**Table 1. Stroke survivors’ and physiotherapists’ thoughts on Prototype One of the mirror therapy equipment and its set-up**

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| **Aspects of the design** | **Stroke Survivors’ thoughts** | **Physiotherapists’ thoughts** |
| Mirror size | * The mirror needs to be half the size of Prototype One * Use a big box for the mirror | * The bigger mirror is better to see the foot * to be ¾ the size of Prototype One |
| Reflection of less paretic foot and shank | * 5-10 degree angle to see reflection without having a bent back * Another mirror placed in front of the less paretic foot * Para-scope above so that reflection can be adjusted | * 10-15 degree of inclination of the mirror to able to see the foot without bending the torso |
| The base for the mirror | * Hinge or spring load to connect mirror with base * preferably a one-piece base * Smaller, narrower base than Prototype One so that it can be slid under a chair | * Different surface; use texture to prevent foot sliding * Use rubber underneath to prevent sliding of the base on a laminate floor |
| Foot support to allow ankle movement; | * Need only one per side * Use pin, different slots or magnetic supporter to adjust it according to an individual’s height | * Better on a runner with brake * Screw above to adjust position according to patient height * One supporter on the side that is movable and adjustable * Different surfaces - hard, soft, wobble * A not slippery surface like Prototype One * Curve in the middle to support the ankle, like the one in the trainer shoes with soft padding |
| How to hide the more paretic side so user cannot see it. | * The sheet is a good idea and easy to use | * The sheet is a good idea. * Maybe big mirror to hide the weak side * Frame covered with fabric to obscure fully * Something like an umbrella frame to click for open/close * Use wireframe to fold up |
| Sitting posture, | * Prefer to sit upright with back support * Use regular dining chairs | * Use a regular chair with back support * Support for the more paretic leg to prevent external rotation |
| Storage and portability | * Handle on the mirror so that it is easy to carry * Lighter weight than Prototype One * Able to store it in the house easily | * Connect and click together for use with only one hand * One piece |
| Safety features | * Rounded corners * Plastic mirror * Lighter weight | * Rounded corners * Plastic mirror * Lighter weight and a smaller size |
| Thoughts from participants that were outside the pre-defined themes | * “We will be motivated to use the equipment because of the simplicity of the design” * Needed are clear instructions, e.g., where to place the foot. * It is important that the cost of the mirror therapy equipment is reasonable so that it can be used by most people * "I like the idea of including us in the design of the equipment, that's very nice." | * Some people may need support to prevent external rotation of the more paretic lower limb. |

**Table 2. Themes from participants about the second prototype of mirror therapy equipment and its set-up**

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| **Aspects of the design** | **Stroke Survivors’ thoughts** | **Physiotherapists’ thoughts** |
| Overall design | * Approval of the overall design; “it’s much better than the last version”. * “I can see all my foot. Personally, it's perfect for me like this, that’s all you need for not leaning over.” | * Approval of the overall design. “That’s much better.” |
| Size | * Reduction of the size will be better. | * Still heavy, reduction in the size is needed. “Yeah that’s quite heavy.” |
| One piece | * Hinge to each other to make it connect. | * Can use it with one hand. |
| Angle | * Different angles of the mirror would be preferable to allow sight of the ankle and avoid having to bend the back. | * The mirror needs to be angled to allow a clear reflection, but with a certain limit to avoid a distorted image. |