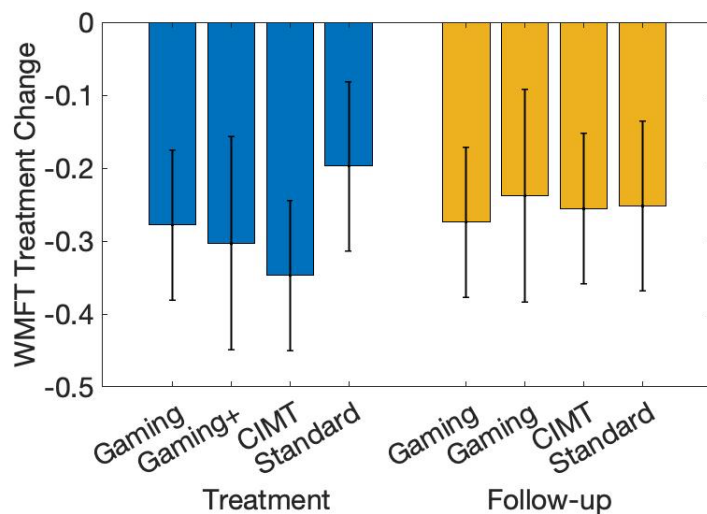


## Appendix B. Per-Protocol Analysis of the WMFT

Adherence to motor training was incomplete for some participants, particularly amongst the gaming groups that self-managed their motor practice. Incomplete adherence has the potential to adversely affect motor recovery, as individuals who did not adhere ultimately received a lower dose of therapy. Accordingly, a per protocol analysis examined the WMFT outcome for only those participants who completed the prescribed treatment. Participants were included in this analysis if they fully adhered to all objectively measurable aspects of the treatment, i.e. attended all in-person therapy sessions and completed all prescribed in-home gaming practice (the latter applies to Gaming and Gaming+ participants only). As with the intent-to-treat analysis reported in the main text, no statistically significant or clinically meaningful between-group differences were observed (Figure B1).

**Figure B1: Per-protocol analysis of the WMFT** examined treatment change (natural log transformed) by group during the intervention period (blue, left) and 6-month follow-up (orange, right) amongst individuals who fully adhered to the motor practice. The possible range of the natural log transformed WMFT treatment change is -4.78 to 4.78, with a negative treatment change indicating improvement. Given log transformation, WMFT treatment changes approximate (but slightly overestimate) percent improvement, e.g., a difference of 0.1 log units is roughly equal to 10%. Consistent with the intent-to-treat analysis, comparative treatment effects were absent.



**Table B1:** Comparative treatment effects. Effect sizes reflect between-group pairwise comparisons adjusted for covariates in the final mixed effects general linear model (95% confidence interval). Rows labeled “treatment” and “6-month” show the post-treatment and follow-up scores relative to pre-treatment scores, respectively. A positive between-group difference for the MAL means that the group listed first in the comparison showed greater gains in arm use. A negative between-group difference for the WMFT means that the group listed first in the comparison showed greater gains. Statistically significant contrasts are indicated with an \*. Clinically meaningful differences between groups are italicized.

	Gaming+ vs CIMT	Gaming vs CIMT	Gaming+ vs Standard Care	Gaming vs Standard Care	Gaming+ vs Gaming	CIMT vs Standard Care
<b>MAL treatment</b>	-0.1 (-0.5, 0.3)	-0.5 (-1.0, 0.1)*	<i>1.1</i> <i>(0.7, 1.5)*</i>	0.7 (0.2, 1.1)*	0.4 (-0.1, 0.9)	<i>1.2</i> <i>(0.9, 1.5)*</i>
<b>MAL 6-month</b>	-0.5 (-1.0, -0.0)	-0.7 (-1.3, 0.1)*	0.2 (-0.2, 0.7)	0.1 (-0.5, 0.7)	0.2 (-0.5, 0.8)	0.8 (0.4, 1.2)*
<b>WMFT treatment</b>	0.04 (-0.13, 0.22)	0.07 (-0.14, 0.28)	-0.08 (-0.32, 0.16)	0.03 (-0.26, 0.32)	-0.11 (-0.43, 0.21)	-0.13 (-0.32, 0.07)
<b>WMFT 6-month</b>	0.02 (-0.27, 0.31)	-0.02 (-0.37, 0.33)	0.07 (-0.39, 0.54)	0.23 (-0.34, 0.80)	-0.16 (-0.78, 0.47)	0.05 (-0.33, 0.43)

Abbreviations: CIMT, Constraint-Induced Movement t