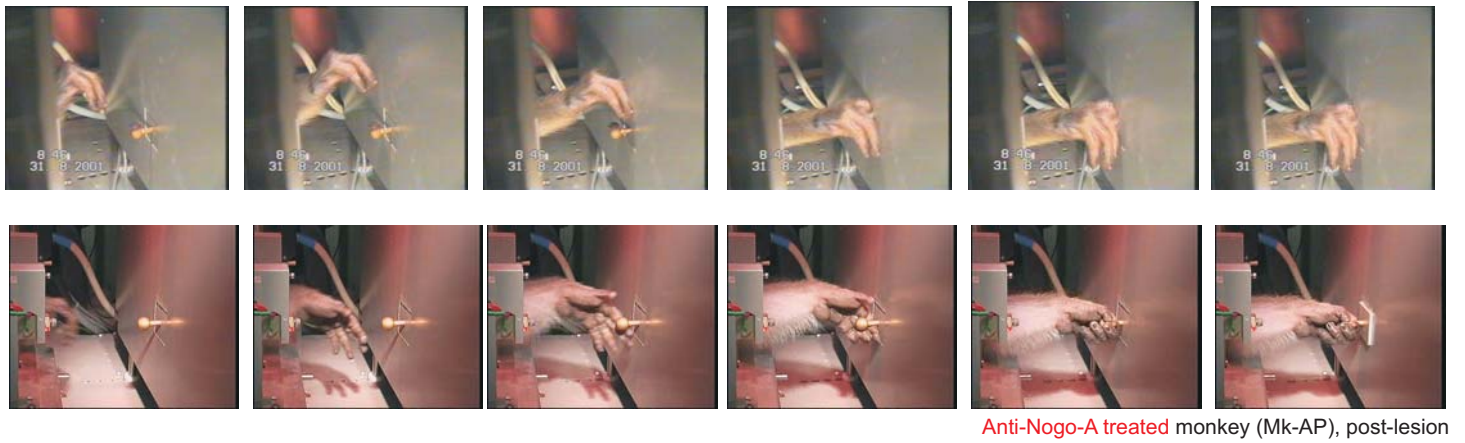
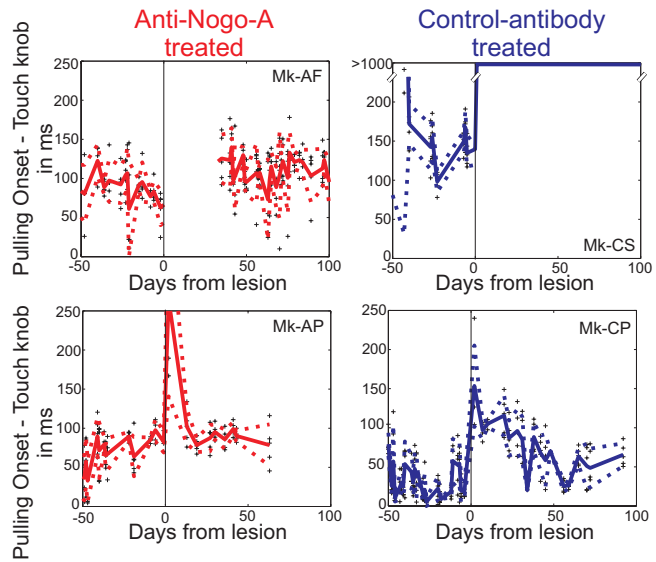


Supplementary Figure 2

a1



a2



b



c



Legend to Supplementary Figure 2

Assessment of motor capacity of fore- and hind-limbs.

(a1, b, c) Views extracted from video sequences of one representative trial performed post-lesion by a control-antibody treated monkey (Mk-CS) and an anti-Nogo-A treated monkey (Mk-AP) in the “**reach and grasp drawer**”, “**ballistic arm movements**” and “**hindlimb grasp**” tests, respectively. The control-antibody treated monkey did not grasp properly the drawer knob and did not develop enough force to pull the drawer as the knob slipped in between the fingers. The control-antibody treated monkey did not pre-shape the ipsilesional hand (absence of fingers extension: see arrow) in the ballistic task and did not recover foot grasping. The anti-Nogo-A treated monkey successfully opened the drawer and pre-shaped the hand (fingers extension) in the ballistic task but foot grasping was not recovered.

(a2) Quantitative assessment of the “**reach and grasp drawer**” task in two anti-Nogo-A treated monkeys (Mk-AF; Mk-AP) and two control-antibody treated monkeys (Mk-CS; Mk-CP). The time interval (in ms) between contact with the knob and pulling onset was plotted as a function of the corresponding daily session, before (days -50 to 0) and after (days 0 to 100) the lesion. The thick red/blue line represents the average time interval derived from five trials (with SD given by the red/blue dots), whereas all observations are represented by a “+” sign. The anti-Nogo-A treated monkeys recovered a time interval comparable to pre-lesion, whereas the control-antibody treated monkeys did not (Mk-CS did not recover at all the drawer task).