

Supplementary 1. Table summary of the protocol proposed for the consensus through Delphi study. An early, intensive and complementary aquatic rehabilitation protocol after arthroscopy rotator cuff repair.

INITIAL VALUATION	_ ROM (passive)	Valuation at the beginning of the first session	
BEGINNING OF THE PROTOCOL	_Start on the 2nd or 3rd week * after surgery	* According to the decision of the surgeon and healing of the incisions. Possibility to start earlier with waterproof dressings to prevent contact with water with surgical incisions prior to complete healing	
DURATION OF THE PROTOCOL	_3 weeks		
SESSIONS	Aquatic sessions: _4 sessions per week _45-minute work per session	Land-based sessions: _2 rehabilitation sessions a week at the hospital / medical center following his working protocol	
TARGETS	1st week of aquatic therapy	<ul style="list-style-type: none"> <li>_Contact with the aquatic environment.</li> <li>_Take confidence with the aquatic environment.</li> <li>_Increase security in performing the exercises.</li> <li>_Do the exercises suggested correctly.</li> <li>_Understand work safety slogans for integrity of tendon repair and follow them appropriately.</li> <li>_To promote the mobility of the glenohumeral joint in the different planes of the space within the rule of non-pain.</li> </ul>	Remind the patient that at home he must perform the exercises and guidelines given by the hospital/medical center rehabilitation service
	2nd and 3rd week of aquatic therapy	<ul style="list-style-type: none"> <li>Favor the mobility of the glenohumeral joint in the different spatial planes, increasing the amplitude of movements always within the rule of non-pain.</li> <li>_Promote the elasticization of the tissues that make up the joint capsule through different movements in different spatial planes.</li> </ul>	
WORK INSTRUCTIONS	<p>PATIENT ACTIVITIES: _Perform active movements in all spatial directions.</p> <p>CONSIGNES: _Active movements in all directions of space with the maximum possible amplitude, at low speed and within the rule of no pain. _Control the position of the GH avoiding his rise. _Mainly monitor the movement in adduction + flexion and forced external rotation.</p> <p>PHYSIOTHERAPEUTIC WORK: _Control the patient's adaptation to the aquatic environment. _Check the correct execution of the exercises. _Give clear and understandable instructions</p>	<ul style="list-style-type: none"> <li>_We begin with flexion-extension active movements in a neutral position of the GH joint.</li> <li>_We continue flexion and extension movements gradually increasing GH ABD by 0 to 60 degrees.</li> <li>_We continue with movements describing circles of medium and small amplitude depending on each patient in a neutral position, between 30 and 45 degrees of flexion.</li> <li>Bilateral direction of the circles.</li> <li>_We gradually increase the diameter of the circles.</li> <li>_We add motions by describing an infinite or continuous "8" motion.</li> <li>_We add exercises by drawing figures or writing words.</li> </ul>	
FINAL VALUATION	_ ROM (passive)	Valuation at the end of the last session	

Acronyms: ROM (Range of Motion), GH (Glenohumeral), ABD (Abduction)