

**Table S1. Steady state, proactive and reactive balance activities included in the training for the experimental and control group**

<b>Steady state exercises</b>				
<b>Patient position: seated, with feet on the ground/ standing, with double leg base of support</b>				
<b>Exercise: Balance on static seat/base</b>				
<b>Task description:</b> the subject is seated/standing on a static seat/base and has to maintain his load in the centre of the seat/base as much as possible, maintaining a correct position of the trunk				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	static base with therapist support	Open eyes Closed eyes	--	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with static seat/base: the subject has to maintain the CoP in a defined area of confidence	Open eyes Closed eyes	CoP Area of confidence	<i>Visual</i> (CoP position on the seat/base; trunk inclination on sagittal and frontal plane) based on seat/base force torque sensors and IMU sensor <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>Exercise: Balance on unstable seat/base</b>				
<b>Task description:</b> the subject is seated/standing on an unstable surface and has to maintain stability and balance as much as possible, maintaining a correct position of the trunk				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	proprioceptive wooden board/ Bobath ball	Open eyes Closed eyes	--	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with unstable seat/base: the subject has to maintain the degree of seat/base oscillation in a defined area of confidence	Open eyes Closed eyes	Seat/base maximum workspace  Seat/base oscillation area of confidence  Type of instability (proprioceptive, elastic or fluid dynamic)  Instability level	<i>Visual</i> (angular displacement of the seat/base; trunk inclination on sagittal and frontal plane) based on seat/base position sensors and IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>Proactive balance exercises</b>				
<b>1) Patient position: seated, with feet on the ground</b>				
<b>Exercise: Pelvis mobilization</b>				
<b>Task description:</b> the subject is seated on a moving/movable surface and movements for pelvis mobilization are performed				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	Discosit chinesport/ Bobath ball The patient performs active pelvis movements in the sagittal and frontal plane	Upper limbs in support or not	--	Verbal on postural alignment, based on observation

<i>Experimental</i>	<i>hunova</i> with moving seat ( <b>passive mobilization</b> ) The seat moves the patient's pelvis into a sagittal/frontal plane or following different trajectories  The patient has to stabilize the upper trunk maintaining the trunk inclination in a defined area of confidence	Upper limbs in support or not	Amplitude of passive mobilization (degrees)  Velocity of movement  Trunk Area of confidence	Visual (trunk inclination on sagittal and frontal plane) based on IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<i>Experimental</i>	<i>hunova</i> with unstable seat ( <b>active mobilization</b> ) the subject has to active move the seat for reaching targets on the screen in sagittal or frontal plane or in random directions. The exercise is associated with a gaming on the screen.		Amplitude of active mobilization  Target positions	Visual (angular displacement of the seat; trunk inclination on sagittal and frontal plane) based on seat position sensors and IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>Exercise: Sit to stand</b>				
<b>Task description:</b> The patient has to stand up (sit to stand)				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	static base with therapis support			Verbal on postural allignment, based on observation
<i>Experimental</i>	<i>hunova</i> with static seat  The patient has to stand up maintaining the load distribution in a defined area of confidence	Seat inclined of about 15°  Seat horizontal	Inclination of the seat  Load Area of confidence	<i>Visual</i> (load distribution during the sit to stand movement) based on base torque/force sensor
<b>2) Patient position: seated, with feet on the ground or standing, with double leg base of support</b>				
<b>Exercise: Head and trunk rotation on static seat/base</b>				
<b>Task description:</b> the subject has to perform trunk or head rotations while maintaining a correct postural alignment and balance				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	static base with therapis support	Open eyes Closed eyes	--	Verbal on postural allignment, based on observation
<i>Experimental</i>	<i>hunova</i> with static seat/base The subject has to maintain the CoP in a defined area of confidence	Open eyes Closed eyes	CoP Area of confidence	<i>Visual</i> (CoP position on the seat/base; trunk inclination on sagittal and frontal plane) based on seat/base force torque sensors and IMU sensor <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>Exercise: Motor dual task on static seat/base</b>				
<b>Task description:</b> the subject has to perform movement with the upper libs while sitting on a static support				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	static base with therapis support  The patient has to reach targets in the peri-personal space and extra-personal space.	--	--	Verbal on postural allignment, based on observation
<i>Experimental</i>	<i>hunova</i> with static seat/base  The patient has to reach targets on the touch screen with the upper limbs.	--	--	<i>Visual</i> (CoP position on the seat/base; trunk inclination on sagittal and frontal plane) based on

				seat/base force torque sensors and IMU sensor <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>3) Patient position: standing, with double leg base of support</b>				
<b>Exercise: Limits of stability</b>				
<b>Task description:</b> the subject stands on a moving/movable base and is requested to lean in different directions reaching his limits of stability				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	Discosit chinesport with therapis support	Open eyes Closed eyes	--	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with passive moving base The base moves the patient's ankles into a sagittal/frontal plane or following different trajectories  The patient has to stabilize the upper trunk maintaining the trunk inclination in a defined area of confidence	Open eyes Closed eyes	Amplitude of passive mobilization (degrees)  Velocity of movement  Trunk Area of confidence	Visual (trunk inclination on sagittal and frontal plane) based on IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<i>Experimental</i>	<i>hunova</i> with unstable base  the subject has to mobilize the base for reaching targets on the screen in sagittal or frontal plane or in random directions. The exercise is associated with a gaming on the screen.		Amplitude of active mobilization  Target positions	Visual (angular displacement of the platform; trunk inclination on sagittal and frontal plane) based on base position sensors and IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>4) Patient position: standing, with asymmetric bipodalic base of support</b>				
<b>Exercise: Load bearing</b>				
<b>Task description:</b> the subject has to shift the load changing from double leg base of support to one leg base of support				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	Standing with one leg on a static base/ Discosit chinesport /foam surface with therapist support  1) shifting the load to unimpaired /impaired leg  2) mainteining balance in asyemtric bipodalic support with the unimpaired /impaired leg on a step  3) mainteining balance in asyemtric bipodalic support with the unimpaired/impaired leg while reaching different positions with the unimpaired leg	Step height and consistency Footrest surface consistency	Step heigh and consistency	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with static/unstable base  1) the patient is in a bipodalic standing position and has to move toward a monopodalic condition on the unimpaired /impaired leg  2) mainteining balance in asyemtric bipodalic support with the unimpaired /impaired leg on <i>hunova</i> and the unimpaired /impaired leg on a step	With static base With unstable base	With static base: CoP Area of confidence Trunk Area of confidence  With unstable base: Platform maximum workspace Platform oscillation area of confidence Type of instability (proprioceptive, elastic or fluid dynamic)	<i>Visual</i> (CoP position on the base/ angular displacement of the base; trunk inclination on sagittal and frontal plane) based on base force torque/position sensors and IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor

	<p>3) The patient is in a monopodal standing position with the unimpaired/impaired leg on hunova and has to move the unimpaired leg for reaching different positions</p> <p>the patient has to stabilize the upper trunk maintaining the trunk inclination in a defined area of confidence</p>		Instability level	
--	--	--	-------------------	--

<b>Reactive balance exercises</b>				
<b>Patient position: seated, with feet on the ground/ standing, with bipodalic base of support</b>				
<b>Exercise: Response to perturbations – Reative balance</b>				
<b>Task description:</b> the subject has to maintain balance reacting to perturbations				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	Bobath ball/ Discosit chinesport  The therapist induces perturbations to the subject	Upper limbs in support or not	---	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with passive moving seat/base  The seat/base moves inducing random perturbations  The patient has to stabilize the upper trunk maintaining the trunk inclination in a defined area of confidence	Upper limbs in support or not	Amplitude of perturbations (degrees)  Velocity of perturbations  Trunk Area of confidence	Visual (trunk inclination on sagittal and frontal plane) based on IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor
<b>Exercise: Motor dual task on unstable seat/base</b>				
<b>Task description:</b> the subject has to perform movements with the upper limbs while sitting on a dynamic support				
	<b>Modality of execution</b>	<b>Experimental condition</b>	<b>Difficulty regulation</b>	<b>Feedback</b>
<i>Control</i>	Bobath ball/ Discosit chinesport  The patient has to reach targets in the peri-personal space and extra-personal space.	Upper limbs in support or not	--	Verbal on postural alignment, based on observation
<i>Experimental</i>	<i>hunova</i> with unstable seat/base  The subject has to maintain the degree of seat/base oscillation in a defined area of confidence while reaching targets on the touch screen with the upper limbs.	Upper limbs in support or not	Seat/base maximum workspace  Seat/base oscillation area of confidence  Type of instability (proprioceptive, elastic or fluid dynamic)  Instability level	Visual (angular displacement of the seat/base; trunk inclination on sagittal and frontal plane) based on seat position sensors and IMU sensor  <i>Auditory</i> , for high trunk oscillation based on IMU sensor

	Berg Balance Scale (BBS)				MiniBEST Test (MBT)			Trunk Impairment Scale (TIS)		
	ID	T0	T1-T0 (% change T0-T1)	T2-T0 (% change T0-T2)	T0	T1-T0 (% change T0-T1)	T2-T0 (% change T0-T2)	T0	T1-T0 (% change T0-T1)	T2-T0 (% change T0-T2)
<b>EXPERIMENTAL</b>	<b>1</b>	49	0 (0%)	2 (4.08%)	15	2(13.33%)	-1(-6.66%)	13	-1(-7.69%)	1(7.69%)
	<b>2</b>	50	0 (0%)	6 (12%)	17	2(11.76%)	2(11.76%)	14	0(0%)	0(0%)
	<b>6</b>	47	9 (19.14%)	4 (8.51%)	17	4(23.52%)	0(0%)	13	5(38.46%)	2(15.38%)
	<b>9</b>	45	6 (13.3%)	2 (4.44%)	11	5(45.45%)	5(45.45%)	10	5(50%)	4(40%)
	<b>11</b>	47	4 (8.51%)	1 (2.12%)	16	2(12.5%)	-1(-6.25%)	14	2(14.28%)	-1(-7.14%)
	<b>13</b>	46	3 (6.52%)	0 (0%)	9	11(122.22%)	5(55.55%)	12	4(33.33%)	1(8.33%)
	<b>15</b>	47	9 (19.14%)	8 (17.02%)	21	1(4.76%)	2(9.52%)	12	2(16.66%)	-1(-8.33%)
	<b>17</b>	41	4 (9.75%)	6 (14.63%)	15	0(0%)	2(13.33%)	9	3(33.33%)	2(22.22%)
	<b>21</b>	48	0 (0%)	0 (0%)	18	1(5.55%)	1(5.55%)	12	3(25%)	0(0%)
	<b>22</b>	54	1 (1.85%)	1 (1.85%)	21	1(4.76%)	1(4.76%)	13	0(0%)	2(15.38%)
	<b>23</b>	49	0 (0%)	1 (2.04%)	11	3(27.27%)	3(27.27%)	12	0(0%)	1(8.33%)
	<b>25</b>	56	0 (0%)	0 (0%)	24	0(0%)	1(4.16%)	15	0(0%)	6(40%)
	<b>29</b>	51	1 (1.96%)	4 (7.84%)	21	0(0%)	0(0%)	16	-1(-6.25%)	0(0%)
	<b>30</b>	44	1 (2.27%)	0 (0%)	11	6(60%)	0(0%)	11	5(45.45%)	-1(-9.09%)
<b>CONTROL</b>	<b>3</b>	54	1 (1.85%)	2 (3.70%)	16	3(18.75%)	5(31.25%)	14	3(21.42%)	3(21.42%)
	<b>4</b>	54	0 (0%)	2 (3.70%)	21	1(4.76%)	2(9.52%)	13	0(0%)	0(0%)
	<b>5</b>	51	5 (9.80%)	5 (9.80)	22	2(9.09%)	2(9.09%)	13	1(7.69%)	2(15.38%)
	<b>7</b>	50	3 (6%)	3 (6%)	16	5(31.25%)	5(31.25%)	14	7(50%)	2(14.28%)
	<b>12</b>	46	-5 (-10.86%)	-5 (-10.86%)	13	0(0%)	-5(-38.46%)	13	1(7.69%)	-1(-7.69%)
	<b>14</b>	53	1 (1.88%)	-4 (-7.54%)	19	5(26.31%)	0(0%)	12	4(33.33%)	3(25%)
	<b>16</b>	50	6 (12%)	4 (8%)	21	1(4.76%)	1(4.76%)	12	3(25%)	0(0%)
	<b>18</b>	41	0 (0%)	0 (0%)	2	0(0%)	2(100%)	10	0(0%)	0(0%)
	<b>19</b>	42	0 (0%)	1 (2.38%)	10	3(30%)	2(20%)	13	1(7.69%)	-2(-15.38%)
	<b>20</b>	51	1 (1.96%)	2 (3.92%)	18	1(5.55%)	3(16.66%)	13	2(15.38%)	0(0%)
	<b>24</b>	56	0 (0%)	0 (0%)	23	0(0%)	-3(-13.04%)	15	-1(-6.66%)	-2(-13.33%)
	<b>27</b>	41	1 (2.43%)	2 (4.87%)	8	0(0%)	1(12.5%)	4	6(150%)	1(25%)
<b>28</b>	52	3 (5.76%)	3 (5.76%)	21	1(4.76%)	-1(-4.76%)	13	1(7.69%)	-1(-7.69%)	

**Table S2.** Inividual subjects improvements for BBS, MiniBEST Test and Trunk Impairment Scale. For each subject are reported baseline values (T0), improvement at T1 (and the relative % of improvement with respect to T0) and the improvement at T2 (and the relative % of improvement with respect to T0)

Performance at T1	Direction of perturbation			
	Forward (# of subjects)	Backward (# of subjects)	Affected side (# of subjects)	Not-affected side (# of subjects)
Stable at 8 degrees	18 (8E-10C)	15 (7E-8C)	19 (9E-10C)	17 (10E-7C)
Improved	5 (4E-1C)	7 (5E-2C)	5 (3E-2C)	7 (2E-5C)
Decreased		1 (1C)	1 (1C)	
Stable below 8 degrees	2 (2C)	2 (2C)		1 (1C)
Test not performed	2 (1E-1C)	2 (1E-1C)	2 (1E-1C)	2 (1E-1C)

**Table S3.** Reactive balance test performance at T1 with respect to T0. E= experimental group; C=control group.