

## Additional file 1. Items of the non-pharmacological intervention (TIDieR checklist)

<b>1. Brief name</b>	Non-pharmacological complex intervention comprised of education, exercise, and weight loss advice if required.
<b>2. Aims and Rationale</b>	Development and evaluation of the non-pharmacological treatment component.
<b>3. What was done?</b>	<p><b>Training package of the provider:</b> The content of the package was based on NICE guidelines for the management of OA and a report by Arthritis Research UK on the educational needs of health professionals working with people with OA. The content consisted of a standardised treatment manual. Academic and clinical experts and members of a patient advisory group have provided input into the training package. Their key components were:</p> <ul style="list-style-type: none"><li>• The epidemiology and nature of knee pain and knee OA</li><li>• Assessment of the patient with knee OA</li><li>• Core NICE guidelines for managing OA</li><li>• Principles of strengthening and aerobic exercise prescription for knee OA</li><li>• Information and advice to support weight loss</li><li>• Strategies to support behaviour change</li><li>• Pharmacological management of OA and knee pain following a step-wise protocol of optimising analgesia</li></ul> <p><b>Mode of delivery:</b> Four face-to-face individual sessions over a five-week period.</p>

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<b>4. Who delivered the intervention ?</b>	A trained nurse with no prior knowledge of treating musculoskeletal conditions delivered the non-pharmacological intervention to knee pain people. A rheumatologist and research physiotherapist delivered in total eight sessions of the module over a three-month period.
<b>5. Where was the intervention provided?</b>	Single centre research setting, clinic room, city hospital, Nottingham
<b>6. When and how often or how much of the intervention was provided?</b>	The complex intervention was delivered for up to 1.5 hours in session one and 46 minutes in the follow up sessions. The nurse was endeavoured to provide as much intervention as an individual could tolerate. The amount of the intervention was video recorded.
<b>7. Was the intervention tailored?</b>	Tailoring was built in the intervention. Functional goals were agreed between the nurse and people with knee pain to facilitate exercise prescription. Weight loss goals were agreed with participants who were overweight. The description of the treatment manual highlights procedures for tailoring practice activities. No modifications of the intervention were made during the course of the study.
<b>8. How well was the intervention delivered?</b>	A single research nurse who received training, delivered the intervention and fidelity was assessed by video recording all sessions. After preliminary fidelity analysis, the nurse received additional supervised training to deliver the intervention.