

Paper	Method	Subjects	Described injuries
AJ Logan, N Makwana, G Mason, J Dias. Acute injuries in the hand and Wrist Br J of Sports Med 2004;38:545-548[5]	Questionnaire. Sent to members of the national climbing federation (RR 51%)	545 Subjects, Age 23-93, average 50, Climbing level: British M-E6	Finger joints 33% (non specific 25%, A2 pulley rupture 8%), "lacerations 15%
AJ Logan, N Makwana, G Mason, J Dias. Can rock climbing lead to Dupuytren's disease? Br J of Sports Med 2005;39:639-644[6]	Questionnaire. Sent to members of the national climbing federation (RR 51%)	545 Subjects, Age 23-93, average 50. Climbing level: British M-E6	Dupuytren's disease (19,5%)
Jones G, Asghar A, Llewellyn DJ. The epidemiology of rock climbing injuries Br J Sports med 2008;42:773-778[7]	Questionnaire. Handed out to potential respondents on climbing facilities indoors and outdoors	201 Subjects, Age 35,2 (SD10, 7) Climbing level: Years of climbing 13.9(SD11.8)	Acute/Chronic 33% chronic injuries; Fingers 35%, shoulders 20%, elbow 17% Wrist 7%, forearm >5% other locations 15%
Hochholzer T, Schøffl VR Epiphyseal fractures of the finger middle joints in young sport climbers. Wilderness and environmental medicine 2005; 16:139-142[8]	Observational. Single diagnose description	24 Subjects, Age 14,5 (SD0, 9). Climbing level 7a (6a-8a)	Epiphyseal fractures
Schøffl V, Hochholzer T, Schoffl I. Extensor hood syndrome- osteophytic irritation	Observational. Single diagnose description	13 Subjects, Age 33,8 (17-55). Climbing level: German	Extensor hood syndrome

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of digital extensor tendons in rock climbers. Wildernes and environmental medicin 2010;21:253-256[9]		10,2, years of climbing 19 (5-30)	
El.Sheik Y, Wong I, Farrokhayar F, Thoma A. Diagnoses of Finger flexor pulley injury in rock climbers: a systematic review. Can J Plast Surg 2006;14(4):227-231[10]	Literature search	29 articles about flexor tendon injuries	Review of finger flexor injuries
Wright DM, Royle TJ, Marshall T Indoor rock climbing: who gets injured? Br J sports med. 2001;35(3):181-185[11]	Semisupervised questionnaire. Handed out to the audience of a climbing world cup in 1999	Subjects 295. Climbing level: French 4-7b	Chronic injuries 44%, 19% had more than one site of injury. Fingers most common 32%
Roseborough A, Lebec M Differences in static scapular position between rock climbers and a non-rock climber population. NA J O Sport PH T 2007;2(1):44-50[12]	Observational. Single diagnose	Subjects 61 (21 climbers, 40 healthy controls). Age 25,8 (SD6,8)	Larger ratio of Glenohumeral/Scapular thoracic rotation among climbers than healthy controls
Schweizer A Sport climbing from a	Review. No method		A2-A4 ruptures, secondary

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<p>medical point of view. Swiss med wkly 2012;142:w13688[13]</p>	<p>mentioned</p>		<p>osteoarthritis in fingers and hip, carpal tunnel syndrome, tenosynovitis, ganglion cyst of A1 and A2. Epitrochleitis, biceps tendonitis (SLAP), outlet impingement, rupture of RC, acromioclavicular degeneration, rare glenohumoral degeneration, rupture of the meniscus in the knee, collateral ligament laxation and rupture in the knee, maybe foot problems, low back pain, unspecific neck pain</p>
<p>Bayer T, Schweizer A Stress fracture of the hook of the hamate as a result of intensive climbing. J Hand Surg Eur 2009 34;276[3]</p>	<p>Observational. Case report</p>	<p>1 subject. Age 31. Climbing level: "high level"</p>	<p>Stress fracture of the hook of hamate</p>
<p>Förster R, Penka G, Bösl T, Schöffl VR Climbers back- form and mobility of the thoracolumbar spine leading to postural adaption in male high ability rock climbers. Int J Sports med 2009;30:53-59[14]</p>	<p>Observational. Single diagnose description</p>	<p>Subjects 80. Age 31,2 (SD 6,75). Climbing level: At least French 7c, 3 years in row</p>	<p>Climbers back</p>

Paper	Method	Subjects	Described injuries
<p>Peters P Nerve compression syndromes in sport climbers. Int J Sports Med 2001;22:611-617[15]</p>	<p>Clinical examination of climbers with painful arms</p>	<p>Subjects 83. Age 32,4 (19-48). Climbing level: French 6a-8a</p>	<p>25,3% nerve compression syndromes (16,9% upper extremity, 8,4% under extremity). Carpal tunnel syndrome 4, Ulnar nerve compression in the canal de Guyon 2, supinator syndrome 1, Pronator syndrome 1, unspecific hand pain 6, forefoot "neuritis" 5, compression of the superficial nerve of the "dorsum of the foot" 2</p>
<p>Pieber K, Angelmaier L, Csapo R, Herceg M Acute injuries and overuse syndromes in sport climbing and bouldering in Austria: a descriptive epidemiological study. Wien Klin Wochenschr 2012;124:357-362[16]</p>	<p>Questionnaire. Published on websites and climbing walls</p>	<p>Subjects 193. Age 30,4 (SD8,1). Climbing level: Climbing Intensity Score 1671.4 (SD1916.4)</p>	<p>Ligamental ruptures of the fingers 30,7%, Epicondylitis of the elbow 13,1%, chronic arthropaties of the fingers 7,5%, Rotator cuff lesions, SLAP, Bankart, bursitis and subluxations of the shoulders 6,4%, back pain (incl 2 fractures) 5,3%</p>
<p>Rohrbough JT, Mudge MK, Schilling RC Overuse injuries in the elite rock climber. Med sci sports exerc 2000;32(8):1369-1372[17]</p>	<p>Questionnaire and clinical evaluation of contestants in the national championship in USA 1995</p>	<p>Subjects 42. Age 25 (13-40). Climbing level: French 8a (7b-8b+)</p>	<p>Collateral ligament injury in fingers 40,5%, shoulder pain 33,3%, bowstring 26,2%, flexor tendon pain 26,2%, A2 pulley pain 23,8%, nodules of the tendon 23,8%, medial epicondylitis 21,4%, lateral epicondylitis 9,5%, painful muscle joint connection 7,1%,</p>

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			"wrist undercling injury 7,1%, carpal tunnel syndrome 7,1%
Thompson RN, Hanratty B, Corry IS "heel hook" rock – climbing maneuver: a specific pattern of knee injury Clin J Sport Med 2011;21:365-368[18]	Single case report	1 subject, age 24. Climbing level: "experienced"	Rupture of anterolateral bundle, partial rupture of posteromedial bundle of PCL
Schweizer A Lumbrical tears in rock climbers. J Hand surg 2003;23B(2):187-189[4]	Description of diagnosis	Subjects 3. Age 25-29. Climbing level: French 7b+-8b+	Rupture of musculi lumbricalis (4 lumbrical)
Buda R, Di Caprio F, Bedetti L, Mosca M, Giannini S Foot overuse diseases in rock climbing an epidemiologic study J Of am pod med asc; 2013 103(2): 113-120[19]	Clinical examination of athletes	Subjects 144. Age 31,7 (16-60). Climbing level: 4-8 (Scale unknown)	86% chronic injuries in the foot. Nails 65,3%, ankle sprains (27,8%), retrocalcaneal bursitis 19,4%, achilles tendinitis 12,5%, metatarsalgia 12,5%, plantar facitis 5,6%

Supplementary Table : Included papers