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Author/s:
Lawford, BJ;Hinman, RS;Kasza, J;Nelligan, R;Keefe, F;Rini, C;Bennell, KL

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Moderators of effects of internet-delivered exercise and pain coping skills training for people with knee osteoarthritis: Exploratory analysis of the impact randomized controlled trial

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Appendix

Table 1. Overview of selected demographic and clinical moderators

Selected moderator variables	Justification
Age Level of education Expectation of treatment effects	Older age, higher education, higher expectations associated with better outcomes in pain, quality of life, pain catastrophising, self-efficacy, and fatigue after face-to-face pain coping skills training [1]
Gender	Being male associated with better outcomes in pain and physical function after supervised strengthening exercises [2]
Pain self-efficacy	Higher self-efficacy associated with better outcomes in pain and quality of life after supervised neuromuscular exercise [3]
BMI	Being obese associated with better outcomes in quality of life after supervised aquatic exercise [4]
Employment situation	Chosen based on theoretical plausibility. An internet delivered intervention could be perceived as being more convenient, flexible and hence more effective by those who are employed than by those who are not employed.
Pain catastrophising	Chosen based on theoretical plausibility and indirect evidence whereby pain catastrophizing is related to pain severity, psychological and physical disability, walking speed, and poor outcomes after pain treatment [5,6]. People with lower pain catastrophising may be more likely to engage with, and adhere to, a self-management intervention.

BMI: body mass index

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