Supplementary file S3

Physiotherapist's (n=12) summary of patient outcome and advice provided at discharge

	Physiotherapist's summary
Improved to continue with self management (n=8)	Commenced specific core exercises at treatment 3. Patient already practising bridging but was thrusting using spinal extensors and not performing movement correctly. This is a very common fault when bridging is not taught or monitored. 01/05/13 patient reports return to all normal activities - long walks, playing with grandchildren. Continues with neural mobilisation as minor residual tension present on right (SLR 70/70). Reports that she still relies on husband to carry shopping upstairs. Improvement from 32 to 16 on Oswestry.
	This patient reports a large improvement in symptoms - this was the case in the first assessment. She had followed all advice, had a good understanding of the healing process. She initially presented with numbness L5/S1 and intermittent calf pain and mild LBP, this had improved by her follow up appointment. She was happy to continue with her exercises and progress her activity at the gym independently.
	Treatment 2 - infected scar identified. Treatment 3 - scar normal appearance after receiving treatment. Undergoing investigations for bronchiectasis. Core issues identified and need to continue strengthening right gluteals / abdominals in right single leg stride prior to addressing side plank issue on right. This delayed progressing gym activities including weight resisted exercises. Treatment 4 - complaining of minor (1/10) ache right side scar and minor restriction right hamstrings. Otherwise has made excellent progress with normal restoration of function and progressing exercise tolerance to a high level.
	Patient has returned to work on full duties. Patient is driving with no problems. Resolved adverse neural tension, no measurable right leg weakness. Patient does complain of mild tenderness at times over scar. Patient independent with basic core exercise programme and has been advised on a graded return to her previous exercise level. Patient advised to avoid heavy lifting and mountain biking until 12/52 post op. Good functional range of movement and power. Patient can independently return to cardiovascular fitness and is happy to do this independently. Patient required advice on activity progression to ensure she did not progress too quickly and risk tissue healing.
	Reasonable outcome post surgery. Significant improvement. Discharged with self management advice / education.
	Patient was independent with his exercises and keen to increase his strengthening work. Lumbar spine mobility had improved but he did have a residual weakness in the left lower limb with dorsiflexion and great toe extension. This was not enough to justify use of a foot drop splint = 4/5. His long standing postural issues were ongoing. Pain had resolved and was not an issue. Patient had an extended scope practitioner review booked and would look to be re-referred to physiotherapy at this stage if required.

	This patient has returned to high level gym exercise 4-5 x a week but not yet returned to work as it involves very heavy lifting and wants to discuss with consultant. I have given all the relevant advice.
	On 3rd session patient reported that only symptom was an awareness of mild tension left calf. No neurological signs. He has resumed all usual activities including cycling and rowing. Failed to attend last appointment and did not respond to my message to make contact. No concerns - therefore discharged.
Required further care (n=3)	Patient returned to independent gym activity. Patient has decreased leg pain post op but some increased lumbar spine pain. Patient has congenital postural issues which have not been addressed with this episode of care. Patient would benefit from further strengthening and a podiatry referral for leg length discrepancy. Advised to seek via General Practitioner. Patient independent with spinal home exercise programme and has returned to previous level of activity with good reduction of pain.
	14/08/13 patient reports 1 episode of frank incontinence, similar but more severe than the frequent but inconsistent episodes of mild incontinence pre-op. Letter to consultant recommending urodynamic testing after discussion with Clinical Specialist. 20/08/13 minor right sided LBP. Lumbar range of movement restored. Remains de-conditioned with decreased core control and would benefit from further encouragement to pursue daily exercise. Not yet back at work - fearful that work pressure might prevent phased return (nurse).
	Patient reports pain decreased from 8/10 to 4/10. Patient has residual S1 weakness and reduced sensation. Patient has a tendency to push too hard and set unrealistic goals, partly due to coping strategy of exercise with post traumatic stress disorder. Patient regularly hill walking over 12 miles. He remains with neural tension, but is managing well. When he fatigues he complains of increased S1 weakness. He is to be referred to his local physiotherapist for ongoing management and progression.
Did not attend (n=1)	Patient unfortunately unable to attend several appointments and then did not attend. Tried to contact to follow up but no contact. Patient therefore discharged. Patient contacted department 19/09/13 and was informed to contact GP for re-referral.