SUPPLEMENTARY MATERIAL 7. Informed consent form for participants.

Study title: Effects of a web application based on multimedia animations to support therapeutic exercise for rotator cuff-related shoulder pain: an open-label randomized controlled trial

You are being asked to participate in a study related to physiotherapy treatment of shoulder pain. Please read carefully all the information below so you are able to decide whether to participate or not.

Therapeutic exercise is the treatment that has shown the best effects in the medium and long term for shoulder pain. For therapeutic exercise to have the best effects, exercise must become part of your daily routine and be performed over a certain period of time. It is very important that the exercises are performed correctly and that you feel confident and motivated to do them at home.

There will be two groups in this study. The only difference between them is the way the exercises are taught, with one group receiving access to a webpage with multimedia animations of the exercises. Both groups will have individualized treatment with a physiotherapist who will teach you the exercises that you will have to do at home. They will be strengthening and stretching exercises that have been shown to improve shoulder pain.

Assignment to one group or another will be random. The exercise protocol will be performed at home, once you have completed the training with a physical therapist, with regular supervision throughout the duration of the treatment.

In a first visit, a researcher will collect your personal data on your affiliation and your pain, disability and limitation of your daily activities, by means of questionnaires that you will have to fill in if you agree to participate in the study. If you have not yet undergone a shoulder ultrasound imaging, this test may be requested during the study. You will undergo physiotherapy treatment to learn the exercise program during 5 sessions on alternate days, and several evaluations will be made about your shoulder pain, and about the performance and progress of the treatment. These evaluations will be made at 6, 12 and 24 weeks. In this follow-up, the level of satisfaction with the treatment and the perception of overall improvement will also be assessed.

To begin the home treatment, you will be provided with the necessary material to carry out the exercise program. This material will include elastic bands and a compliance diary to be filled daily with the exercises performed and any difficulties encountered.

It is possible that you may experience, because of the exercise, some muscle or joint pain due to fatigue or overload or delayed muscle soreness. For the duration of the study, you will be under the supervision of your physiotherapist and, if this

happens, he/she will be able to explain the reasons and how to improve the symptoms.

The processing, communication, and transfer of personal data of all participating subjects will comply with the provisions of the Organic Law 3/2018 of December 5 on the protection of personal data. In accordance with the provisions of the aforementioned legislation, you may exercise the rights of deletion, opposition, portability, limitation, access and rectification, for which you should contact your professional researcher of the study. The data collected for the study will be identified by a code and only your study investigator/collaborators will be able to relate this data to you and your medical history. Therefore, your identity will not be disclosed to any person except in case of medical emergency or legal requirement. In accordance with current legislation, this data will be stored in a research file in the custody of the Hospital Universitario Fundación Alcorcón.

Participation in the study is completely voluntary. You may withdraw if you wish at any time, without having to give explanations and without any repercussions on your care and treatment.

In case of doubt or if you wish to obtain more information about the study and the treatment protocols used, you can contact us by e-mail or telephone:

Irene Pérez Porta, MD, Principal Investigator.

CONSENT FORM

Study title: Effects of a web application based on multimedia animations to support therapeutic exercise for rotator cuff-related shoulder pain: an open-label randomized controlled trial

I, Mr. / Mrs. _____

Once I have read the information sheet provided to me, I have understood what the study consists of and I have been able to ask all the desired information about it, thus resolving all my doubts in an adequate manner with a clear and understandable answer. Therefore, I agree to participate in this study on a voluntary basis, knowing that I can withdraw from the study at any time I wish without having to give any explanations.

I freely give my agreement to participate in the study and my consent to the use of my data in this study. I will receive a copy of this document so that I can consult my consent whenever I wish.

I am also aware that the confidentiality of my data is guaranteed, thus respecting my anonymity and privacy.

Participant's signature:	Investigator's Signature:
Full name:	Full name:
Date:	Date:

CONSENT FORM REVOCATION

Study title: Effects of a web application based on multimedia animations to support therapeutic exercise for rotator cuff-related shoulder pain: an open-label randomized controlled trial

I, Mr. / Mrs. _____

Would like to revoke my consent to use any of my information within the abovementioned study.

Participant's signature:	Investigator's Signature:
Full name:	Full name:
Date:	Date: