

SUPPLEMENTARY TABLE 1

1. Ergonomic and postural intervention on workstation

BEFORE	AFTER
<ol style="list-style-type: none"> 1. Too much light from the windows 2. Chair height 3. Back rest too much inclined 4. Video display too high 5. Elbows suspended 	<ol style="list-style-type: none"> 1. Tent to avoid reflexes on the screen 2. Chair height fixed to permit 90° angles between legs and body 3. Back rest fixed to avoid a lower discal pressures (Andersson GB, 1979); 4. Video display set to maintain the physiological cervical lordosis 5. Elbows must be supported by the table to maintain shoulders relaxed

2. Workers' evaluation

	First examination	2nd examination	3rd examination
Personal history	Evaluation of acute or chronic osteoarticular symptoms, surgeries, and diagnostic exams performed traumas, physical training and physical activity outside work.	-	-
Subjective exam	Pain map (where, intensity, time, increasing factors, impact on quality of life, coping strategies)	Pain map evolution	Pain map evolution
Physical examination	<p>Subject in erect position, sitting-down and walking.</p> <p>Spine active movements in all directions with recording of pain. Cervical spine observed also in sitting position</p> <p>Evaluation of sensitivity, strength, reflexes and Lasegue, Slump, Spurling, Upper Limp Tension and repeated movements tests.</p> <p>Multifidous and Transverse muscular test, activational test for deep cervical spine, stabilizers test.</p> <p>Evaluation of other districts, if symptomatic, or as differential evaluation (shoulder tendinous test, pyriform evaluation, sacrum-iliac test).</p>	- Re-evaluation and progression of the exercises.	<p>Re-evaluation of the cranium-vertebral angle (Forward Head Posture).</p> <p>Changes in comparison to the first session.</p>

	Photographic exam of the cranium-vertebral angle (Forward Head Posture).		
Principal aspects emerged from the evaluation	Head ante-position attitude Rectification of rachis curvatures Difficult activation of lumbar rachis stabilizers muscles Difficult diaphragmatic respiration Neck, shoulders and periscapular muscles tension Pain reported at neck, shoulders and lumbar rachis Frequent tension or cervicogenic headaches Scarce corporeal awareness Scarce physical activity level	-	Video display terminal posture feedback and possible questions. Changes in comparison to the first section.
Proposed exercises and self-treatment based on the personal needs	-	Exercise setting Diaphragmatic respiration exercises, stretching and various districts involved mobility exercises (lumbar rachis extension, cervical rachis extension and retro-position, neurodynamic exercises), muscular activation exercises (multifidous, transversus abdominis, cervical rachis deep flexors, rotator cuff).	Correct exercises execution check and possible progression, aimed at increasing articular range, muscular activation or the complexity of proposed exercises.
Education	Postural variability during working hours, by vertebral column active movements, rising up from the work station at least once an hour. Information about physical activity benefits in cardiovascular, metabolic, tumoral, musculoskeletal pathologies prevention and in pain modulation.	-	Questions, doubts regarding the education received and final feedback.