

Part A: Background

- Welcome/Introduction/ground rules/aims
- Collect basic biographic details (age, job title, year qualified)
- Previous experience working with patients with hypermobility
- Previous training in hypermobility?
- Current practice if treating a patient with JHS

Part B: PhyT: Impression and experiences

- The overall aim of the intervention is to improve patients self-efficacy and help patients with JHS to engage in exercise. What are your views on this aim?

Delivering the advice session:

- Regarding the content of the proposed advice session, can you think of anything that needs to be covered:
 - More, or something that is missing?
 - Less, or is superfluous?
 - Differently?

Clarify views on the delivery (format, duration, content)

What are your views regarding the written information booklets?

Delivering the intervention:

- Regarding the content of the proposed advice session, can you think of anything that needs to be covered:
 - More, or something that is missing?
 - Less, or is superfluous?
 - Differently?

Clarify views on the delivery pattern (format, number, length and frequency of sessions)

- What are your views on the booklet which accompanies the physio sessions?

- When we first started were were under the impression that physio and an extended advice session were equally beneficial. What is your impression?
- Could you envisage an alternative 'control' condition?
- Can you envisage any difficulties delivering the intervention and the control condition?
- What outcome measures should be used?
- Is there anything else about the intervention or the control condition that we should consider when designing the future trial?

Part C Training and support: how could physios be trained to deliver this session:

- Views on PhyT training given on joint hypermobility syndrome:
 - Format
 - Content
 - Duration, timing
 - Who should provide the training
 - Ongoing support sources

Part D: PhyT: Putting it into practice

- If PhyT was to show a benefit to patients of the physiotherapy do you think that there would be any issues with it being taken up as part of standard care? Why? Implications?
- Are there any changes that would need to be implemented for it to be rolled out to standard care?
- Is there anything that we have not talked about that you would like to raise?

Notes