

**Supplementary file 2. Selected outcome measurement instruments agreed to be both truthful and feasible.****IMPROVEMENT:**

- 1) A 6-point Likert scale (completely recovered, much better, a little better or unchanged/much worse).

**RESULTS OF TREATMENT:**

- 2) Global ratings of change scale (GROC) A 15-point rating scale
- 3) Clinical Global Impression. A 7-point ordinal scale
- 4) Patient Global Impression of Change Scale. A 15-point rating scale evaluating the change in symptoms
- 5) Perception of Treatment Effectiveness. A 5-point Likert scale (dichotomised according to success, where 'success' was defined as marked or moderate improvement. (marked improvement – moderate improvement – same – moderate worsening – marked worsening)
- 6) Perceived improvement. A 6-point Likert score at final follow-up to assess perceived rehabilitation (1; completely recovered – 2; much better – 3; a little better – 4/6; unchanged/much worse)

**RETURN TO SPORT/COMPETITION:**

- 7) Return to sports (yes previous level, yes reduced level, no)
- 8) Time to return to pre-injury levels. Asking patients whether they have returned to pre-injury level in the desired sport at 3 and 6 months

**PAIN WITH ACTIVITY/LOADING:**

- 9) A 100 mm Visual Analogue Scale (VAS), where no pain is recorded as 0 and severe pain as 100]
- 10) A VAS scale from 0-10 (0 no pain, 10 severe pain)

**PAIN AFTER ACTIVITY:**

- 11) Evaluating pain after activity using a VAS (0-10)

**STRENGTH & FLEXIBILITY TESTING:**

- 12) Single-leg heel rise test. Testing Calf muscle strength by asking the patient to perform a maximum number of single leg heel raises. (Unable/Able, number of heel raises, Work (Joule), cm above the ground (measured from the heel))
- 13) Single Hop Test. Participants are instructed to hop as far as possible, and successful attempts are defined when they are able to hold the single-footed landing position for at least 2 seconds. To reduce practice effects, participants are first allowed to practice until they are happy with the method. After this, an average of 3 successful attempts for each condition is used for data analysis. Measurement is made to the nearest centimeter from the distal tip of the first phalanx to the start position.
- 14) "Gastrocnemius and soleus flexibility". The flexibility of the gastrocnemius and soleus muscles are determined using a pluriometer (see explanatory image). Patients are instructed to stretch their calf muscle with an extended knee as much as possible for the gastrocnemius muscle and with 45 degrees of flexion for the soleus muscle. The pluriometer is positioned on the ventral side of the tibia 10 cm above the lateral and medial malleolus

**DISABILITY:**

- 15) VISA-A questionnaire. An 8-item questionnaire to evaluate the clinical severity for patients with chronic Achilles tendinopathy (0-100, 100 corresponding with being completely asymptomatic)
- 16) Foot Function Index (FFI). A questionnaire consisting of 17 self-reported items divided into 3 subcategories on the basis of patient values: pain, disability and activity limitation.

**MORNING PAIN:**

- 17) Pain first thing in the morning (Visual Analogue Scale 0-100) (Not further specified)

**PAIN AT REST:**

- 18) Morning stiffness. Asking morning stiffness severity, measured on a 100-mm VAS
- 19) Location of pain. Identifying the site of maximum pain

**ANKLE RANGE OF MOTION:**

- 20) Measuring full range of motion of the ankle with a standard goniometer

**ADHERENCE:**

- 21) Use of co-interventions. Asking the use of co-interventions (rescue medication, other treatments and footwear changes) to relieve pain at the Achilles tendon.
- 22) "Adherence". A weekly online questionnaire to evaluate adherence to exercise treatment. Evaluates the percentage of performed exercises (compared with the amount of prescribed exercises)