Diagnosis							C	QUADAS	2										
	s where tests	are diagnosii) / Acetabular I ng internal hip p	athology		Risk	of Bias		Applio	cability (Concern	GRADE (outcome level)							
Index test	Stu	udy	Reference standard	Likelihood ratio	Patient Selection	Index Test	Reference Standard	Flow & Timing	Patient Selection	Index Test	Reference Standard	Study design	Risk of bias	Indirectness	Inconsistency	Imprecise evidence	Publication bias	Downgrade **	
		Aprato et al.[2]		LR+ LR-	✓	×	×	x	✓	✓	✓								
	Reiman et	Keeney et al.[3]	MRA	LR+ LR-	✓	×	✓	×	✓	✓	✓								
	al.[1]	Troelsen et al.[4]	WIKA	LR+ LR-	×	✓	✓	?	✓	✓	✓								
		Beaule et al.[5]		LR+ LR-	×	×	×	✓	×	✓	×					√ (I R±)			
FADIR		Keeney et al.[3]		LR+ LR-	✓	×	✓	×	✓	✓	✓	✓	×	x	×		✓	↓↓ (LR+) ↓↓↓ (LR-)	
	Reiman et Laude et		LR+ LR-	×	×	×	✓	×	✓	✓					× (LR-)				
	al.[1]	Peters et al.[7]	Surgery	LR+ LR-	✓	×	×	?	✓	✓	✓					✓ (LR+) × (LR-)			
,		Leunig et al.[8]		LR+ LR-	×	×	×	✓	✓	✓	✓								
	Martin	et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×								
	Maslowsk	ti et al.[10]	Intra-articular injection X-ray, MRI, MRA	LR+ LR-	×	✓	×	✓	✓	✓	×	√				✓	√	*	
EADED	Maslowsk	ti et al.[10]		LR+ LR-	✓	×	?	?	✓	✓	✓		x	×	√				
FABER	Martin	et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×				•				
	Tijssen	et al.[11]	Surgery	LR+ N/A	✓	✓	?	?	✓	✓	✓								
Internal	Maslowsk	ti et al.[10]	Intra-articular injection	LR+ LR-	×	✓	×	✓	✓	✓	×					√		↓↓	
rotation over pressure	Maslowsk	i et al.[10]	X-ray, MRI, MRA	LR+ LR-	✓	×	?	?	✓	✓	✓	√	×	x	✓	× (LR- / MRI)	?	↓↓↓ (for LR- ved MRI/MRA)	
Resisted straight leg raise test	Maslowsk	ti et al.[10]	Intra-articular injection X-ray, MRI, MRA	LR+ LR-	×	✓	×	✓	✓	✓	×	x				✓		\	
	Maslowsk	ti et al.[10]		LR+ LR-	✓	×	?	?	✓	✓	✓		×	×	✓	× (LR-) (MRI &	?	↓↓↓ (for LR- ved	
	Tijssen	et al.[11]	Surgery	LR+ LR-	✓	✓	?	?	✓	✓	✓					MRA)		MRI/MRA)	

Table 1 con	ble 1 continued. Risk of bias assessment and GRADE of clinical tests for diagnosing femoroacetaburlar impingement /											/ acetabular labral tear							
Diagnosis						(QUADAS	2											
Tear (ALT) (S	Femoroacetabular Impingement (FAI) and/or Acetabular Labral Tear (ALT) (Studies where tests are diagnosing internal hip pathology specified as either FAI and/or ALT)				Risk of Bias				Applicability Concern			GRADE (outcome level)							
Index test	Study	Reference standard	Likelihood ratio	Patient Selection	Index Test	Reference Standard	Flow & Timing	Patient Selection	Index Test	Reference Standard	Study design	Risk of bias	Indirectness	Inconsistency	Imprecise evidence	Publication bias	Downgrade **		
Scour test	Maslowski et al.[10]	Intra-articular injection	LR+ LR-	×	✓	×	✓	✓	✓	×		×	×	√	× (LR –	?	↓ ↓↓↓		
	Maslowski et al.[10]	X-ray, MRI, MRA	LR+ LR-	✓	x	?	?	✓	✓	✓				·	ved MRI)		$\downarrow \downarrow \downarrow \downarrow$		
Trochanteric tenderness	Martin et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×	✓	×	×	✓	×	?	1		
Anteriror impingement test	Tijssen et al.[11]	Surgery	LR+ N/A	✓	✓	?	?	✓	✓	✓	✓	?	×	✓	✓	?	\		
"Catching"	Martin et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×	✓	×	×	✓	✓ (LR+) × (LR -)	?	↓↓ (LR+) ↓↓↓ (LR-)		
"Pinching pain when sitting"	Martin et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×	✓	×	×	✓	✓ (LR+) × (LR -)	?	↓↓ (LR+) ↓↓↓ (LR-)		
"Lack of lateral thigh pain"	Martin et al.[9]	Intra-articular injection	LR+ LR-	✓	×	×	?	✓	✓	×	✓	×	×	✓	✓ (LR+) × (LR -)	?	↓↓ (LR+) ↓↓↓ (LR-)		
"Groin pain"	Martin et al.[9]	Intra-articular injection	N/A LR-	✓	×	×	?	✓	✓	×	_	×	x	x	×	?	**		
Groin pain	Tijssen et al.[11]	Surgery	LR+ LR-	✓	✓	?	?	✓	✓	✓		^	^	_	~	ŗ	ΨΨΨ		
"Perceived stiffness in the hip"	Tijssen et al.[11]	Surgery	LR+ N/A	✓	✓	?	?	✓	✓	✓	✓	?	×	✓	✓	?	\		
"Perceived mobility restrictions"	Tijssen et al.[11]	Surgery	N/A LR-	✓	✓	?	?	✓	✓	✓	√	?	x	✓	✓	?	\		
"Giving way"	Tijssen et al.[11]	Surgery	N/A LR-	✓	✓	?	?	✓	✓	✓	✓	?	x	✓	✓	?	\		
"Locking"	Tijssen et al.[11]	Surgery	N/A LR-	✓	✓	?	?	✓	✓	✓	✓	?	x	✓	✓	?	\		

Abbreviations: MRI (magnetic resonance imaging); US (ultrasound); LR+ (Positive likelihood ratio); LR- (negative likelihood ratio); N/A (not applicable)

*Item 1: Was a consecutive or random sample of patients enrolled? Item 2: Was a case-control design avoided? Item 3: Did the study avoid inappropriate exclusions? Item 4: Were the index test results interpreted without knowledge of the results of the reference standard? Item 5: If a threshold was used, was it pre-specified? Item 6: Is the reference standard likely to correctly classify the target condition? Item 7: Were the reference standard results interpreted without knowledge of the results of the index test? Item 8: Was there an appropriate interval between index test(s) and reference standard? Item 9: Did all patients receive a reference standard? Item 10: Did patients receive the same reference standard? Item 11: Were all patients included in the analysis?

Quadas 2 risk of bias assessment: × item not fulfilled; ✓ = item fulfilled; ? unclear or unknown if item is fulfilled

Supplemental material

GRADE assessments: \times = item cause for possible downgrade once; \times = item cause for possible downgrade twice; \checkmark = item fulfilled, no downgrading; ? = item unclear or not available, no upgrading or downgrading.

** \downarrow = downgrade quality by one level; \downarrow \downarrow =downgrade quality by two levels; \downarrow \downarrow \downarrow =downgrade quality by three levels; \leftrightarrow =no downgrade

Table 2. Ris	sk of bias assessn	nent and GRAD	E of clinica	l tests for	diagno	sing femore	oacetabu	ırlar impin	gement									
Diagnosis						(QUADAS	2										
	Dular Impingement (F ernal hip pathology spe				Risk	of Bias		Applio	cability (Concern	GRADE (outcome level)							
Index test	Study	Reference standard	Likelihood ratio	Patient Selection	Index Test	Reference Standard	Flow & Timing	Patient Selection	Index Test	Reference Standard	Study design	Risk of bias	Indirectness	Inconsistency	Imprecise evidence	Publication bias	Downgrade **	
	Domayer et al.[12]	MRI	LR+ LR-	×	×	×	✓	✓	✓	✓								
	Hananouchi et al.[13]	MRI	LR+ LR-	✓	×	×	×	✓	✓	✓								
	Sink et al.[14]	X-Ray	LR+ LR-	· /	✓	×	×	√	√	✓								
FADIR	Ranawat et al.[15]	X-Ray	LR+ LR-	?	?	✓	✓	✓	?	✓					√ (LD i)		↓↓ (LR+) ↓↓↓ (LR-)	
	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓ (LR+) × (LR-)	✓		
	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓					~ (LK-)			
	Peters et al.[7]	Surgery	LR+ LR-	✓	×	×	?	✓	✓	✓								
	Aprato et al.[2]	MRA	LR+ LR-	✓	×	×	×	✓	✓	✓	-							
	Barton et al.[18]	MRA	LR+ LR-	×	?	×	✓	✓	✓	✓								
Flex int	Nogier et al.[19]	X-Ray	LR+ LR-	✓	✓	?	?	✓	✓	?	✓	~	x	✓	√	✓	J.	
rotation	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	,						V	
	Trindade et al.[20]	X-Ray	LR+ LR-	√	?	?	✓	✓	?	?								
FABER	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	↓ (LR+) ↓ (LR-)	
	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓								
Squat	Ayeni et al.[21]	MRI / MRA	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓(LR+) × (LR-)	?	↓ (LR+) ↓↓ (LR-)	
Trochanteric tenderness	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	x	?	?	✓	✓	x	x	✓	✓	?	\	
Anteriror impingement test	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	?	\	
DEXRIT or DIRIT***	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	?	\	

Diagnosis						C	QUADAS	2									
	oular Impingement (l ernal hip pathology sp				Risk	of Bias		Applic	ability (Concern	GRADE (outcome level)						
Index test	Study	Reference standard	Likelihood ratio	Patient Selection	Index Test	Reference Standard	Flow & Timing	Patient Selection	Index Test	Reference Standard	Study design	Risk of bias	Indirectness	Inconsistency	Imprecise evidence	Publication bias	Downgrade **
Passive hip flexion	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	√	✓	✓	✓	✓	✓	✓	x	√	✓	?	\
Internal rotation with 0 degrees hip flexion	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	√	✓	✓	✓	✓	✓	✓	✓	×	✓	× (LR+) ✓ (LR-)	?	↓↓ (LR+) ↓ (LR-)
External rotation with 90 degrees hip flexion	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	√	✓	✓	✓	√	✓	✓	×	√	√	?	V
Passive hip abduction	Pålsson et al.[16]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	?	V
Foot Progression Angle Walking	Ranawat et al.[15]	Symptoms, X- Ray & Intra- articular injection	LR+ LR-	✓	√	✓	✓	✓	√	✓	✓	✓	x	✓	✓	?	\
Pain with passive hip extension	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	x	x	✓	× (LR+) ✓ (LR-)	?	↓↓↓ (LR+) ↓↓ (LR-)
Resisted hip abduction	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	×	×	✓	✓	?	$\downarrow \downarrow$
Bilateral resisted hip adduction	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	×	×	✓	✓	?	*
Resisted External Derotation	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	x	?	?	✓	✓	x	x	✓	√	?	\
Thomas test	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	×	×	✓	✓	?	↓ ↓
Log Roll	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	x	×	✓	✓	?	↓↓
"Clicking or Catching"	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	x	?	?	✓	✓	x	×	✓	✓	?	↓ ↓
"Clicking"	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	x	x	✓	✓	?	↓↓
"Catching"	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	x	×	✓	✓	?	↓↓
"Pain when sitting"	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	x	?	?	✓	✓	x	×	✓	✓	?	↓↓
"Anterior/Groi n/Hip Pain"	Owusu-Akyaw et al.[17]	FAIS diagnosis*	LR+ LR-	?	?	?	×	?	?	✓	✓	×	×	✓	✓	?	$\downarrow \downarrow$

*Item 1: Was a consecutive or random sample of patients enrolled? Item 2: Was a case-control design avoided? Item 3: Did the study avoid inappropriate exclusions? Item 4: Were the index test results interpreted without knowledge of the results of the reference standard? Item 5: If a threshold was used, was it pre-specified? Item 6: Is the reference standard likely to correctly classify the target condition? Item 7: Were the reference standard results interpreted without knowledge of the results of the index test? Item 8: Was there an appropriate interval between index test(s) and reference standard? Item 9: Did all patients receive a reference standard? Item 10: Did patients receive the same reference standard? Item 11: Were all patients included in the analysis?

Quadas 2 risk of bias assessment: × item not fulfilled; ✓ = item fulfilled; ? unclear or unknown if item is fulfilled

GRADE assessments: x = item cause for possible downgrade once; x = item cause for possible downgrade twice; x = item fulfilled, no downgrading; ? = item unclear or not available, no upgrading or downgrading.

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Table 3 cont	inued. Risk of bia	as assessment	and GRAD	E of clinic	al tests	for diagnos	sing acet	abular lab	ral tear								
Diagnosis						(QUADAS	2									
Femoroacetabu		Risk of Bias				Applicability Concern			GRADE (outcome level)								
Index test	Study	Reference standard	Likelihood ratio	Patient Selection	Index Test	Reference Standard	Flow & Timing	Patient Selection	Index Test	Reference Standard	Study design	Risk of bias	Indirectness	Inconsistency	Imprecise evidence	Publication bias	Downgrade **
	Narvani et al.[28]	MRA	LR+ LR-	×	x	x	?	✓	✓	✓							
"Clicking"	McCarthy & Busconi.[27]	Surgery	LR+ LR-	×	x	x	✓	✓	×	x	✓ xx	×	✓	×	✓	$\downarrow\downarrow\downarrow\downarrow$	
	Tijssen et al.[11]	Surgery	LR+ LR-	✓	✓	?	?	✓	✓	✓							
"Locking"	McCarthy & Busconi.[27]	Surgery	LR+ LR-	×	×	x	✓	✓	x	x	✓	××	×	✓	✓	?	1
"Anterior groin pain"	McCarthy & Busconi.[27]	Surgery	LR+ LR-	×	x	×	✓	✓	x	x	✓	××	x	?	✓ (LR+) × (LR-)	?	1
"Giving way"	McCarthy & Busconi.[27]	Surgery	LR+ LR-	×	x	×	✓	✓	x	x	✓	××	x	?	✓	?	1

Abbreviations: MRI (magnetic resonance imaging); US (ultrasound); LR+ (Positive likelihood ratio); LR- (negative likelihood ratio); N/A (not applicable)

*Item 1: Was a consecutive or random sample of patients enrolled? Item 2: Was a case-control design avoided? Item 3: Did the study avoid inappropriate exclusions? Item 4: Were the index test results interpreted without knowledge of the results of the reference standard? Item 5: If a threshold was used, was it pre-specified? Item 6: Is the reference standard likely to correctly classify the target condition? Item 7: Were the reference standard results interpreted without knowledge of the results of the index test? Item 8: Was there an appropriate interval between index test(s) and reference standard? Item 9: Did all patients receive a reference standard? Item 10: Did patients receive the same reference standard? Item 11: Were all patients included in the analysis?

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Supplemental material

GRADE assessments: \times = item cause for possible downgrade once; \times = item cause for possible downgrade twice; \checkmark = item fulfilled, no downgrading; ? = item unclear or not available, no upgrading or downgrading.

^{**} \downarrow = downgrade quality by one level; $\downarrow \downarrow$ =downgrade quality by two levels; $\downarrow \downarrow \downarrow$ =downgrade quality by three levels; \leftrightarrow =no downgrade

Treatment of femoroace impingement / labral			Risk	of Bias	2.0 Dom	ain *		GRADE (outcome level)								
Interventions	Study	1	2	3	4	5	Overall	Outcome	Study design	Risk of bias	Inconsistency	Indirectness	Imprecise evidence	Publication bias	Downgrade	
	Mansell et al.[29]	✓	?	✓	×	✓	×	iHOT-33 @ 12 months	RCT ✓		√ (No effect in		×			
Hip arthroscopy versus physiotherapy / non-operative care	Griffin et al.[30]	✓	?	?	?	✓	?	iHOT-33 @ 12 months	RCT ✓	?	Mansell, however low I ² and	✓	(Wide confidence interval, with lower part not exceeding clinical relevance)	?	\	
care	Palmer et al.[31]	?	?	✓	?	✓	?	iHOT-33 @ 8 months	RCT ✓		overlapping confidence intervals)					
Hip arthroscopy versus physiotherapy / non-operative care	Mansell et al.[29]	✓	?	✓	×	√	×	iHOT-33 @ 24 months	RCT √	x	?	✓ (but very selected population – military)	x	?	↓ ↓	
8 weeks core and hip training versus only hip training	Aoyama et.al. [32]	×	?	×	?	?	×	iHOT-12 @ 8 weeks	RCT ✓	×	?	(Only females included)	×	?	$\downarrow\downarrow\downarrow$	
12 weeks of "movement pattern" training versus usual rehabilitation	Harris-Hayes et al.[33]	×	?	?	×	?	×	HOOS @ 13 weeks	RCT √	×	?	(No measures of morphology and use of HOOS)	√	?	\	
6 weeks of manual therapy and supervised physiotherapy versus advice and home exercise	Wright et al.[34]	?	?	×	×	?	×	HOS @ 7 weeks	RCT ✓	×	?	(use of HOS)	×	?	$\downarrow\downarrow\downarrow$	
Prescribed physiotherapy/training versus passive modalities	Smeatham et al.[35]	?	?	×	×	?	×	NAHS @ 3 months iHOT-33 @ 12	RCT ✓	×	✓	(But, use of NAHS in one	×	?	↓↓	
	al.[36]	√	?	X	√	?	X	weeks	RCT ✓			study)				
Prescribed physiotherapy/training versus passive modalities	Harries- Hayes et al.[37]	✓	?	✓	×	?	×	HOOS @ 6 weeks	RCT ✓	×	?	(No measures of morphology and use of HOOS)	×	?	1	
Post-operative rehabilitation	Bennell et al.[38]	✓	X	?	×	✓	×	iHOT-33 @ 14 weeks	RCT ✓	×	√	√	×	?	↓↓	
versus advice only	Kemp et al.[39]	✓	?	✓	?	?	?	iHOT-33 @ 12 weeks	RCT ✓		,	Ť		•	**	
Post-operative rehabilitation versus advice only	Bennell et al.[38]	✓	×	?	×	✓	×	iHOT-33 @ 24 weeks	RCT √	×	?	✓	×	?	↓ ↓	
Physiotherapy prior to surgery (pre-habilitation) versus massage	Grant et al.[40]	?	?	✓	×	?	×	NAHS @ 12 weeks after surgery	RCT √	×	?	(use of NAHS)	(Only 8 in each group)	?	$\downarrow\downarrow\downarrow$	

*Domain 1: Risk of bias arising from the randomization process; Domain 2: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention); Domain 3: Missing outcome data; Domain 4: Risk of bias in measurement of the outcome; Domain 5: Risk of bias in selection of the reported result.

Risk-of-bias judgement: × High; ✓ = Low; ? Some concern

Supplemental material

GRADE assessments: x = item cause for possible downgrade once; x = item cause for possible downgrade twice; x = item fulfilled, no downgrading; ? = item unclear or not available, no upgrading or downgrading.

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ROBIS: Tool to assess risk of bias in systematic reviews

Table 11. Suggested Tabular Presentation for ROBIS Results

Review		Phase 2											
	1. STUDY	2. IDENTIFICATION	3. DATA	4. SYNTHESIS	RISK OF BIAS								
	ELIGIBILITY	AND SELECTION OF	COLLECTION AND	AND	IN THE REVIEW								
	CRITERIA	STUDIES	STUDY APPRAISAL	FINDINGS									
Burgess et al.[41]	<u>©</u>	8	\odot	<u>©</u>	?								
Reiman et al.[1]	\odot	8	\odot	8	\odot								
Caliesch et al.[42]	<u>©</u>	<u>©</u>	\odot	8	?								
Casartelli et		8	\odot		\odot								
al.[43]	\odot	O		8									
Kemp et al.[44]	<u>©</u>	8	<u>©</u>	8	\odot								

- 1 Reiman MP, Goode AP, Cook CE, et al. Diagnostic accuracy of clinical tests for the diagnosis of hip femoroacetabular impingement/labral tear: a systematic review with meta-analysis. Br J Sports Med 2015;49:811. doi:10.1136/bjsports-2014-094302
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