**Evaluation of prescribed exercises[[1]](#footnote-1)**

**How satisfied were you with the rehabilitation exercises you were prescribed in the period from 3 to 10 weeks after surgery?**

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

Don't know

**How often was the BandCizer sensor attached to your elastic exercise band when exercising?**

Every time

Most of the time

About half the time

A few times

Never

**Do you think that participating in this trial has made you do more or less rehabilitation exercises than if you had not participated?**

I believe, that I have exercised:

More

The same

Less

Don't know

1. The evaluation was done 10 weeks after surgery [↑](#footnote-ref-1)