
Supplementary File 3. TDF domains, themes/subthemes, and illustrative quotes

TDF Domain: Social Influences

1.0 Theme: Identifying patient barriers

1.1 Subtheme: Competing priorities (B)

Reference 1.1A “For like pars [paraplegic] they have more energy they do more so, then we can start challenging more and more and more, and that comes at the tail end to discharge, so I would say me like three weeks before or like two weeks before I would start talking about it”. (Jessie)

Reference 1.1B “And then cognitively like I mean there's it's, there's a fair amount of people that come in that have some probably some mild TBI, or injuries in itself. So, you know, somebody's ability to execute and carry out a plan and be able to engage with a process like this and to be able plan and foresee for the near future can sometimes - maybe, not necessarily something that they can't engage in but given how many of other things that their attention and cognitive effort is being put towards, it's not always a great time to then add another layer of something”. (Blake)

Reference 1.1C “But a lot of my people are – given independent in their transfers for example for a long time. And they just don't have the same strength, right as they age. And so, then there becomes this whole thing in terms of, you know, and these are people that like a gym, some of them are very busy with work and, but it becomes a whole thing of how do we help them maintain their strength and help them with a training program that will support that”. (Rory)

Reference 1.1D “Yeah, because I can imagine it already is a busy you probably have so many boxes to check and kind of adding this to the list is another kind of form to keep track of so it's easy to forget I can imagine, especially if it's not accessible”. (ML)

“Yeah, I think it also has to do with the whole thing about what the focus is of the why the person is attending in the first place ... so that if someone is coming and the primary goal is to address their wheelchair and feeding needs. It just may not come up at all. I'm not saying that's necessarily correct, but one of our dilemmas is on outpatients is this whole thing around, so we have a list, we're trying to get through the list and so you're trying to basically work on whatever was the identified goal, and reason for their admission in the first place. And so, then we have the

whole thing where I'm like for some of our people. The identified goal was always going to be that we are looking at community fitness. But it's kind of one of those things where it should be a goal for everybody". (Rory)

Reference 1.1E "Of course, physical health and fitness should be a goal for every single person on the planet. But when they come into the healthcare system, it may not be the first identified goal in terms of what is our role with them. And if it's not, then the likelihood is, it's not going to happen". (Rory)

Reference 1.1F "And I feel like the other interesting challenge that I also am looking at some point is, what I would call the concept for some of my clients have the, the energy envelope, which means they only have so much to try to complete both function and physical activity for health so this whole thing around what's realistic for people. And so even though we might say, listen, the ideal would be whatever twice a week or three times a week just some level of moderate cardio and two to three times a week is strengthening for some people, as well as continue their own activities of daily living with their physical impairments. I think they would say they don't feel that's realistic and that they would actually have an increase in their fatigue". (Rory)

Reference 1.1G "I think for me, my experience has been its pretty dependent on the client, in terms of where they're at with it. In terms of where they are at with it, in terms of how much they're looking for with regards to that". (Rory)

Reference 1.1H "And, you know, when patients are not coming. What I find with inpatients is that they are often a are a bit – there are so many competing goals and they are in the stage in their rehab where the sky has fallen on them and they're shell shocked and they have, you know, there's a lot of change in their life and you have to reorganize so many things, and things like housing, finances like there's a lot of competitions". (Tessa)

Reference 1.1I "Okay, moving forward. Do you foresee any issues with the uptake of this intervention and other rehab centers?" (ML)

"Similarly, it's always the competing goals and there's so much to do and inpatient rehab studying and also the ability for clients to take in information. And if they are emotionally overwhelmed. Those are just things to be aware. It doesn't mean it cannot be done but you have to think about those aspects". (Tessa)

"Yeah, that makes sense. There's definitely a lot going on in their minds during back discharge process" (ML)

“Yes, I think it doesn't have to be done at that moment. You can plant the seed”. (Tessa)

Reference 1.1J “I think spinal cord injured clients. They are. They're quite I think quite overwhelmed discharge is such a huge overwhelming experience for them as they're going back home. And some people, they're just trying to, you know, just manage. Just kind of manage getting into that new routine of being a home away from the supports and nursing and all the different allied health supports of the rehab center ... And so, I think, exercise, might be low on the priority list for them at that time, that varies though for some people who, you know, that might be, it might be higher, but you know there's sometimes just concerns about being able to go through their daily routine of activity and. And so, I think it would vary in that, that support”. (Riley)

Reference 1.1K I was thinking about the barriers, I mean, the obvious barriers are the level of injury that the client has so if a person has quadriplegic, then some of the opportunities, it does become difficult to get people doing exercise. You know, getting their heart rate up when they have high levels injuries. So, those, those make it more challenging. I think you were talking about barriers earlier and I was talking about the environmental barriers, but there's also those, you know the personal barriers the client has I think of things like bowel and bladder issues that clients are trying to deal with pain issues. And then, you know, weakness that they're still struggling with or balance issues where it's still a challenge. So those are all things that we try to address within our assessment and working with them to try and optimize their ability levels that you're working with the whole team of disciplines that are addressing those different issues with nursing and the medical staff to address things like the bowel and bladder issues and trying to optimize that for the client and get into regular routine ... So those are some other things that come to mind that are part of the barriers for the client. Yeah, that are that are really make it challenging for the clients”. (Riley)

Reference 1.1L “There they have a lot on their plate, they're dealing with their injury they're trying to be independent. For some people, the physical activity is super important for other people it's super important just to know it is there, right, they don't need to know all the nitty gritty about just to know it's there. So, I do think my point of view is that, bringing it up before people are discharged from GF strong is a good thing ... They may or may not be interested if they're interested absolutely then run with it. And if they're not what we're doing as in saying would be are you amenable to being approached by somebody from SCI BC or somebody down the road. I think that's a good thing, because there's, it's a rare person that says I'm not interested in physical activity period ... Most likely, the people coming out of acute are going. I have a lot to deal with. I don't want to deal with this right now, but I would like to deal with in the future so yes please contact me. So, I think having that initial

conversation in the initial rehab setting is a good thing in inpatients that think it's appropriate. Otherwise, people can get lost because they don't all make it to outpatients". (Kelly)

Reference 1.1M "I'm not sure because whenever I try and push people to like, oh yeah, try and let's do this two times a week, time your cardio let's do this like the kind of little skittish so I've just been like do what you can, and then try to build off the do what you can. And then as we get into the second, the latter half of the 10 seconds I'm going to try and sort of be more formal with how many days a week, are we doing it and because I find people's schedules have changed quite a bit like have one client that I go on pressure and then all sudden, boom, we're back to work or health issues come up or something comes up that just completely derailed them ... And I don't want them to feel like they're failing if I say oh yeah, you're not hitting this three times a week, two times a week. Right now, I'm just trying to push them just to do anything. So, I don't think they grasp how important the specific guidelines are. I just think that they know it's important to be healthy and active". (Erin)

Reference 1.1N "Like they, they know the guidelines. But then, because they face a lot of other factors in their life, whether it's like personal or career like living situation. Sometimes they're not always able to meet those guidelines, but they do have an understanding of the importance of it that's what it kind of sounds like?" (ML)

"Yeah, they know the importance of exercise and working out and diet, I don't think they know the importance of specifically how much they have to do it per week. Mm hmm. Whether that's something I'm not doing well but I just feel at this stage when we're in the first sort of few check-ins ... The idea is just to get them going and regular and confidence and wanting to keep improving and then I plan to the second half of the check is more formally introduce or reintroduce the guideline to say let's try and meet this goal".

"I see so it's kind of pushing back that first step of, okay, do what you can, with physical activity to the second stage of ok now let's try to meet these meet the X number of times per week to see even more of that like the real benefits". (ML)

"Exactly ... Yeah, get them comfortable with it, let them see the basic benefits of it like okay I got a little more energy today right dance with my granddaughter for an extra song. Yeah, and then say okay well, glad it's working. Let's look at taking it to the next level to continue on forward and that is introducing the guidelines". (Erin)

"I see so it's that next level component that's a bit of a challenge at this point". (ML)

“Yes, I do because I don't want to scare anybody it's still a little early with the check-ins, I've, most of them. I'm still under like four so I'm not even at the halfway point only one person about the halfway point with yet so”. (Erin)

Reference 1.1O “All kinds of stuff where it's just like there's so many other issues. They need to sort out yet where it's just like my talking about like what is, you know, it's for some of them it sparks ideas and stuff but it's very it's early”. (Casey)

Reference 1.1P “A lot of them are not ready. Lots of them are you, at least have the conversation, like, do you want to have this conversation. Are you ready for this? And for someone that's just absolutely not ... For other ones, it's like, start the conversation, it makes them super anxious and that's not great. And other ones it's like yeah I'm not really sure but like maybe I would do this. And you can at least give them an idea of, oh yes I need to try and actually not, you know, sit on my bum, when I go home. But, yeah, I would just say that the having the like being part of the process getting into the workflow, so to speak, of what we do, makes a difference”. (Casey)

Reference 1.1Q “You know, and I send them a spreadsheet and I'm like have you done this with people and then we can kind of see like how much it's like I don't know I had somebody last week where it's just like we, he was super sick on the last few days, and we couldn't do it. Like I probably could have sat him down, but the guy was super stressed and like, you know, it fell off my list because we had all that we had a lot of things like these things still happen, but I think it's so much, it changes my priority, it's just like gets it into my work, my list”. (Casey)

Reference 1.1R “I think, you know, when I think about like if you were after all this studies over like what does this look like, like, yeah, yeah like quarterly calls, do you want to start doing some coaching, are you ready for that ... And for lots of them like they may not be ready for a year, they may not be ready for, they just start, they're just like things are just still too crazy they've got new people like I always think ... being the most stressful thing not all of them have it but it's just like as a new person coming into, like, you know, undress you and do all this stuff. Everybody day. Yeah. Never seen somebody who sponsored injury before they keep asking to move your leg. So just stuff like that happens all the time ... So, it's just like, you know, the sort of and they come at like all our day. Anyway, it's stressful ... So, I don't know what the answer is I really think it may be that it's just like every three months, we just call them list and we see who's ready like maybe that's it I don't know, but it's just like, it doesn't”. (Casey)

Reference 1.1S “The more that I see how low the rate has been for Terry, the more I'm just like, well, you know, the more I think about it I'm like well it's kind of fair like they have a lot going on and maybe they're just not ready for that right now ... Yeah, but like sometimes you just wait till the moment somebody says like maybe I'm ready. Yeah. And, and you just are you don't see it as a failure that they're not ready you just see this like for the first six months to a year just sucks ... Just really hard your bowels are screwed up your you know your catheters didn't arrive on time you're, you know, homecare some ass and like it just takes time to get that all sorted in your finances and your equipment and like everything is just like it can be really stressful it's not true for everybody but for like a good percentage of them, it just sucks for a while”.

(Casey)

Reference 1.1T “And I think, you know and a lot of them are like this fatigue of like, especially for those that are going from like having support at GF when you need it to having nothing or having very little support or they get so tired of home care they start trying to do everything themselves ... And they're like, wiped, like they're super retired, and so it's like, oh you want me to exercise on top of that like getting out of bed in the morning is a freakin workout ... And so I think it's just, just the more I saw that it was just kind of like oh yeah like maybe, maybe we could have, it's hard to know this is why we do this kind of thing. Yeah, like we could call that, like maybe the first six months it's just not”.

(Casey)

Reference 1.1U “... one of the biggest things for us is actually their wheelchairs for the people get manual wheelchair ... Are you still sitting on the same chair because we hoped that worked out for you because we're just we're in such a hurry, or like the stays in decreasing so quickly ... But in terms of physical activity, I don't know, like, are they physically active at all? Yeah, do you remember talking to us about that ... it's like we talked about within the last week and like we have so much other stuff to do it's like, usually I have somebody, like two people leaving next Tuesday but I am on vacation. So, basically, I have to get everything done this week and I'm like okay, the one guy needs to get him in his load and chair, we had to do a do at least one, probably two floor transfers we have to try car transfers we have to do some exercise programs talk about physical activity, you know ... Well now three more days ... like I could probably change the order like I don't necessarily I guess actually wanted them both physical activity within the last week, but it does feel like a discharge thing so that is what I have been doing”. (Casey)

Reference 1.1V “And yeah, that's the questions are pretty straightforward it's you know five questions um. I think a lot. A lot of people, I had a couple of issues where there's been some emotion ... People are recently injured in their emotional they're having a tough time one individual has

cancer and it's not going in the right direction, so it's there is some emotion in certain instances. So that is not challenging but it just puts a different a different twist on that particular session". (Emery)

"And what do you do and the conversation kind of shifts more towards more emotional tone, how do you kind of facilitate those conversations?" (ML)

"Empathy. Understanding the motivation, you know its, things are a lot of people are going to have bad days, especially with spinal cord injury now, even if you've been in a chair for 10, 15, 20 years you still get those bad days ... Whether it's a bad bowel day or just a bad sleep night because of neuropathic pain and that's a big issue too I find with most of the clients are dealing with neuropathic pain ... Yeah, just empathy. Listening, letting them talk. And empathetic and supportive. It hasn't been extremely emotional, but there has been moments where there's been a little bit of our emotions have stirred from participants". (Emery)

Reference 1.1W "And maybe even life in general, because people do have other issues going on, so it's not the issues can lead and will dictate how much physical activity that I do for a particular week or a day if you've got secondary issues going on, that you know that I can completely wipe out a day of exercise or reduce a significant". (Emery)

Reference 1.1X "Is there anything else you would add or change to the physical activity coaching form?" (ML)

"Yeah, that would be the exercise prescription of two or three times a week weight training, two to three times a week cardio. I don't know if that is really applicable ... Some people, couple people I'm working with are newly injured so that's not possible it's maybe something down the road they can, they can attain". (Emery)

Reference 1.1Y "The other half are taking PT three to four times a week so yeah that's quite alone, so that's quite a load, an additional load to add on to their already existing schedule, so if you've just kind of have to manipulate the exercise prescription for each individual to what their current situation is". (Emery)

Reference 1.1Z "I don't know that standard guide is really applicable". (Emery)

"So, we're talking about like the SCI specific exercise guidelines right". (ML)

“Yeah”. (Emery)

“Yeah, so do you find like it's not super you're saying like it's better if we just like personalize it or take it out like do you feel like it's helpful to have it there?” (ML)

“Well, I pretty much know that that I know that already, so I really don't it doesn't really that it's just waste of space for me and also maybe the point I was trying to make is I don't know it's more I find with more participants it's not applicable, than it is applicable ... There's one individual just started working out there's no way he's going to go to the gym three times a week and lift weights are twice a week and lift weights and do cardio twice a week, so you know for a lot of people it's just movement ... movement opposed to actual exercise that's a couple individuals, I have it's, what I've been trying to do, I found out after a couple sessions that there's no way they're going to go to a gym like PARC or a Community Center and work out, this is just a matter of getting them out go to the mall or getting good wheel around the neighborhood or something like that it's so you have to kind of adapt it more to the specific individual ... And you can read that pretty quickly, I think I can take a pretty delving in and picking up on where people are at and where they are, or where they are four weeks later ... Yeah, with that said it, you know I don't I don't I'm sure [SCI BC peer coach] knows it by now and I don't need it, but, and I know it just for general knowledge purposes, so I. Maybe you could probably remove that”. (Emery)

Reference 1.1Za “Right, that's when we don't want you no longer in the hospital, you know no longer having assistance around you all day, you're on your own so that's when that's when the rubber hits the pavement and I think. At that point, some you know, some people just the transition when you get home, you know the routines. Just you know just getting you know every second day you have a bowel routine, but you can't work out those days, because you're not sure, and so there's a little bit of planning that has to go into that so I definitely it would introduce the concept and again it's individualistic. Me and [ProACTIVE training instructor] had this conversation. Some people were athletes before and exercise before they're an injury so they're more up to start right as an inpatient or right after. Others again like I said, some people don't like to work out never did work out so that might take a little bit more coaxing if you can use that word a little bit more responsive to get them involved with that. So, I would definitely introduce physical activity concept in patient and then slowly. Slowly give them smaller portions that are afterwards to through like a zoom meeting or personal meeting, whatever it would be”. (Emery)

1.2 Subtheme: Inability to plan ahead (B)

Reference 1.2A “So, I think I would not do the Sunday Monday, Tuesday, agenda, I would write down the activities that they were do so, the action plan was not as detailed as it could be because their schedules are changing all the time”. (Jessie)

“So, you would want the action planning to be more detailed?” (ML)

“Yeah, the action planning part where there is that calendar. So that one is usually hard to do because their schedule changes and appointments and stuff which I can’t predict, and they can’t predict either. ML: Right because they do have a lot of commitments ... Yeah, and they have a lot of other stuff too that they don't know yet”. (Jessie)

Reference 1.2B “But most of the time, people would be kind of interested in participating and enjoy doing exercises at home. I think for the people I screened, not the competitive sport type”. (Jessie)

“Right so most of them most of your patients centered around like home exercises”. (ML)

“Yeah, home exercises. Not even recreation too much ... and it was kind of good to hash all their barriers, though”. (Jessie)

“What did you think were like were their common barriers that came up between patient to patient?” (ML)

“I think it was mostly like the scheduling of it. I just know they want to do it but they don't know their schedule and they talk to other family feeling like what's our schedule ... Yeah, I think it was the planning ahead part, but they are all keen to execute. ... So, they just don't know what they're going to do it”. (Jessie)

Reference 1.2C “And also, people that are being discharged. See, which often happens not to their home but to facility first before they go home or they're going to go to another hospital before they go home. If you are going straight home that is a factor in just because you're just thinking so hypothetically and you're getting people to try to figure out a plan, or a home that they haven't been to or the home that they have no idea what's going to look like when they actually get there to some people not actually knowing where they're going to go. So, those people I wouldn't jump to”. (Blake)

Reference 1.2D “I think, you know, some of the feedback. I think the timetable is a little too – and I understand, you know why it's important to have all those different rows in there. But then I think sometimes it can be a bit overwhelming for the client to not necessarily to fill everything

out like sometimes I just go oh, we don't need to fill this out but you know having, you know, where are you going to do it, what time you to do it, what are you going to do, what's the intensity I understand that it's really important for people to think about what they're doing and why they're doing it but I think it can be a bit overwhelming for people ... And then, you know, I find that most clients, try and aspire to do too much physical activity because obviously in the rehab setting and they used to do exercise or, you know, being physically active from 8am to 8pm, you know, five to seven days a week. And so, they try and do that in their timetable it's quite hard to encourage people just to start with a smaller, more realistic goals, and to start off with, because otherwise you know once you leave is too much to do and then learning to kind of fit that much physical activity into your day as well to, you know, so soon after discharge". (Paige)

Reference 1.2E "But a lot of my people are – given independent in their transfers for example for a long time. And they just don't have the same strength, right as they age. And so then there becomes this whole thing in terms of, you know, and these are people that like a gym, some of them are very busy with work and, but it becomes a whole thing of how do we help them maintain their strength and help them with a training program that will support that". (Rory)

Reference 1.2F "And I mean I think one of the things is, I would say that having done the study and done the participation with you that of the things that comes to mind as I'm thinking about this is, people need really specific concrete cues and guidelines to envision how they can find ways to participate. The pandemic has made all of this, a lot more difficult. Right, so, you know, but even at that I find that you know people are looking for a lot more they're looking for and they need that structured guidance to help them to get started with what I would call regular participation ... otherwise, I find that people have intention but their actual taking action can be sporadic". (Rory)

Reference 1.2G "You know their health like everything is changing their relationships, their work like there's so much uncertainty for patients and clients. And for us, clinicians we are kind of guiding them through that period and trying to support them and of course as your physio exercises are on my mind, and physical activity but you know like you have to be attuned to the kind, as well, and where they at psychologically along with that". (Tessa)

Reference 1.2H "Because they usually have no idea what their lives can be like when they go home after, it creates a lot of anxiety. They are not ready to implement things right away. Right, so I think having the chance to have a peer from SCI BC touching base with someone is probably that's what I would imagine". (Tessa)

Reference 1.2I “So, I, I'm not sure because whenever I try and push people to like, oh yeah, try and let's do this two times a week, time your cardio let's do this like the kind of little skittish so I've just been like do what you can, and then try to build off the do what you can. And then as we get into the second, the latter half of the 10 seconds I'm going to try and sort of be more formal with how many days a week, are we doing it and because I find people's schedules have changed quite a bit like have one client that I go on pressure and then all sudden, boom, we're back to work or health issues come up or something comes up that just completely derailed them ... And I don't want them to feel like they're failing if I say oh yeah, you're not hitting this three times a week, two times a week. Right now, I'm just trying to push them just to do anything. So, I don't think they grasp how important the specific guidelines are. I just think that they know it's important to be healthy and active”. (Erin)

Reference 1.2J “... so you know I think that's maybe some of the limitation we're running into is that like, it's hard to even create a schedule when you are some of them it's like a barely even know where I'm going to be living in six months or, you know, we still haven't figured out my home care” (Casey)

1.3 Subtheme: Comfort in the gym (B)

Reference 1.3A “... one of the other comments I was going to give is I remember seeing one fellow who she was actually ambulatory, and he wanted to do things in terms of working out, but he did not feel comfortable going to a regular standard gym that a lot of able-bodied people were going to, he just didn't feel comfortable there. So, I do feel like that's one of those things in terms of the peer aspect and truthfully some of the facilities that if people in are Vancouver that they have access to that makes a huge difference to actually, that is a barrier that I feel has been broken down to support participation” (Rory)

Reference 1.3B “That makes a lot of sense, very dependent on the client and their readiness too”. (ML)

“Yeah, exactly... we don't have as many resources to support this and necessarily at this time, because our gym has closed, and you know, I mean rec is still working a lot of things that we're still doing our best right. But the classes are not back at the speed they were at ... Yeah, I think for inpatients. I think it's important, especially our outpatients a lot because then it needs patients maybe at a better place than because they are home. Okay, now we have settled in a routine ... But I think as inpatients we still have a role of course, to educate them and hone them and, you know, some patients already are ready to embrace that. So, it's great for them. But not everyone is at that stage is what I am saying”. (Tessa)

1.4 Subtheme: Mental health (B)

Reference 1.4A “So, do you feel like to feel like that point to like two weeks before discharge or that discharge process is the best time to have the physical activity conversation? Or do you feel like there's better times as well, because you mentioned you work with patients and different times of the recovery process and their rehab process?” (ML)

“Yeah, I think the beginning is too overwhelming because they have so much to adjust to, a new team, new gym, a new program new staff and then I guess usually quite fatigued in the beginning, so all the new skills that they're learning that's kind of like the priority and then once they kind of get settled they're more or less like depending on what”. (Jessie)

Reference 1.4B “For sure, do you think there's any indicators that sometimes can help you predict whether patients will or will not continue this clock to be post discharge?” (ML)

“For sure the mood issue or like some diagnosis of other things like anxiety depression those other things, which I guess, we could try to encourage as much as we can, but if they don't have the support for those realms and then it's very hard to get them motivated to get going so I find it really difficult if they had underlying mental health issues or mood issues that are not addressed with medication or supports around that but usually they're the type who reject those services too ... So, it's like a double whammy because mentally emotionally not doing well, then they won't exercise and then they physically won't do well too. So, I find that's like the most problematic”. (Jessie)

Reference 1.4C “And also, I think just think timing of it ... From where, when we see clients in their in their acute stay or in discharge getting ready to go home. There's so much stuff going on for them and it is a very high anxiety times for most clients. Very high stress time, a lot of uncertainty, and a lot of so many moving parts for client and it's the first time really returning to the community. With this new injury. So, you know, they're just trying to get stuff sorted, they're just trying to get home or get to where they're gone and like learn how to live again, and physical activity isn't using the huge priority I mean it's important that we know it's important. But they're just trying to go figure out life a little bit before ... so, I don't think it's always, it's not it's not their primary important goal or less important to them say versus a little bit later down the track when there may be a bit more settled at home in the community”. (Blake)

Reference 1.4D “And I know we talked about how in the discharge process, there's a lot of boxes to check for client for clients and patients, a lot they kind of have to take in. How, how is that, how is including this physical activity coaching conversation in, what is your experience and including this on top of all of that is that discharge process. Do you feel like it's overwhelming, or it's like appropriate?” (ML)

“Sometimes, I think it's overwhelming for clients. And sometimes depending on the client I elect not to carry it out just because of their, their head space in the event of discharge, and what my evaluation is of what I think that they can take it that point and what's going to be useful and collection routine for information. So, it can be super overwhelming. Other times it's really good you know kind of have a sense and like are ready to go and able to ask the questions and be engaged in the process. And other times, I feel like it's just adding another layer of stress”.
(Blake)

Reference 1.4E “... then I think, you know, some of the feedback. I think the timetable is a little too – and I understand, you know why it's important to have all those different rows in there. But then I think sometimes it can be a bit overwhelming for the client to not necessarily to fill everything out like sometimes I just go oh, we don't need to fill this out but you know having, you know, where are you going to do it, what time you to do it, what are you going to do, what's the intensity I understand that it's really important for people to think about what they're doing and why they're doing it but I think it can be a bit overwhelming for people ... then, you know, I find that most clients, try and aspire to do too much physical activity because obviously in the rehab setting and they used to do exercise or, you know, being physically active from 8am to 8pm, you know, five to seven days a week. And so, they try and do that in their timetable it's quite hard to encourage people just to start with a smaller, more realistic goals, and to start off with, because otherwise you know once you leave is too much to do and then learning to kind of fit that much physical activity into your day as well to, you know, so soon after discharge”. (Paige)

Reference 1.4F “... one of the other comments I was going to give is I remember seeing one fellow who she was actually ambulatory, and he wanted to do things in terms of working out, but he did not feel comfortable going to a regular standard gym that a lot of able-bodied people were going to, he just didn't feel comfortable there. So, I do feel like that's one of those things in terms of the peer aspect and truthfully some of the facilities that if people in are Vancouver that they have access to that makes a huge difference to actually, that is a barrier that I feel has been broken down to support participation”. (Rory)

Reference 1.4G “And, you know, when patients are not coming. What I find with inpatients is that they are often a bit – there are so many competing goals and they are in the stage in their rehab where the sky has fallen on them and they’re shell shocked and they have, you know, there's a lot of change in their life and you have to reorganize so many things, and things like housing, finances like there's a lot of competitions”.

Reference 1.4H “Because they usually have no idea what their lives can be like when they go home after, it creates a lot of anxiety. They are not ready to implement things right away. Right, so I think having the chance to have a peer from SCI BC touching base with someone is probably that's what I would imagine”. (Tessa)

“Yeah, and it's definitely probably also makes patients feel more comfortable, I'm sure, being able to talk to someone who understands”. (ML)

“Yes, exactly, yeah ... Yeah, not some kind of like random able-bodied physio”. (Tessa)

Reference 1.4I “Okay, moving forward. Do you foresee any issues with the uptake of this intervention and other rehab centers?” (ML)

“Similarly, it's always the competing goals and there's so much to do and inpatient rehab studying and also the ability for clients to take in information. And if they are emotionally overwhelmed. Those are just things to be aware. It doesn't mean it cannot be done but you have to think about those aspects”. (Tessa)

“Yeah, that makes sense. There's definitely a lot going on in their minds during back discharge process”. (ML)

“Yes, I think it doesn't have to be done at that moment. You can plant the seed”. (Tessa)

Reference 1.4J “I think spinal cord injured clients. They are. They're quite I think quite overwhelmed discharge is such a huge overwhelming experience for them as they're going back home. And some people, they're just trying to, you know, just manage. Just kind of manage getting into that new routine of being a home away from the supports and nursing and all the different allied health supports of the rehab center ... And so, I think, exercise, might be low on the priority list for them at that time, that varies though for some people who, you know, that might be, it might be higher, but you know there's sometimes just concerns about being able to go through their daily routine of activity and. And so, I think it would vary in that, that support” (Riley)

Reference 1.4K “I think not always, because sometimes people can be going through, you know significant depression with the losses that they are going through and grieving some of those losses of things not being the same as prior to their injury”. (Riley)

Reference 1.4L “Totally, yeah. So, for you it's like as a big motivator that you're seeing like your patient outcomes which is something that you got to see a little bit differently in the outpatient setting then inpatient settings is that right?” (JM)

“Yeah, and I mean I think that that sort of late has been the thing I've been thinking about the most is that, you know, inpatients like they're active because we make them ... And its sort of hard for them to even imagine what getting up in the morning is going to look like right let alone exercising”. (Casey)

Reference 1.4M “... they did lots of like qualitative research and talked about like what is the first six months look like until like two years like the different emotions people are going through, what are people stressed about and all these things. I thought it was really nice, I can send it to you. Something [co-worker] sent me, and I just appreciated it. It was just like you are going through grief at these times, you get home, and you realize like oh this is for real like I really am never going to walk again. Like I can't get up, I will never see the second quarter of my house again ... I will never be able to go to that bar like before I will, you know like things like that where it's just like you start to like hit, you can just keep hitting walls until you have your like places that you like, and you know that places the doors aren't ... You know, they don't have automatic openers, but you can open them if you're careful. Something like that where they just like, expand like a super long amount of time just figuring out like what works for them”. (Casey)

Reference 1.4N “And yeah, that's the questions are pretty straightforward it's you know five questions um. I think a lot. A lot of people, I had a couple of issues where there's been some emotion ... People are recently injured in their emotional they're having a tough time one individual has cancer and it's not going in the right direction, so it's there is some emotion in certain instances. So that is not challenging but it just puts a different a different twist on that particular session”. (Emery)

“And what do you do and the conversation kind of shifts more towards more emotional tone, how do you kind of facilitate those conversations?”
(ML)

“Empathy. Understanding the motivation, you know it’s, things are a lot of people are going to have bad days, especially with spinal cord injury now, even if you've been in a chair for 10, 15, 20 years you still get those bad days ... Whether it's a bad bowel day or just a bad sleep night because of neuropathic pain and that's a big issue too I find with most of the clients are dealing with neuropathic pain ... Yeah, just empathy. Listening, letting them talk. And empathetic and supportive. It hasn’t been extremely emotional, but there has been moments where there's been a little bit of our emotions have stirred from participants”. (Emery)

1.5 Subtheme: Financial barriers to purchasing equipment (B)

Reference 1.5A “You mentioned having an open conversation about barriers and kind of problem solving, around those, would you say there are common barriers that come up, like more than once between different patients?” (ML)

“Yeah, I would say like the common ones are accessibility, you know accessibility to equipment or location to do the type of activities they want to do” (Paige)

Reference 1.5B “And some accessibility and also some grace or some level of adaptation in terms of the funds that are required to participate in that setting, because a lot of our people don't have money”. (Rory)

Reference 1.5C “That’s often a barrier. Not everyone has the finances to buy a standing frame or a bike you know like SES bike. Oh yeah, I think that's, that's one reason why we don't always go yeah well, they won't have that at home, and they don’t have the finances well you can get on it in while you are here but then after that, what happens right? It cannot be sustained”. (Tessa)

Reference 1.5D “So, even though I think the Lower Mainland has lots of those supports and organizations in place. There's, there is ability so then that's where it would be good to have some of those financial resources to be able to support people in being able to maybe have grants towards people be able to start groups and to get the equipment that they need to be able to do the activities that they want to”. (Riley)

Reference 1.5E “Was there any additional equipment that you think would have been helpful or supported your role as a physiotherapist during this conversation?” (ML)

“I think sometimes costs like sometimes people wanted to get back to maybe recumbent biking. And so, for clients to purchase some of these things can be, you know, very expensive like thousands of dollars. And so sometimes finances are tight for people maybe they've, they've lost their employment because of the spinal cord injury and so they're now receiving persons with disability benefits and the income has dropped dramatically. And so, they're paying for a wheelchair van, or for equipment in the home. Different renovations and so, you know, money is going towards all these other things so sometimes the leisure equipment, they, they need those necessities for their everyday, but the leisure come in like a you know a recumbent bike is not at the top of the list. So, those kinds of things in terms of funding would be helpful for people, I think there are funders is BC rehab, that they people can apply to BC rehab, but I think BC rehab also has priority to some of those essentials for, like, you know, wheelchair power wheelchair or manual wheelchair or to help with some of those renovations. So, I think they would fund or help to fund partially, some of the recreation equipment but it's probably not at the top of their list either ... So yeah, those, those would be some of the things that would be helpful to have, extra money”. (Riley)

1.6 Subtheme: Access to transportation (B)

Reference 1.6A “You mentioned having an open conversation about barriers and kind of problem solving, around those, would you say there are common barriers that come up, like more than once between different patients?” (ML)

“Yeah, I would say like the common ones are accessibility, you know accessibility to equipment or location to do the type of activities they want to do”. (Paige)

Reference 1.6B “But I think it's hard for people to do home exercise programs. And so yeah and then, you know, I remember one person where again it was someone from Langley, and there's lots of transportation issues. So, I feel sometimes clients are living in these constraints ... and I feel like there's trying to imagine how to get out from under them. And I'm trying to imagine that too. And so, I would say those are realistic things in terms of how does that work ... Yeah, I guess I feel that way right or and you know the whole thing around well, who are the I don't know like who works for Langley Parks and Rec but you know like Langley is huge yeah like I said you'll have some of these people where you'll basically hear that it's like they're living in some apartment block ... they have very limited income. They don't have transportation”. (Rory)

Reference 1.6C "... there's environmental barriers for clients. Sometimes, maybe they want to access a pool where they're in the community that they're in. There's difficulties with pool access. Or there could be, sometimes difficulty with not having assistance that's needed to be able to do activities". (Riley)

Reference 1.6D "And, you know, hopefully I, you know, often I'm asking them to buy a pedal exerciser like there is definitely uh like if they don't have the resources to purchase exercise equipment there. They don't live in the lower mainland. They live in more of a remote area that that's definitely. That's definitely a barrier". (Jaime)

"Like it's challenging to kind of get that yeah plan when you don't know where the resources or are what resources". (ML)

"Exactly, yeah, like, like we can always give them a little strength program like a TheraBand and stuff they don't have anybody to buy anything but in terms of getting that aerobic piece, and they're wheelchair dependent, and if they don't, if they don't have access to anything in their community it's usually looking at trying to get them to buy a piece of exercise equipment". (Jaime)

"Yeah. Do you think it would be helpful to have like that list of resources? In addition to having this like coaching form". (ML)

"Yeah. That would be great actually that would be really helpful". (Jaime)

Reference 1.6E "But as you know only people in Vancouver are really going to have access to the PARC gym, people in Fraser health are not really going to come all the way over to go to the gym, three times a week or twice a week, right. So, I think, a huge part of the success of this is having a gym like the PARC gym, because every city in Canada had a PARC gym. It would be so much easier, so you know, and maybe they do I think the Glen rose actually has something similar or has, has connection with something similar in Edmonton". (Kelly)

1.7 Subtheme: Level of patient motivation and readiness (B, F)

Reference 1.7A "What do you think like their motivations for being like really interested in being physically active are?" (ML)

"I think has more to do with like the health. We educate them about the benefits of it, but more so, I think the complications of post spinal cord injury and they are not active. That kind of got more their attention, I think of knowing more about what happens if you're not as fit or you don't

move as much as you might get more pressure wounds or you get weaker, harder to wheel, shoulder injuries, I think, so I think that the education and benefits were helpful. And consequences too, especially for skin health I think”. (Jessie)

Reference 1.7B “Do you believe clients have an understanding of what the physical activity guidelines mean for them personally?” (ML)

“Some sometimes come in and near previously pretty physically active and trying to, you know, regards to go through what the guidelines are for just your average healthy you know person, they are people that would maybe would have been quite active anyway so the actual guidelines in terms of, you know, totally you know like half an hour two times a week, 20 minutes, three times. That doesn't even apply to them just because they know they're already meeting and exceeding the recommendations anyway. And then there's other ones that probably are not. And were not physically active previously”. (Blake)

Reference 1.7C “Right. That makes a lot of sense. So, do you think that that's probably one of the barriers I'm assuming like it all comes back to that motivation piece I guess, of being physically active?”

“Yeah. If somebody wants to be in front of their self-concept, their identity or, you know, something that they see the huge value in doing in order to want to do it then they'll do it and whatever means they need to” (Blake)

Reference 1.7D “Yeah, I definitely think people who were probably more physically active before ... I think people who had, they might have had some barriers to maintaining the current level of mobility. And so, for them it's quite important to maintain their strength to maintain their fitness and their health and reduce risk of, you know, shoulder injuries and whatnot so they can keep their independence”. (Paige)

Reference 1.7E “I think I was quite important for those people. And I think yeah just like you said people who have a history of being physically active prior to coming into GF Strong”. (Paige)

Reference 1.7F “And I think for some of our people that have been living with your issues for a long time you're just you're not in that place right. It can be very high functioning people with jobs or very you know well developed volunteer or passion projects ... And they really want to best manage their bodies, and whatever sort of capacity they can, to maintain their health and independence over time”. (Rory)

“So those would you say it those are like their main motivations to being physically active in terms of like after their injury?” (ML)

“Yes, I mean for a lot of my clients, right, like I would say in terms of a lot off my clients that yes there is this. Um, you know, I think that sometimes I'm seeing people early after injury and it's sometimes about motor recovery in terms of hoping that they're going to get more back”.
(Rory)

Reference 1.7G “Do you perceive that your clients are seeing the benefits from having this conversation? Do you think they're understanding it, or seeing the importance of it?” (ML)

“Well, you know, I think I would say yes. Yeah, I would say what I haven't had the conversation as formally as along the sort of formal structured guidelines form as much as I would like to say that I have. But I would say that my conversations around the whole thing around importance of physical activity and finding ways to participate in it. I'm having a lot of those conversations ... I would say that I have a lot of clients that are identifying and recognizing the value of that. Most often, they connected to something sort of like specific functional strength activity. But they are still identifying the thing from a physical activity and the need for physical activity to maintain health perspective”. (Rory)

Reference 1.7H “Probably – I mean some clients are already active in their lifestyle and stuff when they get injured so maybe some are easier to start with these clients, you know some other clients were never really interested in physical activity. You just approach it differently”. (Tessa)

Reference 1.7I “Do you believe your clients have an understanding of what the Physical Activity Guidelines mean for them personally?” (ML)

“... yeah, I think so I think that they had an understanding of and it's very dependent on the person and how engaged they were, how motivated they were. So, some of those different levels like they are pre contemplative or contemplative, then you're, you're trying to address different things like sometimes you're just trying to give them a lot of education about why exercise would be beneficial and what are some of the risks of not exercising but if people are more engaged and, you know, ready to exercise, then it's more just really building in what are what are the best activities for the person and looking at some of those. What are some of the barriers for them to be able to do that? So, I think they did, you know, each person was going to be different in terms of understanding what we were communicating and that was based on where they were at within their stages of engagement with the exercise their readiness to exercise. So, I would say that they had varying degrees of understanding, and that was based on those different factors I just described”. (Riley)

Reference 1.7J “It sounds like motivation and attitude and like readiness are very big components in terms of determining whether their level of engagement in the physical activity coaching”. (ML)

“Yeah, and then their understanding about the importance of the importance of exercising and then also the, the risks of that are of not exercising ... So, trying to describe those things was, I think, something that differed with the individual that was in front of me”. (Riley)

Reference 1.7K “I think it probably varies on the client. Yeah. And again, it's a little bit about that their, their stage of engagement with exercise. So, I think it's good to have the conversation before discharge probably regardless just to see where they're at, because even if they don't have many things that they're interesting I think it's still good to at least plant some seeds about the importance of exercise and to start to just try to generate some ideas of what they could be doing”. (Riley)

Reference 1.7L “...for those who aren't as ready you kind of have that ongoing conversation as they're transitioning out of discharge back into the community. It's kind of like an ongoing conversation like multiple sessions that you're having this conversation. It sounds like”. (ML)

“I mean, yeah, depending on, depending on the person”. (Riley)

Reference 1.7M “I think some of their history of their engagement with exercise, so some people come in and they, they don't do exercise, they don't have many leisure interests. And so, they're quite sedentary before coming and before having a spinal cord injury. So, I think sometimes that can be more difficult I think people who maybe were elite athletes prior to their injury or had, you know, lots of different interests that they had been engaging in previously prior to their injury I think that can be a big help to person ... I think not always, because sometimes people can be going through, you know significant depression with the losses that they are going through and grieving some of those losses of things not being the same as prior to their injury. But I think that, then people have that inner desire and motivation to do some type of sport or something, they know how that had had made their lives better, and had brought, you know, some enjoyment to their lives and had brought connection with others like social connections so they understood those components and they had desire to be engaging with others with sport or recreation activities so. Yeah, so I think for people who had that previous level that was a that was usually a very significant factor in terms of how much they're going to engage after they leave the, the program”. (Riley)

Reference 1.7N “Did your client seem interested in discussing physical activity?” (ML)

“The majority are, I would say I would say the majority are, I would say I would say the majority. I feel like the majority of people want to get better and are that I see here anyway, and I feel like if they're not interested. Then there's using maybe something more medical going on or psychiatric, but I'd say the large proportion want. And, and I think our society has really promoted the benefits of exercise. Yeah. So, yeah, I mean, the large majority I'd say are motivated, the odd one we get you know you can tell there's someone who isn't doesn't like to be physically active, they have other interests. So, it's maybe harder to get them motivated. But no, the majority that I see are motivated”. (Jaime)

Reference 1.7O “Weaknesses program, I would say. I would say that sometimes I have to like, pull it back. And like being too aggressive with my approach like telling people oh no you should time yourself here you should time yourself here. And I know that's kind of a mental thing, some people need to have a softer approach of like going to month to month ... I don't know if that's necessarily the program though that's kind of an individual thing. I don't really see too many negatives right now. I mean I got one guy, it's really, I think I'm losing him because he never gets back to me anymore. But I think all the negatives are more individual to the person and not the program itself”. (Erin)

“When you say, individual to the person to me like the patient client?” (ML)

“Yeah, the client to the client that I'm having a contact with”. (Erin)

Reference 1.7P “I'd say most of them are really benefiting from it, and most like four out of seven I think right now so the majority are benefiting it. I think one guy he flat out said oh I'm only doing this just to give back like to help research for the future people ... And then just one gentleman just never returned by messages, but I think for the people that are trying to get something out of it they actually are. Because like I don't push them to answer, specifically, are you feeling good or not I kind of just gauge. Are you happy with everything? How are you feeling? And I think people are benefiting from it”. (Erin)

Reference 1.7Q “Especially the people going into it that really want to make a change or they really want to improve themselves. I feel like they're the ones that are benefiting the most, the ones that have a little skin in the game. And just like a little bit of motivation at the start, they're the ones that are really, I feel get the most out of it”. (Erin)

“Right, like the ones who are like, I'm, I want to be physically active”. (ML)

“Yeah, for sure their gung ho and they got that ... And like they actually had specific goals that they gave me in our first interview. And I feel like the ones that are just oh just feel better, be good, exercise like the ones that generic reasons for joining it. I think they're a little bit of a tougher nut to crack as opposed to the ones that gave me specific like oh I want to dance with my granddaughter, more I want to do this more I want you that they're the ones that I think are benefiting the most from it”. (Erin)

Reference 1.7R “So, overall, would you say that your clients are interested in talking about physical activity? And if you didn't have those that were interested, what were your strategies, because I think that's the tough one right like it's always easy to grab the low hanging fruit”. (JM)

“Yeah, it really depends on person, I would say, somewhere in the half. That's like a straight guess, half of them are ready to have the conversation, at least in some form. Yeah. And then I think the other half they're like I'm like yeah, I mean, yeah, we're not ready for this but they're, you know, we have the coaching which is such a valuable tool. You know I think for them it's like oh I don't have to deal with this right now. Yeah, that doesn't mean I'm letting it go I think that's nice for them. I don't have any great answers to the question if they're not ready I mean it's difficult because I, it's not the only thing I have to bother them. Yeah, I can't spend all my chips on this because I, yeah, we really do need to try this thing you really do have to do that before you leave you know I mean, so, you know, it allows this thing then you know maybe they. If we don't get to that conversation because I know that they have the option of talking to someone later, it allows the flexibility there. Yeah, I don't have any great answers to the question of like how to get them to talk about it if they are not ready”. (Casey)

Reference 1.7S “Yeah, other than that it is pretty straightforward, most of the people are engaging initially, I find you know how you can sense when you talk to someone how that the interest is kind of not the same when the conversation started. You ever get that perception?” (Emery)

“Yeah, yeah”. (ML)

“I'll tell you I've noticed a little bit just slightly and I'm not, this is not a negative it's just an observation that the first two times I've met with everybody. There is energy there's a little bit more excitement you get to the third of our session and oh man am I doing this again and I gotta do this again and so ... There isn't you know, especially one individual particular I don't think is doing exactly what he's telling me is that again it's just a hunch on my part. The first two sessions are great. Now we just we got along really well. And again there's people, we've got issues going

on in our life right so like this and he's expressed that he's got some family issues so, but you can tell the energy of the conversations has decrease over the last few as opposed to the first two for sure and I've noticed that I've noticed a couple situations". (Emery)

"Like they first initially come in with like a lot of energy, high motivation and then you reach kind of a plateau?" (ML)

"Yeah, yeah, yeah". (Emery)

Reference 1.7T "Some people were athletes before and exercise before they're an injury so they're more up to start right as an inpatient or right after. Others again like I said, some people don't like to work out never did work out so that might take a little bit more coaxing if you can use that word a little bit more responsive to get them involved with that. So, I would definitely introduce physical activity concept in patient and then slowly. Slowly give them smaller portions that are afterwards to through like a zoom meeting or personal meeting, whatever it would be". (Emery)

Reference 1.7U "I guess, everyone is really at different levels, so you really have to individualize it from person to person". (ML)

"I agree yeah. 100 percent". (Emery)

2.0 Theme: Having a referral outlet to peer coaches with shared lived experiences

2.1 Subtheme: Accountability (F)

Reference 2.1A "So, then do you feel like having this physical activity coaching conversation kind of gives you more structure with that discharge process and more follow up and accountability?" (ML)

"I think for the peer part and that's what you're talking about I think the coaching but mainly or importantly with the peer right. I don't know what happened, I don't know what the outcome was if they met with them, or whatever, but I think it is helpful to have accountability as follow up with our patients". (Jessie)

Reference 2.1B "Which is what before the study I don't know if they do or not, unless I see that as an outpatient, or my coworkers tells me there's no way of knowing. But then with having the coaching, I will for sure if they're going to do it or not. And, then you identify all the barriers right of what would make it hard for them to do, access, and all that ... So, it gives me better gage whether of they are going to do it or

not when they leave here ... And then that's why I think the peers are helpful to be like, by the way, here's your home exercise program I was going to check in on you and they're more inclined to do it". (Jessie)

Reference 2.1C "Good to know um do you perceive that your clients are seeing the benefits from physical activity coaching using the proactive tool kit like, in other words, do you feel like it's being used, understood?" (ML)

"I think understand, and they all liked accountability part. Whether they went through the accountability part I don't know so think right? Usually the peers would do that, I think they like the coaching though and that kind of got them thinking about other stuff they had at home or resources around them. It's like troubleshoot what other non-equipment things that could be equipment they have at home ... And how like, for example, they could use a water bottle as a weight, instead of buying a weight so just trying to troubleshoot oh I don't have this don't have that. They usually will give them like their TheraBands and stuff so that's quite sufficient for home exercises. They proceeded pretty okay". (Jessie)

Reference 2.1D "I would totally keep the peers so they can keep the coaching going". (Jessie)

Reference 2.1E "I think it's just more streamlined thing of paperwork yeah, I think have to photocopy one for like the chart and then photocopy one for like the client and then give one to the peers. They are really good sometimes I am so busy, I'm like can you help me scan the form and just give it to the peers directly is the easiest for me". (Jessie)

Reference 2.1F "... that's why I think the accountability thing with the peers as something to look forward to. Because people can feel very isolated so you're just talking to someone and just hearing what their life is like. It's not like as stigmatizing I guess as talking to a counselor or psychologist, versus talking to a peer is more an opportunity for them to talk about more honestly what they're doing or not doing kind because of the similar situation. It's good for their mental health too, having a peer follow up". (Jessie)

Reference 2.1G "I think things like motivation, yes. Yeah, you know I try and, you know, let's make a plan and you know different people work different ways like let's do checklists, or you know like we tick off this – yes, you achieve that day or, you know, can we have a, you know, a friend or family member, you know, make a plan to exercise with you a few times a week so that you got that sort of social interaction, you know, and you have a second person keeping you accountable as well and you feel like you have to get up because someone else's is relying on you to get out and do the activity as well ... so, you know, then the big one for me is I am just like call SCI BC. You know, I've got lots of

different types of mentors who hear her in similar situations who can help you, give you information about their experiences and what works for them”. (Paige)

Reference 2.1H “And I have been getting a lot of positive feedback about the SCI BC peer aspect of this study, as well, in terms of like what you said with the accountability part and also them being able to understand the patient's experiences”. (ML)

“Yeah, I think that's such a big thing is that you know I have worked with other people in the past, through – not through my GF strong job but through my private therapy work, where I would sometimes see people in their homes, and I often would see people where they have fitness equipment and they have it at home. And they don't use it ... Right, it's sometimes it's hanging there's laundry hanging off it, it's hard for people to actually implement something. So going from the idea to the actual action can be sometimes where things can kind of fall down. So, I think when you have people that are interacting with you about the topic, and can say, how does that go, you know, like did you get to the gym, how did it go, how did you find it went”. (Rory)

Reference 2.1I “SCI BC is a resource that we can use. Definitely support clients you know when they go move into the home right. Nice, nice thing ... We can give them an exercise program to go home but then nobody ever follows up and it's you know it's nice that they have a coach over the phone with SCI BC ... I am just talking about the mentorship aspect of this I think is good to have a peer”. (Tessa)

Reference 2.1J “Yeah, I think that's a good component, because we physios can talk and talk and talk and educate, educate, educate, you know, it doesn't mean it's enough. Right like sometimes there other barriers and so it's nice when there's a peer that can support them after they go home”. (Tessa)

Reference 2.1K “And so, if you have the resources to continue sustaining the intervention What do you feel are the key components that should be kept?” (ML)

“... yeah, I think for. I think that the phone support or is the phone line I'm not too sure how to do it, I think, connecting with the patient, clients after discharge I think is important. The coaching and motivational interviewing and that's the part SCI BC does if I understand well. Yeah, that's, I think that's a good thing, again, I haven't had feedback, so I feel like I am talking through my head”. (Tessa)

Reference 2.1L “And so, in addition to that structure that the physical activity conversation kind of provides or the coaching conversation kind of provides for you and your patients. What else do you feel right like the strengths?” (ML)

“Well, I think it's great that they set up with SCI BC, to have that follow up piece, and for SCI BC to provide some of that ongoing peer support and coaching, based on what we discussed initially”. (Riley)

Reference 2.1M “I think that is, I think, as I just described that that's a really key part of a discharge plan is to have that peer support and to have ongoing coaching support to help to continue on with exercise, and to build that into a person's routine. I think it's a gives a person a good sort of foundation towards being able to integrate that into their regular lifestyle”. (Riley)

Reference 2.1N “I think, exercise, might be low on the priority list for them at that time, that varies though for some people who, you know, that might be, it might be higher, but you know there's sometimes just concerns about being able to go through their daily routine of activity and. And so, I think it would vary in that, that support. That's why I think the SCI BC peer support was would be very helpful for them as they're getting back into their routine to as they are able to do a lot of their daily activity, you know, incorporating, you know, going out to the PARC gym or doing some wheeling around the seawall or something like that that they can be doing”. (Riley)

Reference 2.1O “Right. So, from your perspective, do you think the SCI BC peer coaches are there that they're in the best position conducting – “. (ML)

“Absolutely they're in the best position to do that from the point of view that they have the impact they have the credibility ... right now, we have the resources because they're doing it right, we have the resources because we are studying it and the idea of having 10 coaching sessions, I've had a number of the clients that I referred that were that we've had this conversation they're saying I'm you know I'd really like to do more. I'm struggling with it I've gained some weight, my arms hurt my shoulders hurt blah blah ... So then at that point the idea of 10 coaching sessions is awesome. You know, people, they're struggling with how I do this how do I figure this out and yes, I know its physical activity is a good thing. Yes, I know I need to do it for my health, and I want to, but I don't really know how, I need some help with the how of it ... Right I have I have struggled with where to go, I have struggled with how to get there I have struggles with, you know, what to do I don't even know what's available right all of those questions, you know, people need the help to do it and so as coaches they're really well set up to do that to provide the

information as well as to help people along ... Right, and help them along and encourage them right because often it's and sometimes just encouragement from a coach that is what you need. And if you've actually had something to be successful you need to have somebody, say. That's great. You know, keep going, keep pushing for Don't give up, love, love all that kind of stuff the coach is huge. Right. We're definitely not set up in the therapy world to be coaches". (Kelly)

Reference 2.1P "... Especially for following up". (Kelly)

"It sounds like it's important for like the accountability part too for their patients". (ML)

"The word the accountable you want to count what you're doing ... You also want to track whether or not it's successful. You want to if things need to be changed, right. So, formal is good thing". (Kelly)

Reference 2.1Q "Yeah. And then, um, do you see your client seeing the benefits of this physical activity coaching conversation, it sounds like it right? P8: I am sure they do". (ML)

"What I don't know is because I only have one conversation with them or two. I have one gal that I talked to you last week, and she said yeah, I did the coaching I did some of the coach I'm still in the process of doing it. And that's really helpful because I live out in Maple Ridge ... And I also have shoulder problems and I can't get out and Covid's been hard, and it's been really good, so she was happy that the coach never gave up on her right so that's so as I say, I don't typically have follow up conversations but this gal, for her I did. And so, I thought, well, the good I'm so glad for her, that she was able to continue with the coaching, because she's had physical struggles and just to have some the coach still be there for has been a really good thing". (Kelly)

Reference 2.1R "So, you felt like the biggest strength of this kind of intervention is being able to see that progression in the times from like month to month and seeing what worked for them what didn't what what's kind of promoting their physical activity what isn't?" (ML)

"Yeah, and the accountability of like we have to be like we got to do 10 of these, so having accountability, it's not just like month one like okay I'll talk to you in a year it's every month we have to check in, well, give or take a week or two, but I've been averaging everyone ... And so that's, I think that's a big strength of it too". (Erin)

Reference 2.1S "... if you had the resources. So, such as like feedback time allocated to continue, sustaining this intervention? What do you feel are the key components that should be kept?" (ML)

"Check ins. I think that would keep people sort of more engaged like, as opposed to like program is done. Keep at it. Have a good one. Maybe just like a monthly email reminder phone call just being like hey hope everything's going good? Just want to check and say hello and if you have any questions". (Erin)

"And then what about on your end like what do you think would be like what are the key resources for you to like to continue sustaining this?" (ML)

"Yeah, the check-ins so for me, or somebody in our group, which is to do the check ins and then have the resources at hand where, if somebody responded to me like, oh yeah, it's been going good, I slowed down a bit for my cardio here. And then I can easily pull off the resources of just like okay yeah, you're from here, have you tried this online, have you tried this just refresher kind of check in. Check-ins don't have to be long and time consuming, they could just be a quick hello ... So that's, that'd be the biggest resource for me would be the ability just a monthly check in or quarterly check in sort of thing". (Erin)

Reference 2.1T "... so, considering typical so like I guess without any like additional like trainings and resources what components of physical activities should and could be kept?" (ML)

"I think, if I understand correctly, again go back to the communication on meeting meeting meeting with the individuals on a regular basis, more than 30 days and sometimes you may not talk a lot about or get a lot accomplished on physical activity but you're communicating I think you think you develop a bit of a bond, and that may assist them going down the road in having some more involved in physical activity". (Emery)

2.2 Subtheme: Peer services as a resource (F)

Reference 2.2A "So, you know, and I generally tell my clients that there's physical activity coaching sessions don't have to happen quickly, one after the other, but, you know, they will set up an appropriate time and appropriate intervals so it doesn't give them pressure that they have to perform in a particular manner but it's just I think great just to have that resource, knowing that someone will call eventually and will touch base with them and just help them and get them any extra information and resources that might be useful to them". (Paige)

Reference 2.2B "... one of the other comments I was going to give is I remember seeing one fellow who she was actually ambulatory, and he wanted to do things in terms of working out, but he did not feel comfortable going to a regular standard gym that a lot of able-bodied people were going to, he just didn't feel comfortable there. So, I do feel like that's one of those things in terms of the peer aspect and truthfully some of the facilities that if people in are Vancouver that they have access to that makes a huge difference to actually, that is a barrier that I feel has been broken down to support participation". (Rory)

Reference 2.2C "So, in terms of just kind of going off of that. How is the referral process to SCI BC been like before this study? In terms of referring your patients to those resources". (ML)

"Well, you know what we do, definitely. It depends on the person in terms of what they're – where they're at. I would say that if I have people coming to see me in the center, depending on how they're doing. I will definitely ask if they're a member of SCI BC ... And then I will also sometimes talk about Spin Magazine, and say you know why there's so much amazing information that has just been so well done. And then sometimes I will just direct them to the front office. Just to stop in and to see [SCI BC peer coordinator], and if they're not a member, or sometimes even if they are but they are struggling with something in particular, I might direct them there because I am like I don't think is exactly in my wheelhouse, but I feel like you need to – see they also have their finger on some resources, but I do not ... And I would say the answer is, it happens it mainly happens not through any kinds of online or it's a lot of trying to direct them to the person that's in the building". (Rory)

Reference 2.2D "Yeah, it's the whole thing where I'm like, if people can sell for if you can connect and people can self-refer, I feel like that's ideal. But if you need some other way to make sure it happens, it would almost be what's the path of least resistance, right ... And I feel like those sometimes when you have a moment where if you can personally connect a client with someone who is a peer mentor. I think there's a lot of power in that versus just saying, oh yeah, maybe I'll become a member of SCI BC". (Rory)

Reference 2.2E "I would think so, I feel like I feel like it would increase the chances. Right? And then they get signed up and they sometimes for example like I have a lot of clients that will say to me, oh yeah, what do you know about this because I saw this in Spin, you know, they get the magazine and then they read it, like they'll talk about what they saw and they'll talk about the articles or new ideas, or they'll just be like yeah

I saw this so that I would say that is having an effect in terms of reaching people, and probably making quite a difference, right in terms both sort of dissemination of healthy information for our clients living with SCI and probably connection”. (Rory)

Reference 2.2F “And so, if you have the resources to continue sustaining the intervention, what do you feel are the key components that should be kept?” (ML)

“I think that the phone support or is the phone line I'm not too sure how to do it, I think, connecting with the patient, clients after discharge I think is important. The coaching and motivational interviewing and that's the part SCI BC does if I understand well. Yeah, that's, I think that's a good thing, again, I haven't had feedback, so I feel like I am talking through my head”. (Tessa)

Reference 2.2G “And so, in addition to that structure that the physical activity conversation kind of provides or the coaching conversation kind of provides for you and your patients. What else do you feel right like the strengths?” (ML)

“Well, I think it's great that they set up with SCI BC, to have that follow up piece, and for SCI BC to provide some of that ongoing peer support and coaching, based on what we discussed initially”. (Riley)

Reference 2.2H “And so, incorporating some of those other activities that get them out of the home and get them into the community doing activity that they like to do. I think those are the SCI BC they have the experience to be able to, to encourage people in that way. And to connect them to groups where they're already doing the activities that they like the client likes”. (Riley)

Reference 2.2I “Yeah, and you were saying what are the strengths that you liked was the peer mentoring, peer support aspect of it where it could be like, get that social support and that accountability and that follow up and I think that's a big part to sounds like?” (ML)

“Yeah, that's right. Yeah, exactly. Yeah. So, because I think this is just a time limited study but actually making it more permanent, I'm not sure what the costs would be in terms of making that an ongoing reality for clients”. (Riley)

Reference 2.2J “I wanted to get your opinion on the SCI BC peer component. So how did you feel about that?” (ML)

“So, referring to the SCI program? Yeah, that was very straightforward”. (Jaime)

“Oh nice, so it was pretty easy, and do you find that your patients benefited from that SCI peer mentoring component?” (ML)

“Oh, I think so, yes, that's really helpful”. (Jaime)

Reference 2.2K “And we could run with it. Or we could sit hand them off to the coaches that do the coaching the SCI BC right because they're doing, I think they're well set up as peers to really do the coaching well we don't have the time in outpatients, you know, to do the coaching well. We have initial assessment; we have that initial conversation. I fill out the form we go through a sample of a sample timetable and stuff, but then I don't often follow up with it ... Basically, this is it. You're going to be now contacted by the SCI BC guy, and they'll run with it. So, I have one essentially one or maybe two conversations about it. But I don't get into the heavy-duty coaching, just the initial coaching conversation”. (Kelly)

Reference 2.2L “I have been hearing that, that is a very common perspective from a lot of the physios that I've been interviewing, everyone has been saying like the SCI BC peer understands the patients on and just another level just because they can empathize”. (ML)

“Yes, and on an everyday level and a home level. Yeah, and life level. My concern as she is when this project is over will the SCI BC coaching still be available to people right. That would be I hope, I hope we're able to get it implemented. That would be my, my vision my hope my dream would be”. (Kelly)

Reference 2.2M “And so, what I do is just help guide along the newly injured clients and their family from going to visit some people over at the hospital and then when they come here over the six weeks to six months, they might be here I'll build a relationship with them here. And the idea being by the time that they leave, they sort of trust me that I have the best interest for them and their family when I do go home ... I can turn them on to the appropriate resources in their community. I find that the health professionals here are outstanding but somebody to have that lived experience does go a long way with sort of anything from, how do you use the washroom to how do you travel overseas, that sort of thing, and everything in between”. (Erin)

Reference 2.2N “What were some strategies that you use to ensure that you delivered the proactive SCI intervention to the best of your ability?” (ML)

“Just making sure that the time we meet up works for both people so they're comfortable not forced to know, can we meet Thursday at 11 like I'm letting them choose when to when and where they want to do these sorts of things. Make sure I got time for myself being, being well organized with sort of like a doc when I'm done with these sessions and who is coming up ... I think it shows that I respect their time. Like, I'm

willing to accommodate them it's not because I'm busy at the time sometimes I'll skip cancel my own appointments if I know like it's going to be rough for them to schedule out of time, so I think they really appreciate like hey I'm there for you like whenever you want to do it. Let's do it. I mean, it doesn't work, obviously, I'll say that, but I think they really appreciate that more flexible of their time. It makes it look like I'm more concerned with their time than my time. I think they probably appreciate, I would". (Erin)

Reference 2.2O "So, I think it's more question of, like, yeah, we would just need to hear from her like, you know, I'm certainly happy to do it but I want to know that it's actually people are using the service and finding it useful and, you know, I mean I think the side benefit of all this is really getting them connected to the SCI BC right? Because I think that helps them to have someone to reach out to because I'll bet you turn Terry's doing these coaching calls. But that is not the only thing Terry is talking about, right?" (Casey)

Reference 2.2P "I don't know what those costs are like, Yeah, but I think that that to me is like the side benefit is that they get, they are sort of forced to connect and have somebody who's a resource to deal with all the other crap that's going on ... I do really wonder kind of what the impact is, you know, I do think that like first six months, like you said, it's hard, we really have. There's so much going on it's such a crapshoot, especially with Covid, we have, especially no idea what's going on but you know what are the knock on effects of being connected to SCI BC one year to year five years ten years from now? You know and was it that initial referral from their physio that got them connected, rather than them having to seek out SCI BC themselves because that's where we see a lot of people getting lost through the cracks right is that they have to take that initiative. Yeah, I mean I think that's the, you know, I think I have always said that the best what's the word I am looking for, like model of care for people once they leave rehab is that their patients for life ... Yeah, you know, our program for life. And we don't have the money for that, we don't have the staffing for that. So, you know, for better for worse, like I'd love to see SCI BC until we can fill that gap sort of be the people that connect them ... Yeah, because they know right people to talk to and they have more experience than we do. And that kind of thing so I see that is their sort of lifelong connection to the not only the community, but also unlike managing some of their health". (Casey)

2.3 Subtheme: Value of lived experiences (F)

Reference 2.3A "To me the resource that's the highest likelihood is that if our client access to going with is probably the peer mentoring piece, right, like, I, I can honestly say that not specific to this proactive project ... But knowing that you know like I've had some clients that I've known for many years in the community. And one person in particular who I remember saying to me. The things finally kind of started changing for her

in terms of even accepting her injury and finding ways to live a bit more as a whole person changed when she started going to coffee groups with local SCI BC coffee club ... Yeah, and that's where I'm like, you know, I feel like that whole piece of being able to, because even if it wasn't for example specifically [SCI BC peer coordinators]. Like, I think the whole sense that there are other people out there who have this injury, they have figured out a way to do it, you can too. I think the healing power of that should never be underestimated. And it's a different kind of resource that has different powers than the one that a therapist client relationship has. Very different but I would call them equal and important". (Rory)

Reference 2.3B "Yeah, I mean I think what has to happen or I think in the ideal I'm even thinking about whether it's, whether it's just proactive project or the whole thing around how people are finding their way, living with their injury. But, you know, people fill different roles and. And so, the whole thing around talking to somebody who's been through that sort of and has come out the other side and it's like they're okay and they figured out something and participated in sport or you know that by really healthy workout routine in life. I do think that it does give people a sense of what is possible because I think sometimes people have their injury, one of the things that's last is sort of what is the vision for the future. And they need someone that sometimes that can help to point a way". (Rory)

Reference 2.3C "But yeah, that would be nice in that sense because it's more like personalized in addressing the barriers and building that rapport with them. I think that can be really what influences them more than the physio giving them that follow up 10 minutes. It doesn't really change much, I don't think ... I think part of our role and yes, we will talk about that, it's just I think the follow up the follow up after discharge is, is key because they go home, and then they will figure out what life is like at home right for inpatient that's huge". (Tessa)

Reference 2.3D "Because they usually have no idea what their lives can be like when they go home after, it creates a lot of anxiety. They are not ready to implement things right away. Right, so I think having the chance to have a peer from SCI BC touching base with someone is probably that's what I would imagine". (Tessa)

"Yeah, and it's definitely probably also making patients feel more comfortable, I'm sure, being able to talk to someone who understands". (ML)

"Yes, exactly, yeah ... not some kind of like random able-bodied physio yeah, yeah, yeah". (Tessa)

Reference 2.3E “There is numbers like 811 where you can call in, at least this until, when I last contacted them there was access to a kinesiologist where they would provide some coaching for, for people who had goals towards exercise so that's something that I've sometimes referred. And there are some self-management programs where there's some coaching there's the stroke recovery association of BC for some of the clients, I'm working with recovering from her stroke survivors there's some peer mentoring as well supports ... But for SCI I mean specific and that's where the SCI BC mentors are really helpful because they understand some of the different barriers people face and some of the resources that are available at that, that I think would be good to have that implemented as an ongoing support for the clients, or at least for, you know, time limited support for the clients. Even with the stroke recovery association they have it for two to three months ... So, something similar to what this program is offered because I think it's around maybe 10 coaching sessions and goes with is what the proactive is offering right. So, so, having something similar, that's offered. Because that that is not. After this program finishes then that will finish right. As the SCI proactive program finishes, that would be it". (Riley)

Reference 2.3F “I think it's actually better to have the coaching done by a different group and SCI BC is perfectly policed to do that and plus as peers, they have a lot of clout. I think they have more impact. Just because you can say I've done this, this has been hard, I understand what you're talking about. I understand the challenges blah blah blah. When a peer is telling you these things it's a little bit has more impact”. (Kelly)

Reference 2.3G “I have been hearing that, that is a very common perspective from a lot of the physios that I've been interviewing, everyone has been saying like the SCI BC peer understands the patients on and just another level just because they can empathize”. (ML)

“Yes, and on an everyday level and a home level. Yeah, and life level. My concern as she is when this project is over will the SCI BC coaching still be available to people right. That would be I hope, I hope we're able to get it implemented. That would be my, my vision my hope my dream would be”. (Kelly)

Reference 2.3H “Right. So, from your perspective, do you think the SCI BC peer coaches are there that they're in the best position conducting – “. (ML)

“Absolutely they're in the best position to do that from the point of view that they have the impact they have the credibility ... And right now, we have the resources because they're doing it right, we have the resources because we are studying it and the idea of having 10 coaching

sessions, I've had a number of the clients that I referred that were that we've had this conversation they're saying I'm you know I'd really like to do more. I'm struggling with it I've gained some weight, my arms hurt my shoulders hurt blah blah ... So then at that point the idea of 10 coaching sessions is awesome. You know, people, they're struggling with how I do this how do I figure this out and yes, I know its physical activity is a good thing. Yes, I know I need to do it for my health, and I want to, but I don't really know how, I need some help with the how of it ... Right I have I have struggled with where to go, I have struggled with how to get there I have struggles with, you know, what to do I don't even know what's available right all of those questions, you know, people need the help to do it and so as coaches they're really well set up to do that to provide the information as well as to help people along ... Right, and help them along and encourage them right because often it's and sometimes just encouragement from a coach that is what you need. And if you've actually had something to be successful you need to have somebody, say. That's great. You know, keep going, keep pushing for Don't give up, love, love all that kind of stuff the coach is huge. Right. We're definitely not set up in the therapy world to be coaches". (Kelly)

Reference 2.3I "And so, what I do is just help guide along the newly injured clients and their family from going to visit some people over at the hospital and then when they come here over the six weeks to six months, they might be here I'll build a relationship with them here. And the idea being by the time that they leave, they sort of trust me that I have the best interest for them and their family when I do go home ... I can turn them on to the appropriate resources in their community. I find that the health professionals here are outstanding but somebody to have that lived experience does go a long way with sort of anything from, how do you use the washroom to how do you travel overseas, that sort of thing, and everything in between". (Erin)

Reference 2.3J "Yeah, I mean I think that's the, you know, I think I have always said that the best what's the word I am looking for, like model of care for people once they leave rehab is that their patients for life ... yeah, you know, our program for life. And we don't have the money for that, we don't have the staffing for that. So, you know, for better for worse, like I'd love to see SCI BC until we can fill that gap sort of be the people that connect them ... yeah, because they know right people to talk to and they have more experience than we do. And that kind of thing so I see that is their sort of lifelong connection to the not only the community, but also unlike managing some of their health". (Casey)

Reference 2.3K "So, if you had the resources such as feedback, time allocated to continue sustaining this intervention, what do you feel are the key components that should be kept?" (ML)

“Personal contacts, is, I know that's what that's the basis of it all. I think sometimes just talking to someone ... It might not determine the goals for the next four weeks or two weeks. We might just talk about and a lot of times, some of our current my conversations get off physical activity, and so I think that's an important aspect that has to be into consideration just don't pound it into them. You know relentlessly that exercise so sometimes you might have to get off topic so and I've done that, with a few participants”. (Emery)

2.3 Subtheme: Peer services located on-site (F)

Reference 2.3A “Yeah, we don't usually refer to SCI BC, we just introduce them to [SCI BC peer coordinator] and bring them by the office to say hello in general, really informal ... I don't think it should be that formal though, I kind of like it how it is now”. (Jessie)

Reference 2.3B “But I just like to know what's happening down the road after we stop our little involvement, what's happening with the rest of it right so that would be good and I think it is the same before, to have that kind of ongoing communication would be a good thing for the project, as well as the sustainability as having it be sustained and definitely. And we have a good relationship with the SCI BC peers. With fact that [SCI BC peer coordinator]'s there, you know every day is a great thing so we all we have access to run so don't ever feel like I don't have access to [SCI BC peer coordinator], just we haven't actually sat down and talked about how the coaching is going right I just know that there was a lot of people that got put on hold”. (Kelly)

Reference 2.3C “Sometimes they'll bring a client down to my door sometimes I'll be down the physio number hey [name of SCI BC peer coordinator] have you met so and so. So, it varies so it depends on the physio or the OT, it depends on what they're doing with the client at that moment. Again, I'm here five days a week so I do have the pretty fortunate that if a physio was to bring somebody down, or I'll see him in the PT, or physically even come up to me and say hey have you met so and so, yeah, I'm like, so it's a young guy, 19 year-old is on the second floor and nobody okay great I'll keep an eye so far. And then I'll kind of organically bump into them and introduce myself”. (Erin)

“And do you like that informal process or do you feel like there should be a full more formal structured?” (ML)

“No, informal way better because it's not a catch all for individuals or some clients benefit from them. Having brought been brought down to me and introduced some clients are skittish so me doing the fake bumping oh I'm [name of SCI BC peer coordinator] how are you, like work better, right. Compared to physios trying to push them into something that I don't want to do”. (Erin)

3.0 Theme: Collaboration

3.1 Subtheme: Sharing experiences between physiotherapists and SCI peer coaches (F)

Reference 3.1A “I guess I want to hear from the peers behind it, they like it or how did it go for them, I don't think I talked to them, being in the hallway here and there, but then I think a formal for them how things are going like oh is worth it, that we sent you over and it was successful and we did our coaching but then they declined the peers later I don't know. So, it would be very nice to know that the results I guess that's pretty much it. You know, for the individual client is more like everyone else”. (Jessie)

“That makes sense, so to confirm you'd like an aspect of like having maybe a follow up with the peers specifically like the champions?” (ML)

“Yeah, and they can give us feedback too. Like oh this person actually didn't understand or something like that”. (Jessie)

Reference 3.1B “And then I think the other thing is just the odd, sort of, probably, peer discussion, helps to kind of just keep you thinking about it. Right. But I mean I also know that sometimes we have our rounds, we have our discussions, and we have this whole thing where we're thinking about how do we support people transition out of active outpatient treatment at GF”. (Rory)

Reference 3.1C “I haven't heard from SCI BC what their feedback was with actually following through on the those forms and working with the clients for those coaching sessions so I'd be curious to find out more from them about how that how that has gone. So that would be something, if, if there was some feedback from SCI BC and possibly because I transitioned back to IRDP. I didn't get some of that feedback because I'm back on to my regular program, not an inpatient spine but if there was feedback, I'd be interested to hear about that”. (Riley)

3.2 Subtheme: Expand to other healthcare practitioners (F)

Reference 3.2A: “We are so lucky to have PARC gym down the hill in Vancouver but for people who are not in Vancouver, there is not much that I know of. I talked to recreational therapy about accessible gyms and what they have. So, then that takes more time figure out what is in their community too”. (Jessie)

“Do you feel like accessing resources such as gyms and equipment is a common barrier for a lot of clients I'm assuming” (ML)

“I think so, I know rec therapy probably has a list themselves”. (Jessie)

Reference 3.2B: “I think recreation therapy could have been involved with this study too ... like the recreational therapist not just us physios because they do so much with our clients too like going to the pool, taking them for outings like paddle boarding and kayaking and all that stuff which is cardio exercise so I think it would have been nice to have had them also more involved with this guideline coaching maybe ... because they know a lot of the community aspect which we don't know as much”. (Jessie)

Reference 3.2C: “Yeah, because it’s kind of boring if I just give them strengthening or cardio exercises. I want them to be fun as well. Yeah, usually I’ll be like you should try swimming if you haven’t or hopefully try with recreational therapy as long as they realize that’s the goal they want to do. I’ll get recreational therapy and get them in a pool and get their cardio that way.

“So, you think it would be kind of good to loop in the rec therapists and get their opinion and their perspectives on this conversation is going and how patients are responding to it”. (ML)

“Yeah, I think it would be nice for them to be involved too”. (Jessie)

Reference 3.2D: “You know, I am fairly new to spine, I probably got about three years’ experience so I'm always, again it's been quite a bit right but I look forward to after Covid days to being able to go and, you know, into the community and see what opportunities are available to clients to participate in different types of physical activity, you know, with a you know through, you know the community or through SCI BC. I know they used to run lots of different programs, which gave people the opportunity to experience different activities and same with rec therapy program is limited with Covid as well. So, I think that would be great to have more exposure so that we can help give people ideas as to how they can be physically active”. (Paige)

Reference 3.2E: “Yeah, you know what, that is a huge thing, and sometimes we'll just hail or try to also engage with recreation therapy because they know about certain things at times that we do not right. And I feel that that's a really important and I mean we're privileged GF to have access to that resource. Most people do not have access to that. So, we have access to that and there are times when it's like look if people are telling you they don't want to work in a gym indoors, but they really like to, you know, they really want to look at hand cycling, or they, you know, and they want to look at these other ways of doing these things, then you can be like, okay, well, I can connect you where we can work on this whole thing in terms of how to have you have some experiences and figure out what the barriers are to get you participating in that”. (Rory)

Reference 3.2F: “So, you know, the whole thing around, I think recreation therapist and kinesiologists that have SCI specific knowledge could also fulfill the role, very effectively”. (Rory)

Reference 3.2G: “Is there anyone else that you could see as being the right fit to deliver physical can be coaching at GF or who you think is the best, the best group of health professionals to be doing that at GF?” (JM)

“Well, I mean I think it's good for us to do it. I'm really, it's hard sometimes because I think rec. In the record if rec were staffed a bit better, we could, like, do that. Yeah, a better idea what the plan was a lot of time I'm just getting it second-hand from the patient ... About what they have talked about with rec, what their plan is after and that kind of thing so yeah, I mean I think that this in a lot of ways. Some of the stuff is really more in the rec, like what they're actually doing is a rec thing ... I'm not saying that they need to do the training and just or they need to do the coaching I'm just saying like, when you actually look at like what do people end up doing all I'm involved into things they got connected to through rec ... But you know conspiracy show on to. So, I don't, I don't have a I don't know that that's changeable. Right, but certainty just, you know, my in the perfect world would be that this would be a more collaborative thing”. (Casey)

Reference 3.2H: “What do you think that ideal world collaborative thing but look like, how would that work?” (JM)

“Just more. She's not that, like she doesn't have time to be interested in this. Yeah. And so, like maybe the rec post discharge plan and the physical activity post discharge plan would be together or somehow integrated”. (Casey)

4.0 Theme: Champion support

4.1 Subtheme: Benefits of Champion support (F)

Reference 4.1A “I think it's just more streamlined thing of paperwork yeah, I think have to photocopy one for like the chart and then photocopy one for like the client and then give one to the peers. They are really good sometimes I am so busy, I'm like can you help me scan the form and just give it to the peers directly is the easiest for me ... because they usually say they want it to be emailed and that's the part where I lose time”. (Jessie)

Reference 4.1B “I think [SCI BC peer coordinator], and [physiotherapist champion support] have made it pretty easy. They said just put it in the binder and they would do it but I know that it takes up more of their time to do that, so I think it’s the less paper work that we have to do, the better. But the actual coaching is not the problem, it is finding a way to give it to the right person. And putting it in the chart and documenting everything” (Jessie)

Reference 4.1C “Like teamwork amongst colleagues and I have questions I asked them about it, and it’s nice to have [SCI BC peer coordinator], and [physiotherapist champion support] so accessible to us to answer our questions on how to do things if we had questions come up ... yeah, I felt quite supported, so it didn’t seem like it was too difficult to implement for me”. (Jessie)

Reference 4.1D “I think yeah, I was just very good team effort, I think you all try versus like the atmosphere was good. Like people aren't set about this is workload, everyone is very positive about it. So, I think, how you say it, people’s, my co-worker’s attitude I guess towards the study was helpful to encourage me to do it whenever I could like was on the team”. (Jessie)

Reference 4.1E “How am I, others influenced whether you promote exercises or not. So, this could be co-workers, employers, regulatory body?” (ML)

“I think, like the culture of the workplace you know or if your coworkers are participating in this conversation and it's kind of an expectation, that is something that everyone should do, so I think the workplace culture. And then, also, just, you know, we've got lots of different therapy services here if you need clients to be physically active if they want to be able to participate. For example, you know, rec therapy. You know, I think it's it, you need to have some level of physical activity to be able to participate in some of the activities that they want to do with the client, so I think just having that culture where – I mean it’s what we are here to do here to do physical rehabilitation right ... It's just part of our culture that we encourage people to maintain their health, so that they can continue to participate in all the different aspects of their life”. (Paige)

Reference 4.1F “Right. I mean, we have lots of turnover and staff in the inpatient group. Right. And so, I think it's really important to have the continuity of having, you know, somebody like [ProACTIVE training instructor] come in and kind of explain and she, she makes it easy, right, she condenses it down to this isn't, you know, this is it. It's a pretty straightforward thing, it's pretty straight. It's simple, you have this conversation, and you can kind of go all over the place with it”. (Kelly)

Reference 4.1G “Otherwise, I will let you I won't take on I did want to add one more thing. [ProACTIVE training instructor] is so easy to work with. She just makes everything so much easier. She's so good at what she does. But it's easy, right it's fun and it's easy and she's flexible and she just it's not none of it has been hard, it's actually been really fun this whole thing, so it's been a joy to work with her, she is. She's good”. (Kelly)

Reference 4.1H “I was thinking like another strength, I don't know what question this was, but have you had any ability to get back to somebody like being like you know I can answer that right now can I get back to you with an answer or resources or contacts I think that's a very big strength ... Not having all the answers right then in there, being able to get back to them with plan or something ... Not having all the answers right then in there. And being able to get back to them with the appropriate information and coming back with”. (Erin)

Reference 4.1I “So we talked a bit about how, you know, maybe there are things that we can do like from my side from the research side to support you to do because activity coaching is there anything like on the hospital side or admin or you know anyone that you report to that, you know, could make your life a little easier to do physical activity coaching?” (JM)

“I don't think so I mean I'm not sure, or have a, not really. I mean it's not something they particularly care about. But like, I don't know, it's kind of better sometimes when your manager doesn't care because then they don't bother you”. (Casey)

“And that does, you know, make me think, too, that, you know, we have yourself we've got [physiotherapist champion support] very passionate about physical activity. What happens if, let's say all three of you leave what's the contingency plan like what would we do or?” (JM)

I don't know, I don't think you're gonna have like that seems pretty, like we all get it, and I don't Yeah. Again, you have to find a champion. Because, as you do with anything right. Yeah ... And you know, maybe it wouldn't go wouldn't be as successful without, you know, of course, having our [?] care about it it's good. Yeah. And having an inpatient and outpatient person is good, but it's like you know these things wax and wane right ... And you just that's just, you have to be okay with it, there's just nothing to be done. Yeah, I don't, I don't have a good answer on that I think you just have to find another champion”. (Casey)

Reference 4.1J “For sure, and the strikes are great support [ProACTIVE training instructor] is a great supporter, probably, if I have a question or any any issues she responds right away and she's thorough with her answers so that's a great resource to have”. (Emery)

4.2 Subtheme: Champion support needed on other units (B)

Reference 4.2A “What do you think was missing from this whole project what would it make your experience better?” (ML)

“I think it's hard because on NMS. Oh good, I just got the attachment. On NMS because we're not on the SCI program we felt a little bit. You know, we were not as much in the loop. And when our program gets busy, because we're not seeing all SCI patients, it's hard to remember to do this. right, you know what I mean so then when you have that we had to kind of jog you needed to jog your memory whereas if you're actually on the program and [SCI BC peer coordinator], and [physiotherapist champion support] work with you, daily they can be queuing you so yeah, we felt a little bit out of the loop”. (Jaime)

“I see, like, it was harder to remember to kind of incorporate this because majority of your patients aren't spinal cord injury patients”. (ML)

“That's right, right”. (Jaime)

TDF Domain: Environmental context and resources

5.0 Theme: Access to external resources

5.1 Subtheme: List of regional accessible gyms needed to support physiotherapist exercise prescription (F)

Reference 5.1A “For sure, so, then this this conversation kind of help introduce that cardio aspect into physical activity?” (ML)

“Mhm, like boxing they could do too. Yeah, I think more and more people are doing boxing cardio that I would prescribe because it's so much more accessible and do-able. I just tell them to hang a ball and a pillowcase and then they can go for it. You don't have to have a boxing bag. They don't have to go out, it's all in their home. I just find we can't access an arm bike as easily especially in the lower mainland”. (Jessie)

Reference 5.1B “We are so lucky to have PARC gym down the hill in Vancouver but for people who are not in Vancouver, there is not much that I know of. I talked to recreational therapy about accessible gyms and what they have. So then that takes more time figure out what is in their community too”. (Jessie)

“Do you feel like accessing resources such as gyms and equipment is a common barrier for a lot of clients I'm assuming”. (ML)

“I think so, I know rec therapy probably has a list themselves”. (Jessie)

Reference 5.1C “Actually, I thought it would be really helpful if there was like a list of all accessible gyms in BC and knowing what’s there. I think peers are very good too, they know where everything is. But as a clinician, I’d be like oh I don’t really research it or we find it together or having to figure it out, takes a lot more time for us because we just don’t know. I know there are resources out there, but I wonder can they be shared or something like that”. (Jessie)

Reference 5.1D “It might even like add more to this conversation of like okay let’s talk about this physical activity, you also have these resources that might help guide them a little bit more provides some support?” (ML)

Yeah, not just being stuck at home and that’s all you can do, it can be kind of boring, but I want them to be able to go out and be the community to do the exercises eventually. They usually put barriers themselves so, to go out ... yeah, like oh it’s too hard and I don’t know where to go and for me I don’t know where to go either so let’s ask”. (Jessie)

Reference 5.1E “I see I see so do you think that’s a big part of it for them like the motivation to like step out of their house?” (ML)

“Yeah, I just want to make it as easy as we can, for them to do the exercises and it’s going out and not knowing where the gym and I thought okay here’s a solid home program ... that, no matter where you are, you can do and you don’t need special equipment that’s like my go to yeah rather than trying to prescribe all these machine-based exercises that PARC gym has if they’re within the lower mainland, I will for sure send them there but for people beyond the lower mainland I don’t have as much knowledge about resources out there”. (Jessie)

Reference 5.1F “Yeah, and the resources that are more helpful. I kind of knew about transportation and organization out there, and more mainland resources. But just wondering about other places”. (Jessie)

Reference 5.1G “Do you see any issues with the uptake of this intervention and other rehabilitation centers?” (ML)

“No, just the resource to be the thing I think just access to resources would be the biggest thing ... PARC is a good resource for us here I think that every rehab center in Canada has access close access for clients to an accessible gym”. (Blake)

“Right, so that was kind of impact their ability to like plan, physical activity during this conversation. In terms of their access to what they can prescribe or what they can suggest”. (ML)

“Yeah”. (Blake)

Reference 5.1H “I do feel like though back to your question about knowing about other resources. I do feel like one of our dilemmas is that, like, when I start thinking, for example, about people who are living out in the Fraser Valley people are living in Surrey, people are living with, you know – I have somebody the other day who I was speaking to about whether or not I was going to get this person to come to the PARC. And this is a person that lives in Surrey, but he would need adaptive equipment, right and in terms of his hand function and his level of injury, but you know the truth is that I’m like, I do not know, I do not know if Surrey parks, and rec has or the YMCA somewhere out in that area has for example a tabletop arm ergometer”. (Rory)

Reference 5.1I “Right. Yeah, for sure. I definitely will note that down in terms of a component that's missing here that I think would be beneficial it sounds like a just a list of resources”. (ML)

“Yeah, I feel like, you know, maybe some people will say well all we have that but I’m like wow I don’t, I guess is where even if it exists, maybe I’m the fool that doesn’t know where it is”. (Rory)

Reference 5.1J “So, I do know that one of the ones I struggle with in terms of helping people, implementing community is the sense of like it’s one thing like I said when I can get people to PARC ... or I can get people to through Vancouver Parks and Rec to be able to go to the aquatic centers for really reduced rates or, but I feel like, you know, a lot of our people don’t live here, or they’re far away and I feel like one of my struggles is, how do I help people ... How do I help people when I don’t really know where to send them know where to send them to you I had a guy that moved out to Portland later Langley and I’m like, I just don’t have a clue. Not only that, you know, we have this whole thing where I guess you know I look, I look at things I sometimes try to really work at setting up home exercise programs”. (Rory)

Reference 5.1K “And I feel like there’s trying to imagine how to get out from under them. And I’m trying to imagine that too. And so, I would say those are realistic things in terms of how does that work”. (Rory)

“Right, because they’re looking to you for guidance”. (ML)

“They are”. (Blake)

ML: And you also don't have the list that you that you need to provide them with that guidelines so that makes a lot of sense.

P4: Yeah, I guess I feel that way right or and you know the whole thing around well, who are the I don't know like who works for Langley Parks and Rec but you know like Langley is huge yeah like I said you'll have some of these people where you'll basically hear that it's like they're living in some apartment block. They don't have very, they have very limited income. They don't have transportation". (Rory)

Reference 5.1L "And part of that is also because of course, you know, we have limited resources, just like everywhere. And the more that the more that you're aware of what to do and where to help them transition to something else. I feel it's almost like you'll go there more because you know where to be sending people, it's really hard to say let's get you doing all of these things. But then when you start really trying to do the breakdown in terms of where you're going to send them and what they're going to do is come up with like dead ends". (Rory)

Reference 5.1M "Was there any additional equipment that would have been helpful?" (ML)

"Not for me, because most of the stuff I did, I had enough equipment that I had access to, so I don't think there was anything, and then a lot of times the conversation and folder revolved around okay, what do you have access to in your community. Right, so the equipment thing was something that they were going to identify, or they already had ... Right, I could periodically, if need be, I could just run them on pullies I could just run people on the equipment and the three peaks gym which is we have things like everything from SCI fit machines blah blah blah ... the other thing is part of what we do is link them up with PARC right and there's tons of machines over there and there's tons of equipment over there and so it wasn't so much a piece of equipment that was any barrier. Right. A lot of what we do is do the link up like that we link them up with PARC, and then, which is what SCI BC does as well, right, that PARC gym is hugely valuable". (Kelly)

Reference 5.1N "Accessibility! And so are what I hear from my clients in Fraser health is we don't know where to go right I know there's a few gyms like in Surrey and there's one in new West there's a few they're hot, they're bit right. None of them are going to be as good as the PARC gym ... the PARC gym has so much to the available, and they're so flexible right in terms of, you know, during Covid they managed to keep it going. I think it was closed for a while and then they opened it up, and you can go as long as you have an appointment right so they kind of made it work. Plus, there's access to lots of online classes". (Kelly)

5.2 Subtheme: Contact list of local PA professionals needed to support SCI peer coaches for patient referral (F)

Reference 5.2A “It would be nice I supposed to have kind of regional contacts that I could pass along so if somebody like oh yeah my form is hurting me like I've been trying to lift weights or do it up but I feel like I'm kind of hurt myself it'd be nice to be like, oh yeah, these are the physios in your neighborhood or in your region ... You maybe reach out to if you want to get a couple sessions just to show you how to do proper form ... you want to talk to a physio or kinesiology, this would be a couple of good resources in your community”. (Erin)

5.3 Subtheme: Patient resources (F)

Reference 5.3A “I think for the diagram like SCI physical guidelines can be something to add, like we write it down, but we don't give them an image. Like visuals, the diagrams that you guys have this I just write it off like on the word right and then it's just hard to read, but there's not as visual and not as easy to read, me typing it kind of boring. And then a handout or picture might be nice to take home when they leave here in addition to the home-exercise program”. (Jessie)

Reference 5.3B “The visual looks better right and it's easier to read ... So, I would be inclined to just give them like a handout with their home exercise program with that diagram”. (Jessie)

Reference 5.3C “You know, like SCI specific program or group is there was just, you know, like a go to easy directory of exercises just really quick that I can give to clients which I know there's lots of exercise provision software that's out there. And, you know, sometimes part of the barrier is actually creating the home exercise programs, it's not knowing what exercises for them there but actually, either you know taking pictures of clients and making forms, which is, you know, can be a lengthier process. It'd be nice to have a software you click on have all these exercise that'd be relevant to and pictures of a diagram that people would find for injuries, doing these exercises to give to clients that that would be, it can be handy”. (Blake)

“Oh yeah, and it was definitely making it easier for patients”. (ML)

“Yeah, to streamline it so people to see, you know, somebody their level of ability or somebody kind of caught me an exercise in a similar way to them and hold for sure”. (Blake)

Reference 5.3D “Yeah, I had I met up with one gal last week, we talked about she doesn't want to go outside to do any exercise but she's really happy doing all the online classes. So, it works. So, part of it too is identifying what are you interested in. What do you want to do because

exercise has to be something that you want to do, if you hate it, you are not likely to sustain it ... Right. So, I think that's one of the things that the SCI BC coaches do is they help to tease out, you know what, what, what do you want to do what interests you, what do you think is do-able for you. Right, right, right. so those, those kinds of things are really important”.

Reference 5.3E “He's more focused on cardio so I'll go on YouTube and see if there's anything specific that I can find that sort of stuff ... I think what might be good because there are the resources like for location wise, what might be good is like, poor hand dexterity like little sub-categories so if somebody has poor hand dexterity someone's only focused on cardio ... someone cannot do more than 20 minutes maybe, for whatever reason, like cardiovascular or their age or whatever so I think maybe the subcategories of good for low level parents are, this is a high tetra or whatever the case may be”. (Erin)

Reference 5.3F “The only negative thing I was thinking about too is just sometimes it's hard to pull the resources right away if people are in different parts like I have to come back to them, and I'll do some digging. Like, if somebody that are more remote spot or doesn't have the resources available to them. So that could be time consuming if somebody has very individualized needs or concerns and then say, well, I can't just give them these group of YouTube videos that worked for Jane Doe because John has just a little more complex in his needs, whether it's motivation physical or time consuming. So, there's nothing major though it's all kind of micro nitpicky stuff I don't think there's anything big”. (Erin)

6.0 Theme: Well-developed PA coaching form and toolkit

6.1 Subtheme: PA form and toolkit provides a concise and easy-to-follow framework (F)

Reference 6.1A “So since taking proactive training in November 2020 how has that impacted your ability to conduct the physical activity coaching conversation?” (Jessie)

“I think I usually I think the coaching has helped really helped me be more specific and my guidelines for patients, like home exercise programs. And when I do my paperwork, I think before it was like “oh just do these exercises”, but not as much guidelines so I think it's more specific”. (Jessie)

Reference 6.1B “But I remember the form was pretty straightforward”. (Jessie)

Reference 6.1C “I liked how it was short and sweet”. (Jessie)

Reference 6.1D “Okay. If you had the resources so this is the champion support the clinical time to continue sustaining this physical activity coaching conversation. What do you feel are the key, key components that should be kept?” (ML)

“Like I think going through the process of clients like the sheet or like just a framework of clients verbalizing what their expectations are and intentions are and what they are planning I think it's a good conversation and so having the sheets or like a framework to go through is valuable. Just so you have what's in your mind and verbalize it and write it down. So, it's a bit more of kind really flush out of what someone's plan is afterwards, and they can get a better understanding of it. There is value in that”. (Blake)

“It's a very standardized planning process, I guess, for them to kind of think ahead of what their physical activity plan will look like”. (ML)

“Yeah, versus aiming to be active having a bit more of a kind of idea of what that might look like I think is valuable”. (Blake)

Reference 6.1E “And, and then I also really like the timetable. At the end, if I have time we try and do a bit of a rough guide to, to sort of help them get started for when they go home. So, those are those are probably the key things that I enjoy”. (Paige)

Reference 6.1F “I guess it's giving you real data; I haven't looked at the form for a while. I, but when I remember using it, I don't remember looking at it is thinking, oh there's pieces that don't make sense, or that that I would want to automatically change it. It seems to me it was pretty concise, and it seemed to me that it was pretty logical, in terms of rationally and quickly getting to the heart of like okay what are we trying to do here”. (Rory)

Reference 6.1G “Right, because I do feel like that is one of those things, I mean I can kind of tell you from, you know, we have two different seating assessment forms at the moment and one of them is really lengthy with an absolute ton of tick boxes and it's the new one. But the truth is, people don't like the new and all that much because, and I think is because in some ways it's tougher to cut to the chase, in terms of what, what is the focus here. What are we doing, how are we going to get there and I guess, if I am recalling this correctly and it seemed to me that it really flowed, to the point where it was like look we're trying to get, trying to pretty quickly and succinctly identify this to help people then have a crystal vision of what am I doing or trying to do”. (Rory)

“So, the form from what you can remember was pretty like concise and clear and easy to understand and follow”. (ML)

“Yes, yes, I don't remember feeling like I was having issues with the form”. (Rory)

Reference 6.1H “Yeah, I think, and that that's also why I'm having these interviews as well as it kind of helps us identify it in terms of like what kind of challenges you're facing as well so it's also good for us to know is, were there any issues in remembering how to deliver the program?” (ML)

“No, I don't think that was it haha ... I mean, I think if I had the form in front of me I'm like, I'm pretty sure that I would not have difficulty, figuring out what I was doing with it”. (Rory)

Reference 6.1I “You know obviously if everyone had a bit more time. We would spend more time doing it. But at least, at the very least, we get that form filled out. That initial form. Logistically. I'm just thinking what would be helpful too”. (Kelly)

Reference 6.1J “Yeah, I mean, it just it's just sort of like if I have it on a list, like we literally have, here's your admission checklist user during checklist here's your leading checklist, on leading checklists, the physical activity conversations now there. Yeah, in the cupboard of paperwork, that's one of the things right and you know and I'm checking in with them”. (Casey)

Reference 6.1K “Where there were there ever any issues on remembering how to deliver the program If so, what were they?” (ML)

“No, I usually have the notes right, readily available so the questions, so I can use that, so I think the first handful sessions I kind of I kind of I was kind of all over the place, it was kind of it wasn't I wasn't a smooth chronological order of questions I kind of bounced around a bit and was a little bit I'll actually little bit nervous, to be honest with you so”. (Emery)

“No that's fair. And then, remembering it that was fine because I guess you had the form right in front of you, and it was it was pretty like you mentioned before you said it's pretty straightforward and easy to follow?” (ML)

“Yeah, yeah”. (Emery)

6.2 Subtheme: Flexibility in using PA form and toolkit as a guide (F)

Reference 6.2A “That makes sense, good to know. Has the use of the tool kit changed your discharge planning?” (ML)

“I don't think so too much. They may have supplemented the discharge planning to, and I said I kind of just know what they have at home, and they don't have anything home and brainstorm, but they could get. Something really simple like a ball or a water bottle for weights like just thinking outside the box and knowing where they live, and kind of know what community centers are around them and figure out if they are accessible. I think it did supplement a bit”. (Jessie)

Reference 6.2B “Okay. If you had the resources so this is the champion support the clinical time to continue sustaining this physical activity coaching conversation. What do you feel are the key, key components that should be kept?” (ML)

“Like I think going through the process of clients like the sheet or like just a framework of clients verbalizing what their expectations are and intentions are and what they are planning I think it's a good conversation and so having the sheets or like a framework to go through is valuable. Just so you have what's in your mind and verbalize it and write it down. So, it's a bit more of kind really flush out of what someone's plan is afterwards, and they can get a better understanding of it. There is value in that”. (Blake)

“It's a very standardized planning process, I guess, for them to kind of think ahead of what their physical activity plan will look like”. (ML)

“Yeah, versus aiming to be active having a bit more of a kind of idea of what that might look like I think is valuable”. (Blake)

Reference 6.2C “Yeah, I think it has, and even as I'm thinking about it I'm actually remembering, one of the little charts or one of the things in terms of writing, you know as we would basically say so you know what would you people in terms of saying the specific details of their plan. Right. So, thinking about Okay, so the plan is you're going to go two times a week to PARC, and you're going to do this, you know this set of exercise on this day and you're going to do this other set of exercises on the other day that you go. So, I feel like I feel like it's also sort of like cued me in terms of the whole thing around the breaking down the barriers aspect, right? So, the conversation where you really try to continue to dig down in terms of understanding why it is that some people may or may not be getting there or participating in this”. (Rory)

Reference 6.2D “So, I think in terms of the conversation I think there's the breaking down the barriers. I think the other thing is these sorts of the helping them to structure a plan ... Right? And that you work through that process together in terms of structuring the plan in terms of where, when, and how much the frequency”. (Rory)

Reference 6.2E “Oh, I was going to say a component of the form is talking about like physical activity guidelines. So, do you feel like clients understand what that means for them personally in the conversations you do have?” (ML)

“Yeah, I think the guidelines, well, we have to make it simple for them, right? Like, explain this is what's recommended for the cardio, this is what's recommended for resistance training this is what's recommended for, but it says, yes, I think you have to tailor it to your client right so that's who is front of you. Yeah, and emotionally where they are at, you know, can be taking that information and, yeah, you can read them ... Yeah, like most of my clients I integrate it in their home exercise program ... Like we usually have a page that explains that. That's the way I had been doing that. This form is like an extra thing, but maybe it can just be easier, yeah, I am figuring out a way, how to integrate this in my practice a bit better”. (Tessa)

Reference 6.2F “So how has your role changed since receiving the proactive training in November 2020, so I know it's a while ago?” (ML)

“Yeah well, I think that paper. The, the proactive paper that has all the information I was just trying to look for it so I could review it because on the current program I haven't been using it as frequently as when I was on the spine program, but the proactive physical activity prescription form is what I'm referring to that I thought was very helpful, especially when I was working on spine with all the clients that were being discharged and gives a good summary of the questions that we need to ask and address, and I thought that that was very helpful ... For providing coaching to the clients and getting them to talk about barriers and, and what their interests are and to come up with ideas and to plan for their discharge, so I found that that was quite helpful with working with the clients”. (Riley)

Reference 6.2G “And how has your role changed since receiving the proactive training in November 2020?” (ML)

“I think, refer to with all my patients, not even SCI I tend to think of the Canada fitness guideline, more I refer them to when I'm giving them their home exercise program. So, just to remind the client so usually very specific to the impairment that I wanted to focus on. But I feel that now I look more at their general, a little bit. I refer to that a little bit more. And then I'll incorporate the Kennedy fitness guidelines into that”. (Jaime)

“I see so the training has been helpful in terms of like, explaining the guidelines for your patients and kind of giving more of a general physical activity plan?” (ML)

“That's right”. (Jaime)

Reference 6.2H “So, you kind of use it more as like a prompting guide rather than actually filling it out?” (ML)

“Yeah, exactly. I use it a prompt to guide and then I'll have my own yellow legal pad which I write everything down and then I kind of just use that and then put it into the one drive notes”. (Erin)

“So, in terms of like the physical activity form like format and using it as a prompt to guide do you think it would be more helpful for us to like, look at that again and maybe restructure in a way that you have kind of interpreted it to make it more like you said and flowing with conversation because like that's, that would be helpful to know to or do you think it's okay the way it is?” (ML)

“No, I think it's good and I think it's a really good guide especially when you're new and you're learning. What I liked about this is, I was told, like, no, you have to follow the steps. I was not told that like you have to follow this religiously, I appreciate it being told. Okay, here's the guide but you can kind of put your own spin on it. Telling new participants like new coaches that are anybody, it's very helpful like hey if you get stuck, the guides here but if you get comfortable you can kind of do your, do your own thing within the realm of what the guide is right”. (Erin)

Reference 6.2I “The guide there for the bones and then I can add the meat to it ... okay, sounds like it's great I think it's good how it is. It is, it's especially at the beginning I was like a little nervous of oh my I miss something or how hold it flow, let sound organic so I think it's good”. (Erin)

Reference 6.2J “The idea is just to get them going and regular and confidence and wanting to keep improving and then I plan to the second half of the check is more formally introduce or reintroduce the guideline to say let's try and meet this goal”. (Erin)

Reference 6.2K “Do you think you might have missed that would be helpful? Any and all information is helpful”. (ML)

“No, I can't really think of anything ... It's been great. It's a, it's helped me like with my more formal communication I'm very informal person with my job. So, having like structured interviews. I think it's actually helped me professionally a little bit ... Just having like okay scheduling a time, we're talking this, we got a topic. We got I got structure questions to get through. So, I think it's actually helped me professionally, quite a bit. It's kind of I'm good at talking anyway that's never been an issue but I think it's helped fine tune my skills with staying on topic and making sure I get through important questions but then making it seem like I'm genuinely curious and organic at the same time”. (Erin)

Reference 6.2L “Yeah, I think it's just like, it's just a framework to talk about actually actioning you're, what we're meant to be doing. And I think that sometimes you need that, you need the piece of paper. Yes, I don't even really follow it but it's like okay, like it's in my list of discharge things ... Pull it out a couple days before discharge, we have a chat about it. Yeah, and you know that way it sort of makes me feel that I'm, you know I have like just a, you know, the more I work as a physio and more I work in healthcare, the more of these like process issues are the are the barriers right where it's like it's not that people don't know physical activity is important ... You know, it's not like we're not good intentioned it's just that like a lot of other stuff too. So, if we don't, if it's just like can use for over to do this thing but if it's like okay we need to have make sure that you at least pull the piece of sheet of paper out”. (Casey)

Reference 6.2M “Okay other than that. I don't know it's like we've been saying this all along. It's not rocket science really you know. It's just doing it ... So, I think it's, you know, there's good things like having it in the PODS so it gets flagged towards discharge people in PODS, has it come up yet. Having the form, and you know I do think the requisition has been helpful. Yeah, because then they know I'm going to be checking. Yeah. course. I will not do that, but I do think that guilt factor does have a part right”. (Casey)

“There's accountability part to it”. (JM)

“Yeah, I just wouldn't do”. (Casey)

“Yeah, totally”. (JM)

Reference 6.2N “Where there were there ever any issues on remembering how to deliver the program If so, what were they?” (ML)

“No, I usually have the notes right, readily available so the questions, so I can use that, so I think the first handful sessions I kind of I kind of I was kind of all over the place, it was kind of it wasn't I wasn't a smooth chronological order of questions I kind of bounced around a bit and was a little bit I'll actually little bit nervous, to be honest with you so”. (Emery)

“No that's fair. And then, remembering it that was fine because I guess you had the form right in front of you, and it was it was pretty like you mentioned before you said it's pretty straightforward and easy to follow?” (ML)

“Yeah, yeah:”. (Emery)

6.3 Subtheme: Evidence-based, SCI-specific PA guidelines (F)

Reference 6.3A “I like how there were the activity guidelines on the sheet too as a prompt already like the 20 two times a week, that was good to have there. Yeah, and I kind of like how it’s just a one pager, double sided. I think more than that would be too much”. (Jessie)

“Did you feel like that helps guide your conversation about physical activity?” (ML)

“Yeah, I think so I liked the yes-no, are you interested in being physically active, I think it flowed pretty go”. (Jessie)

Reference 6.3B “I actually quite like that, there is some clear set research as to what the minimum amount of physical activity that someone should do. And so, it's quite nice to be able to provide that to the clients as you know, a guide for what they should be doing as a minimum. I think it's great that it's on the form so that when we would give them a copy, they've got a reference back to what they should be doing ... so I really, I really like that. I really liked the fact that it talks about exercise in these three different spectra so home-based exercise, recreational, and more sort of community-based exercise. So, I quite like that because not everybody necessarily just wants to do very simple gym exercises and not everybody wants to join a team or get into, you're involved in a more professional outdoor stuff so it’s nice to have that spectrum, available to everyone”. (Paige)

Reference 6.3D “Yeah, I think it has, and even as I'm thinking about it I'm actually remembering, one of the little charts or one of the things in terms of writing, you know as we would basically say so you know what would you people in terms of saying the specific details of their plan. Right. So, thinking about Okay, so the plan is you're going to go two times a week to PARC, and you're going to do this, you know this set of exercise on this day and you're going to do this other set of exercises on the other day that you go. So, I feel like I feel like it's also sort of like cued me in terms of the whole thing around the breaking down the barriers aspect, right? So, the conversation where you really try to continue to dig down in terms of understanding why it is that some people may or may not be getting there or participating in this”. (Rory)

Reference 6.3E “And so, to me them the Physical Activity Guidelines very naturally should flow, and it all should flow I mean it should be a river the best should be the ultimate sort of flowing destination right that we're all moving towards that”. (Rory)

Reference 6.3C “So, what other resources would be helpful for you as a physiotherapist like that we don't already have?” (ML)

“I think a tiny, guided explanation with the guidelines with the form. I think having the guidelines is important. Yeah, like having that sense for us would be good”. (Tessa)

“So, like providing a bit more information on the physical activity guidelines. Is that what you said?” (ML)

“Yeah, yeah, just like if there's any new, new research ... Yeah, just like little snip bits. Yeah, I don't know. I mean, we're just so busy we don't always find the time to research, you know, the literature maybe like a newsletter of some sort”. (Tessa)

Reference 6.3F “Yeah, the only the only thing I feel like is perhaps some in terms of looking at guidelines for the aerobic activity. It's just nice to have those written down based on the Canada guideline. It's nice to have that written down to say yeah there's research and this is what we all should be doing right kind of thing. Yeah”. (Jaime)

Reference 6.3G “Do you feel like the clients have an understanding of like what the Physical Activity Guidelines mean do you think they're like, understanding what that means with for them?” (ML)

“Yes, more because we bring it up and have that conversation. Before this study happened, I never brought it up at all. And lots of times. Number one, I didn't bring it up because I didn't even know what they were I knew loosely that they were out there, but I didn't really incorporate it into my practice. Now I know what the guidelines are for sure. And I will often ask, do you know what they are, and they'll often go no, I don't. I haven't actually have come across any of my clients that knew what those guidelines were before we have the conversation ... Now we can have that conversation, it's an easy conversation to have. Right, and go from there”. (Kelly)

Reference 6.3H “Yeah, I mean, it just it's just sort of like if I have it on a list, like we literally have, here's your admission checklist user during checklist here's your leading checklist, on leading checklists, the physical activity conversations now there. Yeah, in the cupboard of paperwork, that's one of the things right and you know and I'm checking in with them”. (Casey)

Reference 6.3I “Is there anything else you would add or change to the physical activity coaching form? 68 00:20:54.060 --> 00:20:58.350

“Yeah, that would be the exercise prescription of two or three times a week weight training, two to three times a week cardio. I don’t know if that is really applicable ... some people, couple people I’m working with are newly injured so that's not possible it's maybe something down the road they can, they can attain”. (Emery)

Reference 6.3J “I don't know that standard guide is really applicable”. (Emery)

“So, we're talking about like the SCI specific exercise guidelines right”. (ML)

“Well, I pretty much know that that I know that already, so I really don't it doesn't really that it's just waste of space for me and also maybe the point I was trying to make is I don't know it's more I find with more participants it's not applicable, than it is applicable ... I think I can take a pretty delving in and picking up on where people are at and where they are, or where they are four weeks later. Yeah, with that said it, you know I don't I don't I'm sure [SCI BC peer coach] knows it by now and I don't need it, but, and I know it just just for general knowledge purposes, so I. Maybe you could probably remove that”. (Emery)

6.4 Subtheme: Additional comment section for physiotherapists to include personal notes on patients for referral (B)

Reference 6.4A “So, do you think it would be helpful to include some component on that form of like, maybe a space for something about, you know, if there's any additional information to add like you mentioned like oh don't call this person, this person prefers not to be contact via phone or maybe not for this time period”. (ML)

“I think that would be nice. Like just an additional comment section on the bottom of the form, which is just blank, and then that way when you because I always give a copy to the client and so then they're also aware of what information you're then transferring on to someone else so it's not like you feel like you're breaching confidentiality because you're adding information on an email which didn't get to preview the email that you're sending to [SCI BC peer coordinators] so that way they can see what you written on the form, you know, you mentioned that you're probably a bit stressed so I'm just going to ask them not to call you for the first five weeks. I'm going to write that here is that ok with you?” (Paige)

Reference 6.4B “I would like to see a couple changes to the or additions to the referral form but that we're talking about strengths now so yeah the questions are fairly thorough so you're looking at the current activity goals, barriers, resources ... I think. I don't know again several my

participants are ambulatory quads so they're looking at their primary objective is to regain function, so I. Again, I know this is not a strength, but if it's possible they can include that in the referral form C5-C6 ambulatory quad would be great, so I've got to the point now before I turn on the recording I have a conversation with them, I ask them where they live. Like what they've been up to, how long they, when they got out of the hospital, I just get some preliminary information from them". (Emery)

Reference 6.4C "And then, the first couple sessions I just kind of stumbled through that getting that information during the coaching session and I should already know that I should have that prior to the coaching session, where they live exactly, a little bit more specifics on the disability ... Especially ambulatory. And because you know, then they're if they're recently out of rehab they're working towards function. The primary objectives of rehab opposed to fitness ... Right, the fitness part is secondary". (Emery)

6.5 Subtheme: Biased phrasing of questions (B)

Reference 6.5A "Sometimes in the phrasing of some of the questions was, it wasn't maybe so neutrally phrased, the way it was, you know, I think I can't remember the sheet now like why don't you want to get, why don't you want to be active or when you don't want to be I could just some of the phrasing around some of the questions that I don't find super neutral. ML: And what do you mean, do you mind me asking what you mean by neutral? So, if I'm asking a question I say, why, why do you or what do you like about or do you want to be active? I am trying to remember now there was a phrasing on the sheet, just in the sense if you have chosen not to agree with this. Why haven't you and one of the reasons that you haven't, I know kind of underlying kind of otherwise. I think insinuating". (Blake)

"That you should say yes?" (ML)

"Yeah, I mean, I wasn't so eloquent and explaining that but yeah, I respect the idea of trying to kind of see deep down what are some of the underlying reasons for someone's behavior and stuff like that. I just think with some clients, especially with this population. If your options for exercise are so limited. And that's probably one of the major reasons that you don't see yourself being physically active. Further, asking questions about why you don't want to be active is just kind of underlining a bit more of your understanding of your lack of ability, like I think it is a tough conversation". (Blake)

"Yeah, and it does, it definitely doesn't help the patient if they're feeling uncomfortable. during the conversation as well, it sounds like". (ML)

“Yeah”. (Blake)

Reference 6.5B “So what aspects to see for missing or what have made your experience better?” (ML)

“I think a couple fewer questions on the form. Yeah, and I think a little bit of redundancy with some other questions or at least when I was asking them, I think. So, I felt maybe fewer questions on there”. (Blake)

Reference 6.5C “Is there anything else you would add or change to the physical activity coaching form?” (ML)

“Yeah, that would be the exercise prescription of two or three times a week weight training, two to three times a week cardio. I don’t know if that is really applicable. Some people, couple people I’m working with are newly injured so that's not possible it's maybe something down the road they can, they can attain”. (Emery)

Reference 6.5D “I don't know that standard guide is really applicable”. (Emery)

“So, we're talking about like the SCI specific exercise guidelines right”. (ML)

“Yeah”. (Emery)

“Yeah, so do you find like it's not super you're saying like it's better if we just like personalize it or take it out like do you feel like it's helpful to have it there?” (ML)

“Well, I pretty much know that that I know that already, so I really don't it doesn't really that it's just waste of space for me and also maybe the point I was trying to make is I don't know it's more I find with more participants it's not applicable, than it is applicable ... There’s one individual just started working out there's no way he's going to go to the gym three times a week and lift weights are twice a week and lift weights and do cardio twice a week, so you know for a lot of people it's just movement ... Movement opposed to actual exercise that's a couple individuals, I have it's, what I’ve been trying to do, I found out after a couple sessions that there's no way they're going to go to a gym like PARC or a Community Center and work out, this is just a matter of getting them out go to the mall or getting good wheel around the neighborhood or something like that it's so you have to kind of adapt it more to the specific individual ... And you can read that pretty quickly, I think I can take a pretty delving in and picking up on where people are at and where they are, or where they are four weeks later”. (Emery)

Reference 6.5E “No, that makes sense in the sense of maybe the exercise guidelines there almost doesn't have a positive impact on them because they're not there yet they're not those are goals in the future, not in the moment”. (ML)

“Yeah, with that said it, you know I don't I don't I'm sure [SCI BC peer coach] knows it by now and I don't need it, but, and I know it just for general knowledge purposes, so I. Maybe you could probably remove that”. (Emery)

6.6 Subtheme: User-friendly digital version needed (B)

P1 Transcript

Reference 6.6A “I think it's more like the paperwork part that adds a little bit of time of scanning stuff”. (Jessie)

Reference 6.6B “I think it's just more streamlined thing of paperwork yeah, I think have to photocopy one for like the chart and then photocopy one for like the client and then give one to the peers. They are really good sometimes I am so busy, I'm like can you help me scan the form and just give it to the peers directly is the easiest for me ... Because they usually say they want it to be emailed and that's the part where I lose time and the how to scan it and email it versus me just give a form to someone”. (Jessie)

“So, would you like it if there was like possibly like an electronic copy of this board”. (ML)

“Oh yeah, yeah yeah yeah. Electronic is fine that I can just email an electronic version instead of scanning things and finding people to give the form to”. (Jessie)

Reference 6.6C “I think [SCI BC peer coordinator], and [physiotherapist champion support] have made it pretty easy. They said just put it in the binder and they would do it but I know that it takes up more of their time to do that, so I think it's the less paper work that we have to do, the better. But the actual coaching is not the problem, it is finding a way to give it to the right person. And putting it in the chart and documenting everything”. (Jessie)

Reference 6.6D “Right like scanning writing it down scanning photocopying that all takes up extra time”. (ML)

“Yeah, it's not much time, but it does eat up some time that is quite valuable”. (Jessie)

Reference 6.6E “Okay yeah. I think, for the study was it pretty, yeah, pretty easy to just refer how it is, but this form and the test, just like the scanning manual stuff that was that tedious and I could just to electronically and refer that way that was fine. But yeah, I don't change much. Just how to refer them like what I mean is not paper like electronically”. (Jessie)

Reference 6.6F “It's just I'm lazy with the paperwork part that so yeah, I don't mind doing the actual coaching, the paper, and the questions”.

Reference 6.6G “Do you see do you foresee any issues with the uptake of this intervention and other rehab centers?” (ML)

“I don't think so I just as they think they perceived as more paperwork and then having to put things everywhere, because you have to copy for the chart and give one to the client, run around and do those things. So, I guess usually the form and I'm not sure if I will add it to the home exercise program booklet that I put in the chart anyways. And I can combine those two and put it in the chart. So, if you can try to make it as less paperwork for anyone, I think people will be fine like electronic”. (Jessie)

“Yeah, making it as user friendly as possible?” (ML)

“Yeah, user friendly”. (Jessie)

Reference 6.6H “I found the form a little busy for me personally, but that's just me. Yeah, like streamline, reduce the amount of pages, you know, that's always good. Clients are overwhelmed like we give them a lot of preparing so and the binder and it's just a lot. So, you know, like, a one pager very airy, not a lot of words there would be nice, but yeah like for us”. (Tessa)

Reference 6.6I “And because I think it's like we all have master's degrees we all know what the science says we can all read a study that says, Yeah, but it's, you know, as I said, it's just like the actual actioning it out you know, um, But the other thing I think might be useful is like, sometimes I want to email people, some of the parts of the form, but it's not really a form that I'm, it's digitized very well so I don't know where we can do, where instead of because I have a laptop I could sit there and just type it in and then email it off to them, stuff like that. But it's not just the way the form setup so I don't know if there's something we could do with that”. (Casey)

“I think to be able to parse it out into sections to send off for, for it to be like, modifiable”. (JM)

“The form itself is just not great to use on a computer, I have tried it. It’s not terrific, so I don't know if there's something else to be done with that I haven't really thought about it”. (Casey)

Reference 6.6J “Yeah, I mean, there's things that I don't, I would change for myself that I think are fine for the team like I don't love the way the form's laid out because I find it hard to give to patients”. (Casey)

JM: Yeah, but that's something we can change that's what this is what we want to know [P10 name] we can change these things, that's easy.

“You know it's like you have to understand how much you will get annoyed if you try to change the stuff. Maybe not, like maybe I would just have a version for myself, and then anybody else can use it or something. Yeah, it's just hard like you can't read the guidelines and it's not I don't find it totally clear how you're supposed to use the top boxes and the way that the different kinds of exercise related and it's just not intuitive to me so I mean I wasn't there when it was created I was on mat leave so. Yeah, just for me and it has moments where I'm just like, oh, that wasn't right actually change the way I lay up information, but you know you have to people hate change so much. Yeah, they get really like fussy when you change small things so it's probably not worth changing for everyone. Okay, but like, you know”.

6.7 Subtheme: Uncertainty about location (B)

Reference 6.7A “Sometimes I'll see like even I'm going to do certain balance going to do certain things I'm looking through the bloody filing cabinet and I'm like, Where's the form. We can't find it, and when you can't find it, you're like, okay, forget it”. (Rory)

Reference 6.7B “But what I was going to say about that when we talk about promoting what we talked about how you make sure that these things continue to happen is I feel that continuing to kind of keep it in – I mean there are two things. It was probably just making sure that I dial like where is the bloody form so that I know where it is or that we keep it on the file, even just as I whether we're going to use it for people or not, because it's then it's a reminder, so you know that's almost more like administrative clerical type thing”. (Rory)

Reference 6.7C “Um, yeah, I'm just going to try to find one example here. See, I don't know where even is in the drawer, that's one problem ... I was expecting it would be with a T, the physical activity coaching was not there so maybe people have it on the G-drive. So sorry but I just remember there were more than one page”. (Tessa)

7.0 Theme: Staff onboarding resources (F)

Reference 7.0A “Right. And do you feel that like kind of like continuity amongst your workplace right now like that everybody's kind of like following this plan of increasing physical activity and like prioritizing getting moving again”?

“I would say so, I think we have like our regular staff here and then we have your people who cover the ward when other people are on vacation. I think the regular stuff yes because we know the process. Maybe the people who cover. You know, they might that they are aware of the process that when you're just coming into cover someone quickly. And, Yeah, and the client is discharging, and you don't have too much time to get to know them, is probably a little bit more difficult for them to have that conversation”. (Paige)

Reference 7.0B “... to maintain that sometimes, you know, people change on the teams right and then you always need to onboard new people and you know how to that right. And I think it's good to have a system in place to remind people okay this is why we're doing this, and this is what we're doing. And when, in with who ... Keep it simple, nothing too much”. (Tessa)

Reference 7.0C “Right. I mean, we have lots of turnover and staff in the inpatient group. Right. And so, I think it's really important to have the continuity of having, you know, somebody like [ProACTIVE training instructor] come in and kind of explain and she, she makes it easy, right, she condenses it down to this isn't, you know, this is it. It's a pretty straightforward thing, it's pretty straight. It's simple, you have this conversation, and you can kind of go all over the place with it”. (Kelly)

Reference 7.0D “Every time we do it it's I find it a refresher is always a good thing ... And then to go back to the inpatient or throughout the last few years, they always have new people starting right, or sometimes there's new casual staff who's there. So, people are popping in and popping out, they're not always the same group. So, it's good to have the new people learn”. (Kelly)

Reference 7.0E “So, do you do you think there should be like another. I don't know, kind of like support or like session, dedicated to like onboarding specifically or do you feel like it's frequent enough for people, new staff who are coming in to like to get on board with this”. (ML)

“I think it was frequent enough I don't didn't feel like it was not frequent enough or it was too frequent I felt like it was just fine you know just, [ProACTIVE training instructor] was really good about saying okay it's time to do I'm going to guests, we did it every six to nine months. Does that sound about right? ... Yeah, I think that's about right and then I mean, there's always some flexibility in there. So, if we if half the staff was

on holidays, we didn't do it or kind of always made it happen on a day that worked. So, as I say I didn't see an issue and I think people enjoyed it because it's a way to sit down, sit down and have a conversation and, yeah". (Kelly)

"So, do you feel like the new, like the new staff on boarded were like well-equipped to deliver this physical activity conversation?". (ML)

"Well, it's not hard stuff. It's not hard I don't, I don't think that anybody felt ill equipped. At least that's my sense of it, it's not like, you know, it's mainly just doing it right just having the sense of how you have that conversation. Once you kind of have a bit of support and how to have that conversation and it'll literally can just do it off the sheet. right. So, it's not hard, right it's mainly the hard part is just making the time to do it ... Well, I think for new people and this, I mean, I'm say I'm not brand new. The people who are brand new. We haven't asked them, specifically, and that actually might be a useful thing to do is to sit down [SCI BC peer coordinator] and I could sit down and identify who are the new people that kind of have the coaching cold or on the fly or whatever, and then see if they had any difficulties with it. Right, or maybe after one or two they were totally up to speed. I actually don't know that so I could ask [SCI BC peer coordinators], useful to get that information from [SCI BC peer coordinator] because she would have a better sense of where there are a couple of new staff that went oh my gosh, I don't know what to do, right, or oh my gosh I feel totally uncomfortable having this conversation, or in general I mean it ... That would be good to know because I'm just thinking where there was anybody new". (Kelly)

Reference 7.0F Yeah, so you'll get a sense if anybody said, I had a really hard time like first two times, that would be good to know ... Just thinking off the top I don't know if anybody was new, new I think the people that were new were people who had been on MAT leave or people who were coming from another they came from IRDP or they came from ABI maybe. They were not new to GF strong they might have been new to spinal cord injury, you know, inpatients so. So anyways, so that would be good to know that would be sort of interesting to know if the people who were brand new wanted a bit more support for it, right where they find they could take a one sheet and fly with it, who knows right have to ask them that question. And I'll ask her what she thinks about that, but that would be good, because if, if, if the new people said, oh my gosh, I was totally overwhelmed I couldn't do it, then we'd have to support them that better. I don't think that happened but be good to know". (Kelly)

Reference 7.0G "That's definitely something that like we're trying to like I'm trying to kind of get a sense of through these interviews as well". (Kelly)

“Like what worked and what didn't work for, like, what can we improve”. (ML)

“Did you need more support when you first started that would be the question. Do you need more support, or did you need more support?”

(Kelly)

8.0 Theme: Time

8.1 Subtheme: PA conversation was easy to integrate, and physiotherapists liked having the option to have the over multiple sessions (F)

Reference 8.1A “And then take me that long to kind of fill things out and get it to where it needs to be”. (Jessie)

“Right, like that so give you enough time to like collect the information you need”. (ML)

“Yeah, because sometimes not like the same session I would talk to them. I'll do a bit of it, then if something comes up and then I had complete it on another session or sometimes they're just too tired and I start is actually a good time to talk about things so some more talking session so it's nice to have. It's a nice tool to have to if they're not ready to do physical stuff like they're too tired and I would talk about the guidelines too”.

(Jessie)

Reference 8.1B “Yeah, that's fair so apart from like this the paperwork, do think there was like where they're huge impacts on your time beyond your usual practice by implementing the physical activity coaching conversation?” (ML)

“I don't think so no can I usually talk about this chart and home exercise program so it's kind of a good to adjunct, to add more information gather more information from them, there is a more detailed discussion which is nice, so it'll help my discussions more I guess” (Jessie)

Reference 8.1C “Okay, and then aside from also just the referral process to SCI BC has this physical activity coaching conversation impacted your time beyond your usual practice?”

“Um, I mean, this session or like the interview process will take up part of a session so I mean it takes up some time there, but it is valuable thing to have done and it will be the would have been. It would have been having been completed in a bit more probably in a bit more informal setting. Yeah, it's not to gobbling up of a huge amount of time. That is valuable time these towards that so I wouldn't say it's a barrier or time suck”.

(Blake)

Reference 8.1D “Okay. So, apart from training sessions, were there any impacts on your time beyond your usual practice by implementing the proactive intervention?” (ML)

“No, I would say, it slots in very well into what we do here, you know, it's a quick conversation to have with the client and it's not a large amount of time to put aside for them to do the plan, we would always do a home exercise program anyway on discharge charged so any, you know, documentation like a, you know, exercise plan sheet with, you know, drawings and instructions of physical activity would always happen anyways I think it just a compliments the process quite well”. (Paige)

Reference 8.1E “Awesome, so you're not spending any like excessive extra time outside your usual practice?” (ML)

“Correct. Yep”. (Paige)

Reference 8.1F “Right. Makes sense. Perfect. Apart from the training sessions were there any impacts on your time beyond your usual practice by implementing this physical activity coaching conversation?” (ML)

“No, I don't think so. I honestly don't I think, I think it was very much that it could be integrated in terms of my practice I don't think it was something that was basically adding time in terms of work really”. (Rory)

Reference 8.1G “Apart from the training sessions, were there any impacts on your time, beyond your usual practice by implementing the physical activity coaching conversation?” (ML)

“Yes, of course. But like I said, for me, because I was changing jobs and stuff like that. Yeah, not really your best candidate ... I haven't really had too much doing that. Yeah, it will take us a little bit of time to read it and figure out the sheet and stuff like that. But it's not terribly complicated, you just have to integrate it right”. (Tessa)

Reference 8.1H “I think it didn't take a long time to go through that for him it was fairly quick and the sending off to SCI BC was, you know, didn't take a lot of time as well so I thought the whole process, did not add, you know, much time, if any at all, to what we would normally do so, I think. I don't think it was very time consuming”. (Riley)

Reference 8.1I “Awesome. That's great to know. Apart from training sessions, were there any impact on your time beyond your usual practice by implementing the physical activity coaching conversation?” (ML)

“No, I don't think so because like I said I would always do that coaching with all my patients in preparation for discharge”. (Jaime)

“Right so it wasn't it wasn't too like time intensive in terms of like I know there's a lot of check boxes you need to check during the whole discharge process so it's like it's pretty naturally within that kind of conversation”. (ML)

“Yeah, That's right”. (Jaime)

Reference 8.1J “You know obviously if everyone had a bit more time. We would spend more time doing it. But at least, at the very least, we get that form filled out. That initial form. Logistically. I'm just thinking what would be helpful too”. (Kelly)

Reference 8.1K “We're all strapped for time right so it's like okay, it's important we need make the time doesn't take a long time to make the time, but we still have to make the time”. (Kelly)

“For sure. Apart from like the training sessions were there any impacts on your time beyond your usual practice by implementing the physical activity coaching conversation”. (ML)

“No, it was just to know I could just live in for me it was easy to fit it in it was I didn't feel like I was no I didn't feel like I, I couldn't do something because I did the physical activity, you know, guidelines are the coaching or whatever. I just fitted in so no, it didn't negatively affect me”. (Kelly)

Reference 8.1L “So, apart from like the training sessions, um, were there any impact on your time beyond your usual practice like you're beyond your work, like work hours by implementing it”. (ML)

“Oh, yeah. so sometimes especially research. Sometimes I'll do it on my own time, or all kind of just do it outside of. After, not after the interview but like maybe a couple hours later. So, in terms of like gathering resources compiling my notes, putting them on the one drive ... Usually, the resource one I'll do at home, just 15-20 minutes on my own time just because it's gets a little too busy here sometimes to be combing for exercise videos and resources so small stuff like that. I'll do on my own time”. (Erin)

“So, in terms of like researching those resources you mentioned like you would spend like 15 to 20 minutes of your own time like looking for resources specific to that individual client that you're working with, like, how is that process is it. Do you kind of just like look up online or do you like refer to a certain resource got website?” (ML)

“Well, I have the resources that are already compiled through [ProACTIVE training instructor] ... And then, but also like all know like, oh I don't work well in groups, or I don't like being live, or I can't go too fast, or I have no good arm movement and then I'll kind of have to be like okay these videos don't work, or these three do work I'll include them”. (Erin)

Reference 8.1M “Yeah. So, have you been finding that in general like having that physical activity coaching conversation like do you have time for it? Are you able to make time?” (ML)

“Yeah. I find time like we're in the middle like for my one guy lined up probably doing it in the middle of this chair fitting tomorrow. We're going to have separate days but now, we'll do it all together, so he's got his chair fitting. Yeah, they're getting the chair, they'll need to change a bunch of stuff he'll get out of the chair, and we will have the conversation while he's lying down or whatever, talking about what does that look like. Hopefully I'll have this home exercise program ready but yeah well at this point. Yeah, and conclusion yeah so, I think it's just, it hasn't been, I think, I think it's just like what happened I think when we spent a lot of time learning about is that we just assumed it was all going to take a long time but what we I think I would say is that it actually doesn't take very long for me personally when I'm not really ready it doesn't take any time it's like, oh, you know I am not really ready for this. Can you have somebody call me later or just don't talk about this because some of them are just too stressed out”. (Casey)

8.2 Subtheme: Lack of time for the full PA conversation (B)

Reference 8.2A “I see, so it depends on whether it's your assigned to a patient who is in the discharge process that's the only time you have the opportunity to have it, right?” (ML)

“Yeah, I think I usually tend to do it near to discharge. Because there's so much other stuff in the beginning that we have to deal with first like setting up a chair, get the programs, making sure they're medically okay ... And it's kind of like near to discharge that's when I start having that

conversation of what home would look like and what life would look like after discharge and home exercises, so it depends, I think it depends like who is on my caseload, and I just fill in for whoever has who”. (Jessie)

Reference 8.2B “... part of the barrier is actually creating the home exercise programs, it's not knowing what exercises for them there but actually, either you know taking pictures of clients and making forms, which is, you know, can be a lengthier process”. (Blake)

Reference 8.2C “Yeah, no, no, maybe you know what maybe [SCI BC peer coordinators] have better experience and they know more about that, and I haven't talked to them as a resource it's like even having this conversation with you is reminding me that, you know, there are times where I have these people, and I mean one of my personal barriers, I would say is that sometimes I'll be doing these sessions with people we're talking a bit about that how are we going to transition you to doing physical activity for both fitness and progression in community ... And then I basically I'm like, oh my god I'm already late for my next client, and I basically, I'm like, not even getting their chart note finished and racing off so basically see the next person. So, you know, that is one of, I guess that's a personal barrier in terms of consistency of application of follow up, right, like, the more front and center it is to mind, the more likely that you can actually have it as the focus of one of my sessions rather than on the tail and saying, oh yeah, I've got to remember because we're going to try to talk to somebody and try to blah blah blah. And then the next thing I know I'm like sessions over racing off to the next person, you know, the person will come again the next time and I'll be like, oh yeah, we said we were going to do that”. (Rory)

Reference 8.2D “Right and then now that you mentioned that actually is time the number one thing that kind of limits you in terms of not being able to conduct the conversation or complete the form with your patients?” (ML)

“I would say that there's two things I mean time would be one of them”. (Rory)

Reference 8.2E “Yeah, I think it also has to do with the whole thing about what the focus is of the why the person is attending in the first place ... So that if someone is coming and the primary goal is to address their wheelchair and feeding needs. It just may not come up at all. I'm not saying that's necessarily correct, but one of our dilemmas is on outpatients is this whole thing around, so we have a list, we're trying to get through the list and so you're trying to basically work on whatever was the identified goal, and reason for their admission in the first place. And so, then we have the whole thing where I'm like for some of our people. The identified goal was always going to be that we are looking at community fitness. But it's kind of one of those things where it should be a goal for everybody”. (Rory)

Reference 8.2F “I don't know, I don't, whenever I have to add extra forms to be sold out I'm always like oh gosh”. (Rory)

“Oh, true so it is. It is definitely like a finding the right balance of not adding another form”. (ML)

Reference 8.2G “Yeah, and I do you know what I really actually I really appreciate your, your time in the conversation today because it's reminded me about a lot of things I, I feel you know in terms of your sometimes I'm like, God, this is just an excuse. But the whole thing around some of the barrier like there are times when I just looked at my list and I'm like, I don't even know where to start. Once you just feel so snowed right in terms of practice things and trying to keep up when you have a list of you know 50 active clients and physical activity isn't necessarily even on the list for a lot of those people, and yet the truth is, for most of them they would benefit from it”. (Rory)

Reference 8.2H “So, I would say, yeah, it's like one, kind of feels like one more thing at the stage for me. But I want to integrate it in what I'm doing what I would say is like yeah just got back in the lane at the end of May 2021. So therefore, yeah caught up with a caseload and kind of like yeah at some point I'll open the drawer and look again. Okay, now I can integrate this little bit more but there any conditions competing, there are a lot of things we are trying to implement the same time to date. Yeah, there's a lot”. (Tessa)

Reference 8.2I “And I don't know. I feel like amongst our programs we had that same discussion when training sessions were coming out, where they, you know, it's hard for us to take two hours out of our day to do something that we feel it's not really that we really need”. (Jaime)

Reference 8.2J “Once we get this going that there's enough of case to say okay, we need to keep this as a permanent thing, because our also reality is in inpatient everybody's time and resources is limited, right, we're always, you know, we never have enough time to do everything so everything is done kind of bare bones. So the inpatient therapist, don't have the time to do it all they just have the time to do the initial. This is this right the initial conversation fill out the form and pass it on. And that's appropriate because often the patients are not ready for it anyway. The clients. And, and then same with our patients. Theoretically, if that's all we did was physical activity then we could actually spend more time, but we have all kinds of different things that we have our challenges that there's only three part timers, and we have this amazingly long list of patients we have to see, there is no way that we can get that physical activity coaching into that. It wouldn't happen”. (Kelly)

8.3 Subtheme: Increase frequency of peer coaching sessions

Reference 8.3A “But yeah, I think just having the most important sometimes it's just meeting once a month, I would say, I would, I would recommend me more often, but that's just my opinion once a month is a long time, a lot can happen in 30 days a lot cannot happen in 30 days, if you know what I mean right. And so, I think I think the touch points and I know if people have schedules I keep my session short definitely under half hour if not, 20 minutes. I would say, I would prefer. If you're want people meeting their goals, I think you should be meeting every two weeks, in my opinion. I think 30 days is far too long”. (Emery)

Reference 8.3B “Yeah yeah so considering typical so like I guess without any like additional like trainings and resources what components of physical activities should and could be kept?” (ML)

“I think, if I understand correctly, again go back to the communication on meeting with the individuals on a regular basis, more than 30 days and sometimes you may not talk a lot about or get a lot accomplished on physical activity but you're communicating I think you think you develop a bit of a bond, and that may assist them going down the road in having some more involved in physical activity”. (Emery)

Skills

9.0 Theme: Interpersonal skills

9.1 Subtheme: Assessing physical activity readiness (F)

Reference 9.1A “So, do you feel like to feel like that point to like two weeks before discharge or that discharge process is the best time to have the physical activity conversation? Or do you feel like there's better times as well, because you mentioned you work with patients and different times of the recovery process and their rehab process?” (ML)

“Yeah, I think the beginning is too overwhelming because they have so much to adjust to, a new team, new gym, a new program new staff and then I guess usually quite fatigued in the beginning, so all the new skills that they're learning that's kind of like the priority and then once they kind of get settled they're more or less like depending on what”. (Jessie)

Reference 9.1B “I think things like motivation, yes. Yeah, you know I try and, you know, let's make a plan and you know different people work different ways like let's do checklists, or you know like we tick off this – yes, you achieve that day or, you know, can we have a, you know, a

friend or family member, you know, make a plan to exercise with you a few times a week so that you got that sort of social interaction, you know, and you have a second person keeping you accountable as well and you feel like you have to get up because someone else's is relying on you to get out and do the activity as well ... So, you know, then the big one for me is I am just like call SCI BC. You know, I've got lots of different types of mentors who hear her in similar situations who can help you, give you information about their experiences and what works for them". (Paige)

Reference 9.1B "Oh, I was going to say a component of the form is talking about like physical activity guidelines. So, do you feel like clients understand what that means for them personally in the conversations you do have?" (ML)

"Yeah, I think the guidelines, well, we have to make it simple for them, right? Like, explain this is what's recommended for the cardio, this is what's recommended for resistance training this is what's recommended for, but it says, yes, I think you have to tailor it to your client right so that's who is front of you. Yeah, and emotionally where they are at, you know, can be taking that information and, yeah, you can read them". (Tessa)

Reference 9.1C "But I think as inpatients we still have a role of course, to educate them and hone them and, you know, some patients already are ready to embrace that. So, it's great for them. But not everyone is at that stage is what I am saying. Yeah, we still refer them to SCI BC. Sometimes that is all you can do, and that is still good". (Tessa)

Reference 9.1D "It sounds like motivation and attitude and like readiness are very big components in terms of determining whether their level of engagement in the physical activity coaching". (ML)

"Yeah, and then their understanding about the importance of the importance of exercising and then also the, the risks of that are of not exercising ... So, trying to describe those things was, I think, something that differed with the individual that was in front of me". (Riley)

Reference 9.1E "I guess we just have to make sure we're promoting the right exercise, and we're making sure that they're aware of risk of injury, and so we always have to consider. We have to consider the specific needs. You know it's not a carte blanche for so many of our patients. That's why we do have like a targeted exercise program. So, yeah, we have to be aware of the risk of injury of by overdoing or by doing things wrong". (Jaime)

Reference 9.1F “Oh man, this is going to vary so there's some people. You can just tell like right out of the gate they want to get going and they have to get going. If you wait too long, you're going to lose them. And there's some people that mentally need some time to adjust. I don't think there's an appropriate answer for everybody, it's kind of what and the physios know everybody I know everybody, so I can kind of just tell like oh yeah, they're just give them a little time to get home and adjusted ... And then there's some people like oh they're very gung ho let's get at them right away or we might lose them. I know that's not a great answer because it's not one size fits all. Unfortunately, if I had to give a timeframe, I would say, two months, if I have to just throw out a generic, a month, if I just had to throw a generic. It would be a month to reach out, like for Terry to the initial like hey its Terry you sign up for proactive. I think if you have to put a number down it'd be a month ... It varies wildly yeah, some people that leave here I know like, hey, let's get at them right away they have been home a week. Perfect. Let's reach out to them it's get at them. And there's some people I know that they're having struggles with their homes not completely renovated yet they're uncertain about work, their mental health was just little problematic here so it's like well, they're going to need at least a few months, I think. Sometimes when people are really having a hard time they got so much on their plate, they might get frustrated if you reach out to early like oh yeah, I'm busy I'll get back to you. And then you cannot sour that relationship. Yeah, it's not it's not easy to just figure out what's the best time for each individual but I mean for the sake of just throwing a number out there I'd say a month”. (Erin)

Reference 9.1G “A lot of them are not ready. Lots of them are you, at least have the conversation, like, do you want to have this conversation. Are you ready for this? And for someone that's just absolutely not ... For other ones, it's like, start the conversation, it makes them super anxious and that's not great. And other ones it's like yeah I'm not really sure but like maybe I would do this. And you can at least give them an idea of, oh yes I need to try and actually not, you know, sit on my bum, when I go home. But, yeah, I would just say that the having the like being part of the process getting into the workflow, so to speak, of what we do, makes a difference”. (Casey)

Reference 9.1GH “Sometimes people let's be honest, just in societies in general, not everybody works out, not everybody likes to work out. Just because you have a disability doesn't mean that's going to change. There's going to be a segment of the SCI population, and I know for fact I know them, with these people that have no interest in working out don't have the physical literacy, to work out. However, they hooked up with me and went to the gym, I can help”. (Emery)

Reference 9.1I “Could you kind of share what were some other strategies that you use to ensure that you delivered this intervention to the best of your ability?” (ML)

“Understanding again back to the individualistic aspect of concept is you just can't go in there with a standard form and apply that to every person that's not going to work, I go back to the movement thing. For some people for the next six months, if you can get a moving outside or you get them moving in their house that's a big step forward opposed to going to the gym three times a week or you know lifting having a home gym and doing an intense workout you know some. Hey, it's a workout, there's a reason they call it work over is because you have to work right. A lot of people, a lot of people are first to have the physical work. I think it really has to be tailored. 124 00:38:26.910 --> 00:38:35.580 ML: I was going say you definitely touch base on a really important point there I think it's a capitalizing on their successes, no matter what that is. Those individual wins yeah ... If they went to the mall on Wednesday and wheeled around you gotta yeah you really got to stress that you got to pump the tires up ... If that's all I did well that's you know pump them up that I'd suggest you know, maybe could add something else in there that tactfully you got to use tact, with a little bit of diplomacy. Yeah, for sure, I always got to, positivity is probably never the detract, what do you mean you only want to do it all at once this week it's. Like yeah you can't you got to take the positive and pump the tires up for doing that, but you know tactfully suggest for one or two, why don't you try this on Friday if you did that once ... Yeah, and for a lot of people twice a week is a pretty good place to start yeah”. (Emery)

9.2 Subtheme: Addressing patient barriers (F)

Reference 9.2A “I see I see So do you think that's a big part of it for them like the motivation to like step out of their house? Yeah, I just want to make it as easy as we can, for them to do the exercises and it's going out and not knowing where the gym and I thought okay here's a solid home program”. (ML)

“That, no matter where you are, you can do and you don't need special equipment that's like my go to yeah rather than trying to prescribe all these machine-based exercises that PARC gym”. (Jessie)

Reference 9.2B “I know usually try to kind of encourage them too regardless, because like I see people come back so deconditioned, so weak because they haven't done much. Because they have so much wounds and is not doing well. So, I think knowing what they could be like if they

were not physically active. 112 00:36:29.700 --> 00:36:38.880 P1: I really try to push people to kind of do it, not to try to scare them but I do tell them I see people come back they don't do well, that type of thing so. They know these things too". (Jessie)

Reference 9.2C "I think it's really important to highlight to the client or to ask them to sort of be honest with themselves as to what some of the barriers to being physically active and sort of being able to acknowledge them and kind of do a little bit of problem solving around at the beginning so that they're not overwhelmed when they go home". (Paige)

Reference 9.2D "I sometimes have to prompt people for barriers as well, you know, would you still do something like this would be a barrier to you. And just to try and get them being realistic about what they what they want to do, you know, or even just as a let's address that barrier, okay well if you know what resources are available to you to be able to see can get some help to overcome that barrier ... Those sorts of conversations are to start those conversations, I think. Yeah, I think they've got the support like I always encourage them to contact SCI BC. And, you know, so that they can try and overcome some of those barriers, but I think accessibility to location and equipment, motivation are probably the big ones". (Paige)

"Do you have any kind of strategies and helping your patients problem solve their way in terms of like finding solutions to these barriers?" (ML)

"I think things like motivation, yes. Yeah, you know I try and, you know, let's make a plan and you know different people work different ways like let's do checklists, or you know like we tick off this – yes, you achieve that day or, you know, can we have a, you know, a friend or family member, you know, make a plan to exercise with you a few times a week so that you got that sort of social interaction, you know, and you have a second person keeping you accountable as well and you feel like you have to get up because someone else's is relying on you to get out and do the activity as well. So, you know, then the big one for me is I am just like call SCI BC. You know, I've got lots of different types of mentors who hear her in similar situations who can help you, give you information about their experiences and what works for them". (Paige)

Reference 9.2E "As in, say for example, I try to educate my clients. When we're having the conversations in terms of your cardiovascular health, importance of maintaining strength too, you know, continue on with, you know, if they do transfers or whatever their activity levels are and fatigue management. P3: You know, and you know community, building a community and for some of them mental well-being. So those are the sorts of things that I will encourage them to think about and I think they're receptive to those bits of information". (Paige)

Reference 9.2F “So, I think in terms of the conversation I think there's the breaking down the barriers. I think the other thing is these sorts of the helping them to structure a plan ... Right? And that you work through that process together in terms of structuring the plan in terms of where, when, and how much the frequency”. (Rory)

Reference 9.2G “They are sometimes they're very vague in terms of what they watch. But the more that you can help to design it and declare it. I think it also helps them to be clear on this is what I'm going to be doing to works in a positive way, and an action-oriented way towards maintaining my physical health and fitness”. (Rory)

Reference 9.2H “But I don't think there's any reason that we couldn't be doing that as part of our practice, because I do know, I have these people living with their injury, and on an ongoing basis we start to see them because their shoulders aren't so good, right. So, the very natural place that it all ends up going and moving towards is, how do we use therapeutic exercises as a starting point to get them hopefully through real difficulty in terms of their musculoskeletal injuries or, you know, the impairments they are living with, but then how do you actually help them to maintain strength and endurance for function”. (Rory)

Reference 9.2I “You know their health like everything is changing their relationships, their work like there's so much uncertainty for patients and clients. And for us, clinicians we are kind of guiding them through that period and trying to support them and of course as your physio exercises are on my mind, and physical activity but you know like you have to be attuned to the kind, as well, and where they at psychologically along with that”. (Tessa)

Reference 9.2J “I mean frankly, my understanding of that physical activity and exercise program, what we're doing is also giving them, low tech ways to be active and I think this is also good. It's, you know they are little tech ways as well. So, yeah, when you know that there's also other things”. (Tessa)

Reference 9.2K “Well, I think it keep those in mind when I'm giving the exercise programs and, I think, trying to work towards incorporating functional exercise like meaningful functional exercise that and meaningful activities helps clients, to be able to continue on with the programs so that that's always, I think a key factor for developing those programs. But then, often clients do have specific areas that they need to target for their strengthening or for balance or the range of motion so we I usually still do give targeted exercises to try and address those, those issues. But

we talked with the clients about and I talked with the clients about you know what their interests are and trying to incorporate those interests into the exercise. ... So, I don't know if that's changed because I think that's been something that I've been trying to do for many years. So, I don't know if it's changed with this, this program, my sort of exercise prescription is changed". (Riley)

Reference 9.2L "I guess we just have to make sure we're promoting the right exercise, and we're making sure that they're aware of risk of injury, and so we always have to consider. We have to consider the specific needs. You know it's not a carte blanche for so many of our patients. That's why we do have like a targeted exercise program. So, yeah, we have to be aware of the risk of injury of by overdoing or by doing things wrong". (Jaime)

Reference 9.2M "What I usually tell them is that even a little bit can help like this is what we're aiming for in terms of the Physical Activity Guidelines, but I try and let them know that even 10 minutes a day consistently will have impact, rather than going all out, and not being consistent in what you're doing so for those people who aren't as motivated that's usually what I'll tell them, and I'll talk about motivation and how about trying to incorporate exercises I give them into their day and it's better for them to do it earlier in the day. You know maybe before breakfast because people tend to have a little bit more energy, a little bit more motivated so if they do have breakfast, rest and then do their exercises in the morning before they get busy, so I tend to use the little tips like that, or find a time of day that works for them. Yeah, and not overloading them or, you know, setting really high expectations I just talked about a little thing that they could do. As long as you're consistent at it will make a difference. And also try to find what would be enjoyable to them ... So, yeah, if they don't want to sit on a bike for 10 minutes you know doing staring at the laws I how can we make that more interesting or what other activity would they like to do that might be a little bit more motivating for them". (Jaime)

Reference 9.2N "Empathy. Understanding the motivation, you know it's, things are a lot of people are going to have bad days, especially with spinal cord injury now, even if you've been in a chair for 10, 15, 20 years you still get those bad days ... Whether it's a bad bowel day or just a bad sleep night because of neuropathic pain and that's a big issue too I find with most of the clients are dealing with neuropathic pain". (Emery)

Reference 9.2O "Oh, for sure I definitely think that personal rapport is what makes the difference ... Absolutely if they if they think it's a task a hard task or a challenge just to meet with someone and grind it out – they are gonna drop off real quick ... I would you know, it's got to be a little bit fun too, and I try to keep it light I try to throw jokes and keep it light, but yeah can only sometimes it doesn't work". (Emery)

Reference 9.2P “Could you kind of share what were some other strategies that you use to ensure that you delivered this intervention to the best of your ability?” (ML)

“Understanding again back to the individualistic aspect of concept is you just can't go in there with a standard form and apply that to every person that's not going to work, I go back to the movement thing ... For some people for the next six months, if you can get a moving outside or you get them moving in their house that's a big step forward opposed to going to the gym three times a week or you know lifting having a home gym and doing an intense workout you know some ... Hey, it's a workout, there's a reason they call it work over is because you have to work right. A lot of people, a lot of people are first to have the physical work. I think it really has to be tailored”. (Emery)

“I was going say you definitely touch base on a really important point there I think it's a capitalizing on their successes, no matter what that is. Those individual wins yeah”. (ML)

If they went to the mall on Wednesday and wheeled around you gotta yeah you really got to stress that you got to pump the tires up ... If that's all I did well that's you know pump them up that I'd suggest you know, maybe could add something else in there that tactfully you got to use tact, with a little bit of diplomacy. Yeah, for sure, I always got to, positivity is probably never the detract, what do you mean you only want to do it all at once this week it's ... Like yeah you can't you got to take the positive and pump the tires up for doing that, but you know tactfully suggest for one or two, why don't you try this on Friday if you did that once ... Yeah, and for a lot of people twice a week is a pretty good place to start yeah”. (Emery)

9.3 Subtheme: Acknowledging physical activity is part of a bigger picture (F)

Reference 9.3A “I think things like motivation, yes. Yeah, you know I try and, you know, let's make a plan and you know different people work different ways like let's do checklists, or you know like we tick off this – yes, you achieve that day or, you know, can we have a, you know, a friend or family member, you know, make a plan to exercise with you a few times a week so that you got that sort of social interaction, you know, and you have a second person keeping you accountable as well and you feel like you have to get up because someone else's is relying on you to get out and do the activity as well ... So, you know, then the big one for me is I am just like call SCI BC. You know, I've got lots of

different types of mentors who hear her in similar situations who can help you, give you information about their experiences and what works for them”. (Paige)

Reference 9.3B “As in, say for example, I try to educate my clients. When we're having the conversations in terms of your cardiovascular health, importance of maintaining strength too, you know, continue on with, you know, if they do transfers or whatever their activity levels are and fatigue management ... You know, and you know community, building a community and for some of them mental well-being. So those are the sorts of things that I will encourage them to think about and I think they're receptive to those bits of information”. (Paige)

Reference 9.3C “You know their health like everything is changing their relationships, their work like there's so much uncertainty for patients and clients. And for us, clinicians we are kind of guiding them through that period and trying to support them and of course as your physio exercises are on my mind, and physical activity but you know like you have to be attuned to the kind, as well, and where they at psychologically along with that”. (Tessa)

Reference 9.3D “That’s completely fair I'm sure there's a lot you need to discuss with your patients and that discharge process. So, how does have, how was advising people to be physically active, like how did that conversation go before this study before we introduce this physical activity coaching conversation?” (ML)

“I want to say that it was good to have the training because its kind brings more unison to that aspect of oh yeah right, it's not just you have exercises that I can, of course, I want that because its my job ... We need to have that, but you know, you could go in there a little bit more of a broader quantity of that yeah like physical activity for leisure and, you know, fun, and you know all those aspects. So, yeah, it's something that broadens the angle that we look at for as us physios we can be very like biomechanically oriented and like shoulder exercises, and these specific things. So, it's sort of nice to, to have had the training for that so I certainly found that useful”. (Tessa)

Reference 9.3E “I would say the biggest strengths were seeing people's progression week to week or sorry, month to month. And sometimes it would be step back and wouldn't be the best month between checking so just seeing where people were at mentally over a specific period of time ... And now that the weather's changing, I'm curious of what it's going to be like going into kind of the colder weather months ... So, for me the biggest benefit is being able to chart and note, where everybody's at, and even just kind of reading the tea leaves of having our conversations I can sort of tell like oh they're a little chipper this month I wonder what that's about or. No, it looks like they're kind of down, so I don't know if

that's going to play into it at all so just sort of reading their expressions and our conversations and then seeing. Am I right about where I think they're at or am I wrong about where they're at and sort of where they're going to head?" (Erin)

Reference 9.3F "I'm also helping them with other things, it feels like as we talk about maybe getting out in public, accessibility, managing your bladder, spasticity that sort of stuff, so I think it's really good to have them that peer element as opposed to just somebody who's only there to talk about physical activity". (Erin)

Reference 9.3G "I think sometimes just talking to someone ... It might not determine the goals for the next four weeks or two weeks. We might just talk about and a lot of times, some of our current my conversations get off physical activity, and so I think that's an important aspect that has to be into consideration just don't pound it into them. You know relentlessly that exercise so sometimes you might have to get off topic so and I've done that, with a few participants". (Emery)

Reference 9.3H "Sometimes people let's be honest, just in societies in general, not everybody works out, not everybody likes to work out. Just because you have a disability doesn't mean that's going to change ... There's going to be a segment of the SCI population, and I know for fact I know them, with these people that have no interest in working out don't have the physical literacy, to work out. However, they hooked up with me and went to the gym, I can help". (Emery)

Reference 9.3I "Oh, for sure I definitely think that personal rapport is what makes the difference". (ML)

"Absolutely if they if they think it's a task a hard task or a challenge just to meet with someone and grind it out – they are gonna drop off real quick ... I would you know, it's got to be a little bit fun too, and I try to keep it light I try to throw jokes and keep it light, but yeah can only sometimes it doesn't work". (Emery)

9.4 Goal setting in alignment with personal motivators (F)

Reference 9.4A "So, there's those people who are very highly motivated and they're the ones that are not as motivated and struggle, I can see how it's really beneficial to have this program. What was your question again?" (Jessie)

"The key motivations for promoting physical activity to your clients ...". (ML)

“To prevent secondary complications and also just to encourage them that they can do more than they think and for a lot of them I try to supplement with who they are. But then I want them to try to see like oh for your grandchildren, being able to carry them or something like that. Some kind of personal goals. Not just my goals. I have to think about what their situation is. Like what do they enjoy doing like gardening, playing with children, whatever are their motivators. So sometimes not internal motivators for them. I try to find what is externally motivating for them that they like to do”. (Jessie)

Reference 9.4B “They are sometimes they're very vague in terms of what they watch. But the more that you can help to design it and declare it. I think it also helps them to be clear on this is what I'm going to be doing to works in a positive way, and an action oriented way towards maintaining my physical health and fitness”. (Rory)

Reference 9.4C “So, has the content of your discharge home exercise program changed if at all to include exercises to improve strength and endurance fitness? This would be like exercises, outside of those done for rehab purposes to meet the SCI exercise guidelines to improve fitness and cardio metabolic health?” (ML)

“Well, I think it keep those in mind when I'm giving the exercise programs and, I think, trying to work towards incorporating functional exercise like meaningful functional exercise that and meaningful activities helps clients, to be able to continue on with the programs so that that's always, I think a key factor for developing those programs. But then, often clients do have specific areas that they need to target for their strengthening or for balance or the range of motion so we I usually still do give targeted exercises to try and address those, those issues. But we talked with the clients about and I talked with the clients about you know what their interests are and trying to incorporate those interests into the exercise ... So, I don't know if that's changed because I think that's been something that I've been trying to do for many years. So, I don't know if it's changed with this, this program, my sort of exercise prescription is changed. (Riley)

Reference 9.4D “What I usually tell them is that even a little bit can help like this is what we're aiming for in terms of the Physical Activity Guidelines, but I try and let them know that even 10 minutes a day consistently will have impact, rather than going all out, and not being consistent in what you're doing so for those people who aren't as motivated that's usually what I'll tell them, and I'll talk about motivation and how about trying to incorporate exercises I give them into their day and it's better for them to do it earlier in the day. You know maybe before breakfast because people tend to have a little bit more energy, a little bit more motivated so if they do have breakfast, rest and then do their

exercises in the morning before they get busy, so I tend to use the little tips like that, or find a time of day that works for them. Yeah, and not overloading them or, you know, setting really high expectations I just talked about a little thing that they could do. As long as you're consistent at it will make a difference. And also try to find what would be enjoyable to them. So, yeah, if they don't want to sit on a bike for 10 minutes you know doing staring at the laws I how can we make that more interesting or what other activity would they like to do that might be a little bit more motivating for them”. (Jaime)

Reference 9.4E “And I don't want them to feel like they're failing if I say oh yeah, you're not hitting this three times a week, two times a week. Right now, I'm just trying to push them just to do anything. So, I don't think they grasp how important the specific guidelines are. I just think that they know it's important to be healthy and active” (Erin)

9.4 Providing emotional support for patients (F)

Reference 9.4A “Empathy. Understanding the motivation, you know it's, things are a lot of people are going to have bad days, especially with spinal cord injury now, even if you've been in a chair for 10, 15, 20 years you still get those bad days ... Whether it's a bad bowel day or just a bad sleep night because of neuropathic pain and that's a big issue too I find with most of the clients are dealing with neuropathic pain”. (Emery)

Reference 9.4B “Yeah, just empathy. Listening, letting them talk. And empathetic and supportive. It hasn't been extremely emotional, but there has been moments where there's been a little bit of our emotions have stirred from participants”. (Emery)

10.0 Theme: Training sessions

10.1 Subtheme: Broadening scope of exercise prescriptions (F)

Reference 10.1A “So, has the content of your discharge home extra exercise program change to include like exercises to improve strength and endurance fitness?” (ML)

“I think, maybe the cardio part would be the main one, because usually it's quite straightforward to prescribe the strengthening component because there is a lot of resources for that and guidelines. But the cardio one, I think that was the more helpful guideline to add to my home exercise program ... Because a lot of the strengthening I would prescribe, usually just improve your muscle strength, but then cardio something lacking I think in some home exercise programs for spine because usually they'll be like I don't wheel, I'm tired. Okay, but you need to do more,

and usually there are barriers like they don't have arm bike or can't do a ton of wheeling, hard to get cardio in for a spine patient, I guess".

(Jessie)

ML: For sure, so, then this this conversation kind of help introduce that cardio aspect into physical activity?

"Mhm, like boxing they could do too. Yeah, I think more and more people are doing boxing cardio that I would prescribe because it's so much more accessible and do-able. I just tell them to hang a ball and a pillowcase and then they can go for it. You don't have to have a boxing bag. They don't have to go out, it's all in their home. I just find we can't access an arm bike as easily especially in the lower mainland". (Jessie)

Reference 10.1B "Oh, okay and then you did mention that you only completed half the proactive training so did you actually experienced any changes in your role since receiving that training?" (ML)

"Yeah, I would say so, yes". (Paige)

"So, how did that impact your ability to conduct the physical activity coaching conversation?" (ML)

"I think asking more open-ended questions was, like, that was a great learning point from the educational session, you know, sort of more behavioral based questions. Trying to have even just having a conversation with people in a bit of a structured manner". (Paige)

Reference 10.1C "I really liked the fact that it talks about exercise in these three different spectra so home-based exercise, recreational, and more sort of community-based exercise. So, I quite like that because not everybody necessarily just wants to do very simple gym exercises and not everybody wants to join a team or get into, you're involved in a more professional outdoor stuff so it's nice to have that spectrum, available to everyone". (Paige)

Reference 10.1D "Yes, so since receiving those trainings, did that impact your ability to conduct the physical activity coaching conversations with your patients?" (ML)

"Honestly, it was a good to have the training because that way we can learn. You learn the techniques of facilitating a discussion about that". (Tessa)

Reference 10.1D “That’s completely fair I'm sure there's a lot you need to discuss with your patients and that discharge process. So, how does have, how was advising people to be physically active, like how did that conversation go before this study before we introduce this physical activity coaching conversation?” (ML)

“I want to say that it was good to have the training because its kind brings more unison to that aspect of oh yeah right, it's not just you have exercises that I can, of course, I want that because it’s my job ... We need to have that, but you know, you could go in there a little bit more of a broader quantity of that yeah like physical activity for leisure and, you know, fun, and you know all those aspects. So, yeah, it's something that broadens the angle that we look at for as us physios we can be very like biomechanically oriented and like shoulder exercises, and these specific things. So, it's sort of nice to, to have had the training for that so I certainly found that useful. And, yeah, I look forward to – like I said I just got back so I will look forward to refresher and then just jump back in and find a way to integrate that into practice”. (Paige)

Reference 10.1E “You mentioned that your clients who are physically active before seemed more interested in discussing physical activity compared to those were who are more sedentary?” (ML)

“Yeah, oftentimes they you know they just, they already actively like to enjoy. Like they enjoy physical activities. So yeah, for those you think about it more, right. For those that are kind of more sedentary, then that kind of little bit more like, well, you know, you may be thinking about that. I mean, before the training right now with the training. We have, like I said, it's nice to have that broader view”. (Paige)

Reference 10.1F “Did the training kind of help guide those clients who seemed less interested in being physically active? (ML)

“Yes, yes, yeah, there's some practice and things like that, you know, this is like motivational interviewing so that’s always good to have that skill”. (Paige)

10.2 Subtheme: An opportunity to connect as a group (F)

Reference 10.2A “Okay. Good to know. And then how did you find those initial training sessions like on how they delivered it like were they helpful not helpful?” (ML)

“Do you mean the ones with the [ProACTIVE training instructor], the ones from [ProACTIVE training instructor] than the ones that we did with zoom, and I think there was one that [ProACTIVE training instructor] came by zoom and we did it. I mean I found that really useful because I like refreshers, refreshers always helped my brain. I think for the most part people receive them well. It's also good time to, because they're all

our days are so busy as individuals, it's really nice to sit down and talk about one particular thing in this case we're talking about physical activity and then we're focused on and but the social being together in one room is great. And then with Covid the social was even more great, right. So, those, those were hugely helpful from a way to support each other, a way to have a bit of social stuff way to remember all the stuff we're supposed to be doing so I found them, particularly useful. Every time we do it it's I find it a refresher is always a good thing". (Kelly)

10.3 Subtheme: Differing opinions on role-playing and practice time (B, F)

Reference 10.3A "How are the initial training sessions on how to deliver the physical activity coaching conversation, are they helpful, not helpful?" (ML)

"I'm really bad with the role-playing exercises in general". (Jessie)

Reference 10.3B "I think really didn't really benefit too much on the training of how to talk to people and kind of go through the coaching". (Jessie)

Reference 10.3C "Yeah, I think I just can't, yeah I have to be in the moment in real so I couldn't role play. I didn't really enjoy the role play". (Jessie)

Reference 10.3D "Yeah, maybe you start with the demo and then then you have to practice. They may have done that too. I don't know there was lunch at the same time there was a tiny room, it was crowded, people were a bit excited because of the pandemic". (Tessa)

Reference 10.3E "I think the training was good. And I feel like I feel like the training is a lot of what we do as physios anyway. You know what I mean like it felt like very now almost there was a little bit too much training. Oh, like I feel like we didn't necessarily mean to do the role playing and for our program to take a couple of hours out of our day. It just seemed. It wasn't the most efficient use of our time, right, because I feel like as physios, we are physical activity coaches anyway do you know what I mean". (Jaime)

Reference 10.3F "So, I felt like grouping is necessary, I can understand why you want mentors to be trained that way. But I didn't see the same benefit training me that way. I felt like it could have been condemned quite a bit. And I don't know. I feel like amongst our programs we had that same discussion when training sessions were coming out, where they, you know, it's hard for us to take two hours out of our day to do something that we feel it's not really that we really need". (Jaime)

Reference 10.3G “So, there's anything you would like change or altered like what did you think were the strengths?” (ML)

“Probably the breaking into small groups and doing practice runs and seeing [ProACTIVE training instructor] do like a dry run too”. (Erin)

Reference 10.3H “Yeah, for sure, and since you mentioned developing motivational skills, you said, this would be more catered towards like online coaching right because you did say you and in person coaching, I feel like you're fairly equipped with a lot of motivational skills. So, you're talking more online, is that right?” (ML)

“Yes, yes”. (Emery)

“And then building off of that um how were actually like the training sessions in terms of helping you prepare for this role of being a peer coach this would be like with [ProACTIVE training instructor], how did you find those sessions?” (ML)

“All right, yeah, they were they were. They gave me a good introduction to the to the overall concept, and I think the delivery of the of the program. Oh yeah, I just I'm a hands on guy I have to, I kind of have just to immerse myself into it and just do some repetitions”. (Emery)

10.4 Subtheme: More training on motivational interviewing (F)

Reference 10.4A “I think the training was good to talk about how to do things too. Like what is the next step for us is valuable, maybe to know how to do that. But maybe how to do the interviewing, I don't think that was as helpful”

Reference 10.4A: “How did you find the proactive training sessions? Did you find them helpful?”

“I have done some stuff in brief action planning and motivational interviewing prior to that session prior to the session. So, I felt like at least a little bit of a framework to work around. So, I think if I hadn't been they would have been even more useful, but you know I think it was. I think there's no harm and there's always value in practicing certain skills, stuff like that. Which that setting just let us practice your skills and motivational interviewing something like that”. (Blake)

Reference 10.4A “And then, in terms of like, if you had the resources and like whatever you wanted. What would you feel like would be most helpful to you as a physiotherapist to continue this physical activity coaching?” (ML)

“I think I have; I think I have the resources to continue I wouldn't mind doing some more motivational interviewing courses like and not something kind of on a to do list would be to I've done some motivational interviewing, but I know there was, there's been some courses that have shown up on our physiotherapy association of BC website ... That looked interesting, but I didn't. I wasn't able to take it at that time so that would be something I would like to delve into more I think that that's a skill that is part of what this study was about, and something that I'd like to improve on so that would be one area that I'd like to. I think would be good to do more of that”. (Riley)

Reference 10.4A “So maybe it's - I find out one thing I really need to work on is maybe more motivational skills. I think I know if we are in the weight room if it was in-person hands on. I can out motivate anybody. I just find through the zoom forum ... Yeah, I have had some good points, but yeah maybe just some additional tips on good motivational skills or for physical activity”. (Emery)

Reference 10.4A “Yeah, for sure, and since you mentioned developing motivational skills, you said, this would be more catered towards like online coaching right because you did say you and in person coaching, I feel like you're fairly equipped with a lot of motivational skills. So, you're talking more online is that right?” (ML)

“Yes, yes”. (Emery)

“And then building off of that um how were actually like the training sessions in terms of helping you prepare for this role of being a peer coach this would be like with [ProACTIVE training instructor] and [SCI BC peer coordinator], how did you find those sessions?

“All right, yeah they were they were. They gave me a good introduction to the to the the overall concept, and I think the delivery of the of the program. Oh yeah yeah I just I uh I am a hands on I'm a hands on guy I have to, I kind of have just to immerse myself into it and just do some repetitions”. (Emery)

10.5 Subtheme: Need for clearly outlined referral procedures (B)

Reference 10.5A “Do you perceive that your clients are seeing the benefits from physical activity coaching using the proactive tool kit? Do you think it's being used, understand why or why not?” (ML)

“I don’t what that what that looks like. I mean we carry forms here and we do our own teaching with clients in terms of keeping physically active. But I don't know what else, the toolkit. Like, what that involves again because I'm not giving anybody any anything that's, yeah like I don't know what that involves and my knowledge, understanding. Somebody's following up the client and then guiding them through, I guess, resources and remaining physically active, but I don't really know what that includes”. (Blake)

Reference 10.5B “Yeah, I don't know. Yeah, I guess the trainings didn’t make it very clear for me like the actual here's what we do is we implementing is what. Okay, first of the conversation then give them that then refer them to that, Like, it was like, you know”. (Tessa)

“Yeah. It was just a bit confusing unclear for you?” (ML)

“It was just very busy, there was a lot of practice things but for me it was more like I would have liked to have like, okay, here's an example of how we walked through patients through this, right? Like observing! This is my learning style. But that's okay”. (Tessa)

Reference 10.5C “... but I feel like, and then I feel like we just needed kind of more the processing part of it to learn that. And how to refer but in terms of like getting into the details about encouraging our patients to be active and role playing how to teach them to be active at that just something that we always do as physios anyway, so I didn't really see a benefit for me and that”. (Jaime)

“That makes sense, in terms of the training processes processing part. Are you talking about like how to refer patients to SCI BC or how to kind of send the form over?” (ML)

“Yeah, just those basics”. (Jaime)

“I see like a step-by-step process of like okay so the form sends it to SCI BC, and then SCI BC will get like just kind of going through that process”. (ML)

“Exactly”. (Jaime)

10.6 Subtheme: Training to deliver physical activity coaching online (B)

Reference 10.6A “It's actually – oh no. I find the coaching part a little bit more difficult than the hands-on part because in a gym you've got the equipment there it's easier to communicate in person, one on one, oppose to zoom and when you're when you're you meet an individual the gym

for a training session or orientation – they're committed, they're there, they're committed ... I do a zoom session once a month I don't know how committed they really are after they leave the zoom session, I know I have 12 participants, I believe, a strong pretty strong hunch that three of them are not living up to their commitments ... However, that's just my hunch is my gut feeling the majority of them are because they got other interests, they want to gain more function, so they're committed to their workout, and I find the zoom is far more difficult than the in person ... Because zoom is it's just it's yeah, it's not the best form of communication, it is not as good as one on one, if you and I were to meet in a gym and we're going to do go over some exercise as well you're at the gym and you're committed you're fully in so yeah”. (Emery)

Reference 10.6B So maybe it's - I find out one thing I really need to work on is maybe more motivational skills. I think I know if we are in the weight room if it was in-person hands on. I can out motivate anybody. I just find through the zoom forum ... Yeah, I have had some good points, but yeah maybe just some additional tips on good motivational skills or for physical activity”. (Emery)

Reference 10.6C “It's different to do it online I really find like I said right I think right off the top. I could go to the gym every day with anybody. And it would be so easy I found this far more challenging; I really did I don't know why I don't know why exactly but yeah”. (Emery)

Reference 10.6D “... motivation is a big thing it's when you're not, again I go back to this. Probably fifth time, etc., when you read person in the gym it's so easy to motivate it really truly is, it's effortless. However, I find you know, once a once every 30 days, meeting on a Zoom, I don't know I don't I don't feel too terribly motivated, if I was on the other end of that you know I wouldn't I don't ... You know, maybe for 15 minutes a motivator but you know, two days from now on. So, I think that's motivation part is pretty big ... I think you know I think it's I think the general concept is good um I would prefer to have physical activity coaching down in person opposed to on zoom but that's not the environment we're in right now, and of course resources, probably wouldn't allow for in person physical activity coaching because that personal training right yeah”. (Emery)

Memory, attention, and decision making

11.0 Theme: Reminders to continue PA conversation

11.1 Subtheme: Frequent refresher training sessions (F)

Reference 11.1A “How might others influence whether you promote exercises or not, for example, colleagues, employers, regulatory body?” (ML)

“I mean, I do feel like you know truthfully probably the things like the refreshers like I said I'm sorry that I missed it”. (Rory)

Reference 11.1B “The training. Like I said it was useful. And, yeah no, it's just had I don't have too many – It's been a while, so I don't remember everything that was there I just remember there was practice and a bit of theory so it's good to know the why the why as well, like why, why are we doing this”. (Tessa)

Reference 11.1C “I like the idea of having periodic meetings I can't remember what we call them, but we have meetings lunch meetings where [ProACTIVE training instructor] comes in and sort of gives people a little bit of a refresher on the conversation”. (Kelly)

Reference 11.1D “But depending on where the client is you just kind of you go where they need to go right. So, having her drop in it also gives us impetus to do that initial conversation. Because when you're super busy. Sometimes you just need the reminder, right. Oh yeah, right. I need to have that conversation. In the inpatient world where it's, they're super busy like they have all of these things that they have to do with the clients to get them ready for home, and their time in inpatients is super short. Right. So, the physical activity conversation is one more thing that they have to do, so they have to believe in it for it to, for them to do it right. And having somebody parachute in once every six months or once it gets going once a year and it doesn't even have to be [ProACTIVE training instructor] doing, we can do it ourselves right but having a regular physical activity reminder, right, in the form of a meeting or whatever is a good thing”. (Kelly)

Reference 11.1E “Okay. Good to know. And then how did you find those initial training sessions like on how they delivered it like were they helpful not helpful?” (ML)

“Do you mean the ones with the [ProACTIVE training instructor], the ones from [ProACTIVE training instructor] than the ones that we did with zoom and I think there was one that [ProACTIVE training instructor] came by zoom and we did it. I mean I found that really useful because I like refreshers, refreshers always helped my brain. I think for the most part people receive them well. It's also good time to, because they're all our days are so busy as individuals, it's really nice to sit down and talk about one particular thing in this case we're talking about physical activity and then we're focused on and but the social being together in one room is great. And then with Covid the social was even more great, right. So,

those, those were hugely helpful from a way to support each other, a way to have a bit of social stuff way to remember all the stuff we're supposed to be doing so I found them, particularly useful. Every time we do it it's I find it a refresher is always a good thing". (Kelly)

Reference 11.1F "Yeah, totally. And so that's actually kind of a, an important thought there so if you had, you know if you could give you anything, any sort of supporting sort of resources like for you all to continue doing this physical activity coaching like what do you need need like if you could distill it down to the core components like you talked about the forms helpful you said the pods you know having record keeping. Yeah, what do you need need?" (JM)

"Yeah, I don't know I mean I think some of this is just continuous bothering you know, continuous like just doing that, because the team changes, you know like, yeah, we change all the time. Yeah, probably, you know, when you think about the next year okay well" (Casey)

Reference 11.1G "Yeah, that's been interesting. Okay, so it's just like, you know, and I think it's, the practice of the actual coaching is a specific skill. Like, Karen does occasional in-services on things like motivational interviewing and yeah brief action planning ... And this is just a physio, in my opinion, a physio specific application and that kind of thing ... And so, just like I can't remember what the steps are for brief, brief action planning. I haven't an in-service in a couple years yeah you know it's just, you know, I just like we always want to have the one thing that's just going to fix everything forever but in reality, you just have to keep bothering people. Yeah, so it's just like on my orientation list ... I think I have it already, but don't quote me on that we need to have like, watch the video that you made for us ... And then probably just, we need to have regular refreshers on at least the techniques of how to, how to have these conversations in a useful way". (Casey)

11.2 Subtheme: Providing updates on patient progress (F)

Reference 11.2A "Don't worry. And then the other thing I was going to throw in there is like, it goes back to that. When you get feedback about something that you started, they're doing and finding out if it's positive and you will yeah, it's been great, right to find out that the person you referred in February. Now it's like December and there's going great, right, they've had their nine sessions are about to be launched and they're going and it went really well ... Right, so then it's kind of like positive for us to go oh yeah right, we got to make sure that we don't forget, right for us. It's more like not forgetting to have that conversation because it's always going to be in addition to what we're doing with them". (Kelly)

11.3 Subtheme: Prompts to deliver PA coaching (B)

Reference 11.3A “Okay perfect were there any issues and remembering how to deliver the program and, if so, what were they?” (ML)

“Just logistical I guess, when I come onto the program, I forget who I give the form to or where does it go. I come off the program at times and leave and go somewhere else and come back. That the only time where I have to refresh and a process of how to do it”. (Jessie)

Reference 11.3B “Okay, do you think it would be helpful, there is a little bit like have a quick instructional summary at the top of the form of who to give it to, and what that kind of looks like”. (ML)

“Maybe. I just bug [physiotherapist champion supports] and just ask them. So, maybe from their point of view it would be nice if we had a little instruction cheat sheet in front of the binder or something and then I just look at it. Versus asking them every time”. (Jessie)

Reference 11.3C “You know, it's really interesting as I'm talking to you because it's reminding me that learned this education process that I haven't been putting into practice recently but that I think I have clients that would benefit from it”. (Rory)

Reference 11.3D “You know, I think the strengths are, well first of all I think that just plain moving the idea, up to front and center helps to make sure that there's, it's more likely that you'll continue to have these conversations right so having done the training. So, I think that's the first one”. (Rory)

Reference 11.3E “And I think you know what I'm thinking I'm realizing is that what I haven't capitalized enough on is also the realizations that people sometimes they need that contact and support right?” (Rory)

Reference 11.3F “Right and then now that you mentioned that actually is time the number one thing that kind of limits you in terms of not being able to conduct the conversation or complete the form with your patients?” (ML)

“I would say that there's two things I mean time would be one of them. But the other is just, you know, it needs to be brought back for me to be top of mind. And that's one of those things where, you know, even like I said, having this conversation will make you go, maybe, I don't know I'm also wondering if, like I don't think it resides in our chart, anywhere, but you know will be the kind of thing where I'm like, I wonder if when we build a chart. If that form, maybe it already is so forgive me if I'm missing out on this, but maybe that form should be photocopied and it should live in the chart in terms of like an assessment form slash reminder – where it's, you know what I mean I'm like what are the cues because

I do think that sometimes visual cues help right, because then it's like, oh yeah right like sometimes I'll see like even I'm going to do certain balance going to do certain things I'm looking through the bloody filing cabinet and I'm like, Where's the form. We can't find it, and when you can't find it, you're like, okay, forget it". (Rory)

Reference 11.3G "Well, you know what, I would say that I mean this is a hard one, right, like a form is a piece of paper that's already been done. From a resource perspective I would assume that is a cueing tool to help therapists have the conversation and then try to get clients, thinking about it and going on it right". (Rory)

Reference 11.3H "I feel like so when you're talking about that you're talking about the how many days a week strength training, how many days a week, cardiovascular right?" (Rory)

"Yes, yes, yeah". (ML)

"And you know what, I would say I have not specifically – it's reminding me again like I said that as much education or what I've been doing in terms of coaching or giving them this I could do better in terms of spelling it out more clearly for them". (Rory)

Reference 11.3I "I think it's really more just about like I said bringing it up to top of mind". (Rory)

Reference 11.3J "Yeah, I do believe so. And like I said, I mean this is really kind of reminding me that I'm like, I could have done better in getting my form out and using it with some people and going over the structure and it's reminded me about how it could flow out more effectively from the things that I'm already doing. And so, this has been all it's been good for me to write as a reminder where I'm like, I need to get that form out again". (Rory)

Reference 11.3K "No, I think that would be completely fine, that that would actually be a challenge at all. I think it's just more the whole thing around again, you know, I think what happens sometimes is the person shows up there in front of you you're going along in the conversation and its blanket – I don't want to say it unfolds in a somewhat predictable fashion but it kind of does. Right. And so, it takes some sorts of cues when we want to do some things to alter our practice ... yeah, that would probably be one of the things, the whole thing around some of the cues to just be like, reminded to just like yeah, dig that out and get sort of implementing it". (Rory)

Reference 11.3L “But what I was going to say about that when we talk about promoting what we talked about how you make sure that these things continue to happen is I feel that continuing to kind of keep it in – I mean there are two things. It was probably just making sure that I dial like where is the bloody form so that I know where it is or that we keep it on the file, even just as I whether we're going to use it for people or not, because it's then it's a reminder, so you know that's almost more like administrative clerical type thing”. (Rory)

Reference 11.3M “So, you know for sure that reminds me that like it's something that is good to keep thinking about and how do you go after it”. (Rory)

Reference 11.3N “Okay, perfect. Is there anything you'd like to share with me, that we haven't already talked about?” (ML)

“No, no, I don't think so it was very good conversation. I do feel like I said I feel like but even having had this conversation is a very good and important reminder for me that I need to find that form and dig it out and because I do have people where it's a very natural thing in terms of trying to work through the process of thinking about physical fitness right and fitness the guidelines for people. So, it's just a really good cue to figure out how to really kind of return to that”. (Rory)

Reference 11.3O “For sure. So, in addition to that, what else did you feel was missing or like what has made your experience better? So, you mentioned demoing going through a walkthrough, maybe making the form a little less busy? Do you feel like there's any other aspects that would have been would have made your experience better?” (ML)

“Or like even like having just a little email reminder of like, okay use the form again, here's the procedure, I mean it's not a terribly complicated procedure. Just like little snippets like oh here's a quick example of how that can be used, you know. It doesn't have to be every month, after the training maybe that could have been a little follow up like here is a reminder”. (Tessa)

Reference 11.3P “So, you did mention like that your unit did feel like a bit out of loop. So, were there any issues in remembering how to deliver the program?” (ML)

“No, I think there's just more reminding us to do it. Yeah, because we don't have like [physiotherapist champion support] and those resources right there and we're not, it's not like a carte blanche like we have all spinal cord injury patients, so we know to bring in the proactive toolkit for

everybody. You know what I mean, it's just trying to remember. Oh yeah, we're supposed to use this for the SCI patient, and like one for six months kind of thing". (Jaime)

Reference 11.3Q "So, what kind of reminder, do you think would be like the most helpful like with what do you think like a, email, or like a follow up?" (ML)

"No not really an email because it'll just get lost. We put a note on our board to just highlight like the SCI patients and we put a note to say proactive to remind us". (Jaime)

Reference 11.3R "For sure, was kind of keeping the whole thing visible, right, and visible and talked about". (Kelly)

"Yeah and keeping everyone motivated and not having it like forgotten about like, yeah". (ML)

Reference 11.3S "And so that's actually kind of a, an important thought there so if you had, you know if you could give you anything, any sort of supporting sort of resources like for you all to continue doing this physical activity coaching like what do you need like if you could distill it down to the core components like you talked about the forms helpful you said the pods you know having record keeping. Yeah, what do you need need?"

"Yeah, I don't know I mean I think some of this is just continuous bothering you know, continuous like just doing that, because the team changes, you know like, yeah, we change all the time. Yeah, probably, you know, when you think about the next year okay well". (Casey)

Reference 11.3T "Yeah, totally. And I don't think that you know and we've talked about this before like the job doesn't have to be all on you, and the other physios like that's kind of the point on referring to [SCI BC peer coordinator] and so thinking about that referral process how's it, how's it been referring to [SCI BC peer coordinator], is that something that has been integrated well could be done better what are your thoughts on that?" (JM)

"Um yeah, I would say that sometimes what happens is, like, if somebody says, Oh, I'm not ready to have the conversation but if you call me an X number of months I sometimes will forget because I don't have the form in my hand to actually know ... So sometimes I'll get prompted when I start to do the spreadsheet that I have that I send her every so often. Yeah, so that's been positive that way ... They're not, I don't really think there's a solution, but I think it's just like, I'm not sure. Not sure if anybody else has the same problem that I do but yeah I would just say that it's

something that happens is like as if they're already had the conversation or if they want to be control that sometime ... I don't I'm not good at referring, right, like the spreadsheet, than it usually prompts me to sort that out". (Casey)

Reinforcement

12.0 Theme: Patient outcomes as a reward (F)

Reference 12.0A "That's good to hear, what do you think like their motivations for being like really interested in being physically active are?" (ML)

"I think has more to do with like the health. We educate them about the benefits of it, but more so, I think the complications of post spinal cord injury and they are not active. That kind of got more their attention, I think of knowing more about what happens if you're not as fit or you don't move as much as you might get more pressure wounds or you get weaker, harder to wheel, shoulder injuries, I think, so I think that the education and benefits were helpful. And consequences too, especially for skin health I think". (Jessie)

Reference 12.0B "I think I don't really need to hear from the client or patient themselves. But it would be nice to know if it was well utilized or how kind of globally, not just my patients, I want to see how everyone did with study or having the coaching". (Jessie)

Reference 12.0C "Okay good to know! So, what were key motivations for promoting physical activity to clients?" (ML)

"I think it's more to make sure that they maintain their fitness or even better. Because they could have all the potential complications that can happen post SCI. When I see patients come back to GF strong, its usually like the sedentary people who develop wounds or weren't good at self-managing. And I would think that oh, there was no one to check in on them here and there". (Jessie)

Reference 12.0D "Right. Would you like to receive feedback from patients on how the physical activity coaching conversation is going?" (ML)

"You know I'd like to hear feedback on them on, like other aspects of their rehab, like you know, their equipment and how they're seating stuff has worked out and how their skills right home like from more like outside of even just physical activity and on a more global scale perspective. and we've had conversations as a team, about how do that. But yeah, just even knowing about okay well how it for you when you went home.

Like, how are you, how was your walking or were you able to get into places you want to get into. Like more from a global perspective, I'd say, versus specifically the physical activity". (Blake)

Reference 12.0E "Right, for sure, yeah physical activity definitely plays an important part of like that whole view rehabilitation process I can imagine. What incentives or other motivators have helped you deliver this program? What would those incentives be?" (ML)

"I think just having it. You know we have it as an item that we must complete prior to clients' discharge, just having a checklist to do things that we have to do is a motivator. And then also knowing that, you know, what we're doing, can have a big influence on the client if it's done correctly, you know, and then the quality of life after discharge. That's a big motivator and then, you know, like I said before, so just having that follow up in the community with the physical activity and coaching sessions, you know just knowing that what you're doing, will hopefully result in some support so that that person can continue on with their goals". (Paige)

Reference 12.0F "Yeah, I will note that down. Would you like to receive feedback from patients on how the physical activity coaching conversation is going?" (ML)

"Well, I think it would be interesting to hear. You mean in terms of how you actually transition to actually engage their participation?" (Rory)

"Yeah!" (ML)

"Yeah, for sure. I think that would be great. I feel like I so that may also be the thing so sometimes when you hear about people having success in those transitions. It makes you think about it, it makes you value it more and think about it for other people. So that already like – or on flip side, if they really wanted or if they have had problems or for example they had injury, as they went to pursue that, that's also really important feedback. Because I think all of those things, tell us a lot in terms of what's working and what's not working". (Rory)

Reference 12.0G "Yeah, and it kind of also motivates you to if it is working then you know, okay, I can. I'll keep doing this then because it is yeah for this client. Are there any other incentives or motivators that would help you deliver the program, and would those incentives be?"

"No, I don't think so I think it should just be part of practice. Like, I don't feel like I should have to be incentivized to do it ... I think it's knowing about what is best practice for people. Right. And what is best practice but ultimately promotes the best opportunities for people to live with the best health outcomes. And so for me the incentive is to actually think about my clients, doing the absolute level best that they can't physically for

a very long time. That's the incentive ... That's the you know what we should all be going after the same goal. And that, in my mind, that's what the goal should be". (Rory)

Reference 12.0H "Would you like to receive feedback from patients on how the physical activity coaching conversation is going?" (ML)

"Yes, I would love that". (Tessa)

Reference 12.0I "Also, would you like to hear back from like maybe possibly the SCI BC peers as well in terms of like having a conversation of how patients are doing?" (ML)

"Yeah. You know I think feedback like that would be good. I do a lot of referrals and it will tell us what happens". (Tessa)

Reference 12.0J "Okay. So, like I said, having feedback is good. Because then it motivates us to join ... Understand the impact of what we did. You refer that many times and this many times are missing this coaching and how many exercises after that Yay, look at that, like we like to have those effects. ... If nobody exercises like okay what, what can we do differently". (Tessa)

Reference 12.0K "Yeah, for sure. So, you mentioned that being that feedback is like really important in terms of like motivating. I think all the physiotherapist to deliver this program. Are there any other incentives or motivators that would have helped you deliver the physical activity coaching conversation?" (ML)

"I think, again it's the satisfaction that makes a difference and that it works. So having that information. So, when research is finished, it's like oh yeah by the way, here is the information. Just make it easy for us. Plant a seed once in a while. Little reminders and stuff". (Tessa)

Reference 12.0L "It's all about making this transition easier and accessible for them. So, into like receiving feedback from SCI BC, would you also like to receive feedback from patients on how physical activity coaching going?" (ML)

"Yeah, I think, I think that would be, I think it would be interesting to get information from their patients as well". (Riley)

Reference 12.0M "Yeah, I think that would be, I think that would be helpful as well, just to have that phone call to see how things are going. I think on our program we have our coordinator does a three month follow up phone call and just ask people how they're doing with their, their

programs and with getting back into different activities and the community is something and we get a little bit of feedback from our coordinator on this program to hear back how things have been going ... Yeah, I think that would be helpful to see what their perspective is”. (Riley)

Reference 12.0N “Well, that's really great to hear, um, did you think there was anything that was missing possibly that like could have made your experience better?” (ML)

“Well, I like this idea about a phone call follow up with the physio to, to see how the client did, maybe two or three months down the road, and how they were, how this process went. So, I think that would be that would be something that would be helpful. That wasn't that wasn't part of the. In my experience, it wasn't part of it”. (Riley)

Reference 12.0O “Would you like to receive some sort of feedback from patients on how the physical activity coaching conversation is going?” (ML)

“Yeah, if that was done as a follow up yeah that would be great. I don't think I would personally be looking into that myself, because I don't work it outpatients but if there was, if there was, if that research was done and share it, that would be helpful”. (Jaime)

Reference 12.0P “What were the key motivations for promoting physical activity to your clients?” (ML)

“Well, it's my job, you know being a physiotherapist it. You know that's what I do. You know, so and I know that they benefit. So, it's kind of hard for me to, to say what the key motivators are. I know the benefits of exercise, and I know that all of them need it. And I guess when we see people with more chronic illness. We see the benefits and the problems with inactivity, and how much harder it is for someone who has a disability to stay active. So, starting today I see people, you know, with such a variety of conditions or chronic illnesses who have become progressively less active and more immobile, and I see all the complications of that. So, that's me. That's my motivator”. (Jaime)

Reference 12.0Q “It's just, it's my always been my job, my role as a physiotherapist I'll continue to do that. So, it would be I'd be referring to this if I get another spinal cord injury patient that that I'm preparing for discharge. This is one of the things that I'll review with them”. (Jaime)

Reference 12.0R “The other thing that I would do is getting feedback in terms of oh we've had like 10 people referred or we've had 30 people refer getting that kind of feedback is really helpful. It makes it reminds us that we're collectively all doing a good job. Right. And so, when you get that sort of feedback that yes, we're all struggling for time. But yes, as a group, we've managed to do 30 what do you call it initial forums and

sending them off to right so that that little bit of positive is a good thing. So, I would kind of keep it's always good to get feedback from what you're doing. And because there's a lot of stuff that we do that everybody just does because it's part of what we do but you don't get any feedback on it. So, I think the nice thing about this project is we've had ongoing feedback as to, you know, we've had this many people that have been referred. We have more, most people are still waiting to start and then then we've had Covid there's been all kinds of stuff going on there, but we've had a lot of back-and-forth communication which I find useful because whenever we have that communication, I go Oh, you're right. I have three more people that I can actually refer on right so I'm like it just keeps the awareness in the back of your head, so. So is there anything I would change – not really”. (Kelly)

Reference 12.0S “Yeah, like what do you think was missing?” (ML)

“Yeah, just thinking it would be probably helpful like I've sent off about, I don't know, five or six, maybe seven. Maybe If I remember they just have a spurt and then I have nobody for a while and then have a spurt, so I don't actually know how many people have sent I have sent a number, but I actually don't because they're in my time with them ends, right. Because we've also finished their seating, or we've also finished or whatever, right so then I don't know what's happened to them I kind of wouldn't mind some feedback, I'd like I'd like to know, sort of, did they follow up, did they have their 10 coaching sessions, wouldn't mind knowing how it's going. Right, that, that would be good, actually, that would be helpful to us because again, then we know that oh yeah, we made a difference or yes It was successful or no it didn't work but that would knowing because it's often lively, send the referral and then we have no idea what happens after I was like to know”. (Kelly)

“So, ideally, you'd like to have that feedback from patients or SCI BC”. (ML)

“Well, we're not always going to have the feedback from the patients because we end with their discharge from the outpatient program right so we're not going to. I mean, we won't necessarily have that. and I wouldn't track them down to say well, how's it going if their seating is completed, and they're discharged. Probably we should hear back from SCI BC. That would be good actually”. (Kelly)

Reference 12.0T “We just don't know because we haven't had any feedback in terms of okay, what's happening out there like how is it, how is the coaching going right? I'd like to know that actually”. (Kelly)

“So, I think like, it sounds like something that's really missing is like a conversation between like the physiotherapist and the SCI BC peer coaches and like kind of coordinating together to discuss”. (ML)

“Well, I don't know I don't know if we need to have that conversation. Although maybe we do. I think it might not be a bad idea to have a sit-down conversation at our next sort of group meeting to find out from the SCI BC guys who are doing the coaching, what are their struggles? Not that we can necessarily help with their struggles, but maybe we can problem solve, or we can maybe show some, it'd be good and it's also good for us to know what their struggles are with the coaching right they, they're providing 10 coaching sessions with XYZ and it might be helpful for us to know about it. Maybe there's something we can offer in terms of helping to solve the problem or whatever ... But I just like to know what's happening down the road after we stop our little involvement, what's happening with the rest of it right so that would be good and I think it is the same before, to have that kind of ongoing communication would be a good thing for the project, as well as the sustainability as having it be sustained and definitely. And we have a good relationship with the SCI BC peers. With fact that [SCI BC peer coach]'s there, you know every day is a great thing so we all we have access to run so don't ever feel like I don't have access to [SCI BC peer coach], just we haven't actually sat down and talked about how the coaching is going right I just know that there was a lot of people that got put on hold ... And then they started they weren't quite ready to start their 10 sessions. And then, but that was a little while ago I'd be curious to know how many people have started their 10 coaching sessions”. (Kelly)

Reference 12.0U “When you get feedback about something that you started, they're doing and finding out if it's positive and you will yeah, it's been great, right to find out that the person you referred in February. Now it's like December and there's going great, right, they've had their nine sessions are about to be launched and they're going, and it went really well ... Right, so then it's kind of like positive for us to go oh yeah right, we got to make sure that we don't forget, right for us. It's more like not forgetting to have that conversation because it's always going to be in addition to what we're doing with them”. (Kelly)

“Right. Yeah. I think that that is definitely something that would be like very motivating for our team to continue sustaining this, like, patient by getting like oh it's working. It's working okay I'm going to keep doing it”. (ML)

“Exactly. It's working and people are saying oh we love it and yes, we love I mean, who gets 10 coaching sessions nobody gets 10 coaching sessions when you're trying to get into fitness right sure just to have that resource is amazing. So, if that can be sustained it would be really good,

it would, and then to have the feedback come back to us and then we're all on the same page and then we have the positive feedback that we're more likely not to forget anybody and just, you know, because the odd person. Most, I haven't forgotten anybody, but I think there's been a few people that I thought about for years ago I thought oh well I could I have that conversation years ago". (Kelly)

Reference 12.0V "No, it's like you know it's been really fun and the whole physical activity thing has been something I believed in, and I still do, and it's nice to have it more structured, and it's nice to have this project I just hope it's able to we're able to sustain it so that it becomes part of as part of our practice now to have the conversation. I'd like to see part of what we're able to offer is, including the coaches, the coaching and then as I say before as I said before, to find out how, how, how it's going with some of the people that we've actually referred on, I'd like to know". (Kelly)

Reference 12.0W "Jumping into the proactive intervention. What were the aspects that you liked like what did you think are the strengths of this study?" (ML)

"I would say the biggest strengths were seeing people's progression week to week or sorry, month to month. And sometimes it would be step back and wouldn't be the best month between checking so just seeing where people were at mentally over a specific period of time. And now that the weather's changing, I'm curious of what it's going to be like going into kind of the colder weather months. So, for me the biggest benefit is being able to chart and note, where everybody's at, and even just kind of reading the tea leaves of having our conversations I can sort of tell like oh they're a little chipper this month I wonder what that's about or. No, it looks like they're kind of down, so I don't know if that's going to play into it at all so just sort of reading their expressions and our conversations and then seeing. Am I right about where I think they're at or am I wrong about where they're at and sort of where they're going to head?" (Erin)

Reference 12.0X "Yeah, that's fair. Okay. Um, so, with respect to anything else that we can provide you, you know on our end for sport is there anything else that you can think of that you want to keep, or you want to change?" (JM)

"I would just say would be good to get feedback, that's the other thing I would just say from Terry. What do people even remember having a conversation with us? Yeah, because I'm sure she's calling people and they're like, why like probably I would guess a good number of them do not even remember saying yes. So, it would be just interesting to hear from her. I know she was in the building another name, but I didn't have a chance to talk to her. Yeah, just like maybe that would be an interesting thing to hear back and forth, actually, it's just like what they say when

she calls. And also just like it would be good to just because we're, you know, we're in this, it's funny you should say we're in the middle of coming up with some ways to get some better feedback for patients after they leave as a practice like calling patients, patients, you know, six months later, like, how did it go? So yeah, I we have been thinking a lot about that good of a time suck kind of job but we also don't feel like they leave, and we have no idea what happens. It's a big thing with MS. So, to improve our practice or we think getting feedback from people would be good". (Casey)

Reference 12.0Y "But in terms of physical activity, I don't know, like, are they physically active at all? Yeah, do you remember talking to us about that ... Yeah, it's like we talked about within the last week and like we have so much other stuff to do it's like, usually I have somebody, like two people leaving next Tuesday but I am on vacation. So, basically, I have to get everything done this week and I'm like okay, the one guy needs to get him in his load and chair, we had to do a do at least one, probably two floor transfers we have to try car transfers we have to do some exercise programs talk about physical activity, you know". (Casey)

Reference 12.0Z "Okay. And so, thinking about like let's say, like, we're looking at a few years from now, and I'm not around. We're not running this as a study anymore. What would you hope to that referral process would look like? And I guess the first question is like, do you think that referral process, you know, referring to SCI BC is worthwhile. Why or why not?" (JM)

"I mean I guess you would have to ask Terry whether people are actually using it if people want it. I mean, that's, it's not so much. Does it help my practice it's does it help the patient ... So, I think it's more question of, like, yeah, we would just need to hear from her like, you know, I'm certainly happy to do it but I want to know that it's actually people are using the service and finding it useful and, you know, I mean I think the side benefit of all this is really getting them connected to the SCI BC right?" (Casey)

Reference 12.0Zi "I was, I was hurt when I was 18 and I was athletic before my accident and fortunately resume. More weight training than sports right after my accident and I'm telling you I'm an older person now and I'm still strong I'm fully independent and not only there so many benefits you know it's common knowledge, so many benefits of exercise and strength and I think it's even more important if you have a disability or if you out here now, the weight issue ... It's strength and just conditioning the heart healthy heart it's paramount it's like if. I tell yeah, people take it for granted when you're 20, 30 even 40. When you get to 60. Have you heard of sarcopenia ... Just poverty of flesh. As we age where we our muscle strength and our body strength basically. You lose muscle mass. And it's so important as you age to stay strong keep lean muscle

mass on your body, because muscle is an organ it does it does help you survive and keep body fat so yeah there's um. You know, healthy heart, you know, heart disease, diabetes, diabetes, you know you want to ward off all the diseases by staying healthy and strong". (Emery)

Social and professional role and identity

13.0 Theme: Physical activity coaching is a part of the physiotherapist role (F)

Reference 13.0A "I don't think I need more incentive to do this or coaching because I want what is best anyways for my client so I don't think, like I think its within my job to do this with them so I don't think there is anything that would like to incentivize me to keep doing it". (Jessie)

Reference 13.0B "Did coach physical activity coaching fit naturally within the scope of your role do you feel the service would be better provided by a role that was more dedicated to coaching?" (ML)

"No, I think its within my role. We're always constantly trying to encourage our clients to be healthier and do things that would improve their abilities ... and then comes down to teaching them all the time and I do see it's important for us to talk about the physical aspect like guidelines and for someone else to follow up I don't think I need to follow up with them. I think, like physio wise, I think, like the peers could follow up, I trust, their abilities to do that part ... the assessing part like what's the coach and goes through a form should be done by the physio". (Jessie)

Reference 13.0C "I think it fits in the scope of what we do and is relevant to what we do and important so could someone else do better? Maybe. It's kind of in the, it's directly appropriate, directly related to what we do in terms of education, teaching and yeah so it makes sense for us to do it [PA coaching]" (Blake)

Reference 13.0D "I think it's really more just about like I said bringing it up to top of mind making sure that you have access to the form. And then, making a plan that like it's just part of how you're doing your service delivery. If it's been one of those things where it yeah, it fits in with what it is that we're doing with people". (Rory)

Reference 13.0E "And then do you feel that physical activity coaching conversation fit naturally within the scope of your role or do you feel the service would be better provided by a role that was more dedicated to coaching?" (ML)

“No, I don't, I actually think it fits perfectly within our role, honestly, because you know what we. Gosh, I think as physiotherapists, I think, you know, I, I think especially for people living with SCI. Their fitness and their activity and their strength training will always have to be somewhat adapted”. (Rory)

Reference 13.0F “But I don't think there's any reason that we couldn't be doing that as part of our practice, because I do know, I have these people living with their injury, and on an ongoing basis we start to see them because their shoulders aren't so good, right. So, the very natural place that it all ends up going and moving towards is, how do we use therapeutic exercises as a starting point to get them hopefully through real difficulty in terms of their musculoskeletal injuries or, you know, the impairments they are living with, but then how do you actually help them to maintain strength and endurance for function”. (Rory)

Reference 13.0G “I want to say that it was good to have the training because its kind brings more unison to that aspect of oh yeah right, it's not just you have exercises that I can, of course, I want that because its my job ... We need to have that, but you know, you could go in there a little bit more of a broader quantity of that yeah like physical activity for leisure and, you know, fun, and you know all those aspects. So, yeah, it's something that broadens the angle that we look at for as us physios we can be very like biomechanically oriented and like shoulder exercises, and these specific things. So, it's sort of nice to, to have had the training for that so I certainly found that useful. And, yeah, I look forward to – like I said I just got back so I will look forward to refresher and then just jump back in and find a way to integrate that into practice”. (Tessa)

Reference 13.0H “But yeah, that would be nice in that sense because it's more like personalized in addressing the barriers and building that rapport with them. I think that can be really what influences them more than the physio giving them that follow up 10 minutes. It doesn't really change much, I don't think ... I think part of our role and yes, we will talk about that, it's just I think the follow up the follow up after discharge is, is key because they go home, and then they will figure out what life is like at home right for inpatient that's huge”. (Tessa)

Reference 13.0I “But I think as inpatients we still have a role of course, to educate them and hone them and, you know, some patients already are ready to embrace that. So, it's great for them. But not everyone is at that stage is what I am saying. Yeah, we still refer them to SCI BC. Sometimes that is all you can do, and that is still good”. (Tessa)

Reference 13.0J “So, did the physical activity coaching fit naturally within the scope of your role?” (ML)

“Yes, yes, it is appropriately for us to do this”. (Tessa)

Reference 13.0K “Did physical activity coaching fit naturally within the scope of your role, or do you feel the service would be better provided by a role that was more dedicated to coaching?” (ML)

“I think it fits within our role at something that we do big part of what we do is education and coaching, the client so it definitely fits within our role as physios”. (Riley)

Reference 13.0L “What were the key motivations for promoting physical activity to your clients?” (ML)

“Um, well it’s my job, you know being a physiotherapist it. You know that’s what I do. You know, so and I know that they benefit. So, it’s kind of hard for me to, to say what the key motivators are. I know the benefits of exercise, and I know that all of them need it. And I guess when we see people with more chronic illness. We see the benefits and the problems with inactivity, and how much harder it is for someone who has a disability to stay active. So, starting today I see people, you know, with such a variety of conditions or chronic illnesses who have become progressively less active and more immobile, and I see all the complications of that. So, that’s me. That’s my motivator”. (Jaime)

Reference 13.0M “It’s just, it’s my always been my job, my role as a physiotherapist I’ll continue to do that. So, it would be I’d be referring to this if I get another spinal cord injury patient that that I’m preparing for discharge. This is one of the things that I’ll review with them”. (Jaime)

Reference 13.0N “Did physical activity coaching fit naturally within the scope of your role or do you feel the service would be better provided by a role that was more dedicated to coaching?” (ML)

“No, I feel that it’s my role as a physio already. Do know what I mean. And it’s more. What we’re talking about is maybe more patients, or once people are discharged and outpatient, that’s where they might need a little bit more coaching”. (Jaime)

Reference 13.0O “It sounds like it sounds like, in terms of rather than the timing, it’s like, have the brief conversation with them introduce the talk, topic to them in patient and then in an ideal world, they would all get to outpatient and have a more detailed discussion”. (ML)

“And we could run with it. Or we could sit hand them off to the coaches that do the coaching the SCI BC right because they’re doing, I think they’re well set up as peers to really do the coaching well we don’t have the time in outpatients, you know, to do the coaching well. We have

initial assessment; we have that initial conversation. I fill out the form we go through a sample of a sample timetable and stuff, but then I don't often follow up with it ... Basically, this is it. You're going to be now contacted by the SCI BC guy, and they'll run with it. So, I have one essentially one or maybe two conversations about it. But I don't get into the heavy-duty coaching, just the initial coaching conversation ... Yeah, as I say if there were no SCI BC, we wouldn't really have the time to do the ongoing coaching. Right. And the other thing is, I don't know if it's actually so appropriate because, making the distinction between rehab activities and physical activity. Right, it's good to keep those two things separate and so if us as the rehab therapists are doing the things get muddy, they get be muddy, right". (Kelly)

Reference 13.0P "Is there anyone else that you could see as being the right fit to deliver physical can be coaching at GF or who you think is the best, the best group of health professionals to be doing that at GF?" (JM)

"Well, I mean I think it's good for us to do it. I'm really, it's hard sometimes because I think rec. In the record if rec were staffed a bit better we could, like, do that. Yeah, a better idea what the plan was a lot of time I'm just getting it second-hand from the patient ... About what they have talked about with rec, what their plan is after and that kind of thing so yeah I mean I think that this in a lot of ways. Some of the stuff is really more in the rec, like what they're actually doing is a rec thing. I'm not saying that they need to do the training and just or they need to do the coaching I'm just saying like, when you actually look at like what do people end up doing all I'm involved into things they got connected to through rec ... But you know conspiracy show on to. So, I don't, I don't have a I don't know that that's changeable. Right, but certainly just just, you know, my in the perfect world would be that this would be a more collaborative thing". (Casey)

14.0 Theme: Physical activity coaching is a part of the SCI peer coach role (F)

P9 Transcript

Reference 14.0A "Okay. And then, do you feel that physical activity coaching fit naturally within the scope of your role, or do you feel the service would be better provided by a role that was more dedicated to coaching?" (ML)

"It fits in my role in the sense of overall well-being, like mental health and physical health. What was the second part of that question?" (Erin)

"So, to repeat the question Did you, did physical activity coaching fit naturally within the scope of your role, or do you feel the service would be better provided by a role that was more dedicated to physical activity coaching?" (ML)

“No, yeah, I felt it definitely felt natural because it's the whole. I'm also helping them with other things, it feels like as we talk about maybe getting out in public, accessibility, managing your bladder, spasticity that sort of stuff, so I think it's really good to have them that peer element as opposed to just somebody who's only there to talk about physical activity. Letting them know, you can ask me anything to like when I try and stay on track, but I think it's, it works within the scope of what I do”. (Erin)

Reference 14.0B “Okay, would there be anything that you would add to it other than the motivational like motivational tips over zoom coaching that you think other people could benefit from to add to the training sessions, or do you think it's like fairly good the way it is”. (ML)

“It's good it's good, there's a way, maybe. How can I put this? Accountability. Okay, so it's I know it's pretty difficult to gauge a person's accountability, we were on an honor system, here we meet once a month and they'll go tell me what they did what they're going to do and I pretty much have to you know take them for the word, and you know whether that happens, or not, and so, but I know it's difficult to say. You know, prove it to me what you do it's virtually impossible yeah, I find two things to work two concepts that stick out to me, it's motivation and accountability. I think. I think that's as a coach that's probably our two primary roles - motivate them and hold them accountable for what they're doing or what they didn't do”. (Emery)

Reference 14.0C “Did like the aspect of like physical activity coaching fit naturally within your role, like, I know you work as a peer coordinator, you also do many other aspects and connecting with people with spinal cord injury”. (ML)

“Yeah, the initial, the former, yeah”. (Emery)

“Yes, yes, so oh yeah so it does fit naturally within your role?” (ML)

“Yes, yes”. (Emery)

Beliefs about capabilities

15.0 Theme: Improved confidence in delivering PA coaching

15.1 Subtheme: Practice (B, F)

Reference 15.1A “Some of it is also just probably the more you do in practice, the more it becomes, it moves up being top of mind”. (Rory)

Reference 15.1B “Yeah, so maybe. I don't know. As an individual condition that can quite self-driven, and I don't need to have my hand holding

and stuff like that just need to know okay where's the stuff and then. Okay, I am going to figure out a way to integrate. That's my preferred way. Yeah, yeah, I'm independent in that way. After we have the training sessions, I'm like oh okay that's good. But yeah, we just need to get to do it and maybe what's nice also is like as a team. Okay. So, like I said, having feedback is good. Because then it motivates us to join". (Tessa)

Reference 15.1C "And then building off of that um how were actually like the training sessions in terms of helping you prepare for this role of being a peer coach this would be like with [ProACTIVE training instructor] and [SCI BC peer coordinator], how did you find those sessions?" (ML)

"All right, yeah, they were they were. They gave me a good introduction to the to the overall concept, and I think the delivery of the of the program. Oh yeah, I just I uh I am a hands on I'm a hands on guy I have to, I kind of have just to immerse myself into it and just do some repetitions ... I found, like I said, the first few I didn't feel comfortable, I felt like I stumbled, it wasn't smooth, but I think that's improved". (Emery)

15.2 Subtheme: Evidence-based intervention (F)

Reference 15.2A "I think I think I feel more confident in my prescription, by having those guidelines to present to them because usually we will just be like do 30 minutes, oh I want you to do more just do more, that was very vague. So, I think it's nice to have more research-based guidelines. Because usually our guidelines are kind of based on normal folks. But not SCI folks. So, that helps build confidence in this is what you should be doing rather than saying oh you should aim for 30, if you can do more do 40, it's just very vague". (Jessie)

Behavioural Regulation

16.0 Theme: Reducing negative emotions (F)

"What aspects were more challenging; you said the coaching part like over zoom is a little bit more challenging where there are other parts that were kind of it more difficult to take on?" (ML)

"No, not really more difficult, different there is definitely a differential it's like I say yeah. At first, I wasn't very comfortable on the zoom because I know it's being recorded and will speak and watch and I can't look at myself I've come halfway to this to this point. I cover up half the screen, so I can't see myself so I'm only looking right now, right now, I have not covered up but usually ... I've got my section of the screen

covered up with a book so I'm just looking at the participant, and I find you know what I find that's made me far more comfortable. I'm at ease I can communicate better, not talk, but communicate but yeah, I can communicate much better so, I found that a bit of a challenge off the top I think I'm getting better". (Emery)
