

Supplementary materials

Suppl. 1. Description of the rehabilitation intervention and timeline of research tools

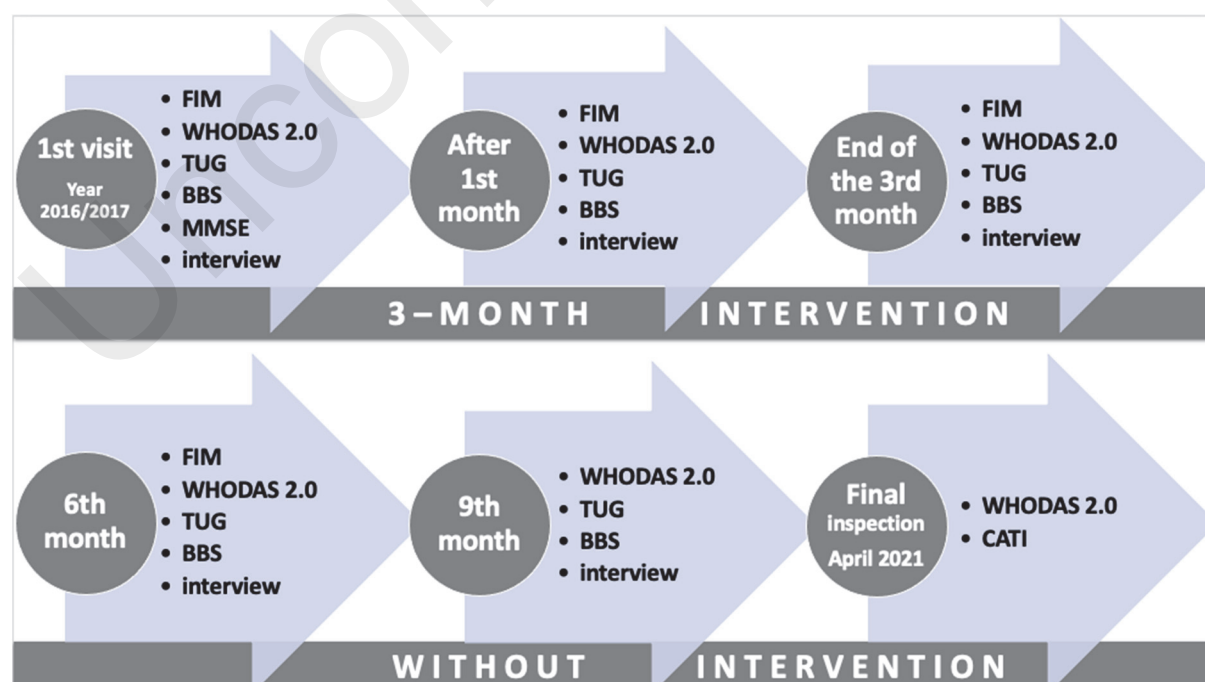
During the first examination, the rehabilitation doctor proposed a therapeutic procedure. After 3 months of coordinated rehabilitation, he performed a follow-up examination and compiled a final report.

Regular visits by a **PT** included therapy with elements of neurodevelopmental approaches, specifically elements from the Bobath concept, Proprioceptive Neuromuscular Facilitation, Dynamic Neuromuscular Stabilization, and Sensorimotor Stimulation were used. Furthermore, soft tissue techniques, anti-edematous techniques, kinesiotaping, balance training, locomotor training, sensorimotor skills, fitness training, and cognitively guided therapy were used.

The **SW**'s focus was on social counselling regarding social benefits and applications for financing compensatory aids or modifications to the apartment, accompanying clients or their family members to the offices for processing social benefits. In addition to this activity, SWs provided psychological support to clients and also held the position of team coordinator, creating the administrative background of the project.

OTs focused on supporting the maximum possible self-sufficiency of clients in the home environment, especially education in the field of self-care, the use of assistive technologies, and advice on barrier-free modifications in the home. The solution of securing aids for patients also took place outside the basic interventions. In cooperation with a PT, occupational therapy focused on the functional abilities of clients in connection with damaged motor functions, sensory, or in some cases, cognitive functions.

Rehabilitation professionals used various tools to objectify the status of patients (i.e., WHODAS 2 performed by SWs, FIM provided by OTs, Timed Up and Go Test, Mini BESTest, and the BBS conducted by PTs) – Suppl. Fig. S1. Final follow-ups always included semi-structured interviews conducted by SWs with patients and their family members.

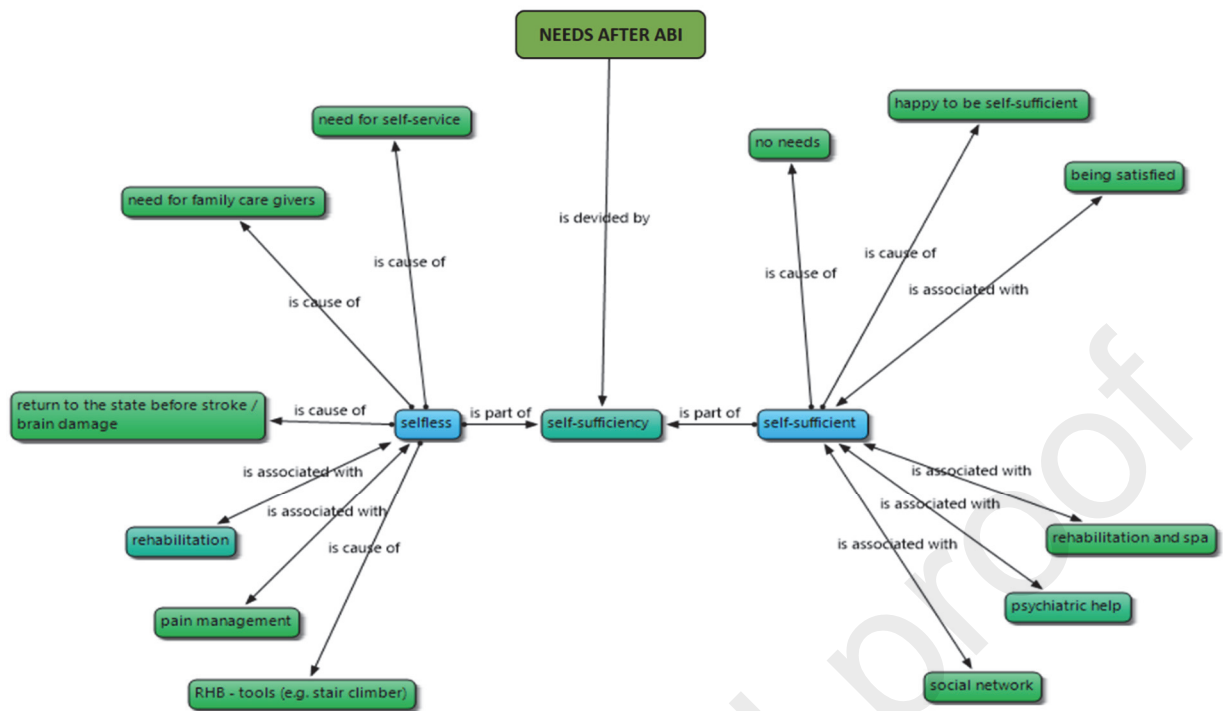


Suppl. Fig. S1. Timeline of the use of research tools

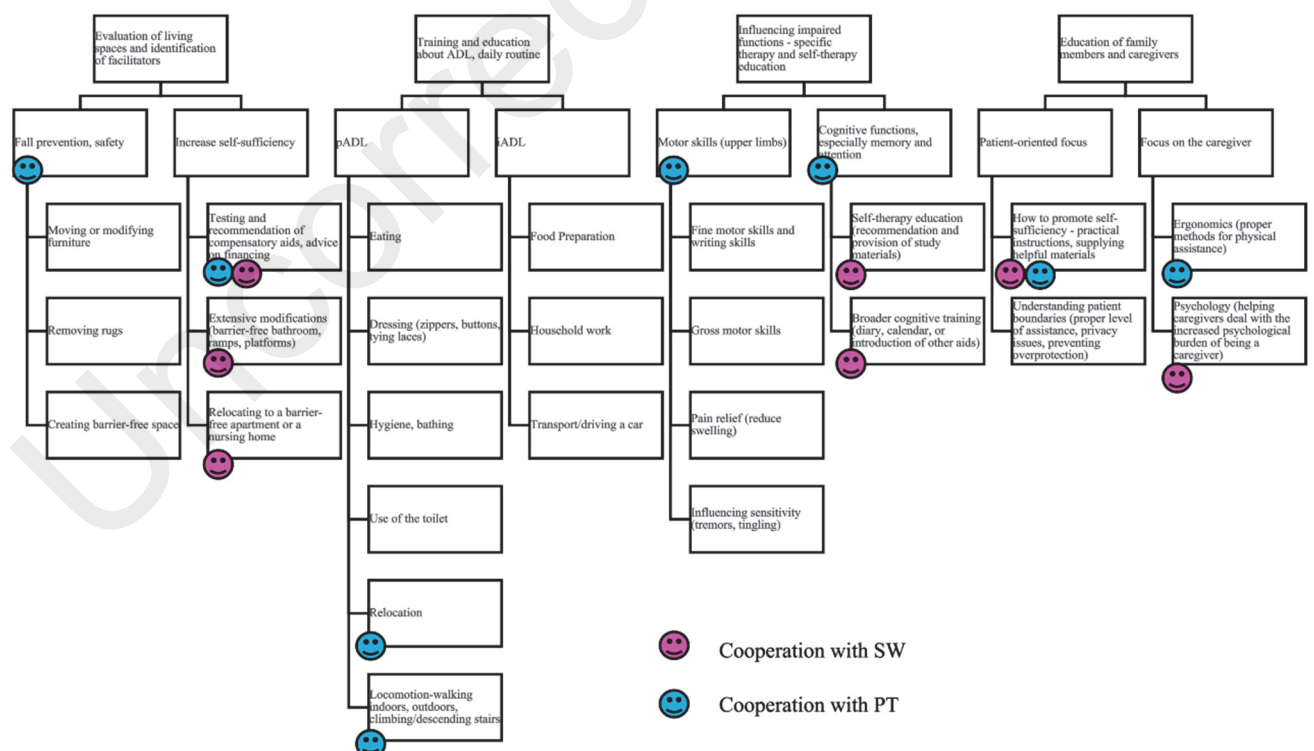
Suppl. Table S2. WHODAS 2.0 results for individual patients over time

Patient	WHODAS admission	WHODAS after 1 month	WHODAS after 3 months	WHODAS after 6 months	WHODAS after 12 months	WHODAS after 3–4 years
WHODAS Time (months)	0	1	3	6	12	36–48
CB1	59.58	59.58	34.79	33.26	29.1	52.95
CB 2	39.58	26.46	21.46	13.99	16.11	14.13
CB 3	53.23	44.55	27.22	14.62	14.24	14.48
CB 4	67.47	62.01	53.16	23.96	53.33	100
CB 6	8.23	8.75	6.14	4.62	2.74	100
CB 7	41.01	36.74	38.89	26.15	25.97	100
CB 11	26.39	13.06	22.6	23.13	12.85	33.58
CB 12	9.93	22.05	19.03	10.49	14.41	100
CB 13	22.08	13.23	6.67	15.73	13.85	9.27
CB 14	34.72	41.49	41.67	37.6	35.28	57.15
CB 15	47.22	36.81	51.39	72.99	48.68	33.85
CB 16	3.85	1.53	0.52	0.52	-	-
CB 17	15.97	11.11	20.14	28.19	18.4	100
CB 18	6.25	9.76	5.56	19.44	17.19	27.43
CB 19	53.7	29.9	21.5	18.26	-	15.49
CB 20	53.7	29.9	21.5	18.26	-	100
CB 21	41.7	48.13	48.47	54.76	-	60.1

Note: The data is color-coded as follows: Green indicates improvement, yellow indicates minimal improvement or stagnation, red indicates deterioration, and black indicates death. A value of 100 is given in the case of the patient's death.



Suppl. Fig. S2. Patient needs after acquired brain injury (data processed using ATLAS.ti)



Suppl. Fig. S3. Occupational therapist interventions and areas of interprofessional collaboration