

Multimedia Appendix 2. Knee Exercise Eligibility Score (KEES)

1. *Do you have knee pain?*

(Correct answer=Yes)

2. *Have you ever been told you should only do physical activity that has been recommended by a Doctor?*

(Correct answer=No)

3. *Do you ever have pain in your chest when exercising?*

(Correct answer=No)

4. *When exercising do you ever get dizzy, lose your balance or fall?*

(Correct answer=No)

5. *Do you have any other reason why you should not exercise?*

(Correct answer=No)

6. *Does you knee currently have painful swelling?*

(Correct answer=No)

7. *Are you able to walk without assistance (cane, walker, etc.)?*

(Correct answer=Yes)

8. *Do you have clicking, locking, popping in your knee OR pain that awakens you from sleep?*

(Correct answer=No)

9. *Have you had knee surgery in the past year or has your doctor told you that you need a knee surgery?*

(Correct answer=No)

10. *"Do you have a workers comp claim or pending litigation?"*

(Correct answer = No)