SF7: Included studies

SF7A: Excluded studies with reasons

Reference	Reason for Exclusion
Abat F, Gelber PE, Polidori F, et al. 1 Clinical Results After EPI ® and Eccentric Exercise in Patellar Tendinopathy at 10 Years Follow-Up. Br J Sports Med 2014;48:A1. https://bjsm.bmj.com/lookup/doi/10.1136/bjsports-2014-094114.1 (accessed 12 Jun 2021).	Duplicate
Balius R, Álvarez G, Baró F, et al. A 3-Arm Randomized Trial for Achilles Tendinopathy: Eccentric Training, Eccentric Training Plus a Dietary Supplement Containing Mucopolysaccharides, or Passive Stretching Plus a Dietary Supplement Containing Mucopolysaccharides. Curr Ther Res 2016;78:1–7.	Duplicate
Blume CL. Comparison of an eccentric exercise intervention to a concentric exercise intervention in adults with subacromial impingement syndrome (Doctoral dissertation, Texas Woman's University). 2014:1-218.	Duplicate
Cannell LJ, Taunton JE, Clement DB, et al. A randomised clinical trial of the efficacy of drop squats or leg extension/leg curl exercises to treat clinically diagnosed jumper's knee in athletes: pilot study. Br J Sports Med 2001;35:60-64.	Duplicate
de Vos RJ, Weir A, van Schie HT, et al. Platelet-rich plasma injection for chronic Achilles tendinopathy. J - Am Med Assoc 2010;303:144–9.	Duplicate
Frohm A, Saartok T, Halvorsen K, et al. Eccentric treatment for patellar tendinopathy: a prospective randomised short-term pilot study of two rehabilitation protocols. Br J Sports Med 2007;41:e7.	Duplicate
Ganderton C, Semciw A, Cook J, et al. Gluteal loading versus sham exercises to improve pain and dysfunction in postmenopausal women with greater trochanteric pain syndrome: a randomized controlled trial. J Women's Heal 2018;27:815–29.	Duplicate
Heron SR, Woby SR, Thompson DP. Comparison of three types of exercise in the treatment of rotator cuff tendinopathy/shoulder impingement syndrome: A randomized controlled trial. Physiotherapy 2017;103:167–73.	Duplicate
Jensen B, Bliddal H, Danneskiold-Samsøe B. Comparison of two different treatments of lateral humeral epicondylitis--" tennis elbow". A randomized controlled trial. Ugeskr Laeg 2001;1:1427-31.	Duplicate
Jonsson P, Alfredson H. Superior results with eccentric compared to concentric quadriceps training in patients with jumper's knee: a prospective randomised study. Br J Sports Med 2005;39:847–50	Duplicate
Manias P, Stasinopoulos D. A controlled clinical pilot trial to study the effectiveness of ice as a supplement to the exercise programme for the	Duplicate

management of lateral elbow tendinopathy. Br J Sports Med 2006;40:81-85.	
Senbursa G, Baltacı G, Atay A. Comparison of conservative treatment with and without manual physical therapy for patients with shoulder impingement syndrome: a prospective, randomized clinical trial. Knee Surg Sports Traumatol Arthrosc. 2007;15:915-921.	Duplicate
Stergioulas A, Stergioula M, Aarskog R, et al. Effects of low-level laser therapy and eccentric exercises in the treatment of recreational athletes with chronic achilles tendinopathy. Am J Sports Med 2008;36:881–7.	Duplicate
Tumilty S, Baxter GD. Heavy load eccentric exercise for Achilles tendinopathy; too much of a good thing?. Physiotherapy 2015;101:e1546-1547.	Duplicate
van Ark M. Patellar tendinopathy: Physical therapy and injection treatments (Doctoral dissertation, University of Groningen).2015:1-136.	Duplicate
Walther M, Werner A, Stahlschmidt T, et al. The subacromial impingement syndrome of the shoulder treated by conventional physiotherapy, self-training, and a shoulder brace: results of a prospective, randomized study. J Shoulder Elbow Surg 2004;1:417-23.	Duplicate
Wetke E, Johannsen F, Langberg H. A hilles tendinopathy: A prospective study on the effect of active rehabilitation and steroid injections in a clinical setting. Scan J Med Sci Sports 2015;25:e392-399.	Duplicate
Aceituno-Gómez J, Avendaño-Coy J, Gómez-Soriano J, et al. Efficacy of high-intensity laser therapy in subacromial impingement syndrome: a three-month follow-up controlled clinical trial. Clin Rehabil 2019;33:894-903.	Insufficient exercise data
Akgün K, Birtane M, Akarirmak U. Is local subacromial corticosteroid injection beneficial in subacromial impingement syndrome? Clin Rheumatol 2004;23:496–500.	Insufficient exercise data
Akkaya N, Akkaya S, Gungor HR, et al. Effects of weighted and un-weighted pendulum exercises on ultrasonographic acromiohumeral distance in patients with subacromial impingement syndrome. J Back Musculoskelet Rehabil 2017;30:221-228.	Insufficient exercise data
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Alfredson H, Lorentzon R. Intratendinous glutamate levels and eccentric training in chronic Achilles tendinosis: a prospective study using microdialysis technique. Knee Surg Sports Traumatol Arthrosc 2003;11(3):196-199.	Insufficient exercise data
Apostolos S. The influence of low level laser and pyrometric exercises in the treatment of patients with tennis elbow. a pilot study. 2004. http://cev.org.br/biblioteca/the-influence-of-low-level-laser-and-	Insufficient exercise data

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Aytar A, Baltaci G, Uhl TL, et al. The effects of scapular mobilization in patients with subacromial impingement syndrome: a randomized, double-blind, placebo-controlled clinical trial. J Sport Rehabil 2015;24:116–29.	Insufficient exercise data
Bae YH, Lee GC, Shin WS, et al. Effect of motor control and strengthening exercises on pain, function, strength and the range of motion of patients with shoulder impingement, syndrome. Journal of Physical Therapy Science 2011;23:687-92.	Insufficient exercise data
Bal A, Eksioglu E, Gurcay E, et al. Low-level laser therapy in subacromial impingement syndrome. Photomed Laser Surg 2009;27:31–6.	Insufficient exercise data
Bang MD, Deyle GD. Comparison of supervised exercise with and without manual physical therapy for patients with shoulder impingement syndrome. J Orthop Sports Phys Ther 2000;30:126-137.	Insufficient exercise data
Barra López ME, López de Celis C, Fernández Jentsch G, et al. Effectiveness of Diacutaneous Fibrolysis for the treatment of subacromial impingement syndrome: a randomised controlled trial. Man Ther 2013;18:418–24.	Insufficient exercise data
Başkurt F, Özcan A, Algun C. Comparison of effects of phonophoresis and iontophoresis of naproxen in the treatment of lateral epicondylitis. Clin Rehabil 2003;17:96–100.	Insufficient exercise data
Başkurt Z, Başkurt F, Gelecek N, et al. The effectiveness of scapular stabilization exercise in the patients with subacromial impingement syndrome. J Back Musculoskelet Rehabil 2011;24:173-179.	Insufficient exercise data
Baumer TG, Peltz CD, Drake A, et al. Effects of Rotator Cuff Pathology and Physical Therapy on In Vivo Shoulder Motion and Clinical Outcomes in Patients With a Symptomatic Full-Thickness Rotator Cuff Tear. Orthop J Sports Med 2016;4: 2325967116666506.	Insufficient exercise data
Bisset L, Beller E, Jull G, et al. Mobilisation with movement and exercise, corticosteroid injection, or wait and see for tennis elbow: Randomised trial. Br Med J 2006;333:939–41.	Insufficient exercise data
Bisset L, Yelland M, Ryan M, et al. Testing the effectiveness of emerging injection therapies compared to physiotherapy for tennis elbow: a randomised control trial. Physiotherapy 2015;101:e155.	Insufficient exercise data
Bisset LM, Coppieters MW, Vicenzino B. Sensorimotor deficits remain despite resolution of symptoms using conservative treatment in patients with tennis elbow: A randomized controlled trial. Arch Phys Med Rehabil 2009;90:1–8.	Insufficient exercise data
Bostrøm K, Mæhlum S, Småstuen MC, et al. Clinical comparative effectiveness of acupuncture versus manual therapy treatment of lateral epicondylitis: feasibility randomized clinical trial. Pilot feasibility Stud 2019;5:110.	Insufficient exercise data
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Brown R, Orchard J, Kinchington M, et al. Aprotinin in the management of Achilles tendinopathy: a randomised controlled trial. Br J Sports Med 2006;40:275–9.	Insufficient exercise data
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Canbulat N, Seyahi A, Eren SM, et al. 24. The effect of core stabilization exercises in the rehabilitation of patients with subacromial impingement syndrome [Abstract]. Türkiye Fiz Tıp ve Rehabil Derg 2013;59:431.	Insufficient exercise data
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Hernández Herrero D, Berjillos Donamayor A, de la Corte Rodríguez H, et al. Elbow tendinosis treated by several electrotherapy techniques: a prospective randomized study. 2006;4:131–138	Insufficient exercise data
Jensen B, Bliddal H, Danneskiold-Samsøe B. Comparison of two different treatments of lateral humeral epicondylitis--" tennis elbow". A randomized controlled trial. Ugeskr Laeg 2001;163:1427-1431.	Insufficient exercise data
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Kaya E, Zinnuroglu M, Tugcu I. Kinesio taping compared to physical therapy modalities for the treatment of shoulder impingement syndrome. Clin Rheumatol 2011;30:201–7.	Insufficient exercise data
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Ketola S, Lehtinen J, Rousi T, et al. No evidence of long-term benefits of arthroscopic acromioplasty in the treatment of shoulder impingement syndrome. Bone & Joint Research 2013;2:132-139.	Insufficient exercise data
Ketola S, Lehtinen J, Rousi T, et al. Which patients do not recover from shoulder impingement syndrome, either with operative treatment or with nonoperative treatment? Acta Orthop 2015;86:641–6.	Insufficient exercise data
Ketola S, Lehtinen JT, Arnala I. Arthroscopic decompression not recommended in the treatment of rotator cuff tendinopathy. Bone Joint J 2017;99-B:799–805.	Insufficient exercise data
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Kim J, Shin D, Song C. Visual feedback to improve the effects of scapular stabilization exercises on pain intensity, range of motion, strength, and disability in patients with shoulder impingement syndrome. Medical Science Technology 2017;58:42-48.	Insufficient exercise data
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Ohberg L, Lorentzon R, Alfredson H. Eccentric training in patients with chronic Achilles tendinosis: normalised tendon structure and decreased thickness at follow up. Br J Sports Med 2004;38:8–11.	Insufficient exercise data
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Özgen M, Fırat S, Sarsan A, et al. Short- and long-term results of clinical effectiveness of sodium hyaluronate injection in supraspinatus tendinitis. Rheumatol Int 2012;32:137–44.	Insufficient exercise data
Paavola M, Malmivaara A, Taimela S, et al. Subacromial decompression versus diagnostic arthroscopy for shoulder impingement: randomised, placebo surgery controlled clinical trial. BMJ 2018;19:362.	Insufficient exercise data
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Razavi M, Jansen GB. Effects of acupuncture and placebo TENS in addition to exercise in treatment of rotator cuff tendinitis. Clin Rehabil 2004;18:872–8.	Insufficient exercise data
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Yuruk ZO, Kirdi N, editors. The effects of radial extracorporeal shock wave therapy on subjective pain and functionality in patients with lateral epicondylitis. Fizyoterapi Rehabilitasyon Conference: 15th Congress of Advances in Physiotherapy; 2014; Ankara Turkey: Turkish Physical Therapy Association.	Not including exercise only treatment arm
Askling CM, Tengvar M, Tarassova O, Thorstensson A. Acute hamstring injuries in Swedish elite sprinters and jumpers: a prospective randomised controlled clinical trial comparing two rehabilitation protocols. British journal of sports medicine. 2014 Apr 1;48(7):532-9.	Not including required tendinopathies
Genç E, Duymaz T. Effectiveness of kinesio taping in bicipital tendinitis treatment: A randomized controlled trial. Annals of Clinical and Analytical Medicine. 2020.	Not including required tendinopathies
Jeong TH, Oh JK, Lee HJ, Yang YJ, Nha KW, Suh JS. The effect of the combined stretching and strengthening exercise on the clinical symptoms in posterior tibial tendon dysfunction patient. Journal of Korean Foot and Ankle Society. 2008;12(1):47-54.	Not including required tendinopathies
Bialoszewski D, Zaborowski G. Usefulness of Manual Therapy in the Rehabilitation of Patients with Chronic Rotator Cuff Injuries. Preliminary Report. Ortop Traumatol Rehabil 2011;1:9-20.	Not tendinopathy specific
Winters JC, Sobel JS, Groenier KH, et al. Comparison of physiotherapy, manipulation, and corticosteroid injection for treating shoulder complaints in general practice: randomised, single blind study. BMJ 1997;3:1320-1325.	Not tendinopathy specific
Alfredson H, Öhberg L. Sclerosing injections to areas of neo-vascularisation reduce pain in chronic Achilles tendinopathy: a	Wrong concept

double-blind randomised controlled trial. Knee Surg Sports Traumatol Arthrosc 2005; 13:338-44.	
Brinks A, van Rijn RM, Willemsen SP, Bohnen AM, Verhaar JA, Koes BW, Bierma-Zeinstra SM. Corticosteroid injections for greater trochanteric pain syndrome: a randomized controlled trial in primary care. Ann Fam Med 2011;1:226-34.	Wrong concept
Ebbesen BH, Mølgaard CM, Olesen JL, et al. No beneficial effect of polidocanol treatment in achilles tendinopathy: a randomised controlled trial. Knee Surg Sports Traumatol Arthrosc 2018;26:2038-44.	Wrong concept
Furia JP. Extracorporeal shockwave therapy in the treatment of chronic insertional Achilles tendinopathy: A congress report. Orthopade 2005;34:571-578.	Wrong concept
Furia JP. High-energy extracorporeal shock wave therapy as a treatment for chronic noninsertional Achilles tendinopathy. Am J Sports Med 2008;36:502-508.	Wrong concept
Gündüz R, Malas FÜ, Borman P, et al. Physical therapy, corticosteroid injection, and extracorporeal shock wave treatment in lateral epicondylitis. Clin Rheumatol 2012; 1:807-12.	Wrong concept
Hoksrud A, Öhberg L, Alfredson H, et al. Ultrasound-guided sclerosis of neovessels in painful chronic patellar tendinopathy: a randomized controlled trial. Am J Sports Med 2006;34:1738-1746.	Wrong concept
Saunders L. Laser versus ultrasound in the treatment of supraspinatus tendinosis: randomised controlled trial. Physiotherapy 2003;1:365-373.	Wrong concept
Schmitt J, Haake M, Tosch A, et al. Low-energy extracorporeal shock-wave treatment (ESWT) for tendinitis of the supraspinatus: a prospective, randomised study. J Bone Joint Surg Am 2001;83:873-6.	Wrong concept
Schmitt J, Tosch A, Hünerkopf M, et al. Extracorporeal shockwave therapy (ESWT) as therapeutic option in supraspinatus tendon syndrome? One year results of a placebo controlled study. Orthopade 2002;1:652-7.	Wrong concept
Skorupska E, Lisinski P, Samborski W. The effectiveness of the conservative versus myofascial pain physiotherapy in tennis elbow patients: double-blind randomized trial of 80 patients. J Musculoskelet Pain 2012; 1:41-50.	Wrong concept
Speed CA, Richards C, Nichols D, et al. Extracorporeal shock-wave therapy for tendonitis of the rotator cuff: a double-blind, randomised, controlled trial. J Bone Joint Surg Am 2002;84:509-12.	Wrong concept
Speed CA, Richards C, Nichols D, et al. Extracorporeal shock-wave therapy for tendonitis of the rotator cuff: a double-blind, randomised, controlled trial. J Bone Surg Joint Am 2002;84:509-512.	Wrong concept
Zwerver J, Hartgens F, Verhagen E, et al. No effect of extracorporeal shockwave therapy on patellar tendinopathy in jumping athletes during the competitive season: a randomized clinical trial. Am J Sports Med 2011;39:1191-1199.	Wrong concept
Akhtar M, Karimi H, Gilani SA, et al. Effects of routine physiotherapy with and without neuromobilization in the management of internal shoulder impingement syndrome: A randomized controlled trial. Pak J Med Sci 2020;36:596-602	Wrong HDI rank

Atya AM. Efficacy of microcurrent electrical stimulation on pain, proprioception accuracy and functional disability in subacromial impingement: RCT. Indian J Physiother Occup Ther 2012;6:15-18.	Wrong HDI rank
Babaei-Ghazani A, Shahrami B, Fallah E, et al. Continuous shortwave diathermy with exercise reduces pain and improves function in Lateral Epicondylitis more than sham diathermy: A randomized controlled trial. J Bodyw Mov Ther 2020; 1:69-76.	Wrong HDI rank
Behera P, Dhillon M, Aggarwal S, et al. Leukocyte-poor platelet-rich plasma versus bupivacaine for recalcitrant lateral epicondylar tendinopathy. J Orthop Surg 2015;23:6-10.	Wrong HDI rank
Bhardwaj P, Dhawan A. The relative efficacy of mobilization with movement versus Cyriax physiotherapy in the treatment of lateral epicondylitis. Indian J Physiother Occup Ther 2011;5:142-146.	Wrong HDI rank
Deshak S, Yeole U, Moralwar S. Effect of Functional Task Exercises on Hand Function and Grip Strength in Patients with Lateral epicondylitis. Indian J Public Health Res Dev 2020;11:927-932.	Wrong HDI rank
Eslamian F, Shakouri SK, Ghojazadeh M, et al. Effects of low-level laser therapy in combination with physiotherapy in the management of rotator cuff tendinitis. Lasers Med Sci 2012; 27:951-8.	Wrong HDI rank
Ibrahim DH, El-Gazzar NM, El-Saadany HM, et al. Ultrasound-guided injection of platelet rich plasma versus corticosteroid for treatment of rotator cuff tendinopathy: effect on shoulder pain, disability, range of motion and ultrasonographic findings. Egypt Rheumatol 2019; 41:157-161.	Wrong HDI rank
Jiang W, Zhuang J, Zhang Y, et al. The effect of platelet-rich plasma in the treatment of external humeral epicondylitis and an analysis of the influencing factors. Int J Clin Exp Med 2020;13:3866-3874.	Wrong HDI rank
Kanniappan V, Sathosh AM. To Compare the Effect of Eccentric Exercises and Isometric Exercises for Achilles Tendinitis in Skaters. Journal Lifestyle Med 2020;10:49-54.	Wrong HDI rank
Kuhkamar MMZ, Hadadnezhad M, Tazji MK. The effect of eight weeks' scapular focused training on pain, proprioception, scapular kinematics and upper extremity performance in male volleyball players with shoulder impingement syndrome: a randomized clinical trial study. Med J Tabriz Uni Med 2020;42:466-475.	Wrong HDI rank
Kumar N, Nehru A, Rajalakshmi D. Effect of taping as a component of conservative treatment for subacromial impingement syndrome. Health 2012; 26:237-41.	Wrong HDI rank
Kumar PG, Balamurugan N, Rajavel R, et al. Comparison between the effectiveness of decline squat exercise and forward lunges in athletes with patellar tendinopathy. Drug Invent Today. 2020;14:997-1000.	Wrong HDI rank
Letafatkar A, Rabiei P, Kazempour S, et al. Comparing the effects of no intervention with therapeutic exercise, and exercise with additional Kinesio tape in patients with shoulder impingement syndrome. A three-arm randomized controlled trial. Clin Rehabil 2021;35:558-567.	Wrong HDI rank
Martins da Silva L, Maciel Bello G, Chuaste Flores B, et al. Kinesio Tape In Shoulder Rotator Cuff Tendinopathy: A Randomized, Blind Clinical Trial. Muscles Ligaments Tendons J 2020; 10:364-375.	Wrong HDI rank
Martins LV, Marziale MH. Assessment of proprioceptive exercises in the treatment of rotator cuff disorders in nursing professionals: a randomized controlled clinical trial. Braz J Phys Ther 2012;16:502-9.	Wrong HDI rank

Martins LV, Marziale MHP. Assessment of proprioceptive exercises in the treatment of rotator cuff disorders in nursing professionals: a randomized controlled clinical trial. Rev Bras Fisioter 2012;16:502-509.	Wrong HDI rank
Moezy A, Sepehrifar S, Dodaran MS. The effects of scapular stabilization based exercise therapy on pain, posture, flexibility and shoulder mobility in patients with shoulder impingement syndrome: a controlled randomized clinical trial. Med J Islam Repub Iran 2014;28:87.	Wrong HDI rank
Moslehi M, Letafatkar A, Miri H. Feedback improves the scapular-focused treatment effects in patients with shoulder impingement syndrome. Knee Surg Sports Traumatol Arthrosc 2021;29:2281-2288.	Wrong HDI rank
Mostafaee N, Divandari A, Negahban H, et al. Shoulder and scapula muscle training plus conventional physiotherapy versus conventional physiotherapy only: a randomized controlled trial of patients with lateral elbow tendinopathy. Physiother Theory Pract 2020;26:1-2.	Wrong HDI rank
Ramteke S, Samal S. To Study the Effect of Rotator Cuff Exercises on Tennis Elbow. Indian J Public Health Res Dev 2020;11:610-613.	Wrong HDI rank
Shakeri H, Keshavarz R, Arab AM, et al. A randomized clinical trial of Kinesio-taping on DASH in patients with subacromial impingement syndrome. J Nov Physiother 2013;3:169.	Wrong HDI rank
Ginn K, Cohen M. Exercise therapy for shoulder pain aimed at restoring neuromuscular control: a randomized comparative clinical trial. Journal of Rehabilitation Medicine. 2005 Mar 1;37(2):115-22.	Wrong outcomes
Østerås H, Arild Torstensen T, Arntzen G, S Østerås B. A comparison of work absence periods and the associated costs for two different modes of exercise therapies for patients with longstanding subacromial pain. Journal of Medical Economics. 2008 Jan 1;11(3):371-81.	Wrong outcomes
De Reu S. The Immediate Effects of an External Rotation Exercise Program Compared with a General Exercise Program in Patients with Rotator Cuff Tendinopathy and Healthy Controls: a Randomised Controlled Trial (Doctoral dissertation, Ghent University).2018.1-41.	Wrong outcomes
Desmeules F, Minville L, Riederer B, et al. Acromio-humeral distance variation measured by ultrasonography and its association with the outcome of rehabilitation for shoulder impingement syndrome. Clin J Sport Med 2004;14:197-205.	Wrong outcomes
Gatz M, Betsch M, Tingart M, et al. Effect of a 12-week Eccentric and Isometric Training in Achilles Tendinopathy on the Gastrocnemius Muscle: an Ultrasound Shear Wave Elastography Study. Musles Ligaments Tendons J 2020; 10:92-99.	Wrong outcomes
Haahr JP, Østergaard S, Dalsgaard J, Norup K, Frost P, Lausen S, Holm EA, Andersen JH. Exercises versus arthroscopic decompression in patients with subacromial impingement: a randomised, controlled study in 90 cases with a one year follow up. Ann Rheum Dis. 2005;64:760-764.	Wrong outcomes
Hakgüder A, Tastekin N, Birtane M, Uzunca K, Zateri C, Süt N. Comparison of the Short-Term Efficacy of Physical Therapy in Subacromial Impingement Syndrome Patients with Stage I and II	Wrong outcomes

Magnetic Resonance Imaging Findings. Turk. J. Rheumatol. 2011;26(2):127-134.	
Hölmich P, Uhrskou P, Ulnits L, et al. Effectiveness of active physical training as treatment for long-standing adductor-related groin pain in athletes: randomised trial. Lancet 1999; 6:439-43.	Wrong outcomes
Kachanathu SJ, Zedan AM, Hafez AR, Alodaibi FA, Alenazi AM, Nuhmani S. Effect of shoulder stability exercises on hand grip strength in patients with shoulder impingement syndrome. Somatosensory & motor research. 2019;36:97-101.	Wrong outcomes
Öhberg L, Alfredson H. Effects on neovascularisation behind the good results with eccentric training in chronic mid-portion Achilles tendinosis? Knee Surg Sports Traumatol Arthrosc 2004;12:465-470.	Wrong outcomes
Romero-Morales C, Javier Martín-Llantino P, Calvo-Lobo C, et al. Ultrasonography effectiveness of the vibration vs cryotherapy added to an eccentric exercise protocol in patients with chronic mid-portion Achilles tendinopathy: A randomised clinical trial. Int Wound J 2019;16:542-549.	Wrong outcomes
Sayana MK, Maffulli N. Eccentric calf muscle training in non-athletic patients with Achilles tendinopathy. J Sci Med Sport. 2007;10:52-8.	Wrong outcomes
Taunton JE, Ryan MB, Wong T. ECCENTRIC-ONLY HEEL DROP TRAINING: EXAMINING A DOSE RESPONSE IN PATIENTS WITH ACHILLES TENDINOSIS. Clin J Sport Med 2004;14:382-383.	Wrong outcomes
Tumilty S, Mani R, Baxter GD. Photobiomodulation and eccentric exercise for Achilles tendinopathy: a randomized controlled trial. Lasers Med Sci 2016;31:127–135.	Wrong outcomes
Brumitt J, Hutchison MK, Kang D, et al. Blood flow restriction training for the rotator cuff: a randomized controlled trial. Int J Sports Physiol Perform 2020;19:1175-1180.	Wrong population
Yiasemides R, Halaki M, Cathers I, et al. Does passive mobilization of shoulder region joints provide additional benefit over advice and exercise alone for people who have shoulder pain and minimal movement restriction? A randomized controlled trial. Phys Ther 2011; 1:178-189.	Wrong population
De Mey K, Danneels L, Cagnie B, et al. Scapular muscle rehabilitation exercises in overhead athletes with impingement symptoms: effect of a 6-week training program on muscle recruitment and functional outcome. Am J Sports Med 2012;40:1906-1915.	Wrong study design
Abat F, Diesel WJ, Gelber PE, Polidori F, Monllau JC, Sanchez-Ibañez JM. Effectiveness of the Intratissue Percutaneous Electrolysis (EPI®) technique and isoinertial eccentric exercise in the treatment of patellar tendinopathy at two years follow-up. MLTJ. 2014;4:188-193.	Wrong study design
Abat F, Gelber PE, Polidori F, Monllau JC, Sanchez-Ibañez JM. Clinical results after ultrasound-guided intratissue percutaneous electrolysis (EPI®) and eccentric exercise in the treatment of patellar tendinopathy. Knee Surg Sports Traumatol Arthrosc. 2015;23:1046-52.	Wrong study design

Baeske R, Hall T, Silva MF. The inclusion of mobilisation with movement to a standard exercise programme for patients with rotator cuff related pain: a randomised, placebo-controlled protocol trial. BMC Musculoskelet Disord 2020;21:1-10.	Wrong study design
Bernhardsson S, Klintberg IH, Wendt GK. Evaluation of an exercise concept focusing on eccentric strength training of the rotator cuff for patients with subacromial impingement syndrome. Clin Rehabil 2011;25:69-78.	Wrong study design
Croisier JL, Forthomme B, Foidart-Dessalle M, et al. Treatment of recurrent tendinitis by isokinetic eccentric exercises. Isokinet Exerc Sci 2001;9:133-141.	Wrong study design
Davidson JH, Vandervoort A, Lessard L, et al. The effect of acupuncture versus ultrasound on pain level, grip strength and disability in individuals with lateral epicondylitis: a pilot study. Physiother Can 2001;53:195-202.	Wrong study design
Fahlström M, Jonsson P, Lorentzon R, Alfredson H. Chronic Achilles tendon pain treated with eccentric calf-muscle training. Knee Surg Sports Traumatol Arthrosc. 2003;11:327-33.	Wrong study design
Gärdin A, Movin T, Svensson L, et al. The long-term clinical and MRI results following eccentric calf muscle training in chronic Achilles tendinosis. Skeletal Radiol 2010; 39:435-442.	Wrong study design
Holden S, Lyng K, Graven-Nielsen T, et al. Isometric exercise and pain in Patellar tendinopathy: a randomized crossover trial. J Sci Med 2020;1:208-14.	Wrong study design
Kaux JF, Forthomme B, Namurois MH, et al. Description of a standardized rehabilitation program based on sub-maximal eccentric following a platelet-rich plasma infiltration for jumper's knee. Muscles Ligaments Tendons J 2014;4:85-89.	Wrong study design
Keene DJ, Soutakbar H, Hopewell S, et al. Development and implementation of the physiotherapy-led exercise interventions for the treatment of rotator cuff disorders for the 'Getting it Right: Addressing Shoulder Pain'(GRASP) trial. Physiotherapy 2020;1:252-266.	Wrong study design
Knobloch K, Schreibmueller L, Longo UG, Vogt PM. Eccentric exercises for the management of tendinopathy of the main body of the Achilles tendon with or without the AirHeel™ Brace. A randomized controlled trial. A: effects on pain and microcirculation. Disabil. Rehabil. 2008;30:1685-91.	Wrong study design
Knobloch K. Eccentric training in Achilles tendinopathy: is it harmful to tendon microcirculation?. Br. J. Sports Med.2007;41:1-5.	Wrong study design
Langberg H, Ellingsgaard H, Madsen T, et al. Eccentric rehabilitation exercise increases peritendinous type I collagen synthesis in humans with Achilles tendinosis. Scand J Med Sci Sports 2007 17:61-66.	Wrong study design
Lee DR, Kim LJ. Internal-and External-Rotation Peak Torque in Little League Baseball Players with Subacromial Impingement Syndrome: Improved by Closed Kinetic Chain Shoulder Training. J Sport Rehabil 2016;25:263-265.	Wrong study design
Littlewood C, Malliaras P, Mawson S, et al. Development of a self-managed loaded exercise programme for rotator cuff tendinopathy. Physiotherapy 2013; 1;99:358-362.	Wrong study design

Lyftogt J. Prolotherapy and Achilles tendinopathy: a prospective pilot study of an old treatment. Australas Musculoskelet Med 2005;10:17-19	Wrong study design
Macías-Hernández SI, García-Morales JR, Hernández-Díaz C, et al. Tolerance and effectiveness of eccentric vs. concentric muscle strengthening in rotator cuff partial tears and moderate to severe shoulder pain. A randomized pilot study. J Clin Orthop Trauma 2021; 1:106-112.	Wrong study design
Maffulli N, Walley G, Sayana MK, Longo UG, Denaro V. Eccentric calf muscle training in athletic patients with Achilles tendinopathy. Disabil. Rehabil. 2008;30:1677-84.	Wrong study design
Malliaras P, Cridland K, Hopmans R, et al. Internet and telerehabilitation-delivered management of rotator cuff–Related shoulder pain (INTEL trial): Randomized controlled pilot and feasibility trial. JMIR mHealth uHealth 2020;8:e24311.	Wrong study design
Miller P, Osmotherly P. Does scapula taping facilitate recovery for shoulder impingement symptoms? A pilot randomized controlled trial. J Man Manip Ther 2009; 1:6E-13E.	Wrong study design
Payne C. Clinical applications of shear wave elastography to achilles tendon imaging and the monitoring of a rehabilitation protocol for achilles tendinopathy (Doctoral dissertation, University of Brighton). 2018.109-187.	Wrong study design
Pearson SJ, Stadler S, Menz H, Morrissey D, Scott I, Munteanu S, Malliaras P. Immediate and short-term effects of short-and long-duration isometric contractions in patellar tendinopathy. Clin J Sport Med. 2020;30:335-340.	Wrong study design
Roddy E, Ogollah RO, Oppong R, Zwierska I, Datta P, Hall A, Hay E, Jackson S, Jowett S, Lewis M, Shufflebotham J. Optimising outcomes of exercise and corticosteroid injection in patients with subacromial pain (impingement) syndrome: a factorial randomised trial. Br. J. Sports Med. 2021;55:262-271.	Wrong study design
Røe C, Brox JI, Bøhmer AS, et al. Muscle activation after supervised exercises in patients with rotator tendinosis. Arch Phys Med Rehabil 2000;8:67-72.	Wrong study design
Sandford FM, Sanders TA, Wilson H, et al. A randomised controlled trial of long-chain omega-3 polyunsaturated fatty acids in the management of rotator cuff related shoulder pain. BMJ Open Sport Exerc Med 2018;4:e000414.	Wrong study design
Savoie A, Mercier C, Desmeules F, Frémont P, Roy JS. Effects of a movement training oriented rehabilitation program on symptoms, functional limitations and acromiohumeral distance in individuals with subacromial pain syndrome. Man Ther. 2015;20:703-8.	Wrong study design
Silbernagel KG, Thomeé R, Eriksson BI, et al. Full symptomatic recovery does not ensure full recovery of muscle-tendon function in patients with Achilles tendinopathy. Br J Sports Med 2007;41:276-280.	Wrong study design
Sosa C, Lorenzo A, Jimenez SL, et al. Eccentric exercise in treatment of patellar tendinopathy in high level basketball players. A randomised clinical trial [Abstract]. J Strength Cond Res 2014;28:1	Wrong study design

Stasinopoulos D, Stasinopoulos I. Comparison of effects of exercise programme, pulsed ultrasound and transverse friction in the treatment of chronic patellar tendinopathy. Clin Rehabil 2004;18:347-352.	Wrong study design
Tyler TF, Nicholas SJ, Schmitt BM, et al. Clinical outcomes of the addition of eccentrics for rehabilitation of previously failed treatments of golfers elbow. Int J Sports Phys Ther 2014;9:365-370	Wrong study design
Valera-Garrido F, Minaya-Muñoz F, Medina-Mirapeix F. Ultrasound-guided percutaneous needle electrolysis in chronic lateral epicondylitis: short-term and long-term results. Acupunct Med 2014;32(6):446-454.	Wrong study design
van Ark M, Rio E, Cook J, et al. Clinical improvements are not explained by changes in tendon structure on UTC following an exercise program for patellar tendinopathy. Am J Phys Med 2018;97:708-714.	Wrong study design
van Rensburg KJ, Atkins E. Does thoracic manipulation increase shoulder range of movement in patients with subacromial impingement syndrome? A pilot study. Int Musculoskelet Med 2012; 1:101-107.	Wrong study design
Worsley P, Warner M, Mottram S, et al. Motor control retraining exercises for shoulder impingement: effects on function, muscle activation, and biomechanics in young adults. J Shoulder Elbow Surg 2013;22:e11-9.	Wrong study design

Supplementary table 7B. Table of included studies (n=110)

Study (first author, year, country)	Design	Tendinopathy Location	Participants (number (n); sex (%female); mean (sd) age; mean (sd) symptom duration in months)	Exercise-Only Treatment arms	Dominant resistance treatment	Original Author Findings
Agregaard 2021 Denmark[1]	RCT	Patellar	N= 44 0%female Age 28.8 (5.1) Symptoms 6.9 (2.4) Training status Recreational	2	2* Concentric and eccentric	There were no statistically superior effect of exercising with high (90%) compared to moderate (55%) load magnitude on the mechanical, material or morphological properties.
Agregaard 2021 Denmark[2]	RCT	Patellar	N= 44 0%female Age 28.8 (5.1) Symptoms 6.9 (2.4) Training status Recreational	2	2* Concentric and eccentric	There was no superior effect of exercising with a high load magnitude (HSR) compared with a moderate load magnitude (MSR) for the clinical outcome, tendon structure, or tendon function in the treatment of patellar tendinopathy in the short term. Both HSR and MSR showed equally good, continued improvements in outcomes in the long term but did not reach normal values for healthy tendons.
Alfredson 1998 Sweden[3]	Quasi-experimental	Achillies	N= 30 % female 20.0 Age 44.0 (7.0) Symptoms 25.9 (3-100)** Training status Recreational	1	Eccentric only	Our treatment model with heavy-load eccentric calf muscle training has a very good short-term effect on athletes in their early forties
Alfredson 1999	Quasi-experimental	Achilles	N= 24 % female 14.3	1	Eccentric only	Heavy-loaded, eccentric calf-muscle training seems to be a good

Sweden[4]			Age 42.6 (9.0) Symptoms 23.7 (3-100)** Training status Recreational			treatment mode for chronic Achilles tendinosis.
Arias-Buría 2017 Spain[5]	RCT	RCRSP	N= 50 % female 26.0 Age 48.5 (5.5) Symptoms 71.9 (21.6) Training status Other	1	Concentric and eccentric	This study found that the inclusion of 2 sessions of TrP-DN into an exercise program was effective for improving shoulder pain-related disability at short-, medium-, and long-term; however, no greater improvement in shoulder pain was observed.
Arias-Buría 2015 Spain[6]	RCT	RCRSP	N= 36 % female 75.0 Age 57.5 (6.4) Symptoms 10.9 (2.6) Training status Other	1	Concentric and eccentric	Ultrasound-guided percutaneous electrolysis combined with eccentric exercises resulted in better short-term outcomes compared to eccentric exercises alone.
Bagcier 2021 Turkey[7]	RCT	RCRSP	N= 65 NR%female Age 57.5 (5.2) Symptoms NR Training status Other	1	Concentric and eccentric	Kinesiotaping was superior to sham-KT in terms of all parameters except pain. KT was also found to be as effective as conventional exercise in all parameters. In addition, ultrasound objectively revealed that the supraspinatus tendinitis can be reduced and acromiohumeral distance can be increased.
Bahr 2006 Norway[8]	RCT	Patellar	N= 40 % female 12.5 Age 30.5 (7.9) Symptoms 34 (28.7) Training status Other	1	Eccentric only	No added benefit was observed for surgical treatment to eccentric strength training. Eccentric training should be offered for 12 weeks before tenotomy is considered for the treatment of patellar tendinopathy.

Balius 2016 Spain[9]	RCT	Achilles	N=37 % female 20.4 Age 41.4 (11.7) Symptoms NR Training status Other	6	3*Eccentric only	Findings confirmed the therapeutic potential of eccentric exercise at reactive and degenerative stages of tendinopathy. MCVC supplementation decreased pain more than eccentric exercise alone (reactive tendinopathy) Personalized stretching regime supplemented with MCVC may be appropriate for some patients
Berg 2021 Norway[10]	RCT	RCRSP	N= 21 47.6%female Age 48.5 (13) Symptoms 43 (57.5) Training status Other	1	Concentric and eccentric	HIIT rotator cuff exercise seems to be a feasible intervention in subacromial pain syndrome, increasing endurance performance more than usual care alone.
Beyer 2015 Denmark[11]	RCT	Achilles	N= 58 % female 31.9 Age 48.0 (2.0) Symptoms 18.1 (4.3) Training status Other	2	Eccentric only; Concentric and eccentric	Both traditional eccentric exercise and HSR yield positive, equally good and lasting clinical results in patients with Achilles tendinopathy. HSR is associated with greater patient satisfaction after 12 weeks but not after 52 weeks.
Blume 2015 United States[12]	RCT	RCRSP	N= 34 % female 58.0 Age 49.4 (15.6) Symptoms 22.7 (24.3) Training status Other	2	Concentric only; Eccentric only	Both eccentric and concentric PRE programs resulted in improved function, AROM, and strength in patients with SAIS. However, no difference was found between the two exercise modes, suggesting that therapists may use exercises that utilize either exercise mode in their treatment of SAIS.
Boudreau 2019 Canada[13]	RCT	RCRSP	N= 42 % female 52.4 Age 42.9 (12.0)	2	2*Concentric and eccentric	No additional benefit was found to adding coactivation to regular rotator cuff strengthening exercises at 6-weeks.

			Symptoms 43.0 (46.6) Training status Other			
Breda 2022 Netherlands[14]	RCT	Patellar	N= 76 23.7%female Age 26.5 (3.5) Symptoms NR Training status Recreational	2	Concentric and eccentric; Eccentric only	Patellar tendon stiffness, assessed with shear-wave elastography, is unsuitable to use as a single predictive measurement for clinical outcome. Decreasing stiffness during the course of exercise therapy is associated with improved clinical outcome in athletes recovering from patellar tendinopathy.
Breda 2020 Netherlands[15]	RCT	Patellar	N= 76 % female 23.7 Age 24 (3.9) Symptoms 98.5 (NR) Training status Performance	2	Isometric; Eccentric only	In patients with patellar tendinopathy, progressive tendon-loading exercises resulted in a significantly better clinical outcome after 24 weeks than eccentric exercise therapy. Progressive tendon-loading exercises are superior to eccentric exercise therapy and are therefore recommended as initial conservative treatment for patellar tendinopathy.
Chaconas 2017 United States[16]	RCT	RCRSP	N=46 % female 41.7 Age 45.9 (17.4) Symptoms 49.1 (80) Training status Other	2	Eccentric only	An eccentric program targeting the external rotators was superior to a general exercise program for strength, pain, and function after six months. The findings suggest eccentric training may be efficacious to improve self-report function and strength for those with SAPS.
Cheng 2007	RCT	RCRSP	N=94 % female Age 32.4 (10.2)	2	2*Concentric and eccentric	An eccentric program targeting the external rotators was superior to a general exercise program for

Hong Kong, China (SAR)[17]			Symptoms 23.4 Training status Other			strength, pain, and function after six months. The findings suggest eccentric training may be efficacious to improve self-report function and strength for those with subacromial pain syndrome.
Cho 2017 Korea (Republic of)[18]	Quasi-experimental	Patellar	N= 30 % female 46.7 Age 33.1 (29.1) Symptoms 15.1 (16.1) Training status Other	1	Eccentric only	A rehabilitation exercise programme was more effective at improving pain, strength and function in patellar tendinopathy that injection therapy alone.
Christiansen 2021 Denmark[19]	RCT	RCRSP	N= 208 54.3%female Age 52.3 (12) Symptoms 19 (6.3) Training status Other	3	Concentric and eccentric	In people with subacromial pain, group-based exercise, individually supervised exercise and home-based supervised exercise regimens have similar benefits. The home exercise intervention was associated with lowest costs.
Corum 2021 Turkey[20]	RCT	Lateral elbow/tennis elbow	N= 50 60%female Age 43 (7.6) Symptoms 12 (13.6) Training status Other	1	Eccentric only	The radial extracorporeal shock wave therapy seems to provide no significantly superior benefit than supervised exercises with neuromuscular inhibition at least until the three months in the treatment of LE.
de Jonge 2008 Netherlands[21]	RCT	Achilles	N= 70 % female NR Age 44.6 (26-59) ** Symptoms 30.7 (2-204) ** Training status Other	1	Eccentric only	Eccentric exercises with or without a night splint improved functional outcome at one year follow-up. At follow-up there was no significant difference in clinical outcome when a night splint was used in addition to an eccentric exercise.

de Vos 2007 Netherlands[22]	RCT	Achilles	N= 63 % female 41.3 Age 44.6 (8) Symptoms 30.6 (50.6) Training status Recreational	1	Eccentric only	A night splint has no added benefit to eccentric exercises in the treatment of chronic midportion Achilles tendinopathy. There was no significant difference between the two groups in VISA-A score and patient satisfaction.
Dejaco 2017 Netherlands[23]	RCT	RCRSP	N=36 % female 47.3 Age 49.5 (11.3) Symptoms 19.7 (20.1) Training status Other	2	Eccentric only; Concentric and eccentric	12-week-isolated eccentric training programme of the RC is beneficial for shoulder function and pain after 26 weeks in patients with RC tendinopathy. However, it is no more beneficial than a conventional exercise programme for the RC and scapular muscles.
Dimitrios 2012 Greece[24]	Quasi-experimental	Patellar	N= 60 % female 36.7 Age 47.6 (5.9) Symptoms 4.5 (NR) Training status Other	2	Eccentric only	Eccentric training and static stretching exercises is superior to eccentric training alone to reduce pain and improve function in patients with patellar tendinopathy at the end of the treatment and at follow-up.
Dimitrios 2013 Greece[25]	Quasi-experimental	Lateral elbow/tennis elbow	N= 60 36.7% female Age 47.5 (5.9) Symptoms NR Training status Other	2	Eccentric only, Isometric	Both supervised and home exercise programmes were found to be significantly effective in reducing pain and improving functional status. A specific supervised exercise programme was superior to a specific home exercise programme in reducing pain and improving function in patients with LET at the end of the treatment and at the 3 month follow-up.
Dogan 2021 Turkey[26]	RCT	RCRSP	N= 40 57.5%female Age 46 (7.9) Symptoms 10.25 (8.4)	1	Concentric and eccentric	Our results suggest that both PT and corticosteroid injection have beneficial effects on shoulder mobility and pain relief in SIS. PT should be an alternative and

			Training status Other			effective treatment method to corticosteroid injection in SIS.
Dupuis 2018 Canada[27]	RCT	RCRSP	N=43 % female 55.8 Age 33.3 (11.7) Symptoms 0.9 (0.3) Training status Other	2	Isometric	Both groups showed statistically significant improvements on symptoms and function at 2 weeks and 6 weeks but there was no difference between the short-term effect of cryotherapy and a gradual reloading exercise programme.
Eliason 2021 Sweden[28]	RCT	RCRSP	N= 120 50.8%female Age 44.9 (9.4) Symptoms 5.2 (3.6) Training status Other	1	Concentric and eccentric	In patients with subacromial pain syndrome guided exercises improved shoulder function compared with no treatment. Add-on joint mobilization decreased pain in the short-term compared with exercise alone or no treatment.
Ganderton 2018 Australia[29]	RCT	Gluteal	N=90 %female 100 Age 61.83 (7.81) Symptoms NR Training status Other	2	Concentric and eccentric	Lack of treatment effect was found with the addition of an exercise program to a comprehensive education on GTPS management. The improved outcomes of the responders in the GLoBE group indicate that there may be a subgroup of patients with a GTPS diagnosis that benefit from a GLoBE intervention program.
Gatz 2020 Germany[30]	RCT	Achilles	N= 42 % female 35.7 Age 50.0 (12.0) Symptoms 27.5 (23.8) Training status Other	2	Eccentric only; Isometric	No additional clinical benefits of adding ISOs to a basic EE program could be found in this preliminary randomized controlled trial study over a period of 3 months. SWE was able to differentiate between insertional and midportion tendon tissue and localize reported symptoms to sublocations but this did not correlate with better clinical scores

						(VISA-A) over a 3-month follow-up period.
Giray 2019 Turkey[31]	RCT	Lateral elbow/tennis elbow	N= 30 % female 86.7 Age 44.46 (9.92) Symptoms 1.69 (NR) Training status Other	1	Eccentric only	Kinesiotaping in addition to exercises is more effective than sham taping and exercises alone in improving pain in daily activities and arm disability due to lateral epicondylitis.
Habets 2021 Netherlands[32]	RCT	Achilles	N= 40 %female Age 44.9 (9) Symptoms 9.4 (8.2) Training status Recreational	2	Eccentric only; Concentric and eccentric	No differences in clinical effects were found between Alfredson and Silbernagel loading at up to 1-year follow-up. Both programs significantly improved clinical symptoms, and given their high adherence rates, offering either of them as a homebased program with limited supervision appears to be an effective treatment strategy for midportion AT.
Hallgren 2014 Sweden[33]	RCT	RCRSP	N= 50 % female 37.0 Age 52 (30-65)** Symptoms 18 (6-186)* Training status Other	2	Eccentric only	Specific exercises produced positive short-term improvements at 1-year follow-up and reduces the need for surgery. Full-thickness tear and a low CMS score appear to be predictors of poor outcome.
Hallgren 2017 Sweden[34]	RCT	RCRSP	N= 108 % female 34.1 Age 58 (NR) Symptoms NR Training status Other	2	Concentric and eccentric	More patients in the specific exercise group managed to avoid surgery compared to the unspecific exercise group at 5-year follow-up supporting it's prescription as an initial treatment for patients with subacromial pain.
Heron 2017	RCT	RCRSP	N= 120 % female 41.0 Age 49.9 (NR)	3	2*Concentric and eccentric	Open chain, closed chain, and range of movement exercises all seem to be effective in bringing

United Kingdom[35]			Symptoms NR Training status Other			about short-term changes in pain and disability in patients with rotator cuff tendinopathy.
Hopewell 2021 United Kingdom[36]	RCT	RCRSP	N= 708 49.3%female Age 55.5 (13.1) Symptoms 4.3 (0.5) Training status Other	2	Concentric and eccentric	Progressive exercise was not superior to a best-practice advice session with a physiotherapist. Subacromial corticosteroid injection improved shoulder pain and function, but provided only modest short-term benefit. Best-practice advice in combination with corticosteroid injection was expected to be most cost-effective, although there was substantial uncertainty
Hotta 2020 Brazil[37]	RCT	RCRSP	N=60 % female 70 Age 49 (9) Symptoms 28.5 (24) Training status Other	2	Concentric and eccentric	The inclusion of the isolated scapular stabilization exercises, emphasizing retraction and depression of the scapula, to a progressive general periscapular strengthening protocol did not add benefits to self-reported shoulder pain and disability, muscle strength, and ROM in patients with subacromial pain syndrome.
Johansson 2005 Sweden[38]	RCT	RCRSP	N=85 % female 69.4 Age 49 (7.5) Symptoms NR Training status Other	1	Isometric	Acupuncture was more effective than ultrasound when applied in addition to home exercises.
Jonsson 2005 Sweden[39]	RCT	Patellar	N= 15 % female 13.3 Age 24.9 (8.2) Symptoms 17.5 (13.2)	2	Eccentric only; Concentric only	Eccentric, but not concentric, quadriceps training on a decline board, seems to reduce pain in jumper's knee.

			Training status Performance			
Ketola 2009 Finland[40]	RCT	RCRSP	N=134 % female 62.9 Age 47.1(23.3-60.0)** Symptoms 2.6 (NR) Training status Other	1	Concentric and eccentric	Arthroscopic acromioplasty provides no clinically important effects over a structured and supervised exercise programme alone in terms of subjective outcome or cost-effectiveness when measured at 24 months.
Knobloch 2008 Italy[41]	RCT	Achilles	N= 92 % female 35.0 Age 47.5 (11.0) Symptoms NR Training status Recreational	1	Eccentric only	Patients with tendinopathy of the main body of the AT experienced improved clinical outcome with both management options. Although tendon microcirculation was optimized in the combined group of eccentric training and AirHeel Brace, these micro-vascular advantages do not translate into superior clinical performance when compared with eccentric training alone.
Knobloch 2007 Germany[42]	RCT	Achilles	N= 20 % female 45.0 Age 32.5 (11.0) Symptoms NR Training status	1	Eccentric only	An eccentric-training program performed daily over 12 weeks reduced the increased paratendinous capillary blood flow in Achilles tendinopathy by as much as 45% and decreased pain level based on a visual analog scale. Local paratendon oxygenation was preserved while paratendinous postcapillary venous filling pressures were reduced after 12 weeks of eccentric training, which appears to be beneficial from the perspective of microcirculation.
Knobloch 2007	RCT	Achilles	N= 118 % female 40	1	Eccentric only	Achilles tendon oxygen saturation is increased, and capillary venous

Germany[43]			Age 48.5 (12) Symptoms NR Training status Other			clearance facilitated using an Achilles wrap in addition to daily 12-week eccentric training
Kongsgaard 2009 Denmark[44]	RCT	Patellar	N= 37 % female 0 Age 32.4 (8.8) Symptoms 18.7 (12.3) Training status Recreational	2	Eccentric only; Concentric and eccentric	Corticosteroid injection has good short-term but poor long-term clinical effects, in patellar tendinopathy. Heavy-slow resistance exercise has good short- and long-term clinical effects accompanied by pathology improvement and increased collagen turnover.
Kromer 2014 Germany[45]	RCT	RCRSP	N= 90 % female 51.1 Age 51.8 (11.2) Symptoms 24.1 (35.1) Training status Other	1	Concentric and eccentric	The use of MT including Physiotherapy provides no additional benefits and is more expensive in comparison to exercise only interventions.
Kromer 2013 Germany[46]	RCT	RCRSP	N= 90 % female 51.1 Age 51.8 (11.2) Symptoms 7.8 (9.8) Training status Other	1	Concentric and eccentric	Individually adapted exercises were effective in the treatment of patients with shoulder impingement syndrome. Individualized manual Physiotherapy contributed only a minor amount to the improvement in pain intensity.
Littlewood 2016 United Kingdom[47]	RCT	RCRSP	N= 60 % female 50.3 Age 54.7 (NR) Symptoms 14.6 (NR) Training status Other	1	Concentric and eccentric	Self-management programme based on a single exercise were comparable to usual Physiotherapy in the short-, mid- and long-term.

Luginbuhl 2008 Switzerland[48]	RCT	Lateral elbow/tennis elbow	N= 30 % female 72.7 Age 47 (9) Symptoms 10 (11) Training status Other	1	Isometric	No beneficial effect of neither the forearm support band nor the strengthening exercises could be found.
Maenhout 2013 Belgium[49]	RCT	RCRSP	N= 61 % female 59.0 Age 39.8 (13.0) Symptoms NR Training status Other	2	Concentric and eccentric; Eccentric only	Adding heavy load eccentric training resulted in a higher gain in isometric strength at 90 degree of scapular abduction but was not superior for decreasing pain and improving shoulder function. The addition of a limited amount of Physiotherapy sessions combined with a daily home exercise programme is highly effective in patients with impingement.
Mafi 2001 Sweden[50]	RCT	Achilles	N= 44 % female 45.5 Age 48.3 (8.8) Symptoms 20.5 (3-120)** Training status Other	2	Eccentric only; Concentric only	Eccentric calf muscle training showed superior results to concentric training in the treatment of chronic Achilles tendinosis based on patient satisfaction and return to activity level.
Manias 2006 United Kingdom[51]	RCT	Lateral elbow/tennis elbow	N= 40 % female 67.5 Age 42.86 (6.23) Symptoms NR Training status Other	2	2*Eccentric only	An exercise programme consisting of eccentric and static stretching exercises had reduced the pain in patients with lateral epicondyle tendinopathy at the end of the treatment and at the follow up whether or not ice was included.
Martinez-Silvestrini 2005 United States[52]	Quasi-experimental	Lateral elbow/tennis elbow	N= 81 % female 46.8 Age 45.5 (7.7) Symptoms NR Training status Other	3	Concentric only; Eccentric only	Eccentric strengthening for the wrist extensors in subjects with lateral epicondylitis demonstrated improvement at six weeks but was not statistically different from that achieved with a conservative

						program with stretching or a concentric strengthening program.
Marzetti 2014 Italy[53]	RCT	RCRSP	N= 48 % female 61.4 Age 62.1 (12.5) Symptoms NR Training status Other	2	Concentric and eccentric	Neurocognitive rehabilitation is effective in reducing pain and improving function in patients with shoulder impingement syndrome, with benefits maintained for at least 24 weeks.
McCormack 2016 United States[54]	RCT	Achilles	N= 15 % female 68.8 Age 53.6 (38-69)** Symptoms 9.9 (NR) Training status Other	1	Eccentric only	Soft tissue treatment (Astym) plus eccentric exercise was more effective than eccentric exercise alone at improving function during both short- (26 weeks) and long-term (52 weeks) follow-up periods.
Mulligan 2016 United States[55]	RCT	RCRSP	N=50 % female 65 Age 50.1 (10.7) Symptoms 7.9 (7.4) Training status Other	1	Concentric and eccentric	Patients with SAIS demonstrate improvement in pain and function with a standardized program of physical therapy regardless of group exercise sequencing.
Nørregaard 2007 Denmark[56]	RCT	Achilles	N= 35 % female 49.0 Age 42.0 (2.0)*** Symptoms 28.4 (8.8)*** Training status Other	2	Eccentric only	Symptoms gradually improved during the 1-year follow-up period and were significantly better assessed by pain and symptoms after 3 weeks and all later visits. However, no significant differences could be observed between the two groups.
Nowotny 2018 Germany[57]	RCT	Lateral elbow/tennis elbow	N= 31 % female 57 Age 46 (NR) Symptoms NR Training status Other	1	Eccentric only	The use of an elbow orthosis appears to reduce pain and improve other subjective outcome measures. However, the long-term results do not appear to be any

						greater than those received through Physiotherapy alone.
Østerås 2010 Norway[58]	RCT	RCRSP	N=61 % female 20.5 Age 43.9 (13) Symptoms 40.2 (56.3) Training status Other	2	2*Concentric and eccentric	In long-term subacromial pain syndrome, high dosage medical exercise therapy is superior to a conventional low dosage exercise programme
Park 2010 Korea (Republic of)[59]	RCT	Lateral elbow/tennis elbow	N=31 % female 61.3 Age 50.2 (34-63)** Symptoms 6.3 (2-17)** Training status NR	1	Isometric	Isometric strengthening exercises done early in the course of LE (within 4 weeks) provides a clinically significant improvement.
Pearson 2012 New Zealand[60]	RCT	Patellar	N= 40 % female 62.5 Age 50.0 (8.2) Symptoms 11.0 (10.0) Training status Other	1	Eccentric only	There is some evidence for small short-term symptomatic improvements with the addition of autologous blood injection to standard treatment for Achilles tendinopathy.
Pearson 2018 Australia[61]	RCT	Achilles	N= 16 % female 0 Age 28 (4.25) Symptoms 34.17 (1.95) Training status Performance	2	2* Isometric	Pain was significantly reduced after isometric loading on both SLDS and hop tests. Pain and quadriceps function improved over the 4 weeks. Short-duration isometric contractions are found to be as effective as longer duration contractions for relieving patellar tendon pain when total time under tension is equalized.
Pekyavas 2016	RCT	RCRSP	N=70 % female NR	1	Concentric and eccentric	HILT and MT were found to be more effective in reducing pain and

Turkey[62]			Age 47.1 (13.8) Symptoms NR Training status Other			disability and improving ROM in patient with SAIS.
Petersen 2007 Germany[63]	RCT	Achilles	N= 86 % female 40.0 Age 42.5 (11.1) Symptoms 7.4 (2.3) Training status Recreational	1	Eccentric only	The AirHeel brace is as effective as eccentric training in the treatment of chronic Achilles tendinopathy. There is no added benefit to combining both treatments.
Peterson 2011 Sweden[64]	RCT	Lateral elbow/tennis elbow	N= 81 % female 42 Age 48.25 (8.35) Symptoms 23.3 (35.9) Training status Other	2	Concentric and eccentric	Exercise appears to be superior to the control group in reducing pain in chronic lateral epicondylosis.
Peterson 2014 Sweden[65]	RCT	Lateral elbow/tennis elbow	N= 120 % female 47.5 Age 47.9 (8.1) Symptoms NR Training status Other	1	Eccentric only; Concentric only	Eccentric graded exercise reduced pain and increased muscle strength in chronic tennis elbow more effectively than concentric graded exercise at follow-up. However, there were no significant differences in function or quality of life measures between the two groups.
Praet 2019 Australia[66]	RCT	Achilles	N= 20 % female 35.0 Age 43.7 (7.9) Symptoms 54 (90) Training status Recreational	1	Eccentric only	Oral supplementation of specific collagen peptides may accelerate the clinical benefits of a well-structured calf-strengthening and return-to-running programme in patients with chronic Achilles tendinopathy.
Rabusin 2020 Australia[67]	RCT	Achilles	N= 100 % female 52.0 Age 45.85 (9.4)	1	Eccentric only	In adults with mid-portion Achilles tendinopathy, heel lifts were more effective than calf muscle eccentric

			Symptoms 20.25 (NR) Training status Other			exercise in reducing pain and improving function at 12 weeks.
Rabusin 2021 Australia[68]	RCT	Achilles	N= 100 52%female Age 45.9 (9.4) Symptoms 20.9 (6.5) Training status Other	1	Eccentric only	In adults with mid-portion Achilles tendinopathy, heel lifts were more effective than calf muscle eccentric exercise in reducing pain and improving function at 12 weeks. However, there is uncertainty in the estimate of effect for this outcome and patients may not experience a clinically worthwhile difference between interventions.
Rio 2017 Australia[69]	RCT	Patellar	N= 20 % female 10.0 Age 22.5 (4.7) Symptoms NR Training status Performance	2	Concentric and eccentric; Isometric	Both isometric and isotonic contraction protocols appear efficacious for in-season athletes to reduce pain, however, isometric contractions demonstrated significantly greater immediate analgesia throughout the 4-week trial.
Romero-Morales 2020 Spain[70]	RCT	Achilles	N= 61 % female 26 Age 41.6 (8.7) Symptoms 4.25 (3.5) Training status Other	2	Eccentric only	Authors encourage the use of vibration with respect to cryotherapy added to eccentric exercise programs in order to enhance multifidus cross-sectional area in addition to lower limb functionality in individuals who suffer from chronic non-insertional AT.
Rompe 2007 Germany[71]	RCT	Achilles	N= 75 % female 61.3 Age 48.5 (10.6) Symptoms 10.8 (8.5) Training status Other	1	Eccentric only	At 4-month follow-up, eccentric loading and low-energy shock-wave therapy showed comparable results. The wait-and-see strategy was ineffective for the management of chronic recalcitrant Achilles tendinopathy.

Rompe 2009 Germany[72]	RCT	Achilles	N= 68 % female 55.9 Age 49.7 (9.9) Symptoms 14.5 (6.0) Training status Other	1	Concentric and eccentric	The likelihood of recovery after 4 months was higher after a combined approach of both eccentric loading and shock-wave therapy compared to eccentric loading alone.
Rompe 2009 Germany[73]	RCT	Gluteal (including GTPS)	N= 68 % female 55.9 Age 49.7 (9.9) Symptoms 14.5 (6) Training status Other	1	Eccentric only	Both corticosteroid injection and home training were significantly less successful than was shock wave therapy at 4-month follow-up. Corticosteroid injection was significantly less successful than was home training or shock wave therapy at 15-month follow-up.
Rompe 2008 Germany[74]	RCT	Achilles	N= 50 % female 60.0 Age 39.8 (11) Symptoms 25.55 (9.45) Training status Other	1	Eccentric only	Eccentric loading as applied in the present study showed inferior results to low-energy shock wave therapy as applied in patients with chronic recalcitrant tendinopathy of the insertion of the Achilles tendon at four months follow-up.
Roos 2004 Sweden[75]	RCT	Achilles	N= 44 % female 52.3 Age 45 (26-60)** Symptoms 5.5 (1-180)* Training status Recreational	1	Eccentric only	Eccentric exercises reduce pain and improve function in patients with Achilles tendinopathy.
Ruffino 2021 Argentina[76]	RCT	Patellar	N= 41 2.4%female Age 29.6 (7) Symptoms 13.4 (10.8) Training status	2	Concentric and eccentric; Isokinetic	Inertial flywheel resistance three times a week during 12 weeks resulted in similar pain and function benefit at 12 weeks compared with the heavy slow resistance training among people

			Recreational			with patellar tendinopathy. Flywheel training is another exercise option for managing people with patellar tendinopathy.
Sahbaz 2021 Turkey[77]	RCT	Lateral elbow/tennis elbow	N= 74 81%female Age 49.7 (7.6) Symptoms NR Training status Other	1	Eccentric only	In the treatment of chronic LE, platelet-rich plasma combined with exercise seems to be superior to exercise or extracorporeal shock wave therapy in terms of pain and functionality in chronic LE patients.
Schydlowsky 2022 Denmark[78]	RCT	RCRSP	N= 126 48.4%female Age 61 (13.2) Symptoms NR Training status Other	2	Concentric and eccentric	We found no significant difference between a comprehensive supervised training regimen including heavy training principles, and a home-based training program in patients with SIS.
Şenbursa 2011 Turkey[79]	RCT	RCRSP	N= 47 % female NR Age 49.0 (9.3) Symptoms NR Training status Other	2	2*Concentric and eccentric	Supervised exercise, supervised and MT, and home-based exercise are all effective and promising treatments for patients with subacromial impingement syndrome. The addition of an initial MT may improve outcomes with exercise.
Sevier 2015 United States[80]	RCT	Lateral elbow/tennis elbow	N= 90 % female 57.9 Age 46.95 (6.55) Symptoms NR Training status Other	1	Eccentric only	Astym therapy is an effective treatment option for patients with LE tendinopathy, as an initial treatment, and after an eccentric exercise program has failed.
Shim 2007 Korea[81]	RCT	Lateral elbow/tennis elbow	N= 63 %female Age 51.1 (8.5) Symptoms 12.5 (21.7) Training status	1	Isometric	Polydeoxyribonucleotide injections combined with EX exhibited a greater improvement in mean , Mayo elbow performance score and mean common extensor tendon depth compared to EX

			Other			only or EX combined with extracorporeal shockwave therapy for LE within the 12 weeks follow-up.
Silbernagel 2007 Sweden[82]	RCT	Achilles	N= 38 % female 47.4 Age 46.0 (8.0) Symptoms 36.2 (66.5) Training status Other	2	2*Concentric and eccentric	Our treatment protocol which gradually increases the load on the Achilles tendon and calf muscle, demonstrated significant improvements. Continuing tendon loading activity such as running and jumping with the use of a pain-monitoring model did not have any adverse effect.
Silbernagel 2001 Sweden[83]	RCT	Achilles	N= 47 % female 22.5 Age 44.0 (12.5) Symptoms 30.5 (40.7) Training status Recreational	2	2*Concentric and eccentric	The eccentric overload protocol used in the present study can be recommended for patients with chronic pain from the Achilles tendon. More patients achieved full recovery, improved pain and ROM in the Exp group compared to the control group.
Şimşek, 2013 Turkey[84]	RCT	RCRSP	N= 38 % female 65.8 Age 51.0 (18-69)** Symptoms NR Training status Other	1	Isokinetic	Findings were inconclusive and require further research.
Slider 2013 United States[85]	RCT		N=24 %female 79.2 Age 24.0 (9.0) Symptoms NR Training status Recreational	2	Isokinetic; Concentric and eccentric	In general, subjects with an acute hamstring strain injury treated with either the PATS or PRES rehabilitation program demonstrated a similar degree of muscle recovery at the time of return to sport. Despite this, there were no subjects who exhibited complete resolution of injury on MRI, and 2 of the 4 subjects who

						reinjured themselves did so within the first 2 weeks after return to sport.
Solomons 2020 Canada[86]	RCT	Achilles	N= 52 46%female Age 48 (7) Symptoms 18 (15) Training status Other	3	Eccentric only	The addition of intramuscular stimulation to standard rehabilitation for Achilles tendinopathy did not result in any improvement over the expected clinical benefit achieved with exercisebased rehabilitation alone.
Stasinopoulos 2017 Cyprus[87]	RCT	Lateral elbow/tennis elbow	N= 34 % female 55.8 Age 43.7 (4.6) Symptoms 6 (NR) Training status Recreational	3	Eccentric only; 2*Concentric and eccentric	Eccentric training, eccentric-concentric training, and eccentric-concentric training combined with isometric contraction reduced pain and improved function at the end of the treatment and follow-up. The eccentric-concentric training combined with isometric contraction produced the largest effect at the end of the treatment and follow-up.
Stasinopoulos 2006 Greece[88]	Quasi-experimental	Lateral elbow/tennis elbow	N= 75 % female 38.6% Age 40.3 (5.8) Symptoms 5 (NR) Training status Other	1	Eccentric only	Cyriax Physiotherapy, a supervised exercise programme, and polarized polychromatic non-coherent light reduced pain and improved function at the end of the treatment and at any of the follow-up time points. The supervised exercise programme produced the largest effect in the short, intermediate and long term.
Stasinopoulos 2010 Greece[89]	Quasi-experimental	Lateral elbow/tennis elbow	N= 70 % female 52.9 Age 45.1 (5.8) Symptoms 5 (NR) Training status NR	2	2*Eccentric only	Supervised exercise programme is superior to home exercise programme to reduce pain and improve function in patients with LET at the end of the treatment and at the follow-up.

Stasinopoulos 2013 Greece[90]	RCT	Lateral elbow/tennis elbow	N= 60 % female 36.7 Age 48.0 (5.9) Symptoms 4.5 (NR) Training status Other	2	Isometric; Eccentric only	A specific supervised exercise programme is superior to a specific home exercise programme in reducing pain and improving function in patients with lateral epicondyle tendinopathy at the end of the treatment and at the 3 month follow-up.
Stefansson 2019 Iceland[91]	RCT	Achilles	N= 58 % female 20.0 Age NR Symptoms NR Training status Other	1	Eccentric only	Similar results for pressure massage and eccentric exercise. Combining pressure massage and eccentric exercise did not improve outcomes
Steunebrink 2013 Netherlands[92]	RCT	Patellar	N= 33 % female 24.2 Age 32.9 (10) Symptoms 11 (8) Training status Recreational	1	Resistance	Continuous topical GTN treatment in addition to an eccentric exercise programme does not improve clinical outcome compared to placebo patches and an eccentric exercise programme in patients with chronic patellar tendinopathy.
Stevens 2014 United Kingdom[93]	RCT	Achilles	N= 28 % female 60.7 Age 48.7 (10.8) Symptoms 7.4 (4.0) Training status Other	2	2*Eccentric only	Performing a 6-week do-as-tolerated program of eccentric heel-drop exercises compared to the recommended 180 repetitions per day, did not lead to lesser improvement for individuals with midportion Achilles tendinopathy, based on VISA-A and VAS scores.
Svernlov 2001 Sweden[94]	Quasi-experimental	Lateral elbow/tennis elbow	N= 57 % female 61.3 Age 50.15 (NR) Symptoms 6.3 (NR) Training status Other	1	Eccentric only	Significant improvements observed for VAS and grip strength warrants clinical use of this regime.
Tonks 2007	RCT	Lateral elbow/tennis elbow	N= 34 % female NR Age 44.3 (7.1)	1	Isometric	Patients who received steroid injection were statistically significantly better for all outcome

United Kingdom[95]			Symptoms NR Training status Other			measures at follow up. No statistically significant effect of Physiotherapy nor interaction between Physiotherapy and injection was found.
Turgut 2017 Turkey[96]	RCT	RCRSP	N= 30 % female 46.7 Age 36.45 (17.5) Symptoms 6.28 (5.4) Training status Other	2	2*Concentric and eccentric	Progressive exercise training independent from specific scapular stabilization exercises provides decreased disability and pain severity in impingement syndrome. All groups showed improvement, however, there were no significant differences between the groups.
Vallés-Carrascosa 2018 Spain[97]	RCT	RCRSP	N= 22 % female 54 Age 59.0 (58.5-70.0)* Symptoms Training status Other	2	2*Eccentric only	Both rotator cuff eccentric exercise protocols with scapular stabilising and stretching of upper trapezius were equally effective in improving pain, function, and active ROM in the short-term in patients with subacromial syndrome.
vanArk 2016 Australia[98]	RCT	Patellar	N= 19 % female 6.9 Age 23 (4.7) Symptoms 35.8 (33.8) Training status Recreational	2	Isometric; Concentric and eccentric	This study found favourable results for athletes with patellar tendinopathy without modification of the training. Both isometric and isotonic exercise programs reduced pain and improve function in athletes with patellar tendinopathy during a season.
Vinuesa-Montoya 2017 Spain[99]	RCT	RCRSP	N= 40 % female 26.8 Age 47.0 (9.0) Symptoms 6.2 (3.8) Training status Other	1	Concentric and eccentric	Cervicothoracic manipulative treatment with mobilisation plus exercise therapy may improve intensity of pain and ROM compared with home exercise alone.
Visnes 2005 Norway[100]	RCT	Patellar	N= 29 % female 38.5 Age 26.58 (NR)	1	Eccentric only	There was no effect on knee function (VISA) from a 12-week program with eccentric training

			Symptoms 73.6 (62.3) Training status Performance			among a group of volleyball players with patellar tendinopathy who continued to train and compete during the treatment period. Whether the training would be effective if the patients did not participate in sports activity is not known.
Vuvan 2019 Australia[101]	RCT	Lateral elbow/tennis elbow	N= 39 % female 28 Age 48.5 (9) Symptoms 4 (NR) Training status Other	2	Isometric	Unsupervised isometric exercise was effective in improving pain and disability, but not perceived rating of change and pain-free grip strength when compared with wait-and-see at 8 wk. With only one of the three primary outcomes being significantly improved, it is doubtful if isometric exercises can be an efficacious standalone treatment.
Walther 2004 Germany[102]	RCT	RCRSP	N= 60 % female 43.3 Age 50.7 (NR) Symptoms 27.3 (NR) Training status Other	2	Isometric	There were no statistically significant differences among the groups. Guided self-training can lead to results similar to those of conventional Physiotherapy.
Wegener 2016 Australia[103]	RCT	Lateral elbow/tennis elbow	N= 40 % female 70 Age 49.52 (8.09) Symptoms NR Training status NR	1	Eccentric only	Whilst all groups improved on key outcomes, it is possible that exercise alone and/or natural recovery were responsible for improvements.
Wen 2011 United States[104]	RCT	Lateral elbow/tennis elbow	N= 28 % female 46.4 Age 46 (7.3) Symptoms 3.3 (2.2)	1	Eccentric only	The authors were unable to show any statistical advantage to eccentric exercises for lateral epicondylosis compared with local modalities and stretching exercises.

			Training status Other			
Werner 2002 Germany[105]	RCT	RCRSP	N=20 % female 50 Age 51.75 (NR) Symptoms 27.5 Training status Other	2	Isometric	Strengthening of the centering muscles around the humeral head lead to positive outcomes for subacromial impingement. Self-training after instruction showed no difference to physiotherapist-supervised exercises.
Wiedmann 2017 Germany[106]	RCT	Achilles	N= 20 % female 65.0 Age 43.0 (6.0) Symptoms NR Training status Other	1	Eccentric only	Eccentric training improved the VISA-A and VAS scores after 12 weeks more than Physiotherapy treatment.
Yelland 2011 Australia[107]	RCT	Achilles	N= 43 % female NR Age 46.7 (NR) Symptoms 17 (NR) Training status Other	1	Eccentric only	Prolotherapy and particularly eccentric loading exercises combined with prolotherapy gave more rapid improvements in Achilles tendinosis symptoms than eccentric loading exercises alone. Long term VISA-A scores were similar.
Yilmaz 2022 Turkey[108]	RCT	Lateral elbow/tennis elbow	N= 40 65%female Age 42.8 (8.9) Symptoms 29.9 (33.7) Training status Other	1	Eccentric only	Radial nerve mobilization techniques are more effective on pain than conservative rehabilitation therapy in LE patients, and this effect continues after treatment.
Young 2005 Australia[109]	RCT	Patellar	N= 17 % female 23.5 Age 27.3 (1.8) Symptoms NR Training status Performance	2	Eccentric only; Concentric and eccentric	Both exercise protocols improved pain and sporting function in volleyball players over 12 months. The decline squat protocol offers greater clinical gains during a rehabilitation programme for

						patellar tendinopathy in athletes who continue to train and play with pain.
Yu 2013 Korea (Republic of) [110]	Quasi-experimental	Achilles	N= 32 % female 0.0 Age 30.3 (1.6) Symptoms 11.7 (2.1) Training status Other	2	Eccentric only; Concentric only	Eccentric strengthening was more effective than concentric strengthening in reducing pain and improving function in patients with Achilles tendinopathy.

Key: * = median (interquartile range); ** = mean (range); *** = mean (standard error of the mean); MVCV = mean dietary supplement containing mucopolysaccharides, type I collages & vitamin C; AT = Achilles Tendinopathy; GTPS = Greater trochanteric pain syndrome; F-ESWT=electromagnetic focused extracorporeal shockwave treatment; PATS = progressive agility and trunk stabilization; PRES = progressive running and eccentric strengthening; HVI = high-volume injection; PRP = platelet-rich plasma; VISA-A=Victorian Institute of Sports Assessment self-administered Achilles questionnaire; VAS = visual analogue scale; HSR = heavy slow resistance training; ROM = range of motion; SAIS = Subacromial impingement syndrome; SIS = Shoulder impingement syndrome; RCT=randomised controlled trial; RSP = Round shoulder posture; DASH = Disabilities of the Arm, Shoulder and Hand; SF-36 = The 36-Item Short Form Survey; RC = rotator cuff; TrP-DN = trigger point dry needling; CMS = Constant-Murley score; HILT = high-intensity laser therapy; MT = manual therapy; NSAID = a nonsteroidal anti-inflammatory drug; IFC = interferential current; SAPS = Subacromial pain syndrome; LET=lateral epicondylitis tendinopathy; LLLT = low-level laser therapy; PHLE = Progressive high-load exercise; LLE = low-load exercise; AROM = active range of motion; PRE = progressive resistance exercise

Supplementary 7C – Included Studies References (n=110)

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