

	<i>LCF=1-3</i>	<i>LCF=4-6</i>
MOTOR REHABILITATION	INDIVIDUAL NEUROMOTOR PHYSIOTHERAPY <ul style="list-style-type: none"> • To improve surveillance and interaction with the environment • To improve or maintain the joint flexibility • To prevent spastic Hypertone • To improve respiratory dynamics by strengthening the inspiratory and expiratory muscles to promote bronchial secretion management • To check orthostatic hypotension and neurovegetative reactions during sitting position and verticalization • To monitor Pain using the Nociceptive Coma Scale • To inhibit reflexes and pathological postures 	INDIVIDUAL NEUROMOTOR PHYSIOTHERAPY <ul style="list-style-type: none"> • To promote neurobehavioral alterations control (state of psychomotor agitation, apathy, disinhibition) • To improve orientation in time and space • To improve focal attention • To improve or maintain the joint flexibility • To enhance the residual mobility • To prevent Spastic Hypertone • To improve respiratory dynamics by strengthening the inspiratory and expiratory muscles to promote tracheobronchial secretion management • To check orthostatic hypotension and neurovegetative reactions during sitting position and verticalization • To monitor Pain using the Nociceptive Coma Scale • To prevent Musculotendon retraction through Passive Mobilization • To improve balance and posture and postural responses in sitting and orthostatic position • To improve trunk control and coordination in simple movements • To reduce the Neglet Syndrome using the mirror therapy
	<i>LCF=1-3</i>	<i>LCF=4-6</i>
SPEACH THERAPY	<ul style="list-style-type: none"> • To improve surveillance and interaction with the environment • To improve swallowing dynamics by promoting oral nutrition • To improve the ability to understand verbal /non-verbal messages • To improve management of salivary and tracheobronchial secretions • To inhibit pathological oral reflexes 	<ul style="list-style-type: none"> • To improve swallowing dynamics by promoting oral nutrition with a safe semi-solid/soft diet • To improve the ability to understand verbal/non-verbal messages • To improve management of salivary and tracheobronchial secretions • To evaluate and manage the weaning path of the tracheostomic cannula • To improve the ability to understand verbal/non-verbal messages • To improve visuospatial perception • To involve the rehabilitation team, the family members and/or caregivers in the observation and stimulation of swallowing and communication functions
Neurocognitive treatment when LCF>5 and anterograde amnesia resolution		<ul style="list-style-type: none"> • To evaluate the cognitive profile through appropriated cognitive batteries as needed • To personify neurocognitive treatment as needed

Legend: LCF: Level of Cognitive Functioning

Table SM2: Supplementary material, Rehabilitative treatment