

INFORMED CONSENT

I declare that I have read and understood the informed consent. I was guaranteed the possibility of refusing to participate in this study at any time without any consequences. In this way, I agree to participate in this study and allow the use of the answers that I voluntarily provide, trusting that they will only be used for this investigation and in the confidentiality guarantees given to me by the researchers.

Yes ____

No ____

SOCIODEMOGRAPHIC DATA

The questions that follow are aimed at obtaining data about the characterization of the sample. Therefore, please read all the questions carefully and answer them according to your current situation.

1. Age *:

2. Gender *:

Male__

Female ____

3. Profession*:

4. Work context *:

Hospital care__

Primary health care ____

Continuous health care ____

Private clinic__

University teacher__

Other ____

5. Work experience *:

< 1 year ____

1 to 5 years ____

6 to 10 years ____

11 to 20 years ____

> 20 years ____

6. Type of wounds with more experience in terms of treatment/research *:

7. Have you participated in a professional training course about wounds? *

Yes ____

No ____

7.1. If you answered “Yes” to the previous question, what type of training did you attend?

Postgraduate studies / master’s degree ____

Professional training (in an institution) ____

Congresses / Meetings / Webinars ____

Other ____

7.2. How long has it been since the last training course?

8. In your workplace, do you have a multidisciplinary wound care team? *

Yes ____

No ____

There is no wound care team ____

8.1. If you answered “Yes” to the previous question, identify the professionals who are part of it:

9. Indicate your email*:

TREATMENT OF VENOUS ULCERS

According to a scale, indicate your level of agreement for each of the statements regarding the physiotherapeutic intervention in the treatment of diabetic foot ulcers.

You should consider that all the interventions mentioned are adjuvants to the application of a standard treatment for diabetic foot ulcers, namely the local treatment of the wound that consists of cleaning the wound bed, application of an adequate therapeutic option and overlay dressing, which may vary according to the evolution and wound characteristics. You should also take into account that the target population of the study is aimed at independent or semi-dependent users, that at a cognitive level they can understand and physically perform active movements.

Therapeutic exercise

Therapeutic exercise consists of performing systematic physical movements or specific activities that allow the patient to improve or prevent changes in body functions and structures, as well as improve activities and participation, and optimize general health and well-being. This modality includes¹:

Resistance exercise²: This involves exercises focused on increasing muscular strength, utilizing resistance (weights, machines).

Aerobic exercise: This consists of exercises that engage large muscle groups, requiring the body's metabolic system to use oxygen to produce energy, thereby improving the cardiovascular system's ability to capture and transport oxygen².

10. Indicate your level of agreement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know / No opinion
10.1. The treatment plan should include resistance exercises ^{3,4} .						
10.2. Resistance exercises should include 10 to 25 repetitions ^{3,4} .						
10.3 Resistance exercises should include 2-3 sets ^{3,4} .						
10.4. Resistance exercises should be performed 3 times a day ³ .						
10.5. The treatment plan should include aerobic exercises ⁴ .						
10.6. Aerobic exercises should be performed at least 3 times per week ⁴ .						
10.7. Aerobic exercises should be performed for at least 30 minutes ⁴ .						

10.8. The treatment plan should include stretching of the major muscle groups of the lower limb ^{3,4} .						
10.9. The therapeutic exercise treatment plan should have a minimum duration of 12 weeks ^{3,4} .						

11. Comments/Suggestions:

Compression therapy

Compression is the standard treatment for venous ulcers, aiming to reduce venous hypertension, decrease stasis and venous inflammation, and further enhance tissue vascularization. Before applying compression, the Ankle-Brachial Pressure Index (ABPI) should be assessed to determine if arterial circulation is sufficient for safe compression. The ABPI values that guide the use of compression therapy are as follows⁵:

ABPI > 1.00 – 1.3: normal arterial circulation; compression can be applied.

ABPI = 0.8 – 1.0: mild peripheral arterial disease; compression can be applied with caution.

ABPI ≤ 0.8 – 0.6: significant peripheral arterial disease; modified compression can be applied with caution, based on the recommendation of a specialist physician.

ABPI < 0.5 or ABPI > 1.3: critical ischemia; compression cannot be applied.

12. Indicate your level of agreement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know / No opinion
12.1 The treatment plan should include compression therapy ⁴ .						
12.2. Compression therapy should be combined with resistance and aerobic exercise ⁴ .						
12.3. The duration of a treatment plan with compression therapy combined with therapeutic exercise should be at least 12 weeks ⁴ .						

13. Comments/Suggestions:

RECOMMENDATION OF EXPERTS FOR THE STUDY

Do you know any professional who might be an expert in this field?

Yes _____

No _____

If yes, please indicate the name and contact (email or mobile phone) of the expert:

References

1. Kisner C, Colby LA, Borstad H. *Therapeutic Exercise Foundations and Techniques*. Seventh Ed. F.A. Davis Company Philadelphia; 2018.
2. Knuttgen HG. Strength Training and Aerobic Exercise: Comparison and Contrast. *J Strength Cond Res*. 2007;21(3):973. doi:10.1519/R-505011.1
3. O'Brien J, Finlayson K, Kerr G, Edwards H. Evaluating the effectiveness of a self-management exercise intervention on wound healing , functional ability and health-related quality of life outcomes in adults with venous leg ulcers : a randomised controlled trial. 2016:1-8. doi:10.1111/iwj.12571
4. Tew GA, Gumber A, McIntosh E, et al. Effects of supervised exercise training on lower-limb cutaneous microvascular reactivity in adults with venous ulcers. *Eur J Appl Physiol*. 2017;0(0):0. doi:10.1007/s00421-017-3772-0
5. Andriessen A, Apelqvist J, Mosti G, Partsch H, Gonska C, Abel M. Compression therapy for venous leg ulcers: risk factors for adverse events and complications, contraindications – a review of present guidelines. *J Eur Acad Dermatology Venereol*. 2017;31(9):1562-1568. doi:10.1111/jdv.14390