

Supplementary Files

Supplementary File 1: Quantitative fidelity checklists used

INTERVENTION SESSION CHECKLIST (OBSERVATION/AUDIO-RECORDING):

Cover sheet (completed for each session)

Date:	
Venue:	
Physiotherapist Name:	
Other staff involved:	Name(s): Role: (e.g. set-up/delivery/support)
Session number (tick):	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Start time (class):	
Finish time (class):	
Time spent on education (mins):	
Time spent on exercise (mins):	
Method of Observation:	In-vivo/Audio-recording

<p>Adverse event(s)/issue(s) (circle):</p> <p>Y/N</p>	<p>If yes give brief details:</p>
<p>Deviations from protocol/proscribed components delivered?</p>	<p>Yes/No</p> <p>Details:</p>

General notes on fidelity of session:				
INTERVENTION COMPONENT CHECKLIST:	YES (2)	NO (0)	ATTEMPTED (1)	N/A
Session 1:				
Materials				
Intervention folder given to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name stickers/badges given to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Introduction				
Introductions/welcome made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Set clear expectations - aims, content and structure of programme addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for weekly attendance provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
Rationale for self-management provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posture addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cycle of change addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disease characteristics, prevalence and causes of OA/CLBP addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recommended activity levels/benefits of exercise addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual reflection on activity/recommendations facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Goal setting introduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action planning introduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention drawn to Action Plan sheets within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention drawn to Activity Diaries within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention drawn to Exercise Programme Diary within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review and Planning				
Session review - activity levels and goal setting recap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				
Session 2:				

INTERVENTION COMPONENT CHECKLIST:	YES (2)	NO (0)	ATTEMPTED (1)	N/A
Materials				
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name stickers/badges given to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pedometers offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recap and Review				
Welcome back made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review of previous week activities/action plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
Set clear expectations – content of session outlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity-rest cycle and pacing explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual reflection on current pacing/activity-rest facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Factors influencing pain addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Goal setting facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action planning facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action Plan sheets use encouraged/facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attention drawn to Walking/Activity Diary within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Programme Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session Planning and Review				
Session review - goal setting and action planning recap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				
Session 3:				
INTERVENTION COMPONENT CHECKLIST:	YES	NO	ATTEMPTED (1)	N/A

	(2)	(0)		
Materials				
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tape measures offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recap and Review				
Previous week Activity Action Plan reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem-solving of previous week Activity Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan sheets use encouraged/facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
Set clear expectations – content of session outlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obesity and effect on pain addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance between weight/activity addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual reflection on weight/activity balance facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skills for maintaining healthy weight addressed (e.g. waist measurement, food diary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention drawn to Healthy Eating Booklet within intervention folder, encouraged use				
Attention drawn to Walking/ Activity Diary within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention drawn to Food & Exercise Diary within intervention folder, encouraged use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Programme Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session Planning and Review				
Session review - goal setting and action planning recap integrating food and exercise diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				
Session 4:				
INTERVENTION COMPONENT CHECKLIST:	YES	NO	ATTEMPTED (1)	N/A

	(2)	(0)		
Materials				
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Midway Recap and Review				
Previous week Activity Action Plan reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem-solving of previous week Activity Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan sheets use encouraged/facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking/ Activity Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
Set clear expectations – content of session outlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for using pain relief given (e.g. pain pathway explained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methods of pain relief addressed (e.g. medication, heat/ice, TENS/acupuncture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual reflection on use of pain relief facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Programme Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session Planning and Review				
Session review - goal setting and action planning recap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				
Session 5:				
INTERVENTION COMPONENT CHECKLIST:	YES (2)	NO (0)	ATTEMPTED (1)	N/A
Materials				
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relaxation CD offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recap and Review				

Previous week Activity Action Plan reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem-solving of previous week Activity Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan sheets use encouraged/facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking/ Activity Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
Set clear expectations – content of session outlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognising and managing flare-ups addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual reflection about flare-ups facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effect of mood on pain addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Programme Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation Session				
Relaxation techniques explained and practiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session Planning and Review				

Session review - goal setting and action planning recap with integration of relaxation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				
Session 6:				
INTERVENTION COMPONENT CHECKLIST:	YES (2)	NO (0)	ATTEMPTED (1)	N/A
Materials				
Use of participant intervention folder actively facilitated throughout session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pens offered/provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handouts on local resources and supports provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint slides used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recap and Review				
Previous week Activity Action Plan reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem-solving of previous week Activity Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan sheets use encouraged/facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking/ Activity Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				

Set clear expectations – content of session outlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Core skills of programme reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aims of long-term self-management addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local resources and supports discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance/encouraged to contribute to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise				
Room set up for exercise (equipment, sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol exercises demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Programme Diary use encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale for exercises provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants given a chance to attempt and practice protocol exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session Planning and Review				
Session review – long term goal setting and action planning recap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity diaries use recorded (if willing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proscribed components delivered?	<input type="checkbox"/> (-2)	<input type="checkbox"/>		
Total score (Yes = 2, Attempted = 1, No =0)				
Overall Adherence score				

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Yes = Fully addressed by the Physiotherapist – could not do more

Attempted = Reasonable attempt made to address this – could do more

No = No attempt made to address this

INTERVENTION SESSION CHECKLIST (SELF-REPORT)

Self-report checklists covered similar components to observation and audio as provided above - different cover sheet (completed for each session) provided below

PCCC Site:	Date:	Class: circle 1 2 3 4 5 6	Physiotherapist Name:
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PERSONNEL

Other staff involved in setting up class:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Names/Staff Grade:
Other staff involved in providing class:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Names/Staff Grade:

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ATTENDANCE

	Present	Absent
Number of Clients:		
Names of non-attenders:	Reasons for non-attendance [if known]	
1.		
2.		
3.		
4.		

CLASS PREPARATION

Time to review materials [mins]:	Time to set up class [mins]:	Time to take down class [mins]:
Start Time:	End Time:	Comments:

CLASS DELIVERY

	Education	Exercise
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Time to deliver [mins]:		
Comments:		
Deviations from protocol: Content/time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' give details and reason[s]		

TREATMENT-RELATED EVENT – any unforeseen event/issue should be reported to Deirdre Hurley

During class: Yes <input type="checkbox"/> No <input type="checkbox"/>	After class: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reported to Deirdre Yes <input type="checkbox"/> No <input type="checkbox"/>
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When patient is discharged please give this completed form to UCD Research Physiotherapist or scan and email to physiostudy@ucd.ie

Supplementary File 2: Physiotherapist baseline characteristics										
	Wave 1				Wave 2					
Physiotherapy Site	A	B	C	D	A	B	C	E	F	G
Physiotherapist	A1	B1	C1	D1	A1	B2	C2	E1	F1	G1
Gender	F	F	F	M	F	F	F	F	F	F
Experience (years qualified)	5	25	8	12	5	25	10	6	19	11
Group experience (years delivering group physiotherapy)	1	3	8	2	1	10	3	1	15	7
Post-training evaluation score (%)	74%	81.5%	90.5%	83.4%	74%	88.5%	81.8%	81.2%	78.1%	94.4%
Previous training in similar interventions (Y/N)	N	Y	Y	Y	N	Y	Y	Y	Y	Y
F= female, M=male, Y=yes, N=no										

Supplementary File 3: Physiotherapist interviews topic guide

SOLAS Programme Semi-Structured Interviews with Physiotherapists

Interview Schedule

Ice-breaker – describe your experience in running group-based programmes for these or other populations before this study. How many weeks of the SOLAS programme did you deliver?

Therapist Views on Experience of Delivering the Programme

- What are your overall impressions of the programme having delivered it for first/second time?
 - Content overall and week by week –education and exercise components – time for each- managing group dynamics – mixed ability/diagnosis and ages of clients
- What aspects did you find easy/challenging to deliver?
[content/communication/behaviour change/goal setting/action planning – these were emphasised in training]
- Views on feasibility of class size of up to 8 clients with one physiotherapist to deliver?
[none delivered a class of this size – their views on running small numbers v the target of 8]
- How well do you feel you delivered the programme as intended from the training received?
 - Following the slide content/script – was it difficult/did you want to edit - which parts?
 - Content/needs supportive delivery style/ behaviour change techniques
 - Views on giving advice/setting goals with patients and following through and being needs supportive (using SDT) e.g. using non-controlling language, enabling patient input and choice; providing positive and personalised feedback to patients?
 - Difficult/constrained by research?
- For the aspects not delivered as planned from training give reasons –
 - prompt on potential barriers to delivery [the availability of resources (e.g. staffing, suitable venue, administrative staff, time constraints); appropriate patient selection and screening, patient uptake and engagement with programme and the potential need to individualise treatment within group]
- How much additional work did delivering the programme and participating in this study place upon you? [Specify – preparation time – reading the manual and supplementary materials, setting up the venue, time to deliver – on top of other work, completion of treatment record forms after each class, completion of post training questionnaires]?
 - Is this acceptable? What modifications would you suggest for future waves?
- What are your impressions of the resources provided to you to support delivery of the programme? [Training Manual /Intervention Manual/Intervention Slides/SOLAS poster]
 - How much have you used them? What was useful/not useful in terms of helping you deliver the programme as intended?
 - Views on continuing to use powerpoint versus flip chart or handouts only?
 - Suggestions for modifications for future waves
- What are your impressions of the venue in terms of its suitability for delivering the programme? [Prompt – accessibility, space, equipment for delivering education and exercise component number of stations, sound quality to allow communication to the

group/individuals during exercises

Views on sustainability of the Programme

- What is your opinion of the feasibility of delivering the programme in the future within the study/within normal practice?
- Would you deliver the programme outside the study?
- How would you deliver it? What materials would you use? What would you leave out? Who would you deliver it to?

Views on Research Elements of the Programme

- Views on research elements of the programme [pre and post training questionnaires, direct observation during classes, audio recordings, treatment record forms]
 - Intrusiveness/time/feasibility Any suggestions for modifications for future waves
- Views on level and modes of communication with the research team throughout the study from training to completion of this wave
 - Suggestions for modifications for future waves

Supplementary File 4: Agreement between assessment methods				
	Direct Observation v Self-Report (n=24)	Direct Observation v Audio- Recordings (n=24)	Audio-Recordings v Self-Report (n=60)	Audio-Recordings Rater 1 v Rater 2 (Inter-rater reliability) (n=12)
Overall agreement	74.6%	86.6%	75.4%	84.6%
% Agreement per category:				
Materials	74.5%	82.67%	70.1%	84.6%
Introduction and Review	65.3%	86.5%	57%	81.6%
Education	84.6%	90.3%	87.3%	76.7%
Exercise	70.8%	86%	78%	83.3%
Review and Planning	50%	76.2%	46%	100%

Supplementary file 5: Average duration according to method and session (methods combined)										
	Intended duration (mins)	Actual duration (mins) for each method			Actual duration (mins) for each session					
		Direct Observations	Self-Report	Audio-Recordings	1	2	3	4	5	6
Education Duration Mean (SD)	45	46.6 (15.6)	44.6 (12)	45.1 (14.7)	58.9**	41.6	47.7	46.5	42.4	42.4
Exercise Duration Mean (SD)	45	38.6 (8.2)*	38.9 (7.7)*	38.7 (8.9)*	31.4**	42.7	39.2	38.0	39.8	41.5
Total Duration Mean (SD)	90	85.3 (11.3)***	83.4 (11.4)**	83.5 (10.5)**	89.3	84.3	86.0	84.5	83.3	74.3
* p=0.001 ** p<0.001 ***p<0.05										

Supplementary file 6: Group size

	Wave 1				Wave 2						Total n=
Physiotherapy Site (Physiotherapist)	A (A1)	B (B1)	C (C1)	D (D1)	A (A1)	B (B2)	C (C2)	E (E1)	F (F1)	G (G1)	7 (9)
Average no. of participants present* (total recruited*)	3.7 (4)	4.8 (6)	3 (4)	1.8 (2)	1.5 (4)	2.8 (4)	2.5 (5)	2.7 (4)	4.5 (7)	2.5 (5)	3 (SD = 1.3)
Session	Mean participants present (SD)										
1	3.3 (1.4)										NS p=0.8
2	3.4 (1.5)										
3	2.8 (1.1)										
4	2.9 (1.3)										
5	2.8 (1.0)										
6	2.7 (1.2)										
<p>*significant difference between physiotherapists for number of participants recruited and average numbers present, p<0.001</p> <p>NS = non-significant, SD = standard deviation</p>											