**Table 2:** Characteristics of studies indicating similar effects of treadmill gait training and conventional gait training.

| References | RCS | Subjects: N/Mean Age/ Sex(females-F/males-M) | Interventions and training modalities | Main outcomes measures |
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| Franceschini et al, 2009[53] | Yes | N =97 (Exp =52; Con =45)<br>Age =Exp 71; Con =66<br>Sex =M50/F47<br>Time since stroke (days) =15.5 | Exp =BWSTT + conventional rehabilitative treatment<br>Frequency =60 min x 5/wk x 4/wk<br>Con =conventional treatment with overground gait training<br>Frequency =60 min x 5/wk x 4/wk | Walking ability =FAC; Functional Independence =Barthel Index; Speed =10-m walk test; Capacity =6-min Walk Test<br>Motor impairment =Motricity Index, Trunk Control test<br>Gait =Walking Handicap Scale Assessments<br>Follow-up =0, 4, 6, 24 wk |
| Duncan et al, 2011[26] | Yes | N =408 (Exp =282; Con =126)<br>Age =Exp 62; Con 63<br>Sex =M224/F184<br>Time since stroke (days) =63.5 | Exp =BWSTT<br>Frequency =90 min x 3/wk x 12-16/wk<br>Con =home exercise program (managed by a physical therapist, task-specific walking program enhancing flexibility, range of motion in joints, strength of arms and legs, co-ordination, and static and dynamic balance)<br>Frequency =90 min x 3/wk x 12-16/wk | Proportion of participants in each group who had an improvement in functional walking ability one year after stroke; Speed =10-m walk test; Capacity =6-min Walk Test<br>Activity monitor =number of steps walked per day<br>Self-reported perceived recovery =SIS; Lower extremity motor function =FMA; Balance =BBS; Self-reported balance confidence =ABC; Follow-up =0, 24, 48 wk |
| Olawale et al, 2011[47] | Yes | N =60 (Exp =20; Con1 =20; Con2 =20)<br>Age =Exp 56.8; Con1 =56.8; Con2 =57.2<br>Sex =M34/F26<br>Time since stroke (months) =10.4 | Exp =treadmill walking exercise training + conventional physiotherapy (stretching, strength, balance)<br>Frequency treadmill =25 min x 3/wk x 12/wk<br>Frequency conventional physiotherapy =35 min x 3/wk x 12/wk<br>Con1 = overground walking exercise training + conventional physiotherapy (stretching, strength, balance); Frequency =60 min x 3/wk x 12/wk; Con2 =conventional physiotherapy (stretching, strength, balance); Frequency =60 min x 3/wk x 12/wk | Speed =10-m walk test<br>Capacity =6-min Walk Test<br>Follow-up =0, 4, 8, 12 wk |
| Globas et al, 2012[48] | Yes | N =36 (Exp =18; Con =18)<br>Age =Exp 69; Con =69<br>Sex =M29/F7<br>Time since stroke (months) =65 | Exp =high-intensity aerobic treadmill exercise<br>Frequency =30 to 50 min x 3/wk x 12/wk<br>Con =conventional physiotherapy (passive, muscle tone-regulating exercises for the upper and lower extremities with elements of balance training)<br>Frequency =60 min x 3/wk x 12/wk | Peak VO2 =during maximum effort treadmill walking<br>Capacity =6-min Walk Test; Self-selected and maximum walking speeds =10-m walk test; Functional leg strength =5CR; Balance =BBS; Self-rated mobility and activities for daily living function =RMI; Physical and mental health measured =SF-12;<br>Follow-up =0, 12 wk |
| Høyer et al, 2012[52] | Yes | N =60 (Exp =30; Con =30)<br>Age =Exp 52; Con =52<br>Sex =M38/F22<br>Time since stroke (days) =97.5 | Exp =treadmill therapy (harness combined with a suspension system releasing body weight) + traditional gait training<br>Frequency1 =30 min x 5/wk x 4/wk; Frequency2 =30 min x 1-2/wk x 6/wk; Con =traditional gait training + functional training (selective training of the trunk and extremities, balance and transfer, customised to individual deficits and needs); Frequency =60 min x 5/wk x 10/wk | Walking ability =FAC, EU-walking scale<br>Functional Independence =FIM<br>Speed =10-m walk test<br>Capacity =6-min Walk Test<br>Follow-up =0, 4, 6, 10, 12 wk |
| Kang et al, 2012[49] | Yes | N =30 (Exp1 =10; Exp2 =10; Con =10)<br>Age =Exp 56; Con =56<br>Sex =M16/F14<br>Time since stroke (months) =14.5 | Exp1 =treadmill training with optic flow; Frequency =30 min x 3/wk x 4/wk; Exp2 =treadmill training; Frequency =30 min x 3/wk x 4/wk<br>Con =conventional physiotherapy (general stretching added range of motion exercises in the less and more affected sides of the trunk, arms and legs for the same time); Frequency = 30 min x 3/wk x 4/wk | Speed during upright mobility =TUG<br>Balance =FRT<br>Speed =10-m walk test<br>Capacity =6-min Walk Test<br>Follow-up =0, 4 wk |
| Bonnyaud et al, 2013[51] | Yes | N =26 (Exp =13; Con =13)<br>Age =Exp 50.1; Con =50.3<br>Sex =M19/F7<br>Time since stroke (years) =5 | Exp =single treadmill training session<br>Frequency =20 min x 1 session<br>Con =single overground training session<br>Frequency =20 min x 1 session | Spatiotemporal, kinematic, kinetic gait parameters =three-dimensional gait analysis (Motion Analysis System)<br>Follow-up =0, immediately after the training and after a 20-minute rest |
| Bonnyaud et al, 2014[50] | Yes | N = 56 (Exp = 28; Con = 28)<br>Age = Exp 52.5; Con = 49.7<br>Sex = M42/F14<br>Time since stroke (years) = 6 | Exp =single treadmill training session<br>Frequency =20 min x 1 session<br>Con =single overground training session<br>Frequency =20 min x 1 session | Speed during upright mobility =TUG<br>Follow-up =0, immediately after the completion of each session |
| Middleton et al, 2014[34] | Yes | N =43(Exp =23; Con =20)<br>Age =Exp 61.39; Con 60.70<br>Sex =M30/F14<br>Time since stroke (years) =3.3 | Exp =BWSTT + balance activities + strength, coordination, ROM activities<br>Frequency = 80 min x 5/wk x 2/wk<br>Con =overground walking + balance activities + strength, coordination, ROM activities<br>Frequency =180 min x 5/wk x 2/wk | Spatial parameters of gait =GAITRite system (step length differential); Self-selected and fast walking speed = 3-meter walk test; Capacity =6-min Walk Test; Balance =BBS<br>Self-reported balance confidence =ABC; Balance =single limb stance; Speed during upright mobility =TUG<br>Ability to adapt to changing task demands during gait =DGI<br>Lower extremity motor function =FMA; Self-reported perceived recovery =SIS, percent perceived recovery<br>Follow-up =0, 12 wk |
| Hollands et al, 2015[20] | Yes | N =56 (Exp1 =18; Exp2 =19; Con =19)<br>Age =Exp1=59; Exp2 =56.1; Con =60<br>Sex =M33/F23<br>Time since stroke (months) =8.1 | Exp1 =treadmill based visual cue training<br>Exp2 =Overground visual cue training<br>Frequency =60 min x 2/wk x 8/wk<br>Con =usual care (task-specific-practice of walking and/or components of gait, exercises for strength balance and coordination; and/or prescription of assistive devices)<br>Frequency =60 min x 2/wk x 8/wk | Walking speed, spatial and temporal symmetry of gait = GaitRite system; Time to turn 180°; Adaptability of gait = success rate in target stepping; Lower extremity motor function =FMA; Falls risk =Falls Efficacy Scale<br>Quality of life =SF–12; Mobility =FAC<br>Speed during upright mobility =TUG<br>Follow-up =0, 8, 12 wk |
| Srivastava et al, 2016[46] | Yes | N =45 (Exp1 =15; Exp2 =15; Con =15); Age =Exp 58.7; Con = 57.7<br>Sex =M36/F9<br>Time since stroke =16.51 months | Exp1 = treadmill training; Exp2 = BWSTT<br>Frequency = 30 min x 5/wk x 4/wk<br>Con = overground gait training<br>Frequency = 30 min x 5/wk x 4/wk | Speed = 10-m walk test; Capacity = 6-min Walk Test<br>Level of disability = SSS<br>Walking ability = FAC<br>Follow-up = 0, 4, 12 wk |

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| Baer et al, 2018[33] | Yes | N =77 (Exp =39; Con =38)<br>Age =Exp 71.23; Con =74.5<br>Sex =M40/F37<br>Time since stroke (days) =41.19 | Exp =treadmill training + normal gait re-education (assisted / independent activities such as weight transfer, stepping with either leg, walking, step ups and stairs, movement control, strengthening)<br>Frequency =8-16 min x 2/wk x 8/wk; Con =normal gait re-education (assisted/independent activities such as weight transfer, stepping with either leg, walking, step ups and stairs, movement control and strengthening); Frequency = 8-16 min x 2/wk x 8/wk | Motor impairment, level of disability =RMI, MAS<br>Walking ability =FAC<br>Speed =10-m walk test<br>Capacity =6-min Walk Test<br>Functional Independence =Barthel Index<br>Self-reported perceived recovery =SIS<br>Follow-up =0, 8, 24 wk |

RCS: Randomized controlled study, Exp: experimental group, Con: control group, BWSTT: body weight supported treadmill training, FAC: Functional Ambulation Category, FMA: Fugl-Meyer assessment scale, BBS: Berg Balance Scale, DGI: Dynamic Gait Index, ABC: Activities-specific Balance Confidence scale, TUG: Timed Up and Go test, ROM: range of motion, SIS: Stroke Impact Scale, 5CR: 5-Chair-Rise, RMI: Rivermead Mobility Index, SF-12: Medical Outcomes Study Short Form 12, FRT: Functional Reach Test, FIM: Functional Independence Measure, NIH: National Institutes of Health, MAS: Motor Assessment Scale, FAI: Frenchay Activities Index, SSS: Scandinavian Stroke Scale.