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

|  |  |  |
| --- | --- | --- |
| **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.
 |