Supplementary Materials: Reprinted with permission from Ben-Ami N, Chodick G, Mirovsky Y, Pincus T, Shapiro Y. Increasing recreational physical activity in patients with chronic low back pain: a pragmatic controlled clinical trial. J Orthop Sports Phys Ther. 2017;47:57-66.

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Standardised protocol:	Individualised protocol:	Classification into stages of change:
1. Two standard statements were delivered to all	1. Matching stages of change:	Pre contemplation- patients explicitly
patients:	a. Use of set criteria ^a to establish stage of	expresses unwillingness or reluctance to
 It is easy to reduce pain. The problem is ensuring 	change.	engage in physical exercise.
that it does not return.	b. Adapting the process of the intervention	Contemplation- Patients expresses a
 b. It is important that the body is strong and flexible. 	to match stage of change. Specifically:	willingness to discuss change but does not set
Both statements led to a discussion of the value of	Contemplators: Focus on increasing	a plan or a time to effect change in the
physical activity in preventing and managing LBP.	awareness, pros and cons verbalised by	immediate 6 months.
Physiotherapists were instructed to use their	patient, physiotherapist neutral.	Preparation- Patients express a plan to
enhanced skills to build the therapeutic alliance,	Preparation: (1) specific commitments to	implement change within one month.
with an emphasis on communicating empathy and	engage in physical activity (when,	Action- Patients reports that they have
practicing active listening.	where, how); (2) communicating the	engaged in physical activity at least 3 times a
The following information was delivered to all	commitment to others, and, (3) agreeing	week on a regular basis for less than 6
patients: Physical activity is the most powerful	level of effort and coaching in healthy	months.
intervention for LBP, and is backed by international	walking.	Maintenance- patients report that they have
research, supported by the WHO. Any aerobic	c. In the next consultation, for those who	engaged in physical activity at least 3 times a
physical activity will do (no prescribed activity). As	failed to carry out their commitment, use	week on a regular basis for longer than 6
soon as pain starts, increasing levels of physical	of a set of questions based on self-	months.
activity will help, and that once pain has subside it is	efficacy as specified by Miller & Rollnick	Typical work in the contemplation stage
important to use the full range of movements, e.g.	in Motivational Interviewing (MI) ^b . If	involved discussions and evaluation of the
both flexion and extension.	responses score low, change routine to	proposed action, its effect on others, raised
Postcard with exercises.	be extremely easy.	awareness of emotions, and contemplation of
	2. For those who feared walking and said it	a changing self-image. Preparation involved
	increased their pain ¹ , the	making a commitment, planning for social
	physiotherapists used exposure through	support and substituting unhealthy
	speed walking in the physiotherapy	conditioning.
a) Singer FA. The Transtheoretical model and primary care: "the times the	setting, down a corridor.	

a) Singer EA. The Transtheoretical model and primary care: "the times they are a changing". J Am Acad Nurse Pract 2007; 19:4-11

b) Motivational Interviewing: Preparing People to Change Addictive Behavior. New York, NY: The Guilford Press; 1992

1) This component only applied to patients who chose walking as their activity, but failed to engage in it due to fear of pain. Physical therapists specifically asked about engagement and reasons for not engaging in the chosen activity.