

Updated Consolidated Framework for Implementation Research Constructs			Themes from the interviews (see main manuscript tekst) that were matched to the CFIR framework:
CFIR Website			
Construct	Short Description		
I. INNOVATION DOMAIN			
A	Source	The group that developed and/or visibly sponsored use of the innovation is reputable, credible, and/or trustable.	(see below for list of statements)
B	Evidence Base	The innovation has robust evidence supporting its effectiveness.	C6, C9, C11, C14, C15, C23
C	Relative Advantage	The innovation is better than other available innovations or current practice.	C19, C20
D	Adaptability	The innovation can be modified, tailored, or refined to fit local context or needs.	C5, C18
E	Trialability	The innovation can be tested or piloted on a small scale and undone.	
F	Complexity	The innovation is complicated, which may be reflected by its scope and/or the nature and number of connections and steps.	
G	Design	The innovation is well designed and packaged, including how it is assembled, bundled, and presented.	C1, C7
H	Cost	The innovation purchase and operating costs are affordable.	C16
II. OUTER SETTING DOMAIN			
A	Critical incidents	Large-scale and/or unanticipated events disrupt implementation and/or delivery of the innovation.	
B	Local attitudes	Sociocultural values (e.g., shared responsibility in helping recipients) and beliefs (e.g., convictions about the worthiness of recipients) encourage the Outer Setting to support implementation and/or delivery of the innovation.	
C	Local conditions	Economic, environmental, political, and/or technological conditions enable the Outer Setting to support implementation and/or delivery of the innovation.	C2, C3
D	Partnership & Connections	The Inner Setting is networked with external entities, including referral networks, academic affiliations, and professional organization networks.	
E	Policies & laws	Legislation, regulations, professional group guidelines and recommendations, or accreditation standards support implementation and/or delivery of the innovation.	
F	Financing	Funding from external entities (e.g., grants, reimbursement) is available to implement and/or deliver the innovation.	
G	External pressure	External pressures drive implementation and/or delivery of the innovation.	
III. INNER SETTING DOMAIN			
A	Structural Characteristics	Infrastructure components support functional performance of the Inner Setting.	

B	Relational Connections	There are high quality formal and informal relationships, networks, and teams within and across Inner Setting boundaries (e.g., structural, professional).	C8, C13
C	Communications	There are high quality formal and informal information sharing practices within and across Inner Setting boundaries (e.g., structural, professional).	C10
D	Culture	There are shared values, beliefs, and norms across the Inner Setting.	C13
E	Tension for Change	The current situation is intolerable and needs to change.	C20
F	Compatibility	The innovation fits with workflows, systems, and processes.	
G	Relative Priority	Implementing and delivering the innovation is important compared to other initiatives.	C19
H	Incentive systems	Tangible and/or intangible incentives and rewards and/or disincentives and punishments support implementation and delivery of the innovation.	
I	Mission Alignment	Implementing and delivering the innovation is in line with the overarching commitment, purpose, or goals in the Inner Setting.	
J	Available Resources	Resources are available to implement and deliver the innovation.	C13
K	Access to Knowledge & Information	Guidance and/or training is accessible to implement and deliver the innovation.	
IV. INDIVIDUALS DOMAIN			
A	High-level leaders	Individuals with a high level of authority, including key decision-makers, executive leaders, or directors.	
B	Mid-level leaders	Individuals with a moderate level of authority, including leaders supervised by a high-level leader and who supervise others.	
C	Opinion Leaders	Individuals with informal influence on the attitudes and behaviors of others.	
D	Implementation facilitators	Individuals with subject matter expertise who assist, coach, or support implementation.	C5, C22
E	Implementation Leads	Individuals who lead efforts to implement the innovation.	
F	Implementation Team Members	Individuals who collaborate with and support the Implementation Leads to implement the innovation, ideally including Innovation Deliverers and Recipients.	
G	Other Implementation Support	Individuals who support the Implementation Leads and/or Implementation Team Members to implement the innovation.	
H	Innovation Deliverers	Individuals who are directly or indirectly delivering the innovation.	C19
I	Innovation Recipients	Individuals who are directly or indirectly receiving the innovation.	C2, C3, C4, C5
V. IMPLEMENTATION DOMAIN			
A	Teaming	Join together, intentionally coordinating and collaborating on interdependent tasks, to implement the innovation.	C1, C12
B	Assessing Needs	Collect information about priorities, preferences, and needs of people.	C2, C17

C	Assessing Context	Collect information to identify and appraise barriers and facilitators to implementation and delivery of the innovation.	
D	Planning	Identify roles and responsibilities, outline specific steps and milestones, and define goals and measures for implementation success in advance.	C1, C12
E	Tailoring Strategies	Choose and operationalize implementation strategies to address barriers, leverage facilitators, and fit context.	
F	Engaging	Attract and encourage participation in implementation and/or the innovation.	C22
G	Doing	Implement in small steps, tests, or cycles of change to trial and cumulatively optimize delivery of the innovation.	
H	Reflecting & Evaluating	Collect and discuss quantitative and qualitative information about the success of implementation.	C21
I	Adapting	Modify the innovation and/or the Inner Setting for optimal fit and integration into work processes.	

Interview themes

- C1 time-contingent clinical reasoning interpreted as sensitivity to process management
 C2 preoperative assessment to address unrealistic expectations and maladaptive cognitions and beliefs
 C3 pre-hospitalisation assessment considered as reassuring and improving their self-confidence
 C4 preoperative assessment by a physical therapist to evaluate global functioning
 C5 preoperative sessions should be organized individually and not in group, because of the variability in the
 C6 clear expert-based and patient-tailored objectives available for the pre-hospitalisation contact with a HCP
 C7 need for an 'explicit' biopsychosocial approach
 C8 need for interdisciplinary dialogue between the HCP on the patients
 C9 need for fear reduction postoperatively
 C10 need for uniform messages concerning rehabilitation
 C11 uncertainty and even disagreement about the timing of manual mobilisation techniques and movements
 C12 need for clear and explicit roles for each stakeholder in the rehabilitation process to avoid contradictions
 C13 hierarchy disturbs team discussions and the impact of each team member's opinion
 C14 contrasting opinions between disciplines regarding postoperative advice on restrictions
 C15 consensus on immediate mobilisation after LFS to reduce hypervigilance and fear
 C16 early mobilisation to reduce the length of stay
 C17 insufficient physiotherapy appointment available for early mobilisation, especially in the weekend
 C18 psychological burden that interferes with rehabilitation (during hospitalisation) should to be addressed, if
 C19 psychologists are rarely consulted but often indicated
 C20 clear focus on a future perspective that contrasts with 'as is' situation
 C21 Immediate, individualised rehabilitation trajectory delivered by a physical therapist to resume work and
 C22 support from an accessible case manager to guide and tackle problems
 C23 friction between side effects of pain management and early mobilisation