

Supplementary file 3

a) **CODING MANUAL FOR COHORT STUDIES****SELECTION****1) Representativeness of the Exposed Cohort**

- a truly representative of the average ACL-injured patient* in the community
Included from 2 or more (multicenter, national or international) institutions, not selected in any other way – eg age, sex, activity level
- b somewhat representative of the average ACL-injured patient in the community
Included from one or two institutions, not selected in any other way
- c selected group of users eg nurses, volunteers
selected group of patients from one or several institutions (fx screw removal, exclusion of certain groups such as late surgery, concomitant injuries, inclusion of only certain groups such as > 50, elite athletes, meniscal repairs)
- d no description of the derivation of the cohort

*Characteristics average ACL population:

18-30 years, active, pivoting sports, often concomitant knee injuries, more males

2) Selection of the Non-Exposed Cohort

- a drawn from the same community as the exposed cohort
- b drawn from a different source
- c no description of the derivation of the non exposed cohort
- na no comparison group

3) Ascertainment of Exposure (ACL surgery or nonop treatment)

- a secure record (eg surgical records)
- b structured interview
- c written self report
- d no description

4) Demonstration That Outcome of Interest Was Not Present at Start of Study

- a yes (no baseline meniscal injury or all meniscal injuries resected at baseline)
- b no (untreated baseline tears or repaired meniscii)

COMPARABILITY**1) Comparability* of Cohorts on the Basis of the Design or Analysis**

- a randomized op/nonop study, op/nonop comparative observational study matched by preinjury activity level, op/nonop comparative analysis adjusted for preinjury activity level in multivariable analysis with meniscal injuries as outcome

- b randomized op/nonop study, op/nonop comparative observational study matched by age, op/nonop comparative analysis adjusted for age in multivariable analysis with meniscal injuries as outcome
- 0 no comparison group (all studies except op/nonop comparisons)

*Need to be related to main outcome secondary meniscal injury to get a score other than 0

OUTCOME

1) Assessment of Outcome

- a independent assessment with MRI or arthroscopy of all patients
- b assessment MRI or arthroscopy of all patients, but not by independent radiologist/surgeon
- c assessment with MRI/arthroscopy of only some patients, assessment with clinical examination of all/some patients (typically symptoms/self report from patient>clinical examination> surgery)
- d no description

2) Was Follow-Up Long Enough for Outcomes to Occur

- a yes (mean follow-up is 2 years or longer or stated that follow-up is 2 years or longer).
- b no

3) Adequacy of Follow Up of Cohorts

- a complete follow up - all subjects accounted for
- b subjects lost to follow up unlikely to introduce bias - small number lost – > 80 % follow up, or description provided of those lost
- c follow up rate < 80 % and no description of those lost
- d no statement (retrospective study, authors do not report number of eligible patients)

b) Dichotomization low versus high risk of bias

- S1 low risk = a,b
- S2 na= not applicable, low risk = a
- S3 low risk = a
- S4 low risk = a
- C1 na= not applicable, low risk = a
- O1 low risk = a
- O2 low risk = a
- O3 low risk = a,b