

## Supplement I: Matrix of the influences on the implementation outcomes

	Acceptability	Appropriateness	Feasibility	Adoption	Fidelity	Penetration	Sustainability
<b>Determinants</b>							
Guidelines support this EBI explicitly	X	X					
EBI proven effectiveness and long-term effect	X	X					
Underuse; perceived usefulness	X	X					
Content individualized/tailored to patients' needs, but core structure	X	X	X				
PTs: database, assessments and given structures	X	X	X		X		
Certified PTs can access all material (website)	X	X	X		X		
Courses and material costs for PTs; patients' costs covered by insurance	X	X	X				
Endorsement of PT societies	X						
Learning climate, tangible fit	X						
Leadership engagement, available resources, access to knowledge	X						
Demand from patients, sometimes missing willingness to exercise and being active	X	X					
Coordination in 3 language areas by Universities of Applied Sciences	X						
Informed patients, transparency of EBI	X	X			X		
Professional autonomy/MDs: limited time for patient education	X						
MDs: possibility to refer to an EBI; transparency: they know what they will get	X	X					
PTs: skills; structured plan for treatment with the possibility to individualize	X	x			x		
<b>Implementation Strategies</b>							
Formation of IG GLA:D					X		
Dissemination of programme information to raise awareness (window of opportunity)	X	x		X		X	
Endorsement by MD and PT societies for programme	X	x		X			X
Utilize financial strategies	X	x		X		X	X

Programme stays within usual covered PT sessions							
Establishment of database (clinical outcomes, patient reports): data monitoring and feedback					X		X
Training: Certification of PTs (course material, access to database)	X			X	X	X	
Quality improvement (evaluation first courses)	X			X	X	X	
Clinician reminders (availability of programme – referral)	X			X			X
(Inter)National strategies: NCD strategies (WHO, Health 2030, SLR)	X			X	x	X	X
<b>Mechanism</b>	x			x	x	X	