**Supplementary Table 1 Dose ranges administered to subjects with ≥25 kg body weighta and GMFCS-E&R level I–V by clinical pattern**

|  |  |  |
| --- | --- | --- |
| **Clinical pattern** | **Injection sites/muscle**  **(min–max)** | **Dose (Units)/muscle**  **(min–max)** |
| **Unilateral lower limb treatment** | | |
| **Pes equinusb** |  | **200** |
| Gastrocnemius (medial and lateral) | 2–6 | 75–150 |
| Soleus | 1–4 | 50–100 |
| Tibialis posterior | 1–3 | 50–75 |
| Flexor digitorum longus/flexor hallucis longus | 1–3 | 25–75 |
| **Total for flexed knee or adducted thighc** |  | **200 (ipsilateral)** |
| **Flexed knee** |  |  |
| Semitendinosus | 1–4 | 50–100 |
| Semimembranosus | 1–4 | 50–100 |
| Biceps femoris | 1–4 | 50–100 |
| Gracilis | 1–3 | 50–75 |
| **Adducted thigh** |  |  |
| Gracilis | 1–3 | 50–75 |
| Adductor longus/brevis | 2–6 | 100–150 |
| Adductor magnus | 1–4 | 50–100 |
| **Total lower limb dose** |  | **400** |
| **Unilateral upper limb treatment** | | |
| **Flexed elbow** |  |  |
| Brachioradialis | 1–3 | 50–75 |
| Biceps | 1–3 | 50–75 |
| Brachialis | 1–3 | 50–75 |
| **Flexed wrist** |  |  |
| Flexor carpi radialis | 1–3 | 25–75 |
| Flexor carpi ulnaris | 1–3 | 25–75 |
| **Pronated forearm** |  |  |
| Pronator quadratus | 1 | 25 |
| Pronator teres | 1–3 | 37.5–75 |
| **Clenched fist** |  |  |
| Flexor digitorum superficialis | 1–4 | 25–50 |
| Flexor digitorum profundus | 1–4 | 25–50 |
| **Thumb-in-palm** |  |  |
| Flexor pollicis longus | 1–2 | 25–50 |
| Adductor pollicis/flexor pollicis brevis/opponens | 1–2 each | 10–25 |
| **Total dose** |  | **100** |

aFor subjects with <25 kg body weight, dose ranges for muscles and injection site numbers were subject to body weight-adjusted ranges.

bAt least two out of five plantar flexor muscles contributing to the pes equinus were injected. For patients with bilateral pes equinus, the total dose and range of doses per muscle for each side were identical to those for patients with unilateral pes equinus.

cIn subjects with GMFCS-E&R level IV or V combined unilateral upper and lower limb treatment, total dose to the thigh muscles (i.e., for the treatment of knee flexors and thigh adductors) was limited to 100 Units. The total dose for unilateral lower limb treatment in these subjects was 300 Units.

GMFCS-E&R = Gross Motor Function Classification System expanded and revised; max = maximum; min = minimum.