Supplementary file 2: Motor control and functional exercise program.

EXERCISES PROGRAM		
A) Exercise 1 : Lower limbs		
 Hold a ball in front of you and bend your knees Aim for 15 repetitions. 		
 Perform sitto-stand for 1 minute. Stop if you experience significant fatigue or if you reach 1 minute. 		2
Continue the same exercise by adding the lifting of one leg and arm from the opposite side as high as possible. Perform the same		

movement on the other side and sit down after. Aim for 1 minute. Progress to this level when you are able to achieve at least 15 repetitions of level 3 in 1 minute. Continue sitto-stand transfers, but this time, tiptoe up when you arrive in a standing position. Aim for 1 minute and		
incrementally add weights.		
B) Exercise 2 : Upper	limbs	
1.		
 Without weight in the hands, bend the trunk 		8

slightly to touch the top of a chair an raise your arms at shoulder height. • Movement should be slow and unity ou feel tired or in pain (3/10).	il	
 Start when you are able to perform a least 15 consecutive level 1 repetitions. Still without weight in you hands, bend further to touch the chair seat and raise your arms even higher than the previous level. 	ır.	

 Movement should be slow and until you feel tired or in pain (3/10). 	
 Start when you are able to perform at least 15 consecutive level 2 repetitions. Still without weight in your hands, bend further to touch the ground and raise your arms as high as possible. Movement should be slow and until you feel tired or in pain (3/10). 	

4.

 Start when you are able to perform at least 15 consecutive level 3 repetitions.





 Bend to pickup a light weight from the ground and raise it as high as possible.

5.

- Start when you are able to perform at least 15 consecutive level 3 repetitions.
- Progressively lift heavier weights.

Same pictures as level 4

C1. Flexion (starting with a short lever if necessary) C2. Scaption (starting with a short lever if necessary) C3. Abduction (starting with a short lever if necessary)

D) Pushing

1. Wall push up

- Standing, hands resting on the wall, arms a little narrower than the shoulders at an angle of about 45 degrees. Tighten the abdominals, tuck in the chin. Do not lift your shoulders.
- Push against the wall, pushing apart the shoulder blades (round the back),



imagining that someone is pushing you on the sternum.

2. Push up on knees

- Place your hands slightly greater than shoulderwidth apart and your knees comfortably apart. Tighten the abdominals, tuck in the chin.
- Slowly bend your elbows and lower your chest until your elbows are flexed 90°, then slowly return to the starting position.



3. Push up

- Place your hands slightly greater than shoulderwidth apart and your feet comfortably apart. Tighten the abdominals, tuck in the chin.
- Slowly bend your elbows and lower your chest until your elbows are flexed 90°, then slowly return to the starting position.



E) Pulling

1. Rowing at shoulder height

- Tie an elastic band in front of you at shoulder height.
- Pull the elastic until your elbows are level with your trunk while keeping your hands parallel to the ground. Keep your trunk right, tighten your abdominals and tuck you chin.



2. Rowing + ER

- Perform level 1.
- Once in position, rotate your arm in order to bring your hands backwards.



3. Rowing + ER + elbow extension (+squat)

- Perform level 2.
- Once in position, extend your elbows and lift your hands as high as possible.



G) Carrying

1. Walking while carrying a weight

 Pick up a weight with your hand and walk for 5 meters while keeping yout trunk



right. Walk back with the weight in your other hand.

H) Throwing

1. Simple throwing motion with rubber band

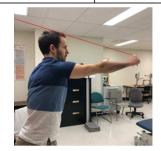
- Tie a rubber band to the top of a door.
- Take the rubber band in your hand and turn your back to the door.
- Bring your arm forward as if you were throwing an object. Keep your trunk right, tighten your abdominals and tuck you chin.





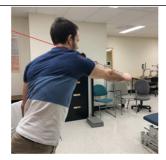
2. Simple throwing motion with rubber band + shoulder protraction

 Same as level 1 but bring your shoulder forward at the end of the movement.



3. Simple throwing motion with rubber band + trunk rotation

 Same as level 2 but add a trunk rotation to the opposite side of your throwing hand.



I) Precision

1. Drawing the alphabet on the wall with a ball

- Slowly draw the letters of the alphabet on a wall using a rolling ball.
- As you progress, try to draw letters as little as possible.





Consent form

For a patient's consent to publication of images and/or information about them in BMJ publications.

	Name of patient:	Marc-Olivier Dubé
	Relationship to patient (if patient not signing this form):	
	Description of the photo, image, text or other material (Material) about the patient. A copy of the Material must be attached to this form:	Photos for exercise program
	Provisional title of article in which Material will be included:	Rotator cuff related shoulder pain: Does the type of exercise influence the outcomes – Protocol of a randomized controlled trial
	CON	ISENT
l	Marc-Olivier Dubé sent for the Material about me/the patie	[PRINT FULL NAME] give my ent to appear in a BMJ publication.
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l un	derstand the following:	
	(4) = 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4	

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere for example, somebody who looked after me/the patient or a relative may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.

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- (5) The text of the article will be edited for style, grammar and consistency before publication.
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Please tick box to confirm the following:

☐ Where this consent relates to an article in <i>B</i> has had the opportunity to comment on the comments, if any, have been reflected in the	article and I am satisfied that the
Signed:Marc-Olivier Dubé_	Print name:Marc-Olivier Dubé
Address: 2507-2818 Boulevard Laurier marcolivier.dub@gmail.com	Email address:
G1V0E2 Quebec (Qc), Canada	Telephone no:418-906-2071
If signing on behalf of the patient, please give the rea	son why the patient can't consent for

themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

	Date:
☐ If you are signing for a family or other group, pla members of the family or group have been infor	
Details of person who has explained and admit their representative (e.g. the corresponding authority to obtain consent). Signed:	·
Position:PhD candidate (student) Institution:Université Laval	Address: 525, boul. Wilfrid-Hamel, Office H-1300 Québec (Québec) G1M 2S8
Email address:marc- olivier.dube.1@ulaval.ca Date: May 1, 2020	Telephone no:418-906-2071
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