

## Clinical Trial Details

| CTRI Number                               | CTRI/2021/11/038207 [Registered on: 23/11/2021] - Trial Registered Prospectively                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------|------|----------------|-------------|----------------------------|-------------|---------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----|--|-------|------------------------------|
| Last Modified On                          | 22/11/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Post Graduate Thesis                      | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Type of Trial                             | Interventional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Type of Study                             | Physiotherapy (Not Including YOGA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Study Design                              | Randomized, Parallel Group Trial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Public Title of Study                     | Teleheath impact on post delivery females after cesarean section on fitness and mental health in covid-19 pandemic duration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Scientific Title of Study                 | "Impact of Telehealth on Physical Fitness and Overall Body Conditioning in Women with Post Cesarean Section Delivery During COVID-19 Pandemic" Randomized Controlled Trial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Secondary IDs if Any                      | <table><tr><th>Secondary ID</th><th>Identifier</th></tr><tr><td>NIL</td><td>NIL</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Secondary ID                              | Identifier | NIL  | NIL            |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Secondary ID                              | Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| NIL                                       | NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Details of Principal Investigator         | <table><tr><th colspan="2">Details of Principal Investigator</th></tr><tr><td>Name</td><td>Shreya Agarwal</td></tr><tr><td>Designation</td><td>student of post graduation</td></tr><tr><td>Affiliation</td><td>Dr.D.Y.Patil college of Physiotherapy</td></tr><tr><td>Address</td><td>4th Floor,Physiotherapy department at Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune. Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br/>Pune<br/>MAHARASHTRA<br/>411018<br/>India</td></tr><tr><td>Phone</td><td>9636959607</td></tr><tr><td>Fax</td><td></td></tr><tr><td>Email</td><td>shreyasinghalajmer@gmail.com</td></tr></table> |  | Details of Principal Investigator         |            | Name | Shreya Agarwal | Designation | student of post graduation | Affiliation | Dr.D.Y.Patil college of Physiotherapy | Address | 4th Floor,Physiotherapy department at Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune. Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune<br>MAHARASHTRA<br>411018<br>India | Phone | 9636959607 | Fax |  | Email | shreyasinghalajmer@gmail.com |
| Details of Principal Investigator         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Name                                      | Shreya Agarwal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Designation                               | student of post graduation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Affiliation                               | Dr.D.Y.Patil college of Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Address                                   | 4th Floor,Physiotherapy department at Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune. Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune<br>MAHARASHTRA<br>411018<br>India                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Phone                                     | 9636959607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Fax                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Email                                     | shreyasinghalajmer@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Details Contact Person (Scientific Query) | <table><tr><th colspan="2">Details Contact Person (Scientific Query)</th></tr><tr><td>Name</td><td>Manisha Rathi</td></tr><tr><td>Designation</td><td>Professor</td></tr><tr><td>Affiliation</td><td>Dr.D.Y.Patil college of Physiotherapy</td></tr><tr><td>Address</td><td>4th Floor, Physiotherapy department, Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br/>Pune<br/>MAHARASHTRA<br/>411018<br/>India</td></tr><tr><td>Phone</td><td>9850418712</td></tr><tr><td>Fax</td><td></td></tr><tr><td>Email</td><td>manisha.rathi@dpu.edu.in</td></tr></table>                                                                                            |  | Details Contact Person (Scientific Query) |            | Name | Manisha Rathi  | Designation | Professor                  | Affiliation | Dr.D.Y.Patil college of Physiotherapy | Address | 4th Floor, Physiotherapy department, Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune<br>MAHARASHTRA<br>411018<br>India                                                                              | Phone | 9850418712 | Fax |  | Email | manisha.rathi@dpu.edu.in     |
| Details Contact Person (Scientific Query) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Name                                      | Manisha Rathi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Designation                               | Professor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Affiliation                               | Dr.D.Y.Patil college of Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Address                                   | 4th Floor, Physiotherapy department, Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune<br>MAHARASHTRA<br>411018<br>India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Phone                                     | 9850418712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Fax                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Email                                     | manisha.rathi@dpu.edu.in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Details Contact Person (Public Query)     | <table><tr><th colspan="2">Details Contact Person (Public Query)</th></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Details Contact Person (Public Query)     |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |
| Details Contact Person (Public Query)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |            |      |                |             |                            |             |                                       |         |                                                                                                                                                                                                                                         |       |            |     |  |       |                              |

|                                              |                                               |                                                                                                                                                              |                                                                                                                                         |                |
|----------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                              | <b>Name</b>                                   | Manisha Rathi                                                                                                                                                |                                                                                                                                         |                |
|                                              | <b>Designation</b>                            | Professor                                                                                                                                                    |                                                                                                                                         |                |
|                                              | <b>Affiliation</b>                            | Dr.D.Y.Patil college of Physiotherapy                                                                                                                        |                                                                                                                                         |                |
|                                              | <b>Address</b>                                | 4th Floor, Physiotherapy Department at Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune<br>MAHARASHTRA<br>411018<br>India |                                                                                                                                         |                |
|                                              | <b>Phone</b>                                  | 9850418712                                                                                                                                                   |                                                                                                                                         |                |
|                                              | <b>Fax</b>                                    |                                                                                                                                                              |                                                                                                                                         |                |
|                                              | <b>Email</b>                                  | manisha.rathi@dpu.edu.in                                                                                                                                     |                                                                                                                                         |                |
|                                              | <b>Source of Monetary or Material Support</b> | <b>Source</b>                                                                                                                                                |                                                                                                                                         |                |
| Shreya Agarwal                               |                                               |                                                                                                                                                              |                                                                                                                                         |                |
| <b>Primary Sponsor</b>                       | <b>Primary Sponsor Details</b>                |                                                                                                                                                              |                                                                                                                                         |                |
|                                              | <b>Name</b>                                   | shreya agarwal                                                                                                                                               |                                                                                                                                         |                |
|                                              | <b>Address</b>                                | Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.                                                                                  |                                                                                                                                         |                |
|                                              | <b>Type of Sponsor</b>                        | Other [self funded]                                                                                                                                          |                                                                                                                                         |                |
| <b>Details of Secondary Sponsor</b>          | <b>Name</b>                                   | <b>Address</b>                                                                                                                                               |                                                                                                                                         |                |
|                                              | NIL                                           | NIL                                                                                                                                                          |                                                                                                                                         |                |
| <b>Countries of Recruitment</b>              | <b>List of Countries</b>                      |                                                                                                                                                              |                                                                                                                                         |                |
|                                              | India                                         |                                                                                                                                                              |                                                                                                                                         |                |
| <b>Sites of Study</b>                        | <b>Principal Investigator</b>                 | <b>Site Name</b>                                                                                                                                             | <b>Address</b>                                                                                                                          | <b>Contact</b> |
|                                              | shreya agarwal                                | Dr. D. Y. Patil College of Physiotherapy                                                                                                                     | 4th Floor, Physiotherapy Department at Dr. D. Y. Patil college of physiotherapy, sant tukaram nagar, pimpri, Pune.<br>Pune, MAHARASHTRA | 9636959607     |
| <b>Details of Ethics Committee</b>           | <b>Name</b>                                   | <b>Approval Status</b>                                                                                                                                       |                                                                                                                                         |                |
|                                              | Institutional Ethics Committee                | Approved                                                                                                                                                     |                                                                                                                                         |                |
| <b>Regulatory Clearance Status from DCGI</b> | <b>Status</b>                                 |                                                                                                                                                              |                                                                                                                                         |                |
|                                              | Not Applicable                                |                                                                                                                                                              |                                                                                                                                         |                |
| <b>Health Condition / Problems Studied</b>   | <b>Health Type</b>                            | <b>Condition</b>                                                                                                                                             |                                                                                                                                         |                |
|                                              | Healthy Human Volunteers                      | Post Natal Females                                                                                                                                           |                                                                                                                                         |                |
| <b>Intervention / Comparator Agent</b>       | <b>Type</b>                                   | <b>Name</b>                                                                                                                                                  | <b>Details</b>                                                                                                                          |                |
|                                              | Intervention                                  | online mode of exercises during covid-19 pandemic                                                                                                            | exercises targeting physical fitness and overall body conditioning in post cesarean delivery females, 3 days a week for 6 weeks.        |                |
|                                              | Comparator Agent                              | unsupervised home exercises during covid-19 pandemic                                                                                                         | Exercises targeting Physical fitness and overall body                                                                                   |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | conditioning in post cesarean delivery females, 3 days a week for 6 weeks. |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
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| Inclusion Criteria                                                                                                                                                                                                                                                                                                                                                                                                                         | <table><tr><th colspan="2">Inclusion Criteria</th></tr><tr><td>Age From</td><td>18.00 Year(s)</td></tr><tr><td>Age To</td><td>35.00 Year(s)</td></tr><tr><td>Gender</td><td>Female</td></tr><tr><td>Details</td><td>1) Post-partum with cesarean section women within age group 18 – 35 years.&lt;br/&gt; 2) Post 12 weeks after surgery up to 1 year post delivery.&lt;br/&gt; 3) Women using digital mode or device for online video consultation or conferencing.&lt;br/&gt; &lt;br/&gt;</td></tr></table>                                                                                                                                                                                                                                                      |  |                                                                            | Inclusion Criteria |            | Age From                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18.00 Year(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Age To | 35.00 Year(s) | Gender | Female | Details | 1) Post-partum with cesarean section women within age group 18 – 35 years.<br/> 2) Post 12 weeks after surgery up to 1 year post delivery.<br/> 3) Women using digital mode or device for online video consultation or conferencing.<br/> <br/> |
| Inclusion Criteria                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Age From                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18.00 Year(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Age To                                                                                                                                                                                                                                                                                                                                                                                                                                     | 35.00 Year(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                     | Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
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| Exclusion Criteria                                                                                                                                                                                                                                                                                                                                                                                                                         | <table><tr><th colspan="2">Exclusion Criteria</th></tr><tr><td>Details</td><td>1) Mother or child tested positive for covid -19.&lt;br/&gt; 2) Death of fetus due to any medical complication.&lt;br/&gt; 3) Any form of exercise more than once per week for at least past 6 months.&lt;br/&gt; 4) Chronic heart and lung disease (except controlled hypertension).&lt;br/&gt; 5) Poorly controlled diabetes, hypertension, epilepsy, hyperthyroidism.&lt;br/&gt; 6) Severe anemia (hematocrit value 7) Orthopedic conditions like any hip joint (articular) pathology including pain, fracture, instability, Lumbar spondylosis, Ankylosing spondylitis, Lumbar spinal stenosis.&lt;br/&gt; 8) Recent fractures or fracture since past 2 years</td></tr></table> |  |                                                                            | Exclusion Criteria |            | Details                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1) Mother or child tested positive for covid -19.<br/> 2) Death of fetus due to any medical complication.<br/> 3) Any form of exercise more than once per week for at least past 6 months.<br/> 4) Chronic heart and lung disease (except controlled hypertension).<br/> 5) Poorly controlled diabetes, hypertension, epilepsy, hyperthyroidism.<br/> 6) Severe anemia (hematocrit value 7) Orthopedic conditions like any hip joint (articular) pathology including pain, fracture, instability, Lumbar spondylosis, Ankylosing spondylitis, Lumbar spinal stenosis.<br/> 8) Recent fractures or fracture since past 2 years |        |               |        |        |         |                                                                                                                                                                                                                                                 |
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| Method of Generating Random Sequence                                                                                                                                                                                                                                                                                                                                                                                                       | Computer generated randomization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Method of Concealment                                                                                                                                                                                                                                                                                                                                                                                                                      | Alternation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Blinding/Masking                                                                                                                                                                                                                                                                                                                                                                                                                           | Participant Blinded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Primary Outcome                                                                                                                                                                                                                                                                                                                                                                                                                            | <table><tr><th>Outcome</th><th>Timepoints</th></tr><tr><td>For Physical fitness:&lt;br/&gt; 1) Sit and reach test for Flexibility of hamstring and trunk muscles.&lt;br/&gt; 2) Modified knee pushups for muscle strength.&lt;br/&gt; 3) Sit Ups in 1 minute, to measure Muscle endurance.&lt;br/&gt; 4) Six minute walk test to measure Cardiovascular endurance.&lt;br/&gt; For Mental health:&lt;br/&gt; 1) Edinburgh Postnatal Depression Scale (EPDS) for Depression.&lt;br/&gt; 2) State-Trait Anxiety Inventory Scale (STAI) for Stress.</td><td>Pre and Post intervention for 6 weeks</td></tr></table>                                                                                                                                                    |  |                                                                            | Outcome            | Timepoints | For Physical fitness:<br/> 1) Sit and reach test for Flexibility of hamstring and trunk muscles.<br/> 2) Modified knee pushups for muscle strength.<br/> 3) Sit Ups in 1 minute, to measure Muscle endurance.<br/> 4) Six minute walk test to measure Cardiovascular endurance.<br/> For Mental health:<br/> 1) Edinburgh Postnatal Depression Scale (EPDS) for Depression.<br/> 2) State-Trait Anxiety Inventory Scale (STAI) for Stress. | Pre and Post intervention for 6 weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Outcome                                                                                                                                                                                                                                                                                                                                                                                                                                    | Timepoints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
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| Secondary Outcome                                                                                                                                                                                                                                                                                                                                                                                                                          | <table><tr><th>Outcome</th><th>Timepoints</th></tr><tr><td>BMI, Weight measurement</td><td>Pre and Post intervention</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                            | Outcome            | Timepoints | BMI, Weight measurement                                                                                                                                                                                                                                                                                                                                                                                                                    | Pre and Post intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Outcome                                                                                                                                                                                                                                                                                                                                                                                                                                    | Timepoints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| BMI, Weight measurement                                                                                                                                                                                                                                                                                                                                                                                                                    | Pre and Post intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Target Sample Size                                                                                                                                                                                                                                                                                                                                                                                                                         | Total Sample Size: <b>38</b><br>Sample Size from India: <b>38</b><br>Final Enrollment (Total): <b>Applicable only for Completed/Terminated trials</b><br>Final Enrollment (India): <b>Applicable only for Completed/Terminated trials</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Phase of Trial                                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Date of First Enrollment (India)                                                                                                                                                                                                                                                                                                                                                                                                           | 01/12/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |
| Date of First Enrollment (Global)                                                                                                                                                                                                                                                                                                                                                                                                          | No Date Specified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                            |                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |               |        |        |         |                                                                                                                                                                                                                                                 |

|                                          |                                                                                                                                                                                                                                                |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of Study Completion (India)</b>  | No Date Specified                                                                                                                                                                                                                              |
| <b>Date of Study Completion (Global)</b> | No Date Specified                                                                                                                                                                                                                              |
| <b>Estimated Duration of Trial</b>       | Years: 1, Months: 1, Days: 0                                                                                                                                                                                                                   |
| <b>Recruitment Status (Global)</b>       | Open to Recruitment                                                                                                                                                                                                                            |
| <b>Recruitment Status (India)</b>        | Not Yet Recruiting                                                                                                                                                                                                                             |
| <b>Publication Details</b>               |                                                                                                                                                                                                                                                |
| <b>Brief Summary</b>                     | Exercise Intervention of thrice in a week for total 6 weeks will be given to Post Cesarean delivery females from age group of 18-35 years through Online video conferecing application to check impact of teleheath during covid-19 pandemic . |