## INFORMED CONSENT NUMBER:\_\_\_\_\_

You are invited to participate in the research study entitled “TELEREHABILITATION EXERCISE PROGRAM TO MAINTAIN THE CONDITIONING OF OLDER ADULTS ON THE WAITING LIST FOR PHYSICAL THERAPY AFTER HOSPITAL DISCHARGE: A PRAGMATIC TRIAL WITH ECONOMIC EVALUATION”. Our goal is to evaluate whether an exercise program offered by a smartphone app maintains the conditioning of older adults who have been discharged from the hospital and who are awaiting public physical therapy service at Belo Horizonte's Rehabilitation Centers/partner clinics.

**STUDY PROCEDURES:**

Upon accepting to participate, you will be assessed three times: 1) today, 2) when you start outpatient physical therapy at the Rehabilitation Center or partner clinic, and 3) after discharge from outpatient physical therapy. The assessments will take approximately one hour to complete and will be administered at the Rehabilitation Center from your referral area. The assessment includes general questions about you, information regarding your health, and your daily routine. In addition, you will perform some tests in which you will be asked to sit and stand up from a chair, to walk straight on the floor, and sit again.

You will be randomized to one of two groups: 1) you will be asked to exercise at home with a mobile app while waiting for outpatient physiotherapy or 2) you will be followed-up during the waiting period. Despite your group allocation, you will receive weekly phone calls from the research team. For those who will perform the exercises at home: the app will be installed in your mobile phone or your companion/caregiver’s phone; the exercises will be performed three times a week, always in the presence of the companion/caregiver. You will perform the exercises until you start outpatient physical therapy at the rehabilitation center/partner clinic. Within a 25 days period, if you have not started outpatient physical therapy, you will meet in person with the research team at the Rehabilitation Center to progress the exercises. You and your companion/caregiver will receive approximately one hour of training to use the app and perform the exercises.

Researcher’s rubric: \_\_\_\_\_\_\_\_\_\_

Participant’s rubric: \_\_\_\_\_\_\_\_\_\_\_

**RISKS AND DISCOMFORT:**

You may experience mild muscle pain during or after the tests, but you will be allowed to rest between. This resting period should help the pain go away. The exercises that will be done at home are simple and do not need special equipment. To reduce possible risks such as falls, a companion/caregiver must always be present nearby.

**BENEFITS:**

The present research study will contribute to establishing a new treatment protocol for older adults who are awaiting outpatient physical therapy service, reducing heath care costs and the negative consequences of the lack of regular physical activity. By participating in the study, you may improve your physical condition with the exercise program.

**COST/COMPENSATION:**

You will not receive any financial benefits for taking part in this study. Despite this, if a damage resulting from your participation is identified and proven, you have guaranteed the right to compensation.

**PRIVACY OF INFORMATION AND ITS USE IN RESEARCH:**

The researcher team guarantee the confidentiality and privacy of all your information. Your information will be kept anonymous and it will only be used for academic or scientific purposes, without revealing your name.

**VOLUNTARY NATURE / FREEDOM TO WITHDRAW:**

Your participation is voluntary. You will be free to participate or decline to participate and withdraw your consent at any time. Your refusal will not result in penalties or loss of the outpatient physical therapy treatment at the rehabilitation center/partner clinic.

Researcher’s rubric: \_\_\_\_\_\_\_\_\_\_

Participant’s rubric: \_\_\_\_\_\_\_\_\_\_\_

**DATA STORAGE:**

Your data to be used in the study will be filed with the responsible researchers for a period of ten years.

**DECLARATION AND SIGNATURE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was informed of the aims, procedures, risks and benefits of the study in a clear and detailed manner and all my questions were answered. I know that I will be able to ask for new information and change my decision to participate at any time, if I wish. I declare that I agree to participate in this study. I received an original copy of this informed consent form signed by myself and by the researcher, after I read it and had my questions answered accordingly.

Signature of the participant Date

**Prof. Dra. Rosana Ferreira Sampaio -** Telephone: (31) 3409-4783

**Ms. Pollyana Ruggio Tristão Borges -** Telephone: (31) 98437-4358

Signature of the responsible researcher Date

Signature of the researcher Date

If you have any questions regarding the ethical aspects of this study, you may contact:

**COEP-UFMG – Ethics Review Committee from UFMG**

Av. Presidente Antônio Carlos, 6627. Unidade Administrativa II – 20andar – Sala 2005. Campus Pampulha. Belo Horizonte, MG – Brasil. CEP: 31270-901.

E-mail: coep@prpq.ufmg.br. Tel: 34094592.

**CEP-SMSA/BH – Ethics Review Committee for Human participants from the city of Belo Horizonte**

Rua Frederico Bracher Junior, 103 – 3º andar/sala 2. Padre Eustáquio. Belo Horizonte, MG – Brasil. CEP: 30.720-000

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