

PATIENT INFORMATION SHEET

STUDY TITLE: "PULMONARY TELEREHABILITATION FOR PATIENTS AFFECTED BY COVID-19, CONFINED IN THEIR HOME: RANDOMIZED CONTROLLED TRIAL."

RESEARCH GROUP: CTS954: Innovations in Health and Quality of Life.

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INTRODUCTION

We are writing to inform you of a research study in which you are invited to participate. The study has been approved by the corresponding Clinical Research Ethics Committee, in accordance with current legislation.

Our intention is only that you receive correct and sufficient information so that you can evaluate and judge whether or not you want to participate in this study. To do this, read this information sheet carefully and we will clarify any doubts that may arise after the explanation.

VOLUNTARY PARTICIPATION

You should know that your participation in this study is voluntary and that you can decide not to participate or change your decision and withdraw your consent at any time. Participation in the study is completely free and the treatment received will not entail any cost.

GENERAL DESCRIPTION OF THE STUDY

The objective of our study is to analyze the results in terms of the level of fatigue and perceived effort, physical health and maintenance of respiratory activity of three types of exercise, toning, relaxation and breathing programs, applied in patients affected by COVID19 during the period confinement at home.

The participants will be evaluated through several video calls, and mobile phone messages (WhatsApp), by several members of the study team, who will evaluate possible difficulties in carrying out the exercises and physical tests. This follow-up will be carried out through a checklist of "Criteria for clinical evaluation during the telephone follow-up of home care" published by SEMFYC. If you have any complications in your state of health, or any additional questions, you should contact the physiotherapist in charge of you and, depending on the characteristics of the episode, you will be informed about the procedure to follow. The duration of the study will be 14 days.

The participant must commit to the correct performance of the guidelines indicated by the researchers, as well as attending virtual tele-rehabilitation sessions (video call).

CONFIDENTIALITY

The treatment, communication and transfer of personal data of all participating subjects will comply with the provisions of Organic Law 3/2018, of December 5, on Protection of Personal Data and guarantee of digital rights, in accordance with the laws of Spain. In accordance with the provisions of the aforementioned legislation, you can exercise the rights of access, modification, opposition and cancellation of data, for which you must contact the main researcher of the study.

The data collected for the study will be identified by a code and only the study investigators / collaborators will be able to relate such data to you and your medical history. Therefore, your identity will not be disclosed to anyone. Access to your personal information will be restricted to the study's research group / collaborators, health authorities, the Clinical Research Ethics Committee, when required to verify the data and procedures of the study, but always maintaining their confidentiality in accordance with current legislation.

BENEFITS FOR YOU

Patients affected by COVID19 who participate in this study will receive physiotherapy treatment through active exercises controlled and supervised by qualified health personnel, physiotherapists and / or physiotherapy students. The patients who carry out the treatment will be able to improve their physical and cardiorespiratory condition, so that the risks of worsening their respiratory capacity are controlled.

ADDITIONAL INFORMATION

If you decide to withdraw your consent to participate in this study, no new data will be added to the database and, you can demand the destruction of all identifiable data previously retained to prevent further analysis.

You should also know that you can be excluded from the study if the sponsor the study investigators consider it appropriate, either for safety reasons, for any adverse event that occurs due to the treatment under study or because they consider that you are not complying with the established procedures. In either case, you will receive an adequate explanation of the reason for your withdrawal from the study.

By signing the attached consent form, you agree to comply with the study procedures that have been set forth to you.