

**Supplementary File 1:** An audit trail of evidence showing examples of each stage of the data analysis

<b>Original data (Individually assessed by two researchers)</b>	<b>Code/category (generated by the two researchers)</b>	<b>Sub-theme (based on discussion between the researchers)</b>	<b>Theme (based on discussion between the researchers)</b>
- We started with x-rays, and that was done by my general practitioner	general practitioner	<i>Prior osteoarthritis care from other health professionals</i>	Presented with a pre-existing osteoarthritis diagnosis
- First of all, I went to a knee specialist and then I went to a sports medicine specialist and orthopaedic surgeon	knee specialist, sports medicine specialist, orthopaedic surgeon		
- Initially I went to the orthopaedic surgeon	orthopaedic surgeon		
- I went to a specialist in this	specialist		
- I did a course with Dr L, who is a rheumatologist	rheumatologist		
- I suffered quite a bit of pain and I was referred to a specialist	specialist		
- I went to see a surgeon with the possible view of having replacements done	surgeon		
- If it's bone on bone that doesn't replace the cartilage	Bone on bone, no cartilage	<i>Perception of adequate osteoarthritis knowledge</i>	
- I've got a fair bit of wear and tear but because of my age	Wear and tear due to age		
- It's just basically wear and tear, and it's really bone on bone	Wear and tear, bone on bone		
- I've had all those tests. So I had all that and that's when they discovered [osteoarthritis]	Tests to confirm osteoarthritis		
- My understanding is it's really just a bit of integral wear and tear of the joint	Understanding, wear and tear		
- I have a fairly good understanding of what osteoarthritis	Good understanding of osteoarthritis		

- I just chose them because I knew they did Pilates and exercise rehab	Self- referral	<i>Referral pathways</i>	Wide variation in access and provision of physiotherapy care
- follow up physiotherapy after the arthroscopy	Rehabilitation program		
- it [physiotherapy] was convenient because it was near my general practitioner	Self- referral		
- Probably word of mouth	Peer recommendation		
- I've actually had a work injury, so that [physiotherapy] was actually paid through my injury	Through work compensation scheme		
- That [physiotherapy] was part of an advanced health care plan	Referred by doctor		
- The general practitioner sent me to a physiotherapist	Referred by doctor		
- I went to see a knee specialist, he suggested that physiotherapy might help strengthen the muscles	Referred by specialist		
- I got them off the EPC Plan	Medicare subsidy	<i>Funding models</i>	
- Subsidised by my health insurance	Health insurance		
- I've got private health cover, so I paid a gap	Health insurance		
- WorkCover then ceased to cover me	Work compensation scheme		
- I've actually had a work injury, so that was actually paid through my injury	Work compensation scheme		
- I was doing them myself out-of-pocket	Self-funded		
- I actually participated in the GLA:D programme	Group setting	<i>Individual vs group sessions</i>	
- They [the physiotherapist] wanted me to do the pilates in the group	Group setting		
- trying to get me involved in aqua aerobics	Group setting		
- The first has been my regular physio who I've seen for probably about four years	1:1		

- continuing with intermittent physiotherapy sessions as well as exercising at home	1:1			
- as part of the bike fit the physio did a full-on assessment	1:1			
- the pain was just killing me. I would be in tears with the pain.	Knee pain	<i>Knee symptoms</i>		Seeking physiotherapy care for pain and functional limitations
- I wanted to go and build-up the strength in my legs	Knee weakness			
- I've had this really sore knee that's basically collapsing underneath	Knee pain and weakness			
- it was swollen, hot, and I couldn't walk without a walking stick. It was very painful	Knee swelling, pain			
- Loss of support. I was having trouble, I was struggling walking because the knee would just suddenly give way, and I'd fall down	Knee weakness, poor support			
- my knees were becoming more and more sore and clicking as I walked	Knee pain, clicking			
- my knees were becoming more and more sore and clicking as I walked, particularly up sets of stairs	Difficulty with steps negotiation	<i>Functional problems</i>		
- my gait's not very good and it's throwing my back out. I was heading overseas and thought I've got to do something about this, I can't be hobbling around.	Walking difficulty			
- I could not stand up out the chair unaided	Walking difficulty Difficulty getting off the chair			
- I was struggling to walk	Walking difficulty			
- Because I've lost capacity to squat	Difficulty squatting			
- I think she [the physiotherapist] made me walk a little bit	Gait assessment	<i>Assessment of function</i>		Physiotherapy management focussed on function and exercise
- They'll [the physiotherapist] get you to do a few activities to try and I guess test the limits of what you can and can't do with your knee – squatting, bending, rotation	Functional tasks			

- timing or just observing, getting in and out of a chair	Functional tasks	
- the [physiotherapist] just got me doing step-ups	Steps assessment	
- the [physiotherapist] got me to walk straight away from him and then turn around and come straight back towards him	Gait assessment	
- she [the physiotherapist] recommended to keep riding the pushbike	Bike, cardio	<i>Various types of exercises prescribed</i>
- we went to the hydro	Hydrotherapy	
- advised me to walk in the pool, go on the exercise bike, those sorts of things	Water exercise, bike, cardio	
- to walk on the treadmill for five minutes as a warmup	Gym workout	
- she's [the physiotherapist] given me stretching exercises with a rubber band	Theraband	
- the [the physiotherapist] gave me, swimming, wall press ups, yeah, biceps, standing with dumbbells, and bridge, lie on your back, clamshells, wall squats, single leg stance with eyes open, seated abduction ball squeeze	Swimming, functional exercise, strengthening	
- I think it's the rheumatologist or my general practitioner probably, they would be the ones that would be issuing the drugs so I didn't think that would be a physio's	Medication is GP's role	<i>Surgery, medications, and injections are for doctors</i>
- I get the impression the physio doesn't want to go into the drug side of it because of the risks	Medication is not the physiotherapist's role	
- the doctor had covered that [medication]. I didn't feel that I need my physio [needs] to	Medication is GP's role	
- No but it's not his [the physiotherapist] place to manage it. Medications, the doctor does that.	Medication is GP's role	
- Because the surgeon will know better about how advanced it is	Surgery is the specialist's role	
- I remember him [physiotherapist] saying, your next point of call could be to go and speak to a physician who specialises in knees	Surgery is the specialist's role	

- They [the physiotherapist] said what you need to do is we're going to refer you to the doctor, and he can then make the best decision on what treatment should happen with your knee.	Surgery is the specialist's role		
- She [the physiotherapist] did a little massage on my calf and my knee	Massage	<i>Adjunctive treatments</i>	
- I think they've [the physiotherapist] played around with a TENs machine	TENS, electrotherapy		
- He [the physiotherapist] gave me exercises; put a little machine on my knee	Electrotherapy		
- she [the physiotherapist] would do deep tissue massage for five to 10 minutes	Massage		
- I had some strapping of the knee	Taping		
- I think I would've got some, a little bit of ultrasound	Ultrasound, electrotherapy		
- I think it's called EMS machine, an electronic stimulation machine	EMS, electrotherapy		
- she [the physiotherapist] had advised me to wear a Tubigrip, just pressure bandage over the knee	Tubigrip, knee bracing		
- He [the physiotherapist] was extremely good and I had complete trust in what he was doing	Trust in the physiotherapist, confident	<i>Trust and/or confidence</i>	Professional and personalized care
- I think we had quite a good relationship and he [the physiotherapist] also knew my background and what I'd been through	Good relationship, trust		
- She [the physiotherapist] had an instant grasp of what was happening and what was needed to try and assist	Understood my concern, tried to help		
- [The physiotherapist] was great and he was fairly well read and understanding of the situation	Competent, trust and confident		
- what I can say about my physio is that I think he has a very good understanding of my knee problem and I think he understands that better than my doctors	Good relationship, understanding		

- They [the physiotherapist] were always very empathetic towards it	Empathetic	
- I think she [the physiotherapist] understood what my concerns were, she looked at all those things and helped me with them.	Specific to the concern, helped me	<i>Personalized care</i>
- She [the physiotherapist] was always checking back with me to make sure that it was possible for me to do it or if I could cope with it or whatever the case was	Checking with me	
- there was nothing that I wasn't confused about. And it was a two-way discussion	Two-way discussion	
- the [physiotherapist] assessed it best by working with me	Working with me	
- The surgeon said to me he probably gives me 10 years out of my right knee	Postpone surgery	Physiotherapy to postpone or prepare for surgery
- I actually am going to go to the orthopaedic specialist in February to have a look and just see whether I should have a replacement	Intention for knee surgery, preparation	
- My doctor just told me that I'm going to need a knee replacement eventually and so did the specialist surgeon, so I thought well I don't want to have a knee replacement just at this stage.	Need a knee replacement but not at this stage, prepare for surgery	
- We were talking about the advantages of doing it [surgery] sooner than later, but then he's [the physiotherapist] saying if I do it a bit later then we can strengthen the muscles in my knee	Prepare for surgery	
- I'm on a waiting list to have a knee replacement, but when that happens, who knows	Waiting list for knee replacement	

EMS: Electrical muscle stimulation

EPC: Enhanced primary care

GLA:D: Good Life with Osteoarthritis: Denmark (GLA:D)

TENS: Transcutaneous electrical nerve stimulation