SUPPLEMENTARY FILE

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LOAD PROGRESSION CRITERIA IN EXERCISE PROGRAMMES IN LOWER LIMB TENDINOPATHY: A SYSTEMATIC REVIEW

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Supplementary appendix 1. Search strategy.

PubMed search

Dates: From inception to 24th September 2020

Fields: "All Fields"

Keywords:

("Patellar tendin*" OR "jumper's knee" OR "lander's knee" OR "achilles tendin*" OR "midportion achilles tendin*" OR "mid-portion achilles tendin*" OR "mid-substance Achilles tendin*" OR "midsubstance Achilles tendin*" OR "non-insertional Achilles tendin*" "gluteal tendin*" OR "greater trochanteric bursitis" OR "greater trochanteric pain syndrome" OR "lower limb tendinopathy" OR "tendinopathy" OR "tendonopathy" OR "tendonitis")

AND

("exercise" OR "strength" OR "training" OR "resistance" OR "loading" OR "progressive" OR "physical activity" OR "eccentric" OR "plyometric" OR "guided imagery" OR "stretching")

Search chain: ((((((((((((((((((Patellar tendin*) OR jumper's knee) OR lander's knee) OR achilles tendin*) OR midportion achilles tendin*) OR mid-portion achilles tendin*) OR mid-substance Achilles tendin*) OR midsubstance Achilles tendin*) OR non-insertional Achilles tendin*) OR gluteal tendin*) OR greater trochanteric bursitis) OR greater trochanteric pain syndrome) OR lower limb tendinopathy) OR tendinopathy OR tendonopathy) OR tendonitis)))))) AND ((((((((((exercise) OR strength) OR training) OR resistance) OR loading) OR progressive) OR physical activity) OR eccentric) OR plyometric) OR (guided imagery)) OR stretching)

Search Chain Details: ((((((((((((patellar tendinitis[All Fields] OR patellar tendinopathies[All Fields] OR patellar tendinopathy[All Fields] OR patellar tendinosis[All Fields]) OR (jumper's[All Fields] AND ("knee"[MeSH Terms] OR "knee"[All Fields] OR "knee joint"[MeSH Terms] OR ("knee"[All Fields] AND "joint"[All Fields]) OR "knee joint"[All Fields]))) OR (lander's[All Fields] AND ("knee"[MeSH Terms] OR "knee"[All Fields] OR "knee joint"[MeSH Terms] OR ("knee"[All Fields] AND "joint"[All Fields]) OR "knee joint"[All Fields]))) OR (achilles tendinitis[All Fields] OR achilles tendinopathies[All Fields] OR achilles tendinopathy[All Fields] OR achilles tendinopaty[All Fields] OR achilles tendinoscopy[All Fields] OR achilles tendinosis[All Fields]))

OR (midportion achilles tendinopathy[All Fields] OR midportion achilles tendinosis[All Fields])) OR (mid portion achilles tendinopathy[All Fields] OR mid portion achilles tendinosis[All Fields])) OR mid substance achilles tendinopathy[All Fields]) OR midsubstance achilles tendinopathy[All Fields]) OR non insertional achilles tendinopathy[All Fields]) OR (gluteal tendinitis[All Fields] OR gluteal tendinopathy[All Fields] OR gluteal tendinosis[All Fields])) OR (greater[All Fields] AND trochanteric[All Fields] AND ("bursitis"[MeSH Terms] OR "bursitis"[All Fields]))) OR (greater[All Fields] AND trochanteric[All Fields] AND ("somatoform disorders"[MeSH Terms] OR ("somatoform"[All Fields] AND "disorders"[All Fields]) OR "somatoform disorders"[All Fields] OR ("pain"[All Fields] AND "syndrome"[All Fields]) OR "pain syndrome"[All Fields]))) OR (("lower extremity"[MeSH Terms] OR ("lower"[All Fields] AND "extremity"[All Fields]) OR "lower extremity"[All Fields] OR ("lower"[All Fields] AND "limb"[All Fields]) OR "lower limb"[All Fields]) AND ("tendinopathy"[MeSH Terms] OR "tendinopathy"[All Fields]))) OR ("tendinopathy"[MeSH Terms] OR "tendinopathy"[All Fields]) OR ("tendinopathy"[MeSH Terms] OR "tendinopathy"[All Fields] OR "tendonopathy"[All Fields]) OR ("tendinopathy"[MeSH Terms] OR "tendinopathy"[All Fields] OR "tendonitis"[All Fields])) AND ((((((((((("exercise"[MeSH Terms] OR "exercise"[All Fields]) OR strength[All Fields]) OR ("education"[Subheading] OR "education"[All Fields] OR "training"[All Fields] OR "education"[MeSH Terms] OR "training"[All Fields])) OR resistance[All Fields]) OR loading[All Fields]) OR ("Progressive"[Journal] OR "progressive"[All Fields])) OR ("exercise"[MeSH Terms] OR "exercise"[All Fields] OR ("physical"[All Fields] AND "activity"[All Fields]) OR "physical activity"[All Fields])) OR eccentric[All Fields]) OR stretching[All Fields]) OR plyometric[All Fields]) OR guided imagery[All Fields])

Scopus search Scopus®

Dates: From inception to 24th September 2020

Fields: "Title, Keywords, and Abstract"

Keywords:

("Patellar tendin*" OR "jumper's knee" OR "lander's knee" OR "achilles tendin*" OR "midportion achilles tendin*" OR "mid-portion achilles tendin*" OR "mid-substance Achilles tendin*" OR "midsubstance Achilles tendin*" OR "non-insertional Achilles tendin*" "gluteal tendin*" OR "greater trochanteric bursitis" OR "greater trochanteric pain syndrome" OR "lower limb tendinopathy" OR "tendinopathy" OR "tendonopathy" OR "tendonitis")

AND

("exercise" OR "strength" OR "training" OR "resistance" OR "loading" OR "progressive" OR "physical activity" OR "eccentric" OR "plyometric" OR "guided imagery" OR "stretching")

NOT

("supraspinatus" OR "biceps" OR "subacromial" OR "epicondylitis")

Limits: Document type: "Article"; Excluded subject areas: "Agricultural and Biological Sciences", "Immunology and Microbiology", "Veterinary", "Chemical Engineering", "Physics and Astronomy", "Social Sciences"

Complete search chain:

((((((((((((((((((patellar AND tendin*) OR jumper's AND knee) OR lander's AND knee) OR achilles AND tendin*) OR midportion AND achilles AND tendin*) OR mid-portion AND achilles AND tendin*) OR mid-substance AND achilles AND tendin*) midsubstance AND achilles AND tendin*) non-insertional AND achilles AND tendin*) OR gluteal AND tendin*) OR greater AND trochanteric AND bursitis) OR greater AND trochanteric AND pain AND syndrome) OR lower AND limb AND tendinopathy) OR tendinopathy) OR tendonopathy) OR tendonitis)))) AND ((((((((((exercise) OR strength) OR training) OR resistance) OR loading) OR progressive) OR physical AND activity) OR eccentric) OR plyometric) OR (guided AND imagery)) OR stretching) AND NOT (supraspintus) AND NOT (biceps) AND NOT (subacromial) AND NOT (epicondylitis) AND (LIMIT-TO (DOCTYPE , "ar")) AND (EXCLUDE (SUBJAREA , "AGRI") OR EXCLUDE (SUBJAREA , "IMMU") OR EXCLUDE (SUBJAREA , "VETE") OR EXCLUDE (SUBJAREA , "CENG") OR EXCLUDE (SUBJAREA , "PHYS") OR EXCLUDE (SUBJAREA , "SOCI"))

EMBASE search Embase

Dates: From inception to 24th September 2020

Keywords:

("tendinitis", including the synonyms "hypertrophic infiltrative tendinitis", "nodular tendinitis" "tendinitis", "tendinopathy", "tendinosis", "tendonitis", "tendonopathy", "tenonitis", "tenontitis", and "tenositis")

AND

("exercise", including the synonyms "exercise", "exercise performance", "exercise training", "fitness training", "physical conditioning", and "physical exercise" OR "training" OR "eccentric exercise" OR "eccentric muscle contraction" OR "concentric muscle contraction" OR "eccentric muscle isometric contraction" OR "muscle isotonic contraction", including "isotonic contraction", OR "aerobic exercise" OR "resistance training")

Limits: Study design: Randomized controlled trial

Complete search chain:

('tendinitis'/exp OR 'tendinitis' OR 'tendinopathy' OR 'tendinosis' OR 'tendonitis' OR 'tendonopathy' OR 'tenonitis' OR 'tenontitis' OR 'tenositis' OR 'hypertrophic infiltrative tendinitis' OR 'nodular tendinitis') AND ('exercise'/exp OR 'exercise' OR 'exercise performance' OR 'exercise training' OR 'fitness training' OR 'physical conditioning, human' OR 'physical exercise' OR 'training'/exp OR 'eccentric exercise'/exp OR 'eccentric muscle contraction'/exp OR 'concentric muscle contraction'/exp OR 'muscle isometric contraction'/exp OR 'muscle isotonic contraction'/exp OR 'isotonic contraction' OR 'aerobic exercise'/exp OR 'resistance training'/exp) AND ('randomized controlled trial'/exp OR 'controlled trial, randomized' OR 'randomised controlled study' OR 'randomised controlled trial' OR 'randomized controlled study' OR 'randomized controlled trial' OR 'trial, randomized controlled')

PED*ro* search

Dates: From inception to 24th September 2020

Keywords:

("tendinopathy") AND ("exercise) [Abstract & Title]

Additionally, one reviewer manually checked the reference lists of different studies and reviews to identify possible additional studies.

Supplementary appendix 2. Excluded articles (with at least one reason).

Author; year	Title	Reasons for exclusion (at least)
Abat et al. (2014)[1]	Effectiveness of the Intratissue Percutaneous Electrolysis (EPI®) technique and isoinertial eccentric exercise in the treatment of patellar tendinopathy at two years follow-up	3
Alfredson et al. (1999)[2]	Bone mass in the calcaneus after heavy loaded eccentric calf-muscle training in recreational athletes with chronic achilles tendinosis	8
Angermann & Hovgaard (1999)[3]	Chronic Achilles tendinopathy in athletic individuals: results of nonsurgical treatment	8
Balius et al. 2016 [4]	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	1
Basas et al. (2018)[5]	Effects of a strength protocol combined with electrical stimulation on patellar tendinopathy: 42 months retrospective follow-up on 6 high-level jumping athletes	3, 8
Bell et al. (2013)[6]	Impact of autologous blood injections in treatment of mid-portion Achilles tendinopathy: double blind randomised controlled trial	3
Biernat et al. 2014[7]	Rehabilitation protocol for patellar tendinopathy applied among 16- to 19-year old volleyball players	4
Boesen et al. (2017)[8]	Effect of High-Volume Injection, Platelet-Rich Plasma, and Sham Treatment in Chronic Midportion Achilles Tendinopathy: A Randomized Double-Blinded Prospective Study	3
Brown et al. (2006)[9]	Aprotinin in the management of Achilles tendinopathy: a randomised controlled trial	3
Cannell et al. 2001 [10]	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	14
Chen et al. (2015)[11]	High-intensity stepwise conditioning programme for improved exercise responses and agility performance of a badminton player with knee pain	10
Cook (2007)[12]	Eccentric exercise and shock-wave therapy benefit patients with chronic Achilles tendinopathy	6
De Jonge et al. (2016)[13]	The Tendon Structure Returns to Asymptomatic Values in Nonoperatively Treated Achilles Tendinopathy but Is Not Associated With Symptoms: A Prospective Study	3
De Vos et al. (2010)[14]	Platelet-rich plasma injection for chronic Achilles tendinopathy: a randomized controlled trial	3
De Vos et al. (2011)[15]	No effects of PRP on ultrasonographic tendon structure and neovascularisation in chronic midportion Achilles tendinopathy	3
De Vries et al. (2016)[16]	Effect of patellar strap and sports tape on pain in patellar tendinopathy: A randomized controlled trial	3
Deans & James-Ramos (2012)[17]	A prospective series of patients with chronic Achilles tendinopathy treated with autologous-conditioned plasma injections combined with exercise and therapeutic ultrasonography	3, 8
Dimitrios et al. 2011 [18]	Comparing the effects of eccentric training with eccentric training and static stretching exercises in the treatment of patellar tendinopathy. A controlled clinical trial	4*
Dragoo et al. 2014 [19]	Platelet-rich plasma as a treatment for patellar tendinopathy: a double-blind, randomized controlled trial.	3
Fitzpatrick et al. 2018 [20]	The effectiveness of platelet-rich plasma injections in gluteal tendinopathy-a randomised, double-blind controlled trial comparing a single platelet-rich plasma injection with a single corticosteroid injection	2
Ganderton et al. 2016 [21]	Does menopausal hormone therapy (MHT), exercise or a combination of both, improve pain and function in post-menopausal women with greater trochanteric pain syndrome (GTPS)? A randomised controlled trial	3

Gärdin et al. (2010)[22]	The long-term clinical and MRI results following eccentric calf muscle training in chronic Achilles tendinosis	8
Garrick (2007)[23]	Return to sport after patellar tendinosis through eccentric or concentric quadriceps training.	6
Grigg et al. (2009)[24]	Eccentric calf muscle exercise produces a greater acute reduction in Achilles tendon thickness than concentric exercise	5
Gual et al. (2016)[25]	Effects of In-Season Inertial Resistance Training With Eccentric Overload in a Sports Population at Risk for Patellar Tendinopathy	5
Habets et al. (2017)[26]	Alfredson versus Silbernagel exercise therapy in chronic midportion Achilles tendinopathy: study protocol for a randomized controlled trial	9
Herrington & McCulloch, 2007 [27]	The role of eccentric training in the management of Achilles tendinopathy: A pilot study	3
Holden et al. 2020 [28]	Isometric exercise and pain in patellar tendinopathy: A randomized crossover trial	4
Jayaseelan et al. 2017 [29]	Manual therapy and eccentric exercise in the management of Achilles tendinopathy	11
Jonsson et al. (2008)[30]	New regimen for eccentric calf-muscle training in patients with chronic insertional Achilles tendinopathy: results of a pilot study	13
Kedia et al. (2014)[31]	The effects of conventional physical therapy and eccentric strengthening for insertional achilles tendinopathy	13
Knobloch et al. 2007 [32]	Eccentric Training Decreases Paratendon Capillary Blood Flow and Preserves Paratendon Oxygen Saturation in Chronic Achilles Tendinopathy	13
Knobloch et al. 2008 [33]	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	1
Knobloch et al. 2010 [34]	Gender and eccentric training in Achilles mid-portion tendinopathy	8
Koszalinski et al. 2020 [35]	Trigger point dry needling, manual therapy and exercise versus manual therapy and exercise for the management of Achilles tendinopathy: a feasibility study	3
Lee et al. 2020 [36]	Changes on Tendon Stiffness and Clinical Outcomes in Athletes Are Associated With Patellar Tendinopathy After Eccentric Exercise	3
Mansur et al. (2017)[37]	Shock wave therapy associated with eccentric strengthening versus isolated eccentric strengthening for Achilles insertional tendinopathy treatment: a double-blinded randomised clinical trial protocol	9, 13
Mayer et al. 2007 [38]	Effects of short-term treatment strategies over 4 weeks in Achilles tendinopathy	2
McCormack (2012)[39]	The management of mid-portion achilles tendinopathy with astym® and eccentric exercise: a case report	3, 10
Miners & Bougie (2011)[40]	Chronic Achilles tendinopathy: a case study of treatment incorporating active and passive tissue warm-up, Graston Technique, ART, eccentric exercise, and cryotherapy	10
Morrisey et al. 2011[41]	The effect of eccentric and concentric calf muscle training on Achilles tendon stiffness	5
Munteanu et al. (2015)[42]	Effectiveness of customised foot orthoses for Achilles tendinopathy: a randomised controlled trial	3
Ohberg & Alfredson (2004)[43]	Effects on neovascularisation behind the good results with eccentric training in chronic mid-portion Achilles tendinosis?	8
O'Neill et al. (2019)[44]	Acute sensory and motor response to 45-s heavy isometric holds for the plantar flexors in patients with Achilles tendinopathy	4, 8
Paoloni et al. (2004)[45]	Topical glyceryl trinitrate treatment of chronic noninsertional achilles tendinopathy. A randomized, double-blind, placebo-controlled trial	3
Papa (2012)[46]	Conservative management of Achilles Tendinopathy: a case report	3, 10
Pavone et al. (2016)[47]	Low-Energy Extracorporeal Shock-Wave Therapy in the Treatment of Chronic Insertional Achilles Tendinopathy: A Case Series	11, 13

Pinitkwamdee et al. 2020[48]	Effectiveness of Extracorporeal Shockwave Therapy in the Treatment of Chronic Insertional Achilles Tendinopathy	2
Purdam et al. (2004)[49]	A pilot study of the eccentric decline squat in the management of painful chronic patellar tendinopathy	7
Rabusin et al. 2019 [50]	Efficacy of heel lifts versus calf muscle eccentric exercise for mid-portion Achilles tendinopathy (the HEALTHY trial): study protocol for a randomised trial	9
Ram et al. (2013)[51]	The limited effectiveness of a home-based eccentric training for treatment of Achilles tendinopathy	12
Ramon et al. 2020 [52]	Focused Shockwave Treatment for Greater Trochanteric Pain Syndrome: A Multicenter, Randomized, Controlled Clinical Trial	3
Rees et al. (2008)[53]	The mechanism for efficacy of eccentric loading in Achilles tendon injury; an in vivo study in humans	5
Rio et al. (2015)[54]	Isometric exercise induces analgesia and reduces inhibition in patellar tendinopathy	4
Romero-Morales et al. 2020 [55]	Vibration increases multifidus cross-sectional area versus cryotherapy added to chronic non-insertional Achilles tendinopathy eccentric exercise	3
Romero-Rodriguez & Gual et al. (2011)[56]	Efficacy of an inertial resistance training paradigm in the treatment of patellar tendinopathy in athletes: a case-series study	11
Rompe et al. (2008)[57]	Eccentric loading compared with shock wave treatment for chronic insertional achilles tendinopathy. A randomized, controlled trial	13
Rompe et al. (2009)[58]	Eccentric loading versus eccentric loading plus shock-wave treatment for midportion achilles tendinopathy: a randomized controlled trial	1
Ross et al. (2017)[59]	Combined osteopathy and exercise management of Achilles tendinopathy in an athlete	3
Sancho et al. 2019 [60]	Education and exercise supplemented by a pain-guided hopping intervention for male recreational runners with midportion Achilles tendinopathy: A single cohort feasibility study	8
Sartorio et al. (2018)[61]	The EdUReP approach plus manual therapy for the management of insertional Achilles tendinopathy	13
Scattone-Silva et al. (2015)[62]	Rehabilitation of Patellar Tendinopathy Using Hip Extensor Strengthening and Landing-Strategy Modification: Case Report With 6-Month Follow-up	10
Shalabi et al. (2004)[63]	Immediate Achilles tendon response after strength training evaluated by MRI	4
Silbernagel et al. 2007 [64]	Continued sports activity, using a pain-monitoring model, during rehabilitation in patients with Achilles tendinopathy: a randomized controlled study	1**
Sinnot et al. (2017)[65]	Autologous Blood and Platelet-Rich Plasma Injections in the Treatment of Achilles Tendinopathy: A Critically Appraised Topic	6
Solomons et al. 2020 [66]	Intramuscular stimulation vs sham needling for the treatment of chronic midportion Achilles tendinopathy: A randomized controlled clinical trial	3
Stasinopoulos et al. 2013 [67]	Comparing two eccentric exercise programmes for the management of Achilles tendinopathy. A pilot trial	7
Stergioulas et al. (2008)[68]	Effects of low-level laser therapy and eccentric exercises in the treatment of recreational athletes with chronic achilles tendinopathy	3
Steunebrink et al. (2013)[69]	Topical glyceryl trinitrate treatment of chronic patellar tendinopathy: a randomised, double-blind, placebo-controlled clinical trial	3
Thijs et al. 2017 [70]	Effectiveness of shockwave treatment combined with eccentric training for patellar tendinopathy: A double-blinded randomized study	3
Tumilty et al. (2008)[71]	Laser therapy in the treatment of achilles tendinopathy: a pilot study	3
Tumilty et al. (2012)[72]	Clinical effectiveness of low-level laser therapy as an adjunct to eccentric exercise for the treatment of Achilles' tendinopathy: a randomized controlled trial	3

Tumilty et al. 2016 [73]	Photobiomodulation and eccentric exercise for Achilles tendinopathy: a randomized controlled trial	3
Van Ark et al. (2013)[74]	An exercise-based physical therapy program for patients with patellar tendinopathy after platelet-rich plasma injection	3, 8
Van Ark et al. 2016 [75]	Does the adolescent patellar tendon respond to 5 days of cumulative load during a volleyball tournament?	5, 8
Van Ark et al. 2018[76]	Clinical Improvements Are Not Explained by Changes in Tendon Structure on Ultrasound Tissue Characterization After an Exercise Program for Patellar Tendinopathy	15
Van der Vlist et al. 2020 [77]	Isometric exercises do not provide immediate pain relief in Achilles tendinopathy: A quasi-randomized clinical trial	4
Van der Worp et al. (2011)[78]	The TOPSHOCK study: effectiveness of radial shockwave therapy compared to focused shockwave therapy for treating patellar tendinopath - design of a randomised controlled trial	3, 9
Van der Worp et al. (2014)[79]	No difference in effectiveness between focused and radial shockwave therapy for treating patellar tendinopathy: a randomized controlled trial	3
Verrall et al. 2011 [80]	Chronic Achilles tendinopathy treated with eccentric stretching program	8
Von Wehren et al. 2019 [81]	Injection with autologous conditioned serum has better clinical results than eccentric training for chronic Achilles tendinopathy	7
Warden et al. (2008)[82]	Low-intensity pulsed ultrasound for chronic patellar tendinopathy: a randomized, double-blind, placebo-controlled trial	3
Wasterlain et al. 2012 [83]	Platelet-Rich Plasma as a Treatment for Patellar Tendinopathy: A Double-Blind Randomized Controlled Trial	2
Wei et al. (2017)[84]	Comparison of Clinical Efficacy Among Endoscopy-Assisted Radio-Frequency Ablation, Extracorporeal Shockwaves, and Eccentric Exercises in Treatment of Insertional Achilles Tendinosis	13
Wesner et al. (2016)[85]	A Pilot Study Evaluating the Effectiveness of Platelet-Rich Plasma Therapy for Treating Degenerative Tendinopathies: A Randomized Control Trial with Synchronous Observational Cohort	3
Wheeler et al. 2019 [86]	Extracorporeal Shock Wave Therapy Plus Rehabilitation for Insertionaland Noninsertional Achilles Tendinopathy Shows Good Results Across a Range of Domains of Function	3, 8
Yıldızgören et al. (2015)[87]	Conservative Treatment of Achilles Tendinosis, and Importance of Ultrasonography in The Follow-Up: A Case Report	12

1: exercise versus supplemented exercise; 2: no exercise; 3: no exercise as monotherapy; 4: no progression/ no progression criteria; 5: no tendinopathy; 6: critical appraisal paper; 7: non-randomized study; 8: no control group; 9: study protocol; 10: a case report; 11: case series; 12: full-text not available; 13: predominant insertional Achilles tendinopathy; 14: non-compliance with the age criteria; 15: secondary analysis of another included study

*Progression occurs in the treatment shared by both groups, not in the additional treatment being studied

**Same exercise programme studied with and without continued sports activity

Supplementary appendix 3. Characteristics of the subjects of the included studies.

Study	N	Subjects	Age	Duration of symptoms	Diagnosis
ACHILLES TENDINOPATHY					
Gatz et al. (2020)	N=42 (62¥)	Subjects with a tendinopathy treated unsuccessfully	21-73 years	At least 2 months	Clinical diagnosis
Stefansson et al. (2019)	N=40‡	Recruited from clinicians and physical therapists	>18 years	At least 12 months	Clinical and US diagnosis
Beyer et al. (2015)	N=58	Recreational athletes	18-60 years	At least 3 months	US diagnosis
Stevens & Tan (2014)	N=28	Subjects identified on clinic waiting lists	>18 years	At least 3 months	Clinical diagnosis
Kearney et al. (2013)	N=20	Clinic patients	35-66 years	At least 3 months	Clinical and US diagnosis
Yu et al. (2013)	N=32	Clinic patients	20-30 years	At least 6 months	US diagnosis
Zhang et al. (2013)	N=64	Hospital patients	18-70 years	At least 2 months	Clinical diagnosis
Horstmann et al. (2013)	N=58	Recreational runners	25-55 years	At least 6 months	US diagnosis
Yelland et al. (2011)	N=29‡	VISA-A <80 (athletes), VISA-A <70 (not athletes); analgesics were allowed	>18 years	At least 6 weeks	Clinical and US diagnosis
Chester et al. (2008)	N=16	Clinic patients	31-76 years	At least 3 months	Clinical diagnosis
Petersen et al. (2007)	N=72‡ (100¥)	Recreational athletes	Mean age 42.5±11.07	At least 3 months (7.4 months)	Clinical and US diagnosis
Rompe et al. (2007)	N=75	Clinic patients; 12 weeks washout period required	18-70 years	At least 6 months	Clinical and US diagnosis
Nørregaard et al. (2007)	N=45 (67 ¥)	Clinic patients	18-70 years	At least 3 months	Clinical and US diagnosis
Roos et al. (2004)	N=29‡	Primary care patients	26-60 years	At least 1 month	Clinical diagnosis
Mafi et al. (2001)	N=44	People with severe tendinopathy candidate for surgical treatment	36-72 years	At least 3 months	Clinical and US diagnosis
Silbernagel et al. (2001)	N=40 (57 ¥)	Recreational athletes	19-77 years	At least 3 months	Clinical diagnosis
Niesen-Vertommen et al. (1992)	N=17	Recreational athletes	22-49 years	At least 1 month	Clinical diagnosis
PATELLAR TENDINOPATHY					
Rio et al. (2017)	N=20	Volleyball and basketball players	>16 years	N/A	Clinical and US diagnosis
Van ark et al. (2016)	N=29	Volleyball and basketball players	16-32 years	At least 1 month (35.8±33.8 months)	Clinical diagnosis
Da Cunha et al. (2012)	N=7	Athletes	>18 years	N/A	Clinical and US or MRI diagnosis
Kongsgaard et al. (2009)	N=39	4 weeks wash-out period required	18-50 years	At least 3 months	US diagnosis
Frohm et al. (2007)	N=20	Competitive and recreational athletes	26±8-28±8 years	At least 3 months	MRI or US diagnosis
Bahr et al. (2006)	N=40¥	Subjects with pain during and after activity and unable to participate in sports at the same level as before the onset of pain	>18 years	At least 3 months	Clinical and MRI diagnosis
Visnes et al. (2005)	N=29	Volleyball players, VISA-P score <80 point; NSAIDs were allowed	18-35 years	At least 3 months	Clinical diagnosis
Young et al. (2005)	N=17	Elite volleyball players with VISA-P score <80 points	18-35 years	N/A	Clinical and US diagnosis
Jonsson & Alfredson (2005)	N=15 (19 ¥)	Clinic patients	17-42	At least 8 months	Clinical and US diagnosis
Stasinopoulos & Stasinopoulos (2004)	N=30	Athletes	21-31 years	At least 3 months	Clinical diagnosis
Jensen & Di Fabio (1989)	N=15‡	Recreational athletes	21-45 years	At least 3 months	Clinical diagnosis
GLUTEAL TENDINOPATHY					
Clifford et al. (2019)	N=30	Subjects identified on clinic waiting lists	>18 years	At least 3 months	Clinical diagnosis
Mellor et al. (2018)	N=204	At least 4 on the pain numerical rating scale	35-70 years	At least 3 months	Clinical and MRI diagnosis
Ganderton et al. (2018)	N=94	Postmenopausal women	61.14±6.70-62.538±92 years	N/A	Clinical diagnosis

‡ = Sample (N) excluding subjects included in the combined treatment group, not taken into account in the review; ¥ = Number of tendons (Both sides were included if the patient had bilateral involvement); N/A= Not available; NSAIDs= Non-Steroidal Anti-Inflammatory Drugs; MRI: magnetic resonance imaging; US= ultrasound; VISA-A= Victorian Institute of Sport Assessment Questionnaire for Achilles tendon; VISA-P= Victorian Institute of Sport Assessment Questionnaire for patellar tendon

Supplementary appendix 4. Characteristics of the interventions of the included studies.

Study	PA*	Intervention			Control		
		Characteristics [Type; duration of programme; frequency; volume; series x repetitions (exercises)]	Total weekly volume	Progression criterion	Characteristics [Type; duration of programme; frequency; volume; series x repetitions (exercises)]	Total weekly volume	Progression criterion
ACHILLES TENDINOPATHY							
Gatz et al. (2020)	N/A	ECC+ISOM; 12 weeks; twice (ECC) and once (ISOM) daily; 3x15 (ECC) and 5x45 seconds (ISOM) (heel raises with straight knee)	630 reps/week (ECC); 1575"/week (ISOM)	Avoid Pain-based and Subjective Perception: Patients were briefed to do the exercises cautiously and pain-free, Advance to the next level if they were not feeling pain or exhaustion at maximum load.	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight knee)	630 reps/week	Avoid Pain-Based and Subjective Perception: Patients were briefed to do the exercises cautiously and pain-free, Advance to the next level if they were not feeling pain or exhaustion at maximum load.
Stefansson et al. (2019)	N/A	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	Week 1: 150 reps; week 2: 630 reps; weeks 3 to 12: 1260 reps	Evoking Pain-based: If the patient was pain-free for the full 15 repetitions for 3 sets, another 5 kg was added for the next phase		Pressure massage	
Beyer et al. (2015)	Partially	HSR; 12 weeks; 3 times/week; 3-4x6-15 (three two-legged exercises: heel rises with straight and bent knee in machine, and heel rises with straight knee standing on a disc weight)	Week 1: 405 reps; weeks 2 and 3: 324 reps; weeks 4 and 5: 360 reps; weeks 6,7, and 8: 288 reps; weeks 9, 10, 11, and 12: 216 reps	Conditioning Stages: 3x15 repetition maximum (15RM), in week 1; 3x12 (12RM), in weeks 2 to 3; 4x10 (10RM), in weeks 4 to 5; 4x8 (8RM), in weeks 6 to 8; and 4x6 (6RM), in weeks 9 to 12	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished
Stevens & Tan (2014)	Partially	ECC "do as tolerated"; 6 weeks; twice daily; 3x15 (heel raises with straight and bent knee); recommendation to achieve a repetition volume similar to that of the standard group, but they could choose to complete a lower repetition volume that was tolerable	1260 reps/week if tolerated (mean: 595 reps/week)	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	ECC; 6 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week (mean: 1162 reps/week)	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished
Kearney et al. (2013)	N/A	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Progressed as pain allowed. Firstly, by advancing from double-leg exercises to single-leg exercises. Secondly, load was increased gradually using a loaded backpack		PRP injection	
Yu et al. (2013)	N/A	ECC; 8 weeks; 3 times/week; 3x15 (heel raises with straight and bent knee; different variants according to the corresponding week)	270 reps/week	Conditioning Stages: Eccentric contraction using both feet, in week 1; Use both feet to achieve eccentric contraction or increase weight bearing on the injured side, in week 2; Use the injured-side foot to achieve eccentric contraction, in week 3; Use only the injured-side foot and apply 10% of weight, in week 4;	CONC; 8 weeks; 3 times/week; 3x15 (plantarflexion using elastic band, heel raises, side jump; different variants according to the corresponding week)	405 reps/week	Conditioning Stages: Plantarflexion using elastic band while sitting on the floor with straightened knees. Sit on a chair and lift the heels with partial weight bearing. Hold onto the wall and lift the heels of both feet. Hamstring and calf muscle stretching, in weeks 1 and 2; Plantarflexion using elastic band while sitting on the floor with straightened knees. Plantarflexion while lifting the

				Use only the injured-side foot and additionally apply 5-10 lbs of load to the resistance of the previous week, in week 5 to 8			injured-side foot on a chair. Hold onto the wall and lift the heel of one foot. Hamstring and calf muscle stretching, in weeks 3 and 4; Use the injured-side foot to achieve eccentric contraction, in week 3; Use only the injured-side foot and apply 10% of weight, in week 4; Plantarflexion using elastic band while sitting on the floor with straightened knees. Hold onto the wall and lift the heel of one foot. Side jump. Hamstring and calf muscle stretching., in week 5 to 8
Zhang et al. (2013)	N/A	ECC; 8 weeks; 3 times/week; 3x15 (heel raises with straight and bent knee)	270 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	Acupuncture		
Horstmann et al. (2013)	Yes	ECC; 12 weeks; 3 times/week; 3x15 on each leg (heel raises with straight and bent knee)	270 reps/week	Fatigue-based: Participants performed an extra set if no signs of fatigue were present after the 3 first sets. If necessary, load was increased gradually using a backpack	Control group 1: Whole-body Vibration Group; control group 2: wait and see group		
Yelland et al. (2011)	Yes	ECC; 12 weeks; 3 times daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	Prolotherapy injections		
Chester et al. (2008)	N/A	ECC; 12 weeks; once daily; 3x15 (heel raises with straight and bent knee)	630 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack or increasing number of repetitions as pain settled	Therapeutic ultrasound		
Petersen et al. (2007)	Yes	ECC; 12 weeks; 3 times daily; 3x15 (heel raises with straight and bent knee)	1890 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	AirHeel brace		
Rompe et al. (2007)	Partially	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	Control group 1: Shockwave/ Control group 2: Wait and see		
Nørregaard et al. (2007)	Yes	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	Stretching; 12 weeks; twice daily; 5x30" (standing stretching with straight and bent knee)	4200"/week	No progression
Roos et al. (2004)	N/A	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	Night splint		
Mafi et al. (2001)	Partially	ECC; 12 weeks; twice daily; 3x15 (heel raises with straight and bent knee)	1260 reps/week	Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished	CONC; 12 weeks; twice daily; 3x15 (different exercises according to stages and weeks)	Approximately 1260 reps/week	Conditioning Stages: Different exercises, intensity, and complexity in each week, according to a Stage-Based protocol

Silbernagel et al. (2001)	N/A	ECC+CONC; 12 weeks; frequency, volume, and exercises variable in each week	Variable	Conditioning Stages and Subjective Perception: Stage-based progression in complexity and load. Additionally, volume was increased gradually as ability and symptoms allowed	ECC; 12 weeks; 3 times/day; 3x30 (including exercises that combine eccentric and concentric phases)	Variable	Subjective Perception: Volume and complexity of exercises were increased gradually as ability and symptoms allowed
Niesen-Vertommen et al. (1992)	Partially	ECC; 12 weeks; once daily; 6 times/week; 5x10 (heel raises with straight knee)	300 reps/week	Avoid Pain-based: Pain free range of motion, progression when discomfort in the last five to 10 repetitions was absent or minimal.	CONC; 12 weeks; once daily; 6 times/week; 5x10 (heel raises with straight knee)	300 reps/week	Avoid Pain-based: Pain free range of motion, progression when discomfort in the last five to 10 repetitions was absent or minimal.
PATELLAR TENDINOPATHY							
Rio et al. (2017)	Yes	ISOM (knee joint angle of 60◦); 4 weeks; 4 times/week; 5x45" holds 80% MVIC (calculated at baseline)	900"/week	Temporary Linear increase: Weight was increased by 2.5% every week if possible	Isotonic exercise; 4 weeks; 4 times/week; 4x8 80% 8RM (calculated at baseline)	128 reps/week	Temporary Linear increase: Weight was increased by 2.5% every week if possible
Van ark et al. (2016)	Yes	Isotonic exercise; 4 weeks; 4 times/week; 4x8 80% RM at the beginning	128 reps/week	Temporary Linear increase: Weight was increased by 2.5% every week if possible	ISOM (knee joint angle of 60◦); 4 weeks; 4 times/week; 5x45" 80%MVC	900"/week	Temporary Linear increase: Weight was increased by 2.5% every week if possible
Da Cunha et al. (2012)	Partially	Painful ECC decline board squat (squat instrument with guided bar); 12 weeks; 3 times/week; 3x15	135 reps/week	Evoking Pain-based: Painful group increased weight to perform exercise with the greatest pain without altering performance	Not painful ECC decline board squat (squat instrument with guided bar); 12 weeks; 3 times/week; 3x15	135 reps/week	Avoiding Pain-Based: When the subjects from the "not painful" group, even without load addition, presented pain during the exercise, they were told to rest the upper limbs on a bar with the purpose to decrease overload on the patellar tendon
Kongsgaard et al. (2009)	Partially	HSR; 12 weeks; 3 times/week; Volume variable; 3 exercises (squat, leg press and hack squat)	Week 1: 540 reps; weeks 2 and 3: 432 reps; weeks 4 and 5: 360 reps; weeks 6,7, and 8: 288 reps; weeks 9, 10, 11, and 12: 216 reps	Conditioning Stages: 4x15 repetition maximum (15RM) week 1; 4x12 (12RM) weeks 2–3; 4x10 (10RM) weeks 4–5; 4x8 (8RM) weeks 6–8; and 4x6 (6RM) weeks 9–12	Control Group 1: ECC decline board squat; 12 weeks; twice daily, 3x15 (supervised training once a week)/ Control Group 2: Corticosteroid injection	ECC: 630 reps/week	ECC: Evoking Pain-based: Load was increased gradually using a loaded backpack as pain diminished
Frohm et al. (2007)	Partially	Mutual exercise (3x15 sit-ups and 3x1min one-legged stance) + ECC decline board squat; 12 weeks; 2 times/week (supervised); 3x15. During the last 6 weeks of the intervention, participants slowly resumed supervised jogging and plyometric jump training	90 (sit-ups) + 90 (squats) reps/week	Evoking Pain-based: Increase weight (5kg) if VAS < 3	Mutual exercise (3x15 sit-ups and 3x1min one-legged stance) + exercise overload ECC (Bromsman device); 12 weeks; 2 times/week (supervised); 4x4 (maximal effort). During the last 6 weeks of the intervention, participants slowly resumed supervised jogging and plyometric jump training	90 (sit-ups) + 32 (squats) reps/week	Evoking Pain-Based: Increase weight (5kg) if VAS < 3; Inertial exercise: maximal effort
Bahr et al. (2006)	Partially	ECC decline board squat; 12 weeks; twice daily; 3x15 (squat performed with the knee flexed to 90°)	630 reps/week	Evoking Pain-based: When pain decreased to <3, the participant added load in a backpack. Recommended to have a pain value of 4		Surgery	

Visnes et al. (2005)	Yes	ECC decline board squat during season; 12 weeks; twice daily; 3x15	630 reps/week	Evoking Pain-based: With less pain than 3 to 4, were recommended to increase the weight. Recommended to have a pain value of 5 on a VAS during ECC programme	Usual training (no intervention)		
Young et al. (2005)	Yes	ECC decline board squat; 12 weeks; twice daily; 3x15	630 reps/week	Evoking Pain-Based: Load was increased gradually using a loaded backpack as pain diminished	ECC squat on 10 cm step; 12 weeks; twice daily; 3x15	630 reps/week	Evoking Pain-Based: Progressed as pain diminished (firstly from slow to fast, secondly increasing load)
Jonsson & Alfredson (2005)	Partially	ECC decline board squat; 12 weeks; twice daily; 3x15	630 reps/week	Evoking Pain-Based: Load was increased gradually using a loaded backpack as pain diminished	CONC decline board squat; 12 weeks; twice daily; 3x15	630 reps/week	Evoking Pain-Based: Load was increased gradually using a loaded backpack as pain diminished
Stasinopoulos & Stasinopoulos (2004)	N/A	ECC squat + static stretching, 4 weeks, 3 times/week, 3x15 (unilateral squat)		Evoking Pain-Based: Load was increased gradually holding weights in their hands as pain diminished	Control group 1:Transverse friction/ Control group 2: US		
Jensen & Di Fabio (1989)	N/A	ECC isokinetic training + static stretching; 8 weeks; twice daily		The intensity of the exercise was progressed over eight weeks by gradually increasing the speed of the eccentric contraction from 30 to 70°/sec.	Static Stretching; 8 weeks; twice daily (No progression)		
GLUTEAL TENDINOPATHY							
Clifford et al. (2019)	Yes	Isotonic exercise; 12 weeks; once daily; 3x10x6" (two exercises: side-lying hip abduction, hip abduction slide)	360 reps/weeks; 2520"/week	Exercise progression with the resistance bands was individualised and based on each participant's ability to complete the exercises without increasing their pain beyond 5/10.	ISOM exercise; 12 weeks; once daily; two exercises: side-lying hip abduction, 6x30"; hip abduction slide, 3x10x6")	2520"/week	Exercise progression with the resistance bands was individualised and based on each participant's ability to complete the exercises without increasing their pain beyond 5/10.
Mellor et al. (2018)	N/A	Exercise + education; 8 weeks (14 sessions) + home exercise programme (4-6 exercises); once daily	Variable	Conditioning Stages: Different, exercises, frequency, volume, and intensity in each week, according to a Stage-Based protocol	Control group 1: Corticosteroids/ Control group 2: Wait-and-See approach		
Ganderton et al. (2018)	No	Exercise + education; 12 weeks; twice daily; 2-4x5-15	Variable	Conditioning Stages and Subjective Perception: Different, exercises, frequency, volume, and intensity in each week, according to a Stage-Based protocol. The progression through the stages was additionally dependent on the patient's abilities	Sham exercise		

PA*= allowed additional physical activity; CONC= concentric exercise training; ECC= eccentric exercise training; HSR= heavy slow resistance training; ISOM= isometric exercise training; MVC= maximal voluntary contraction; N/A = not available; RM= repetition maximum; US= ultrasound therapy; VAS= Visual Analogue Scale

Supplementary appendix 5. Outcomes and measurement time.

Study	N	Clinical Outcomes		Performance Outcomes	
		Time	Outcomes	Time	Outcomes
ACHILLES TENDINOPATHY					
Gatz et al. (2020)	N=42 (62¥)	0, 4, 12 weeks	VISA-A, AOFAS, Likert Scale, Roles and Maudsley, hypoechogenicity (US)		
Stefansson et al. (2019)	N=40ǂ	0, 4, 8, 12, 24 weeks	VISA-A-IS, pain on palpation (algometer), thickness and degree of vascularization (US)	0, 4, 8, 12, 24 weeks	Ankle range of motion
Beyer et al. (2015)	N=58	0, 12, 52 weeks	VISA-A, VAS during 5 heel raises on step, VAS during running, US measurements		
Stevens & Tan (2014)	N=28	0, 3, 6 weeks	VISA-A, VAS; 6 weeks: treatment satisfaction		
Kearney et al. (2013)	N=20	0, 6, 12, 26 weeks	VISA-A, EuroQol-5D		
Yu et al. (2013)	N=32	0, 8 weeks	VAS	0, 8 weeks	Isokinetic measurement (strength), side-step test (endurance), sargent jump test (physical function)
Zhang et al. (2013)	N=64	0, 8, 16, 24 weeks	VISA-A, VAS (after activity, at rest), treatment satisfaction, use of painkillers, and working status.		
Horstmann et al. (2013)	N=58	0, 12 weeks	Change of symptoms (standard Likert scale), VAS (family and responsibility at home, recreation, social activities, running training or others physical activities), sonographic assessment	0, 12 weeks	Isokinetic measurements
Yelland et al. (2011)	N=29ǂ	0, 6, 12, 26, 52 weeks	VISA-A, treatment satisfaction (standard Likert scale), Patient Global Impression of Change scale		
Chester et al. (2008)	N=16	0, 2, 4, 6, 12 weeks	VAS (rest, walking, during recreational sport), FILLA, EuroQol-5D		
Petersen et al. (2007)	N=72ǂ (100 tendons)¥	0, 6, 12 weeks	VAS (at rest, during gait, during sports activities), AOFAS hindfoot scale, SF-36, US. 54 weeks: AOFAS, VAS		
Rompe et al. (2007)	N=75	0, 16 weeks	VISA-A, general assessment (6-point Likert scale), Numerical Rating Scale (pain), algometer (pain), US		
Nørregaard et al. (2007)	N=45 (67 ¥)	0, 1, 3, 6, 12, 39 weeks	Pain (tenderness palpation); ultrasonography, self-reported symptoms in questionnaire; patient's global assessment		
Roos et al. (2004)	N=29ǂ	0, 6, 12, 26, 52 weeks	FAOS [Pain measured with FAOS was considered the primary outcome]	0, 6, 12, 26, 52 weeks	Activities of Daily Living, Sport and Recreation Function, and Foot and Ankle-related Quality of Life; Physical activity level (seven grade scale from 0 to 6)
Mafi et al. (2001)	N=44	0, 12 weeks	VAS during activity (running or walking), patient satisfaction		
Silbernagel et al. (2001)	N=40 (57 tendons)¥	0, 6, 12, 26 weeks	Pain measured with VAS (palpation test and pain evaluation during jumping, toe-raises and at rest), presence of symptoms, and a questionnaire (physical activity level, work, other injuries, previous treatments for the Achilles tendon disorder, and medication)	0, 6, 12, 26 weeks	Range of motion test, jumping test, toe raise test

Niesen-Vertommen et al. (1992)	N=17	0, 4, 8, 12 weeks	Pain measured with Numerical Rating Scale, return to sport activity measured with Numerical Rating Scale		Isokinetic concentric and eccentric ankle plantar flexion torque (30°/sec, 50°/sec)
PATELLAR TENDINOPATHY					
Rio et al. (2017)	N=20	0, 4 weeks	Pain during single leg decline squat with a Numerical Rating scale (0-10), VISA-P		
Van ark et al. (2016)	N=29	0, 4 weeks	Pain during a single leg decline squat on a Numerical Rating Scale (0-10), VISA-P		
Da Cunha et al. (2012)	N=7	0, 8, 12 weeks	VISA-P , VAS		
Kongsgaard et al. (2009)	N=39	0, 12, 26 weeks	VISA-P, VAS, treatment satisfaction, tendon swelling, tendon vascularization, tendon mechanical properties, collagen crosslink properties		
Frohm et al. (2007)	N=20	0, 3, 6, 9, 12 weeks	VISA-P, VAS	0, 3, 6, 9, 12 weeks	Isokinetic muscle torque, dynamic function, muscle flexibility.
Bahr et al. (2006)	N=40¥	0, 12, 26, 52 weeks	VISA-P, global evaluation score, treatment satisfaction. Functional tests of strength and jumping performance	0, 12, 26, 52 weeks	Standing jump, counter-movement jump, leg press
Visnes et al. (2005)	N=29	0, 12 weeks	VAS, VISA-P, patient satisfaction	0, 1, 4, 8, 12, 18, 40 weeks	Counter-movement jump
Young et al. (2005)	N=17	0, 1, 4, 8, 12, 18, 40 weeks	VISA-P, global evaluation score (pain and function)		
Jonsson & Alfredson (2005)	N=15 (19 ¥)	0, 6, 12 weeks	VAS, VISA-P, patient satisfaction		
Stasinopoulos & Stasinopoulos (2004)	N=30	0, 4, 8, 16 weeks	Status of pain from the following alternatives: worse, no change, somewhat better, much better, no pain.		
Jensen & Di Fabio (1989)	N=15‡	0, 4, 8 weeks	Pain scales (rest, during activity); Self-designed pain questionnaire	0, 4, 8 weeks	Isokinetic eccentric and concentric knee extension torque (50°/sec)
GLUTEAL TENDINOPATHY					
Clifford et al. (2019)	N=30	0, 4 ,12 weeks	VISA-G, Numerical Rating Scale, global rating of change scale, pain catastrophizing scale, HOOS, EuroQOL-5D, International Physical Activity Questionnaire Short Form (IPAQ-SF)		
Mellor et al. (2018)	N=204	0, 4, 8, 12, 26, 52 weeks	Global rating of change and pain intensity, VISA-G, lateral hip pain questionnaire, patient specific functional scale; pain self-efficacy questionnaire, pain catastrophising scale, Patient Health Questionnaire, Active Australia survey, and EuroQOL-5D	0, 8 weeks	Hip abductor muscle torque, active abduction lag
Ganderton et al. (2018)	N=94	0, 12, 52 weeks	VISA-G, hip pain and function questionnaires, global rating of change in symptom questionnaire, HOOS, OHS, AQoL-8D (quality of life)		

‡ = Sample (N) excluding subjects included in the combined treatment group, not taken into account in the review; ¥ = Number of tendons (Both sides were included if the patient had bilateral involvement);

AQoL-8D: Assessment of Quality of Life 8-Dimenssion; AOFAS: American Orthopaedic Foot & Ankle Society score; EuroQOL-5D= European quality of life-5D questionnaire; FAOS= Foot and Ankle Outcome Score; FILLA= Functional Index of the Leg and Lower Limb; HOOS= Hip dysfunction and Osteoarthritis Outcome Score; OHS= Oxford Hip Score; SF-36: Short-form 36 Questionnaire; US: ultrasound; VAS= visual analogue scale; VISA-A= Victorian Institute of Sport Assessment Questionnaire for Achilles tendon; VISA-P= Victorian Institute of Sport Assessment Questionnaire for patellar tendon; VISA-G= Victorian Institute of Sport Assessment Questionnaire for gluteal tendinopathy

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