

Supplemental material

Table S1. Summary of the main elements involved in the seven stages proposed by Noblit and Hare¹⁴ for conducting a meta-ethnography

Stage	Focus	Stage involves:
Stage 1	Getting started	Identifying and choosing the research topic; developing the research question; determining that a meta-ethnography is the best approach to address the research interest
Stage 2	Deciding what is relevant to the initial interest	Defining the focus of the synthesis; locating relevant studies; making inclusion decisions/selecting the studies; quality assessment
Stage 3	Reading the studies	Repeat structured reading/re-reading of the papers; identification of metaphors, concepts and themes
Stage 4	Determining the relationship between studies	Pulling together/comparison of the metaphors, concepts and themes to identify a relationship that might be reciprocal, refutational or with the development of a line of discussion
Stage 5	Translating the studies into one another	Translation of meanings from one study into another with the aim of arriving at translated concepts
Stage 6	Synthesizing the translations by identifying concepts that can encompass those found in other studies	Comparison of the potentially multiple translations from across the studies, one to another, to allow the new overall interpretation to emerge
Stage 7	Expressing the synthesis	Selecting the method best suited to sharing the information

Table S2. Final agreed quality appraisal results using the Critical Appraisal Skills Programme (CASP)

Study ref	Identified aim	Method appropriate	Research design	Recruitment strategy	Data collection	Researchers' influence	Ethical issues	Data analysis	Explicit findings	Clinical value
Cheshire et al 2018 ²²	Yes	Yes	Unclear	Part	Yes	Unclear	Part	Yes	Yes	Unclear
Constantinescu et al 2017 ²³	Yes	Yes	Yes	Part	Yes	Unclear	Unclear	Yes	Yes	Yes
Emmerson et al 2018 ²⁴	Yes	Yes	Unclear	Unclear	Unclear	Part	Part	Yes	Part	Unclear
Eng et al 2014 ²⁵	Yes	Yes	Yes	Unclear	Yes	Part	Part	Yes	Yes	Yes
Escolar-Reina et al 2010 ²⁶	Yes	Yes	Yes	Yes	Unclear	No	Part	Yes	Yes	Yes
Govender et al 2017 ²⁷	Yes	Yes	Yes	Part	Yes	Part	Part	Yes	Yes	Yes
Hamilton et al 2018 ²⁸	Yes	Yes	Yes	Part	Yes	Part	Part	Yes	Yes	Yes
Horne et al 2015 ²⁹	Yes	Yes	Yes	Unclear	Part	Part	Part	Yes	Yes	Yes
Liddle et al 2007 ³⁰	Yes	Yes	Yes	Yes	Unclear	Part	Yes	Yes	Yes	Yes
Lindfors et al 2017 ³¹	Yes	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Yes

Maiers et al 2016 ³²	Yes	Yes	No	No	No	Part	Part	Yes	Part	Unclear
Palazzo et al 2016 ³³	Yes	Yes	Yes	Unclear	Yes	No	Part	Part	Yes	Yes
Rathleff et al 2017 ³⁴	Yes	Yes	Yes	Yes	Part	Yes	Part	Unclear	Part	Part
Resnick et al 2005 ³⁵	Yes	Yes	Unclear	Unclear	Part	No	Part	Part	Yes	Unclear
Slade et al 2009 ³⁶	Yes	Yes	Yes	Unclear	Part	No	Part	Yes	Yes	Yes
Stenner et al 2016 ³⁷	Yes	Yes	Yes	Unclear	Part	No	Part	Part	Yes	Yes
Stilwell & Harman 2017 ³⁸	Yes	Yes	Yes	Part	Part	Part	Part	Yes	Part	Unclear
van Leer & Connor 2008 ³⁹	Yes	Yes	Yes	Unclear	Part	No	Part	Yes	Yes	Yes

Table S3. Themes/subthemes with supportive constructs, illustrative quotes and sources

Themes/ subthemes	Supportive constructs	Illustrative quotes	Sources
The Person as a learner : starting – having to engage and learn			
Need, expectations, ownership and readiness	<p>Need: persistent symptoms; worried; frightened me; no control; painful; stressed out, mentally and physically; killing me; scared for the future</p> <p>Expectations/Hope: get rid of the pain; help symptoms; don't know what hoping for; don't know what to expect; previous experience; building hope; expectations different now; validation; knowing more; return to baseline; expecting a miracle</p>	<p>'I said "I've got toothache in my leg...my back and my leg...and I just can't go on". I was worried that it was something more sinister it lasted so long!' [30]</p> <p>'now I'd really got to do something about this because it was painful, so I started to take it more seriously and do it properly' [31]</p> <p>'I was really stressed out, mentally and physically, and I had a really bad flare-up, and I was like, I need to go to school but this is killing me and I think it took about a week for it to resolve, so I'm kind of scared for the future, especially next year on how it's going to affect me and how I can prevent that from happening. So I think that's kind of what's motivating me to do these exercises, as regular as I am now, because I really don't have time for that next year' [38]</p> <p>'I need to work harder at it. And, because, I've already been pretty sick, I don't want to get sick again' [23]</p> <p>'I really had great expectations, I was sure this was gonna be it, but it's not, so I have to move forward' [32]</p> <p>'To be honest I wasn't quite sure what to expect from the physio appointment other than this vague idea that I would be given exercises only because it's what I expect a physio to do...' [37]</p> <p>'I thought, well, if you don't use muscles, they, sort of, stop working, don't they? I've seen it with people with broken legs. If they don't use them the muscles wither. And so I thought if that's just going to happen to my throat, I don't want that happening' [27]</p> <p>'...I hope to just reach my former level, for the injured leg. I don't expect to be walking around without my walker or anything. As long as it can become as it once was' [34]</p> <p>'Exercise builds bone density'; 'I hope it will build my bones so nothing else will break' [35]</p>	<p>[25];[30]; [31];[33]; [38]</p> <p>[22];[23]; [25];[27]; [30];[32]; [34];[35]; [37]</p>

Ownership/readiness:

Determined; pushing a little bit extra each time; tenacity to get better; motivation; personal attributes/coping/responsibility; own destinies; response/attitude from others; waiting for others; own practice; active input; quick fix; ambivalence; trust in others

'I think I really wanted to know what was going on more than anything else. I wanted to know more about my back and I suppose sometimes you don't get that, I wanted more understanding' [37]

'I was just determined to do them, and I was determined to walk. I was determined to do everything for myself that I could. I just knew that it was the best way to get well' [35]

'I used to do triathlon. And I knew about sort of pushing myself a little bit extra each time I trained to accomplish a little bit more... It sort of made perfect sense to me that there would be similar approach with the therapy' [22]

'It's your own tenacity to get better' [27]

'You need motivation'; 'If you're not really motivated to really want to change, you're not going to. It's hard work.' [39]

'out of control over their own recovery' [25]

'I have been to doctors, physios and chiropractors, osteopaths, acupuncture off the range, all of those were recommended to me by people' [30]

'The medication takes just one minute, while the exercises take 30 minute. Although medications may be bad for my health, they are easier to take' [26]

'Quick fix' [30]

[22];[25];
[26];[27];
[28];[30];
[33];[34];
[35];[36];
[37];[39]

Starting from scratch – unsure, scared, overwhelmed

No idea: can't help myself; don't know how to help myself; not knowing what doing; starting from scratch; Inadequate understanding of why exercises; lack of clinical knowledge; suspicious; skeptical

Sure/Unsure: avoid aggravation; no certainty; make it worse; worrying; don't know; no certainty on that; do it, but don't know why; sort of slightly kind of worrying; doing them right; lacked confidence; unsure on accuracy; prefer to stop; prior success with ex made think that could do it again;

'It's all well and good you going to a physio and them saying you have to do this...you need to help yourself, and you come out and burst into tears and think I can't help myself I don't know how to help myself...' [37]

'They say, I'll do anything to get out of here, but I just don't know what to do' [25]

'I think just for the physio not to take for granted that the person knows exactly what they're telling them without showing them how to do' [30]

'So it's hard to get...like if I was going to answer that question (how would you improve the management of LBP), if there is some sort of way that you weren't just left on your own to try and work out what's available and what's appropriate...cause I mean you're left to...' [30]

'I don't know how long the full set is. If you are doing three reps it's... it's hours a day, particularly when you've got the emphysema exercises bolted in. And that's quite hard to achieve' [27]

'If I do [the exercises], will I actually avoid aggravation? Maybe so, I don't know. I have no certainty on that' [33]

'It's completely impossible to envisage what your throat and mouth and tongue might feel like if you are a healthy person. So doing things like holding your tongue and trying to swallow...you do it, but you don't know why, and it feels sort of slightly kind of worrying' [27]

'(I felt) a bit nervous (during the first session), because... I didn't have much use of my limbs ... So I was wondering when I'm going to fall over. It looks like the near impossible, 'Am I confident enough to do it yet?' [28]

'I wanted to do exercise for at least two weeks at the centre, but she only gave me instructions on the first day, and she did not tell me if I was doing it correctly or not. In my house I was alone and I had pain, and I did not know if I was making a mistake with the exercises or if I was doing them too hard' [26]

'At first I was a bit skeptical about whether a couple of exercises would really help my jaw...' [31]

'I didn't know how to do anything and I wasn't really interested in (the technology), so I was saying 'I don't want to do this, I'll move on' [28]

[22];[25];
[26];[27];
[28];[30];
[33];[34];
[35];[37];
[39]

[22];[26];
[27];[28];
[29];[30];
[31];[33];
[34];[35];
[36];[39]

Fear/scared: alone and scared; scared of getting hurt; unpleasant sensations; dare not to train; never been scared before but am now; things would go again as it did before; can do thing better if supported and guided	<p>'As long as you've got someone with you, that's fine, but if, you know, if you're on your own, it's a little bit harder...Some of my family learnt them as well. If I wasn't working with it one day, at least somebody was there to help, because I used to get a bit muddled!' [29]</p> <p>'I think reassurance is a huge part of it for any patient, they want to know that there's nothing serious' [37]</p> <p>'First of all, I have to make sure I was doing it right, and sometimes I wasn't sure if I was or not ... He (chiropractor) did it with me ... the next time I'd come in he'd add another one in ... he showed me these same exercises four or five times, which was good ... I knew I was doing them right then, I felt pretty confident' [38]</p> <p>'I think that every time that we are supported or guided, like in physical therapy, like the osteopath. . .We can do things better. Because when you're alone you're scared! You're scared of getting hurt; you don't know what needs to be done. In the end, that's what made me quit doing the moves' [33]</p> <p>'I was very athletic. [Having experience] makes you less fearful, willing to take the risk of doing' [36]</p>	[26];[33]; [35];[36]; [37];[38]
--	--	---------------------------------------

Information – need to understand; desire for information; lack of knowledge; motivated when received explanation; given information but don't know why; overwhelmed; bombarded with stuff	<p>'Loads and loads of stuff was happening that was unfamiliar and a bit scary, and so, you know, I, sort of, felt a bit bombarded with stuff' [27]</p> <p>'I think I felt the same as when I was prescribed painkillers because I felt that there was a fairly vague explanation of what might be wrong with my back I wasn't sure whether what was being suggested was targeted enough' [37]</p> <p>'There were no explanations with any models as to why I'm getting the current problem...' [37]</p> <p>'I was given some leaflets on swallowing exercises and told that I would probably get a dry mouth and that would cause problems with swallowing' [27]</p> <p>'I need you to come with me today because I don't feel it or hear it unless I'm thinking about it' [39]</p> <p>'When I went to the clinic and asked the professional what I had, he explained it clearly, so I truly participated in the treatment' [26]</p>	[22];[23] [26];[27]; [31];[36]; [37];[38]; [39]
--	---	---

The Person as a Learner: Continuing – having to adhere and practice

On-going needs, expectation, ownership and readiness	Needs/expectations: Stopping when better/perceived as better; didn't think needed to do it anymore; wish it was just like...quick fix; capacity in lives to keep going; don't see any more progress; not doing this anymore; rapid progress providing motivation	<p>'I wish it was just like...quick fix' [39]</p> <p>'I feel much better, my hip is doing better, and I didn't think I needed to do it anymore' [35]</p> <p>'I don't see any more progress, I'm not doing this anymore' [23]</p> <p>'...because when the pain goes...you think you are out of the woods you know that's it...you just carry on just doing what you were doing...previously' [30]</p> <p>'I think my expectations are different now certainly from when I first took back pain because my expectation was a "quick fix" and that (it) would be okay just, you know, "fix me" do something to me and I'll go out and I'll never have it (the pain) again. I don't expect to be pain free after eh treatment em I expect it to take time so it's a different attitude to it, I don't expect the 'quick fix' [30]</p> <p>'Yes, if the pain has sort of eased and you're more or less back to normal, with just a niggle here and there, you feel well that's it over and done with 'til the next time, type of thing' [30]</p>	[23];[30]; [31];[35]; [39]
---	--	--	----------------------------------

Have to keep going: become negligent, low back pain returns; easier if perceiving benefits but hard if not; not doing me any good; good to know what to do if pain returns; do all of the exercises because they are going to help

'I used to do the exercises at home because then I could better move my arm. I did them for a long time, until I realized that my arm was not aching and my hand was no longer numb. Since then, I have not done the exercises' [26]
 'I wasn't really doing the stretching stuff anymore, because it wasn't doing me any good' [33]
 'I started the stretching at home and then I introduced just a couple of minutes further walking. I'd just found, it was just enough to tip me over the edge really. ... Towards the end I sort of said I can't do this and you know it was impacting on me and obviously my family in turn quite massively. So, I think I gave it a fair go but I was happy to stop' [22]
 'It was a bit random; I would just do it when I remembered, some of the time' [27]
 'If you don't do your homework there's no sense to come and see you (for therapy)' [39]

[22];[23];
 [26];[27];
 [28];[29];
 [30];[31];
 [33];[35];
 [39]

On-going needs, expectation, ownership and readiness

Ownership/readiness: have to do it; commit 100%; gotten to point when can't quit; have to continue it...on my own; stubborn; more aware more motivation

'...one should not think well I'm all done doing these voice exercises. I have to continue it...on my own' [39]
 'My goal was to be able to keep one foot in front of the other. The trainer told me that if I stop exercising I would be back to where I started in 2 weeks. I thought, I have gotten to this point I can't quit...' [35]
 'The discipline, it must be done, accept it. So I set a challenge every day and that's the reward. I love it' [36]
 'I try to exercise every morning, because I just think it makes so much of a difference' [30]
 'The exercise just generally makes me feel better'; 'There is an emotional lift to doing the exercise' [35]
 'It required discipline and I'm not a real disciplined person; I had to work at keeping that as part of my routine' [32]

[22];[23];
 [26];[27];
 [29];[30];
 [31];[32];
 [33];[35];
 [36];[39]

Practising – unsure and hard

Hard/effortful: hard to continue; hard to motivate; hard work; forgetting to do exercises, no system of keeping track; degree of attention; awareness and compliance needed; lack of support; effort involved

'Perhaps if someone called you back, just to see how you were progressing, and how things were going' [30]
 'If you're not really motivated to really want to change, you're not going to. It's hard work' [39]
 'It was all because of the exercises and the awareness. You do have to be aware. Seriously, you're like in my mind' [39]
 'Jogging is easier - takes less concentration than voice. My focus needs to be there to know if I'm doing it wrong' [39]
 'You learn what's good and bad pain. In that sort of tension that goes with doing exercise is a sort of good pain so you then start to differentiate between them' [36]
 'I'd get home and you'd hand it to me, like do this, this and this, and I'd go, 'Well that's so simple' Good God. And I'd get home and go... 'What, what (...) oh man, I don't remember, I don't know what this means, and I'm not gonna phone because this is grade 3 instructions' know what I mean?' [23]
 'I have a lot of problems with my memory. So, even remembering to do these things, it is the hardest part really' [22]
 'because you're being taken care of in such a good way and after that, you're back into the wild on your own' [33]
 'It may sound completely ridiculous that it can be such a bloody big problem to do this three times a day...it's mad really. But hell, I'm just bad at it' [31]
 You tended to get left alone to your own devices, and I think sometimes it would have just been, you know, a

[22];[23];
 [26];[27];
 [28];[29];
 [30];[31];
 [33];[34];
 [36];[39]

	little prompt keeping people going...and remind to do the exercises...It's hard to self-motivate, you know, to keep going [29]	
Embarrassing Bored: didn't ask what thought and wanted Sad/lonely/miserable/despondent: initial improvement, plateau, exercises tougher to complete	'Silly', 'weird', 'unnatural'; 'teasing'; 'That sounds so affected' and 'Oh, is that how you're going to talk now?' [39] 'So there is an embarrassment factor that you have to get over. But I just go down into in my room in the basement and sorta, I guess isolate myself a lot to do certain exercises' [23] 'I have my rehabilitation sheets that I really struggle to follow every day, because it's so boring' [33] 'After a bit you get bored...you were repeating, repeating...you constantly are up and down and, say well lifting fingers and that, for half an hour that is so boring' [29] 'It's like being fed up. I can't spend all my life doing this all the time...When am I getting better?' [33]	[23];[27]; [29];[31]; [33];[39]

The Guidance Received

Recipe: boundaries; limits; specificity; ambiguous; being told what exercises to do and how to do them helpful; what to do, how to do, when to do	'Ambiguous" limits and guidelines' [25] 'Every time I tried to do it myself, just from what other people had said to me I just always overdid it and ended up having to stop so...I thought right the only way I'm going to do this is by sticking exactly to this plan of like increasing it slowly' [22] 'The types of exercises that were given and then explaining how to do them, when to do them...that process I think has helped...making the commitment that, yep, that's a daily thing that's going to be done' [32]	[22];[23]; [25];[29]; [32];[35]; [39]
Routine: routine and/or having a trigger to do the exercises; routine and structure key to facilitate recovery outside of therapy; information on how to structure day; clear, step by step; explicit education; strategies; exercise at desk, when hoovering	'Either when I get up in the morning or when I'm going to bed, that's when it's easiest...you remember because it's a kind of routine when you're getting ready for bed or before you get up' [31] 'a continuation of this really structured program" inside of therapy to outside of therapy' [25] 'I would say my problem is to find out when to do it actually. Because in the morning, I have a hard time getting started...Getting up is difficult enough, and then at the end of the day, after work, I am too tired' [33] 'I just think I need to get myself on a schedule and do the exercises in the morning before I do anything else. Otherwise there is always something else that comes up and happens...' [35] 'Having the booklet with the exercise helped. I would open that up and do them; I plan to continue to keep a calendar and write it down when I exercise. If I don't write it down I know I can let something slide for a couple of days' [35] 'At first, I'd get up in the morning and do them, kind of when I did my meds and stuff and try and get rid of all that at the same time' [23]	[22];[25]; [26];[27]; [31];[32]; [33];[34]; [35];[36]; [37];[39]
Personalisation, individualisation: person more important than the exercises; exercise matched to level of ability – both high	'Looking at different background with exercise and finding out where somebody comes from, so you can actually base the programme on what people are used to' [36] 'They'd think about what would help me instead patients one, two, three, four or five' [39] 'Everybody's an individual and you cannot make one size fit all, and most of us have probably found we have been put in 'one size fits all' [36] 'It did feel like it was four exercises and that's what they gave to everybody...' [37]	[22];[23] [30];[32]; [33];[35]; [36];[37]; [39]

enough and low enough; individualized objectives	'In broad terms it felt very conveyor belt. I think it was very generic, it was 'ok so you have got back pain, yeh your movements are not great, you are tall and thin and people like that suffer...I'm going to give you some exercises' [37]	
Complexity/attractiveness of programme: simple v complex; functional, relevant; schedule v fits with lifestyle	<p>'We almost have 10 exercises. It's too much. There should be a limit: 3 or 4 max' [33]</p> <p>'There was a book with more elaborate things which I did not do as well...I did them when I could get through them but they were really just too complicated' [35]</p> <p>'What would be nice is to have exercises you can do while sitting at the office, or doing something else, or vacuum cleaning...' [33]</p> <p>Maybe if you change the program after so many weeks, it might crank (create) more interest [28]</p> <p>'He only gave me a couple... And they're part of my repertoire, and they do work. Just simple stuff' [38]</p>	<p>[22];[23]; [25];[26]; [27];[28]; [29];[31]; [32];[33]; [34];[35]; [36];[38]</p>
Teaching: pace/timing; demonstration; feedback; supervision; observation; renewal; exercise more difficult when care providers failed to observe; more difficult if lack of feedback, inadequate instructions leading to poor adherence because insecure and lacked confidence in whether properly doing exercises at home or not	<p>'If they demonstrate it on your body you tend to remember. It does help your image in your mind later on' [36]</p> <p>'Doing the ex with her helped me believe that I could do them when alone' [35]</p> <p>'With the personal trainer I learnt what I had to do in a non-hazardous, for me, way. It basically turned my life around. I don't think I ever really knew what it was I had to do before. He was an educator...' [36]</p> <p>'Feedback is useful' [39]</p> <p>'I don't know. Maybe pictures with diagrams or something to show what part of your tongue you should be tensing up, like more emphasis on when you are swallowing, because you weren't sure really...' [27]</p> <p>'I guess, in my case, he could explain what would happen and where everything would position and how that would help you long term to get better...Instead of just printing off some exercises and just doing them sort of thing. Just explain what's important...' [38]</p> <p>'I asked her (therapist) because she was telling me (verbally) and I said Could you write it out for me?' [28]</p> <p>Heaps of explaining, telling you why you're doing this particular exercise. I think just having things explained to you is very important. Tell me why, tell me why. Explain it to me' [36]</p>	<p>[22];[23]; [25];[26]; [27];[28]; [30];[31]; [32];[33]; [34];[35]; [36];[38]; [39]</p>
Adjuncts: likes/dislikes; supportive; motivation; interest; reminder; apprehension; easier to follow; self-correction; cueing	<p>'Written checklists with tasks they could tick off' [25]</p> <p>'I had a form from the team and I used to mark down how many - on a Monday, four times, I'd mark it off four times, Tuesday four times, all the way up to Thursday. And I didn't do them on Friday. It was a Friday morning. I had it marked out on the chart and you give the chart when you come in for the exercises, she'd have a look at it. She'd say, 'Yes, you are doing well' [27]</p> <p>'I said, 'Oh well I might as well just use those (exercise on paper)'. It's easier. I just look at it (rather than) mucking around with that (iPad). Touching this and that, and sliding that' [28]</p> <p>'A video, that would be good really... that would be perfect...it's a simulation straight from the rehab department' [33]</p> <p>'Oh I guess it's more interesting watching a screen rather than reading a boring sheet of paper' [24]</p>	<p>[23];[24]; [25];[26]; [27];[28]; [33];[35]</p>
Support/feedback/monitoring	'But he had a plan, he said 'this is where I expect us to be' and she (previous practitioner) never really had that plan...' [38]	<p>[23];[26]; [27];[28];</p>

access to staff for guidance, instruction and safety; role of clinical staff as fundamental to equip with the knowledge /understanding of what could do independently outside of therapy; confidence; improvement; motivation

'I see it differently, It's not about what we want as we can have misconceptions, I think we need to be told what we need and what we are going to get and be realistic' [37]
 'He worked with stepping it up a little bit to show that you're able to (do more)...I suppose it was goals' [36]
 'She (therapist) adjusted it (the settings of the technology) as I got better...So I had to do a little bit more work but...not enough that I'd fall over...That's been good' [28]
 '(...) you slide into bad habits pretty fast. If you're not constantly monitored' [23]
 'When I went in the morning and he asked me, 'have you done the exercises,' or 'have you felt some improvement,' I got motivated to do the exercises' [26]

[29];[30];
 [33];[35];
 [36];[37];
 [38];[39]

The Therapist as Teacher

Characteristics of person

Kind; caring; nice; interested; valued; believed; trusted; non-judgmental; helpful and empowering; effective educator, motivator and communicator; praise; enthusiastic; gentle; understanding; role of the care provider's style

'Yes I was really pleased with the first meeting, with the way they dealt with me and how much they knew it felt professional and well thought-out it feels that you're in good hands and that they understand your problems' [31]
 'I think the trainers were very caring people, and we were very compatible. There was no time that I was resisting what they were asking me to do. They were good at recognizing what I could and couldn't do' [35]
 'He was motivating; he didn't make me feel guilty for being in the situation that I was in. He was encouraging, and every little step was an achievement' [36]
 'Trust in where you go. Personability, how they react to you, and be non-judgmental; not you're an idiot for doing that or how did you get to this situation' [36]
 'She sat there and talked to me...Such a gentle way she's got. I just sort of felt 'Yeah, sounds alright to me'...There was just something about the way I was told. I had confidence' [28]
 'Just a bit of care from them (therapists), particularly to start with. ... They're not all as useless as me, and there's a lot of smart people. All you (therapists) want (to do) is determine which one's you're working with now, whether you're working for the goodies (people who have experience/easily understand technology) or the baddies (people with less experience/difficulty understanding technology)' [28]

[22];[26];
 [28];[31];
 [32];[35];
 [36];[39]

Relationship: therapist on one's side; helping to get through it, in it together; my spirit you are taking care of; physiotherapist close to me; asking me what I think not telling me what to do; listening; not judging; trust; helping me get through this

'You're helping to get through it...if you didn't do that I wouldn't...try...I wouldn't try as much' [39]
 'It's a partnership, it really has to be a partnership...' [38]
 'Asking me what I think, not saying this is what you should do' [36]
 'I'm only starting to learn to be more assertive and I've now realised that you go to this person and say: 'I want that from you' [36]
 'It's all well and good you going to a physio and them saying you have got to do this, if you don't do this it's not going to get any better you need to help yourself, and you come out and burst into tears and think I can't help myself I don't know how to help myself. You can try and do the exercises but you haven't got the motivation there' [37]
 'I wasn't given any contact details, and the minute I walked out and the doors closed behind me I felt I was in a prison when I walked out and I couldn't get back in. I had to go and see the doctor which I had bad experiences with trying to get physio in the first place' [37]
 'You're helping to get it there though...if you didn't do that I wouldn't try... I wouldn't try as much' [39]

[22];[26];
 [27];[28];
 [30];[31];
 [35];[36];
 [37];[38];
 [39]

‘The physiotherapist, she was just amazing, she was so encouraging and understanding. I mean I just, yeah she was phenomenal. There was a part of me that was, I know this is working but you really need to clone this particular woman to make it work. ...The thing also, once it got started, because it was like every fortnight and someone was taking interest in what I'd been recording because I felt so isolated, it was almost like I wanted to do a good job for my teacher!’ [22]

Appendix 1. Search Strategy developed for PubMed

1. Patient participation[mh] OR patient compliance[mh:noexp] OR compliance[tiab] OR complying[tiab] OR engag*[tiab] OR empower*[tiab] OR concordan*[tiab] OR adher*[tiab]
2. Exercise[MH] OR exercise therapy[MH] OR exercise movement techniques[mh:noexp] OR physical activity[mh:noexp] OR motor activity[MH] OR exercis*[tiab]
3. Physical therapy modalities[mh:noexp] OR physical therapy specialty[MH] OR physiotherap*[tiab] OR physical therap*[tiab]
4. Occupational therapy[MH] OR "occupational therapy"[tiab] OR "occupational therapist"[tiab]
5. Rehabilitation of Speech and Language Disorders[MH] OR Speech Disorders[MH] OR speech therap*[tiab] OR language therap*[tiab] OR oral motor therap*[tiab]
6. Dietetics[MH] OR diet therapy[MH] OR nutritional therapy[MH] OR dietitian[tiab] OR dietician[tiab]
7. Qualitative research[mh] OR Interviews as topic[mh] OR Focus groups[mh] OR Nursing methodology research[mh] OR Life experiences[mh] OR Attitude to health[mh] OR Qualitative[tiab] OR ethno*[tiab] OR phenomenolog*[tiab] OR focus group*[tiab] OR interview*[tiab] OR "grounded theory"[tiab] OR "narrative analysis"[tiab] OR "lived experience"[tiab] OR theoretical sampl*[tiab] OR purposive sampl*[tiab] OR ricoeur[tiab] OR spiegelberg*[tiab] OR merleau[tiab] OR field stud*[tiab] OR fieldnote*[tiab] OR field record*[tiab] OR field note*[tiab] OR snowball[tiab] OR "maximum variation"[tiab] OR audiorecord*[tiab] OR taperecord*[tiab] OR videorecord*[tiab] OR videotap*[tiab] OR "action research"[tiab] OR metasynthes*[tiab] OR meta-synthes*[tiab] OR meta-summar*[tiab] OR metastud*[tiab] OR meta-stud*[tiab]
8. 1 AND 2 AND 7
9. 1 AND 3 AND 7
10. 1 AND 4 AND 7
11. 1 AND 5 AND 7
12. 1 AND 6 AND 7

Appendix 2. First stage a priori screening criteria

Category	Description
Setting	Delivery of the information/intervention/therapy teaching/prescription to participants within an inpatient, outpatient or community environment
Perspective	Those living with any health condition; family/caregivers of those living with the health condition; not healthy young people or children with or without a health condition.
Intervention/ exposure	Exposure of the person or their caregiver to some recommendation/intervention regarding their healthcare that was to be followed as independent practice – either at the time of the study or at some previous stage
Comparison	Not applicable
Evaluation	Experiences, thoughts, perceptions, needs, preferences related to information giving/teaching/patient education and subsequent engagement with/adherence to independent structured exercise
Study design	Any established qualitative methods e.g. interviews, focus groups and questionnaires with open ended questions, either as the entirety or in conjunction with quantitative methods as long as the two could be separated; qualitative method in relation to data collection and analysis Published in a peer reviewed journal

Appendix 3. Categories for grouping and structuring of how the studies were read

Setting	<ul style="list-style-type: none">• Studies based mainly in inpatient settings or reflecting back to this and those based in outpatient/community settings
Participants	<ul style="list-style-type: none">• Pathology group/nature of participants
Intervention/ exposure	<ul style="list-style-type: none">• Studies with either contemporaneous comments about the early stage of rehabilitation or overtly reflected back to this• Studies where participants commented on the receipt of exercise/therapy specific to the paper and those where participants commented on having been in receipt of exercise/therapy at some stage in the past• Studies where participants had been part of a group and then progressed to independent exercise
Other	<ul style="list-style-type: none">• Studies where participants commented particularly on the practical aspects of engaging/adhering• Studies where participants commented particularly about the psychology of engaging/adhering
