Enriched task-specific therapy (ETT)

"Enriched" refers to the rehabilitation program taking place in a stimulating environment abroad. The rehabilitation facilities were located in a climate suitable for both indoor and enriching outdoor activities. The ETT was individually tailored and supervised by physiotherapists. "Task-specific" refers to repetitive functional training of performing everyday tasks, meaningful for the individual. Physical therapy was scheduled 5 ½ hours per day, 5 ½ days per week for 3 weeks. For individuals with aphasia the amount of physical therapy did amount to 3 ½ hours per day due to time being devoted to speech therapy.

General principles of ETT: The ETT was designed to stimulate and improve motor functions (mobility, balance, gait and coordination), muscular strength and physical endurance. The training was characterized by repetitive mass practice of gradually increasing difficulty and noncompensatory strategies, such as focusing on avoiding compensation by the nonaffected side of the body and enforcing use of the affected side [12].

ETT component	Description/Content
MOTOR **Functional training for transfers and upper/ lower limb** (1–3 sessions/day)	Training of functional tasks included practicing lying, sitting, and standing transfers. An example of the noncompensatory strategies applied in this area were sit-to-stand training with the nonaffected foot on a balance plate or small ball, with the aim of transferring the balance focus and body weight to the affected side. The ETT program also focused on mobility, balance, and gait exercises on treadmills and while walking indoors and outdoors. The program contained exercises to improve upper limb function, focusing primarily on functional-task training such as lifting and carrying and on fine motor skills such as holding, picking, grasping or writing with the upper limb.
Impairment based training for upper and lower limb (1–3 sessions/day)	The program contained elements of impairment-based training. As an example, for a participant with impaired dorsiflexion of the foot, the program included not just functional training such as walking, stepping over hindrances indoors or outdoors with a focus on lifting the foot, but also sitting or lying dorsiflexion routines, and/or stretching and other mobility exercises. Impairment-based upper limb training included strength and mobility training for the shoulder, arm and hand.
Cardiovascular training (30 minutes/day)	Participants had daily submaximal cardiovascular training on a stationary or sitting bicycle arms and/or legs), treadmill, or cross-trainer.
Aquatic exercise (2–3 sessions/week)	Participants had aquatic exercise that consisted of aquatic walking exercises, arm/shoulder training, balance, core stability, and relaxation exercises.
COGNITIVE	The high dose physical therapy characterized by repetitive mass practice of gradually increasing difficulty and enforcement of paretic arm use is designed to also stimulate cognitive functions such as concentration, attention, mental endurance and awareness. Participants with speech impairments (n=18) worked with a speech therapist for a maximum of 2 hours a day. The group-based physical therapy and speech therapy were intended to stimulate communication and speech.
SENSORY	The ETT program conducted in a beautiful environment offered a multisensory environment designed to stimulate all senses (touch, vision, hearing, smell and taste). Beyond scheduled activities, participants were encouraged to physically engage themselves in the challenging outdoor environment at the rehabilitation centres, consisting of curbs, stairs, slopes, and different surfaces. The ETT also included two enriching half-day excursions and one full-day excursion to beaches and villages, together with rehabilitation personnel.
SOCIAL	Participants exercised in the same room/place as the other participants in groups of 4–9. They interacted with each other and with accompanying family members at training sessions, meals, excursions and social events after the scheduled activities.