Supplementary File 4. Summary of the methodological measurement properties

For all outcome measurement instruments a summary table is created displaying the results of step 2 (experts rating the outcome measurement instruments to be both Truthful and Feasible) and step 3 (the methodological quality assessment).

The table should be interpreted as following. The total number of studies that assessed the clinimetric properties of the outcome measurement instrument is displayed. Colours are used to rate the quality of the methods:

- Green reflects good methods.
- Amber reflects moderate methods.
- NR (not reported) represents an absence of data to judge the methods.
- Red reflects poor methods.

+, +/- or – indicate whether the findings of the study demonstrated adequate or better performance of the instrument (+), equivocal performance (+/-) or poor performance (less than adequate, -).

Domain: Patient overall rating

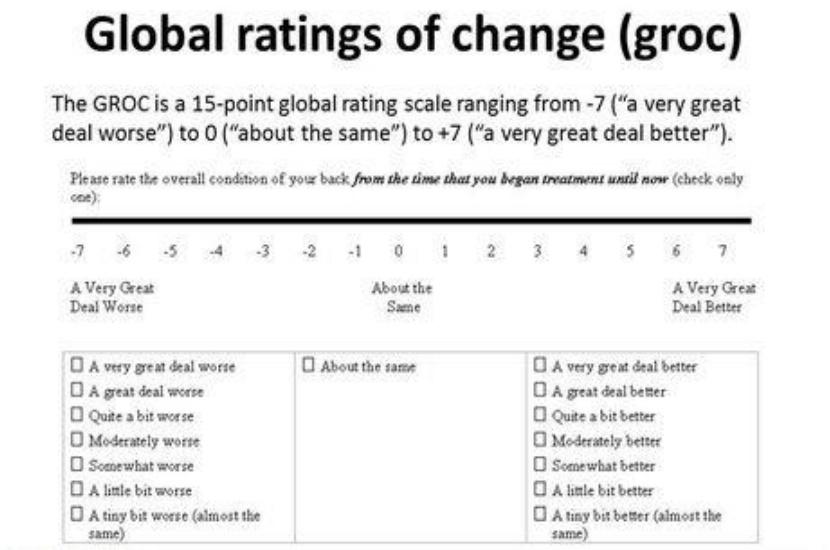
A 6-point Likert scale (completely recovered, much better, a little better or unchanged/much worse.

71% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: 6-point Likert scale Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Global ratings of change scale (GROC) A 15-point rating scale.



Global ratings of change (groc)

The GROC is a 15-point global rating scale ranging from -7 ("a very great deal worse") to 0 ("about the same") to +7 ("a very great deal better").

Please rate the overall condition of your back ***from the time that you began treatment until now*** (check only one):

-7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7

A Very Great Deal Worse — About the Same — A Very Great Deal Better

☐ A very great deal worse	☐ About the same	☐ A very great deal better
☐ A great deal worse		☐ A great deal better
☐ Quite a bit worse		☐ Quite a bit better
☐ Moderately worse		☐ Moderately better
☐ Somewhat worse		☐ Somewhat better
☐ A little bit worse		☐ A little bit better
☐ A tiny bit worse (almost the same)		☐ A tiny bit better (almost the same)

74% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Global ratings of change Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								

Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Clinical Global Impression. A 7-point ordinal scale.

TABLE 2. CGI-I guidelines
1 = Very much improved—nearly all better; good level of functioning; minimal symptoms; represents a very substantial change
2 = Much improved—notably better with significant reduction of symptoms; increase in the level of functioning but some symptoms remain
3 = Minimally improved—slightly better with little or no clinically meaningful reduction of symptoms. Represents very little change in basic clinical status, level of care, or functional capacity
4 = No change—symptoms remain essentially unchanged
5 = Minimally worse—slightly worse but may not be clinically meaningful; may represent very little change in basic clinical status or functional capacity
6 = Much worse—clinically significant increase in symptoms and diminished functioning
7 = Very much worse—severe exacerbation of symptoms and loss of functioning

81% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Clinical Global Impression Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								

Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Patient Global Impression of Change Scale. A 15-point rating scale evaluating the change in symptoms.

−7 A very great deal worse
−6 A great deal worse
−5 A good deal worse
−4 Moderately worse
−3 Somewhat worse
−2 A little worse
−1 Almost the same, hardly any worse at all
0 No change
1 Almost the same, hardly any better at all
2 A little better
3 Somewhat better
4 Moderately better
5 A good deal better
6 A great deal better
7 A very great deal better

74% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Patient Global Impression of change scale Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								

Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

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).

77% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Perception of Treatment Effectiveness Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

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).

71% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Perceived Improvement Domain: Patient Overall rating								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Domain: participation

Return to sports (yes previous level, yes reduced level, no).

71% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Return to sports Domain: Participation								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

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.

77% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Time to return to pre-injury levels Domain: Participation								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Domain: Pain on activity/loading

A 100 mm Visual Analogue Scale (VAS), where no pain is recorded as 0 and severe pain as 100].

71% assessed the measure to be Truthful AND Feasible.

Instrument: Pain with activity/loading (a 100mm Visual Analogue Scale) Domain: Pain on activity/loading								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Chimenti et al.(33)			NR		NR	NR	NR	+
Silbernagel et al . (2001)(14)			NR		+/-	NR	+/-	NR
Total studies for each property					1		1	1
Total studies for synthesis					1		1	1
Final synthesis rating					AMBER		AMBER	AMBER

Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

A VAS scale from 0-10 (0 no pain, 10 severe pain).

71% assessed the measure to be Truthful AND Feasible.

Instrument: Pain with activity/loading (a VAS Scale from 0-10) Domain: Pain on activity/loading								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Chimenti et al.(33)			NR		NR	NR	NR	+
Silbernagel et al . (2001)(14)			NR		+/-	NR	+/-	NR
Total studies for each property					1		1	1
Total studies for synthesis					1		1	1
Final synthesis rating					AMBER		AMBER	AMBER

Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

PAIN AFTER ACTIVITY

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

74% assessed the measure to be Truthful AND Feasible.

Instrument: Pain after activity (A VAS scale from 0-10) Domain: Pain on activity/loading								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Chimenti et al.(33)			NR		NR	NR	NR	+
Silbernagel et al . (2001)(14)			NR		+/-	NR	+/-	NR
Total studies for each property					1		1	1
Total studies for synthesis					1		1	1
Final synthesis rating					AMBER		AMBER	AMBER

Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

Domain: Physical Function Capacity

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).

87% assessed the measure to be Truthful AND Feasible.

Instrument: Pain with heel/toe raise Domain: Physical Function Capacity								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Chimenti et al.(33)			NR		NR	NR	NR	+/-
Hutchinson et al. (34)			NR		+/-	NR	NR	NR
Silbernagel et al . (2001)(14)			NR		+/-	NR	NR	NR
Total studies for each property				N/A	2			1
Total studies for synthesis				N/A	2			1

Final synthesis rating				N/A	AMBER			AMBER
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

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.

84% assessed the measure to be Truthful AND Feasible.

Instrument: Jumping/hop test Domain: Physical Function Capacity								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Hutchinson et al.(34)			NR		+/-	NR	NR	NR
Silbernagel et al . (2001)(14)			NR		+	NR	-	NR
Total studies for each property				N/A	2		1	
Total studies for synthesis				N/A	2		1	
Final synthesis rating				N/A	AMBER		AMBER	
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed							

	More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

"Gastrocnemius and soleus flexibility". The flexibility of the gastrocnemius and soleus muscles are determined using a plurimeter (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 plurimeter is positioned on the ventral side of the tibia 10 cm above the lateral and medial malleolus.

77% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Gastrocnemius and soleus flexibility Domain: Clinical Examination Findings								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

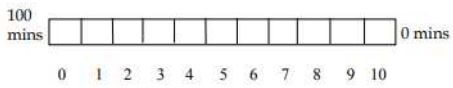
DOMAIN: DISABILITY

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).

The VISA-A questionnaire: An index of the severity of Achilles tendinopathy

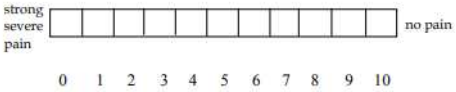
IN THIS QUESTIONNAIRE, THE TERM PAIN REFERS SPECIFICALLY TO PAIN IN THE ACHILLES TENDON REGION

1. For how many minutes do you have stiffness in the Achilles region on first getting up?



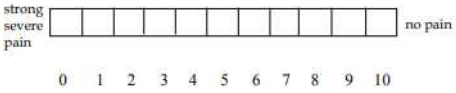
POINTS

2. Once you are warmed up for the day, do you have pain when stretching the Achilles tendon fully over the edge of a step? (keeping knee straight)



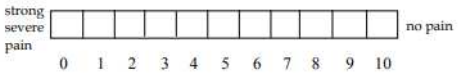
POINTS

3. After walking on flat ground for 30 minutes, do you have pain within the next 2 hours? (If unable to walk on flat ground for 30 minutes because of pain, score 0 for this question).



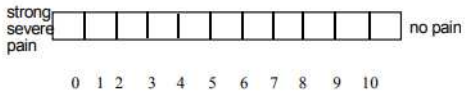
POINTS

4. Do you have pain walking downstairs with a normal gait cycle?



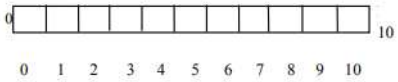
POINTS

5. Do you have pain during or immediately after doing 10 (single leg) heel raises from a flat surface?



POINTS

6. How many single leg hops can you do without pain?



POINTS

7. Are you currently undertaking sport or other physical activity?

0	Not at all	POINTS
4	Modified training ± modified competition	
7	Full training ± competition but not at same level as when symptoms began	
10	Competing at the same or higher level as when symptoms began	

8. Please complete **EITHER A, B or C** in this question.

- If you have **no pain while undertaking Achilles tendon loading sports** please complete **Q8a only**.
- If you have **pain while undertaking Achilles tendon loading sports but it does not stop you from completing the activity**, please complete **Q8b only**.
- If you have **pain that stops you from completing Achilles tendon loading sports**, please complete **Q8c only**.

A. If you have **no pain** while undertaking **Achilles tendon loading sports**, for how long can you train/practise?

POINTS

NIL	1-10 mins	11-20 mins	21-30mins	>30 mins
0	7	14	21	30

OR

B. If you have some pain while undertaking **Achilles tendon loading sport**, but it does not stop you from completing your training/practice for how long can you train/practise?

POINTS

NIL	1-10 mins	11-20 mins	21-30mins	>30 mins
0	4	10	14	20

OR

C. If you have **pain that stops you** from completing your training/practice in **Achilles tendon loading sport**, for how long can you train/practise?

NIL	1-10 mins	11-20 mins	21-30mins	>30 mins	POINTS
0	2	5	7	10	

TOTAL SCORE (/100) %

84% assessed the measure to be Truthful AND Feasible.

Instrument: VISA-A Domain: Disability								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Bahari et al.(22)			+		+	NR	NR	NR
Chang R et al. (23)			+		+	NR	NR	NR
Comins et al.(20)			-		NR	NR	NR	NR
de Mesquita et al. (24)			+		+	NR	NR	NR
Dogramaci et al.(35)			+		+	NR	NR	NR
Hernandez et al.(25)			+/-		+	NR	NR	NR
Iversen et al.(26)			+/-		+/-	+	NR	NR
Kaux et al. (27)			+/-		+	NR	NR	NR

Keller et al. (36)			+		–	NR	NR	NR
Ko et al. (37)			+		+	NR	NR	NR
Lagas et al. (38)			NR		NR	NR	NR	+
Lohrer et al. (39)			+		+/-	NR	NR	NR
Maffuli et al.(40)			NR		+	NR	NR	NR
McCormack et al. (41)			+		NR	NR	NR	+
Murakawa et al. (42)			+/-		NR	NR	NR	NR
Robinson et al. (13)			+		+	NR	NR	NR
Sierevelt et al. (43)			+		+	NR	NR	NR
Silbernagel et al. Cross-cultural (28)			+		+	NR	NR	NR
Sigurdsson et al. (44)			NR		NR	+/-	NR	+

Total studies for each property			16	N/A	14	2		3
Total studies for synthesis			8	N/A	8	1		3
Final synthesis rating			AMBER	N/A	AMBER	AMBER		GREEN
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on responsiveness and clinical trial discrimination.							

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.

Foot Function Index

Section 1: To be completed by patient Name:_____ Age:____ Date:_____

Height _____ ft. _____ in. Weight_____lbs.

Occupation:_____ Number of days of foot pain:_____(this episode)

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your foot pain has affected your ability to manage in every day life. For the following questions, we would like you to score each question on a scale from 0 (no pain) to 10 (worst pain imaginable) that best describes your foot **over the past WEEK**. Please read each question and place a number from 0-10 in the corresponding box.

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Worst Pain Imaginable**

1.	In the morning upon taking your first step?	0
2.	When walking?	0
3.	When standing?	0
4.	How is your pain at the end of the day?	0
5.	How severe is your pain at its worst?	0

Answer all of the following questions related to your pain and activities **over the past WEEK**, how much difficulty did you have? ***Disability Scale***

No Difficulty 0 1 2 3 4 5 6 7 8 9 10 ***So Difficult unable to do***

6.	When walking in the house?	0
7.	When walking outside?	0
8.	When walking four blocks?	0
9.	When climbing stairs?	0
10.	When descending stairs?	0
11.	When standing tip toe?	0
12.	When getting up from a chair?	0
13.	When climbing curbs?	0
14.	When running or fast walking?	0

Answer all the following questions related to your pain and activities **over the past WEEK**. How much of the time did you: ***Disability Scale:***

None of the time 0 1 2 3 4 5 6 7 8 9 10 ***All of the time***

15.	Use an assistive device (cane, walker, crutches, etc) indoors?	0
16.	Use an assistive device (cane, walker, crutches, etc) outdoors?	0
17.	Limit physical activities?	0

Section 3: To be completed by physical therapist/provider SCORE:_____/170 x100= _____% (SEM 5, MDC 7)

SCORE: Initial_____ Subsequent_____ Subsequent_____ Discharge_____

71% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Foot Functional Index Domain: Disability								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Domain: Pain over a specified time frame

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

74% assessed the measure to be Truthful AND Feasible.

Instrument: Pain first thing in the morning Domain: Pain over a specified time frame								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Hutchinson et al. (34)					+	NR	NR	NR
Total studies for each property					1			
Total studies for synthesis					1			
Final synthesis rating					AMBER			
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed							

	More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

Morning stiffness. Asking morning stiffness severity, measured on a 100-mm VAS.

74% assessed the measure to be Truthful AND Feasible.

Instrument: Morning stiffness Domain: Pain over a specified time frame								
	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Chimenti et al.(33)					NR	NR	NR	+
Hutchinson et al. (34)					+	NR	NR	NR
Total studies for each property				N/A	1			1
Total studies for synthesis				N/A	1			1
Final synthesis rating				N/A	AMBER			AMBER
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed							

	More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.

Location of pain. Identifying the site of maximum pain

77% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Location of Pain Domain: Achilles Tendinopathy Related Domain: Clinical Examination Findings								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

DOMAIN: RANGE OF MOTION

Measuring full range of motion of the ankle with a standard goniometer.

74% assessed the measure to be Truthful AND Feasible.

Instrument: Ankle range of motion test Domain: Achilles tendinopathy Related Domain: Range of Motion								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Silbernagel et al. (2001)(14)					+/-	NR	-	NR
Total studies for each property					1		1	
Total studies for synthesis					1		1	
Final synthesis rating					AMBER		AMBER	
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

Use of co-interventions. Asking the use of co-interventions (rescue medication, other treatments and footwear changes) to relieve pain at the Achilles tendon.

81% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Use of co-interventions Domain: Other								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							

''Adherence''. A weekly online questionnaires to evaluate adherence to exercise treatment. Evaluates the percentage of performed exercises (compared with the amount of prescribed exercises)

74% assessed the measure to be Truthful AND Feasible.

There were no data available on the clinimetric properties.

Instrument: Adherence Domain: Candidate Domain: Adverse effects/events								
Author/year	Truth (domain match)	Feasibility	Truth		Discrimination			
			Construct validity	Inter-method reliability	Test-retest reliability	Responsiveness	Clinical trial discrimination	Thresholds of meaning
Working group appraisal	+	+						
Total studies for each property								
Total studies for synthesis								
Final synthesis rating	No data	No data	No data		No data	No data	No data	No data
Endorsement	Based on the COS-AT protocol this instrument is: Provisionally endorsed More research needed on construct validity, test-retest reliability, responsiveness, clinical trial discrimination and thresholds of meaning.							