**Supplementary material 5:** Initial inclusion/exclusion criteria

|  |  |
| --- | --- |
| **Screening tool: Function First** | |
| **Primary research question:**  **What is the role of primary care in reducing the decline in physical function and physical activity for people with long-term conditions: what works, for whom and in what circumstances?**  **Secondary research objectives:**  **a)** To identify and produce a taxonomy of physical activity interventions that aim to reduce functional decline in people with long-term conditions managed in primary care.  **b)** To uncover the complexity associated with the range of physical activity interventions in primary care, and how they directly or indirectly affect the physical functioning of people with long-term conditions.  **c)** To identify the mechanisms through which interventions bring about functional improvements in people with long-term conditions, and the circumstances associated with how the interventions are organised and operate within different primary care contexts.  **d)** To understand the potential impacts of these interventions across primary care and other settings, such as secondary healthcare and social care, paying attention to the conditions which influence how they operate. | |
| **Questions – key elements** | |
| **Population (P)**  **and Conditions** | **Include:**  **People with long-term conditions** or **people who are likely to have a long-term condition** (e.g. frail or ‘pre-frail/at risk of frailty’, reduced mobility, living in care home).  ‘Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis, hypertension’ (DOH/Kings Fund) – including cancer, addiction/substance abuse, mental health conditions, heart conditions, chronic pain, stroke, obesity, learning disabilities, multiple sclerosis.  **OR**  **People promoting physical activity to people with long-term conditions**  GPs,nurse practitioners, practice nurses, physician associates, physio/occupational therapists, multi-disciplinary teams, other primary care staff, exercise physiologists, exercise professionals, exercise instructors, coaches, people providing exercise opportunities in the community, professionals providing rehabilitation interventions (eg cardiac or pulmonary rehabilitation). |
|  | **Exclude:** Healthy but sedentary people; injured/acutely unwell people (e.g. injury, mechanical problems, fracture or sepsis); pre-conditions (e.g. pre-diabetes, osteopenia); pregnancy; menopause; children and adolescents aged <18 years; animal studies. |
| **Interventions (I)** | **Include:** **Physical activity interventions** designed to improve physical function and physical activity. |
|  | **Exclude:** Physiotherapy, physical therapy, mechanical/manual therapy without any physical activity/exercise intervention. Interventions with limited transferability to NHS primary care, pharmacological agents, technical, high-cost equipment, short-term rehabilitation following injury, fracture, sepsis, post-operative; breathing exercises. |
| **Outcomes (O)** | **Include:** Any outcomes targeting improving physical activity or physical function (including psychological and social outcomes). |
|  | **Exclude:** Physiological measurements (e.g. lung function, cardiovascular function, physiology laboratory), or biochemical markers (e.g. blood measures of disease activity/severity) or therapy-specific (e.g. motor control, range of motion/biomechanical, cognitive outcomes only). |
| **Settings (S)** | **Include:** Studies inprimary care, general medical practice, community settings, care homes, intermediate care including reablement (recovering from hospital stay), community or outpatient cardiac or pulmonary rehabilitation). |
|  | **Exclude:** Physiology laboratory, hospital in-patient (e.g. exercise during dialysis or chemotherapy). |
| **Study type** | **Include:** Any study design, including reviews, qualitative papers about barriers and facilitators and especially theory-rich papers with potential mechanisms, process evaluations, etc. |
|  | **Exclude:** N/A (to screen later for theoretical richness) |