days | Vision: Visualspatial memory deficit Diagnosis: IR of MTCF ≤ 9/36 Severity unclear | GDS (≤10/30): 4.8(3.5) BIT (≥129/126):139.5(5.6) MMSE (≥24/30):27.5(2.1) (none meet criteria for depression, spatial neglect or dementia) |
| | 2. Image drawing - rote repetition training | 5 | 3/2 | 74.0 (8.4) | Type not stated (see inclusion criteria) Hemisphere (r/l): 5/0 (inclusion criterion) Severity: not stated Time: 35.0 (20.2) days | Vision: Visualspatial memory deficit Diagnosis: IR of MTCF ≤ 9/36 Severity unclear | GDS (≤10/30):5.4(4.4) BIT (≥129/126):136.8(7.7) MMSE (≥24/30):26.6(1.8) |

| | | | | | | | (none meet criteria for depression, spatial neglect or dementia) |
|-------------------------------|--|----|-------|-------------------------|---|---|--|
| Cho 2015 | 1. Neurofeedback training | 13 | 8/5 | 62.9(7.2) | Type: not stated Hemisphere (r/l): 9/4 Severity: not stated Time post-onset:10.6(3.2) months | Vision: visual perceptual deficit Diagnosis: MMSE Severity:19.8(2.5) | none stated |
| | 2. No intervention | 14 | 11/3 | 63.6(9.3) | Type: not stated Hemisphere (r/l):8/5 Severity: not stated Time post-onset: 12.5(2.7) months | Vision: visual perceptual deficit Diagnosis: MMSE Severity:20.5(3.7) | none stated |
| Choi 2018 ⁷ | 1. WiiFit virtual reality training | 14 | 9/5 | 49.50(23.00) | Infarction/haemorrhage: 10/4 Hemisphere (r/l): 8/6 Severity: not stated Time post onset: not stated | Vision: visual perceptual deficit Diagnosis: MVPT score <45 Severity: not stated | MAS (G0/G1/G1+ /G2/G3): 1/7/6/0/0 MMSE-K (score):28.50(3.25) |
| | 2. Control - general balance training | 14 | 8/6 | 51.00(13.75) | Infarction/haemorrhage: 8/6 Hemisphere (r/l): 9/8 Severity: not stated Time post onset: not stated | Vision: visual perceptual deficit Diagnosis: MVPT score <45: Severity: not stated | MAS (G0/G1/G1+ /G2/G3): 2/4/8/0/0 MMSE-K (score):28.50(3.50) |
| De Bruyn 2020 ⁸ | 1. Sensorimotor | 22 | 12/10 | 75.5 median [60.8–80.3] | Ischaemia/haemorrhage:19/3 Hemisphere (r/l): 17/5 | Somatosensory: Sensorimotor impairment | Not stated |

| | therapy | | | IQR | Severity: not reported Time post onset: 38.5 median (30.8–48.3) days IQR | Diagnosis: action research arm test score<52 out of 57 and a negative composited standardized somatosensory deficit index Severity: ARAT 8/57 | |
|-----------------------------|--|----|-------|----------------------------|--|---|--|
| | 2. Motor exercises | 18 | 9/9 | 61.5 median [54–70] IQR | Ischaemia/haemorrhage:14/4 Hemisphere (r/l): 8/10 Severity: not reported Time post onset: 40 median (28.8–53.5) days IQR | Somatosensory: Sensorimotor impairment Diagnosis: action research arm test score<52 out of 57 and a negative composited standardized somatosensory deficit index Severity: ARAT 12/57 | Not stated |
| Edmans 2000 ⁹ | 1. Transfer of training perceptual treatment | 40 | 18/22 | 69.75(9.10) | Type: not stated Hemisphere (r/l): unclear Severity: not stated Time post onset: 37.68(16.60) days | Vision: visual perceptual deficit Diagnosis: RBAB, score > 2 SD below mean on four+ subtests Severity: median 100.50 (IQR 52.95-124.73) | Dysphasia (present/absent): 12/28 Dysarthria (present/absent):9/31 Articulatory dyspraxia (present/absent):6/34 Reasoning problems (present/absent):25/7 Memory problems |

| | | | | | | (present/absent):32/4 Depression (present/absent): 8/24 Anxiety (present/absent): 14/18 Limb dyspraxia (present/absent): 3/33 Sensory problems (present/absent):28/9 |
|------------------------------------|----|-------|--------------|--|---|---|
| 2. Functional perceptual treatment | 40 | 22/18 | 67.85(11.38) | Type: not stated Hemisphere (r/l): unclear Severity: not stated Time post onset: 31.15(10.13) days | Vision: visual perceptual deficit Diagnosis: RBAB, score > 2 SD below mean on four+ subtests Severity: median 99.90(IQR 76.35-124.68) | Dysphasia (present/absent):14/36 Dysarthria (present/absent):6/34 Articulatory dyspraxia (present/absent):5/35 Reasoning problems (present/absent):23/11 Memory problems (present/absent):31/6 Depression (present/absent):13/21 Anxiety (present/absent):9/25 Limb dyspraxia (present/absent):6/31 |

| | | | | | | | Sensory problems (present/absent):27/7 |
|----------|---|----|--------------|-------------|--|---|--|
| Kang | 1. Computerized visual perception rehabilitation with motion tracking | 8 | not reported | 59.5(10.7) | Ischaemia/haemorrhage: 8/8 (whole group data) Hemisphere (r/l):8/0 Severity: not stated Time post onset: 64.3(37.4) days | Vision: visual perceptual deficit NB: all particpants had hemiplegia (inclusion crietrion) Diagnosis: Motor Free Visual Perception Test standard score 5<109. Severity: 65.8(19.5) MVPT score | none stated |
| 2009 10 | 2. Computer- based cognitive rehabilitation program | 8 | not reported | 62.5(9.6) | Ischaemia/haemorrhage: 8/8 (whole group data) Hemisphere (r/1):8/0 Severity: not stated Time post onset: 58.1(29.9) days | Vision: visual perceptual deficit NB: all particpants had hemiplegia (inclusion crietrion) Diagnosis: Motor Free Visual Perception Test standard score 5<109. Severity: 68.3(11.4) MVPT score | none stated |
| Kim 2015 | 1. Pressure sense perception training on | 10 | 4/6 | 54.70(3.09) | Infarct/haemorrhage: 4/6 Hemisphere (r/l): 3/7 Severity: not reported Time post onset: | Tactile: pressure perception dysfunction Diagnosis: Semmes- Weinstein monofilaments | not stated |

| | stable surface | | | | 42.20(21.61) months | Severity: not stated | |
|---------------------------|---|----|-----|--------------|---|--|---|
| | 2. Pressure sense perception training on unstable surface | 10 | 8/2 | 59.40(8.63) | Infarct/haemorrhage:4/6 Hemisphere (r/l):4/6 Severity: not reported Time post onset:37.80 (22.40) months | Tactile: pressure perception dysfunction Diagnosis: Semmes- Weinstein monofilaments Severity: not stated | not stated |
| | 3. No treatment | 10 | 8/2 | 56.40(11.87) | Infarct/haemorrhage:3/7 Hemisphere (r/l):5/5 Severity: not reported Time post onset:50.70(13.83) months | Tactile: pressure perception dysfunction Diagnosis: Semmes- Weinstein monofilaments Severity: not stated | not stated |
| Koo 2018 ¹² | 1. Transcranial Direct Current Stimulation | 12 | 6/6 | 52.42 (3.23) | Ischaemia/haemorrhage: 4/8 Hemisphere (r/l): 6/6 Severity: not reported Time post onset: 18.67(8.10) days | Somatosensory: Somatosensation Diagnosis: patients with impairment in at least one of the pin prick, light touch, or proprioception parameters during a bedside screening evaluation. Severity: Not stated | Hypertension, Diabetes & moderate (2) or severe impairment (10) score on Modified Barthel Index |
| | 2. Sham Transcranial Direct Current Stimulation | 12 | 5/7 | 58.67 (3.40) | Ischaemia/haemorrhage: 7/5 Hemisphere (r/l): 4/8 Severity: not reported Time post onset: 19.67 (7.76) | Somatosensory: Somatosensation Diagnosis: patients with impairment in at least one | Hypertension, Diabetes & moderate (3) or severe impairment (9) score |

| | | | | | days | of the pin prick, light touch, or proprioception parameters during a bedside screening evaluation. Severity: Not stated | on Modified Barthel Index |
|----------|----------------------------------|----|-----|------------------|--|--|------------------------------|
| Lee 2021 | 1. Robot- assisted therapy | 14 | 9/5 | 59.56 (8.29) | Ischaemia/haemorrhage: 9/5 Hemisphere (r/l): 5/9 Severity: not reported Time post onset: 882.00 (957.67) days | Tactile: Tactile Dysfunction Diagnosis: revised Nottingham Sensory Assessment Tactile Score <2 and Kinesthetic score <3. Modified Ashworth Scale score <3. Brunnstrom Stages II-V Severity: Not stated | not stated |
| 13 | 2. Conventional therapy | 10 | 7/3 | 53.50 (12.33) | Ischaemia/haemorrhage:4/6 Hemisphere (r/l): 2/8 Severity: not reported Time post onset: 883.30 (1,020.49) days | Tactile: Tactile Dysfunction Diagnosis: revised Nottingham Sensory Assessment Tactile Score <2 and Kinesthetic score <3. Modified Ashworth Scale score <3. Brunnstrom Stages II-V Severity: Not stated | not stated |

| Lincoln 1985 ¹⁴ | 1. Perceptual training | 17 (3 head injury) | 9/8 | 48.76(14.58) | Stroke/sub arachnoid haemorrhage): 9/5 Hemisphere (r/l/both/neither): 8/7/1/1 Severity: not stated Time post onset: 2.35(0.95) months | Vision: visual perceptual deficit Diagnosis: RPAB Severity: not stated | not stated |
|-------------------------------|--|--------------------|-----|--------------|--|--|------------|
| | 2. Conventional Therapy | 16 (3 head injury) | 8/8 | 51.44(16.04) | Stroke/sub arachnoid haemorrhage): 12/1 Hemisphere (r/l/both/neither): 7//81/0 Severity: not stated Time post onset: 3.06(2.43) months | Vision: visual perceptual deficit Diagnosis: RPAB Severity: not stated | not stated |
| Park 2015 | 1. Computer- based cognitive rehabilitation training | 15 | 6/9 | 64.7(8.9) | Type: not stated Hemisphere (r/l): not stated Severity: not stated Time post onset: 1.5(0.5) months | Vision: visual perceptual deficit Diagnosis: MMSE Severity: 20.6(2.3) MMSE scor | not stated |
| | 2. Conventional cognitive rehabilitation | 15 | 8/7 | 65.2(8.0) | Type: not stated Hemisphere (r/l): not stated Severity: not stated Time post onset: 1.8(0.6) months | Vision: visual perceptual deficit Diagnosis: MMSE Severity: 20.5(2.0) MMSE score | not stated |
| Seim 2021 16 | 1. VTS Glove | 8 | 5/3 | 54.1 | Ischaemia/haemorrhage: not reported | Tactile: Tactile Discrimination Disorder | Not stated |

| | | | | | Hemisphere (r/l): 3/5 Severity: not reported Time post onset: 4.3 yrs mean | Diagnosis: Impaired touch sensation in the hand (Semmes-Weinstein monofilament exam score of ≥ 0.2 grams on 3 of 20 measured locations on the hand) Severity: Not stated | |
|----------------------------|--|---|-----|-------------|---|---|------------|
| | 2. Sham | 8 | 6/2 | 54.5 | Ischaemia/haemorrhage: not reported Hemisphere (r/l): 5/3 Severity: not reported Time post onset: 3 yrs | Tactile: Tactile Discrimination Disorder Diagnosis: Impaired touch sensation in the hand (Semmes-Weinstein monofilament exam score of ≥ 0.2 grams on 3 of 20 measured locations on the hand) Severity: Not stated | Not stated |
| Yang 2015 ¹⁷ | 1. Computer generated visual feedback training | 7 | 4/3 | 62.4 (12.9) | Ischaemia/haemorrhage: 7/0 Hemisphere (r/l): 0/7 Severity: not reported Time post onset: 6.0 (4.0) months | Somatosensory: Pusher Syndrome Diagnosis: greater than zero point scores in each section of the scale for contraversive pushing (sitting plus standing) Severity: Not stated | Not stated |

| | 2. Mirror visual feedback training | 5 | 5/0 | 57.6 (17.3) | Ischaemia/haemorrhage): 3/2 Hemisphere (r/l): 2/3 Severity: not reported Time post onset: 5.8 (3.3) months | Somatosensory: Pusher Syndrome Diagnosis: greater than zero point scores in each section of the scale for contraversive pushing (sitting plus standing) Severity: Not stated | Not stated |
|----------|---|----|------|-------------|---|--|--|
| Yun 2018 | 1. Robot- assisted gait training | 19 | 10/8 | 63.6 (8.3) | Ischaemia/haemorrhage:12/6 Hemisphere (r/l): 3/15 Severity: 12.7 (1.5) NIHSS Time post onset: 31.3 (7.5) days | Somatosensory: Pusher Syndrome Diagnosis: Burke lateropulsion scale score over 2 points Severity: Not stated | 10 participants had neglect; 2 aphasia |
| 18 | 2. Conventional physical therapy | 19 | 9/9 | 64.3 (8.4) | Ischaemia/haemorrhage):13/5 Hemisphere (r/l): 4/14 Severity: 12.9 (1.6) NIHSS Time post onset: 28.8(6.8) days | Somatosensory: Pusher Syndrome Diagnosis: Burke lateropulsion scale score over 2 points Severity: Not stated | 10 participants had neglect; 3 aphasia |

SCP: Scale for contraversive pushing; GDS:Geriatric Depression Scale; BIT: Behavioral Inattention Test; MMSE: Mini-Mental State Examination; K-MMSE: Korean Mini-Mental State Examination;; IR:immediate recall; MTCF:Modified Taylor Complex Figure; MVPT: motor Free visual perception test; MAS: Modified Ashworth Scale; G, grade; NIHSS National Institutes of Health Stroke Scale; RPAB: Rivermead Perceptual Assessment Battery; SD: standard deviation; IQR: inter-quartile range

References

- 1. An C-m, Roh J-s, Kim T-h, Choi H-s, Choi K-h, Kim G-m. Effects of Game-based Postural Vertical Training on Pusher Behavior, Postural Control, and Activity of Daily Living in Patients With Acute Stroke: A Pilot Study. *Physical Therapy Korea* 2019;**26**:57-66. http://dx.doi.org/10.12674/ptk.2019.26.3.057
- 2. An CM, Ko MH, Kim DH, Kim GW. Effect of postural training using a whole-body tilt apparatus in subacute stroke patients with lateropulsion: A single-blinded randomized controlled trial. *Ann Phys Rehabil Med* 2021;**64**:101393. http://dx.doi.org/10.1016/j.rehab.2020.05.001
- 3. Bergmann J, Krewer C, Jahn K, Muller F. Robot-assisted gait training to reduce pusher behavior: A randomized controlled trial. *Neurology* 2018;**91**:e1319-e27. http://dx.doi.org/10.1212/WNL.0000000000006276
- 4. Carey L, Macdonell R, Matyas TA. SENSe: Study of the Effectiveness of Neurorehabilitation on Sensation: a randomized controlled trial. *Neurorehabil Neural Repair* 2011;**25**:304-13. http://dx.doi.org/10.1177/1545968310397705
- 5. Chen P, Hartman AJ, Priscilla Galarza C, DeLuca J. Global processing training to improve visuospatial memory deficits after right-brain stroke. *Arch Clin Neuropsychol* 2012;**27**:891-905. http://dx.doi.org/10.1093/arclin/acs089
- 6. Cho HY, Kim K, Lee B, Jung J. The effect of neurofeedback on a brain wave and visual perception in stroke: a randomized control trial. *J Phys Ther Sci* 2015;**27**:673-6. http://dx.doi.org/10.1589/jpts.27.673
- 7. Choi D, Choi W, Lee S. Influence of Nintendo Wii Fit Balance Game on Visual Perception, Postural Balance, and Walking in Stroke Survivors: A Pilot Randomized Clinical Trial. *Games for Health Journal* 2018;**7**:377-84. http://dx.doi.org/10.1089/g4h.2017.0126
- 8. De Bruyn N, Saenen L, Thijs L, Van Gils A, Ceulemans E, Essers B, *et al.* Sensorimotor vs. Motor Upper Limb Therapy for Patients With Motor and Somatosensory Deficits: A Randomized Controlled Trial in the Early Rehabilitation Phase After Stroke. *Front Neurol* 2020;**11**:597666. http://dx.doi.org/10.3389/fneur.2020.597666
- 9. Edmans JA, Webster J, Lincoln NB. A comparison of two approaches in the treatment of perceptual problems after stroke. *Clin Rehabil* 2000;**14**:230-43. http://dx.doi.org/10.1191/026921500673333145
- 10. Si Hyun K, Kim DK, Kyung Mook S, Kwang Nam C, Jin Yong Y, Sang Yoon S, *et al.* A computerized visual perception rehabilitation programme with interactive computer interface using motion tracking technology -- a randomized controlled, single-blinded, pilot clinical trial study. *Clin Rehabil* 2009;**23**:434-44. http://dx.doi.org/10.1177/0269215508101732
- 11. Kim B-s, Bang D-h, Shin W-s. Effects of Pressure Sense Perception Training on Unstable Surface on Somatosensory, Balance and Gait Function in Patients with Stroke. *Journal of the Korean Society of Physical Medicine* 2015;**10**:19-27. http://dx.doi.org/10.13066/kspm.2015.10.3.19
- 12. Koo WR, Jang BH, Kim CR. Effects of Anodal Transcranial Direct Current Stimulation on Somatosensory Recovery After Stroke: A Randomized Controlled Trial. *Am J Phys Med Rehabil* 2018;**97**:507-13. http://dx.doi.org/10.1097/PHM.00000000000000010
- 13. Lee HC, Kuo FL, Lin YN, Liou TH, Lin JC, Huang SW. Effects of Robot-Assisted Rehabilitation on Hand Function of People With Stroke: A Randomized, Crossover-Controlled, Assessor-Blinded Study. *Am J Occup Ther* 2021;**75**:7501205020p1-p11. http://dx.doi.org/10.5014/ajot.2021.038232

- 14. Lincoln NB, Whiting SE, Cockburn J, Bhavnani G. An evaluation of perceptual retraining. *Int Rehabil Med* 1985;**7**:99-101. http://dx.doi.org/10.3109/03790798509166132
- 15. Park JH, Park JH. The effects of a Korean computer-based cognitive rehabilitation program on cognitive function and visual perception ability of patients with acute stroke. *J Phys Ther Sci* 2015;**27**:2577-9. http://dx.doi.org/10.1589/jpts.27.2577
- 16. Seim CE, Wolf SL, Starner TE. Wearable vibrotactile stimulation for upper extremity rehabilitation in chronic stroke: clinical feasibility trial using the VTS Glove. *J Neuroeng Rehabil* 2021;**18**:14. http://dx.doi.org/10.1186/s12984-021-00813-7
- 17. Yang YR, Chen YH, Chang HC, Chan RC, Wei SH, Wang RY. Effects of interactive visual feedback training on post-stroke pusher syndrome: a pilot randomized controlled study. *Clin Rehabil* 2015;**29**:987-93. http://dx.doi.org/10.1177/0269215514564898
- 18. Yun N, Joo MC, Kim SC, Kim MS. Robot-assisted gait training effectively improved lateropulsion in subacute stroke patients: a single-blinded randomized controlled trial. *Eur J Phys Rehabil Med* 2018;**54**:827-36. http://dx.doi.org/10.23736/S1973-9087.18.05077-3