Appendix 4 (as supplied by the authors): Summary of treatment points and other information related with acupuncture treatment

First author (Year) [ref]	Acupuncture method (practitioner)	Total number of sessions	Acupuncture points	Rationales	Adverse events
Gosman-Hedstrom (1998)[1]	CA with MS, ES (4 physiotherapists)	20	Fixed points (10) LI4, LI11, ST38, and Ex mob paretic (bilateral) TE5 (unilateral, nonparetic side), GV20	TCM theory	n.r.
Schuler (2005)[2]	CA with ES (3 physicians of TCM)	8	n.r.	n.r.	falls without fractures (AT:56, placebo:59, control:57), recurrent strokes (1, 2, 0), deep-vein thrombosis (1, 0, 0), delirium (2, 1, 3), seizures (1, 0, 0) superficial hematoma around the acupuncture points (3, 2, 0)
Hopwood (2007)[3]	CA & SA with ES (physiotherapists)	12	CA : LI4, LI10(ES), LI15, TE5(ES), GB31(ES), GB34(ES), GB38, GB43, and optional use GB20(EA), ST36(EA) SA (4) : 2 points of the motor line, 1 point the upper and lower limb junction, and 1 point head and upper limb junction	TCM theory	0 case occurred
Xie (2004)[4]	EA (n.r.)	n.r.	Brunnstrom stage 1,2 :LU10, LI4, TE5, LI10, GB34, ST36, GB39, LR3 (contralateral) Brunnstrom stage 3,4,5 : LI4, TE5, LI10, SP9, SP6, BL60 (ipsilateral)	n.r.	n.r.
Naeser (1992)[5]	CA, SA & AA with ES (n.r.)	20	CA : paretic side : LI4, LI11, LI15, TE5, TE9, ST31, ST36, GB34, GB39, LR3, nonparetic side : LI4, LI11, ST36 SA : 4~5 points along the motor cortex line (paretic side) AA : Shenmem (bilateral) EA : LI4~LI11, TW5~EX-UE9, GB34~GB39	n.r.	n.r.
Park (2005)[6]	CA (1 physician of Korean medicine)	9~12	Individually tailored acupuncture Common(4) : ST40(bilateral), CV12, GV20, GV26 Individualized(6) : by excess or deficiency of the yin and yang 1) BL66, LI1, HT3, HT4, GB43, GB44 2) LU8, SP3, HT8, HT9, KI3, KI7 3) ST36, LI5, LI11, HT7, HT8, SI5 4) SP1, SP2, HT8, HT9, LR1, CV4	Korean acupuncture	Seizure (real AT : 1)
Huang (2008)[7]	A) Back-Shu EA B) CA (n.r.)	24	A) Back-Shu points (BL13,15,17,18,19,20,21,TE5,SI3,ST36,GB39) B) LI15,SI10,LI11,LI10,TE5,LI4,GB31,ST32,GB34, GB39,LR3 (paretic limb)	TCM theory	Dizziness (2; n.r. for which groups)
Wayne (2005)[8]	CA with MS, ES SA with MS only (2 TCM style acupuncturists)	20	[a]Pool A (treating U/Ex. and L/Ex. hemiparesis) :LI15, LI14, LI11, LI10, LI4, TH14, TH5, TH3, EX-UE9, SI9, SI4, SI3, GB30, GB31, GB34, GB39, GB40, ST34, ST36, ST41, ST42, LR3, EX-LE10 Pool B (treating underlying TCM etiology) :KI3, LU5, CV4, LR3, BL18, BL23 Pool C (treating associated additional symptoms) :CV23, Extra Yin Yu Yue, HT5, HT7, ST5, ST6, ST7, LI4, EX-HN5, TE17, TE5, EX-HN16, LR3, BL43, BL45, GV20, PC7	TCM theory	n.r.
Schaechter (2007)[9]	CA & SA with ES (n.r.)	20	n.r.	TCM theory	n.r.
Fink (2004)[10]	CA, no-MS (3 acupuncturists)	8	Standard points(4): GB34, GB39, LR3, LI4(paretic limb) Individualized: ST36, LI10(paretic limb), SP6, LU9(bilateral), GV20	TCM theory	n.r.

[a]Pool (at each treatment, 10~15 points were chosen from pool A, 3~5 points from pool B, 1~2 points from pool C)
EA: Electro acupuncture; CA: Classic acupuncture; SA: Scalp acupuncture; AA: Auricular acupuncture; ES: electrical stimulation; MS: manual stimulation; TCM: Traditional Chinese Medicine; n.r.: not reported

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