

### Supplementary appendix S8: Risk of bias requiring intermediary attention

Please review the following two papers where disagreements were identified (**Asterix \***) by the first (LM) and second reviewer (AA). First and second reviewer comments are highlighted for the intermediary (GJ). Please score the sections as 1 = low risk of bias, or 0 = high risk of bias. Intermediary (GJ) report in italics

Reviewer	Study	(1) study setting, location and study period	(2) eligibility criteria and sources and methods of participant selection	(3) exposure definition and measurement	(4) study outcome definition and measurement	(5) main result and precision (e.g. 95% confidence interval)	No. of items with low risk of bias	Comments
LM	Blockland et al 2016	1	<b>1*</b>	1	1	1	5	(2) n129 agreed to participate AND gave written informed consent as stated on p.287
AA		1	<b>0*</b>	1	1	1	4	(2) <i>Selection of participants not clearly stated.</i>
GJ		1	1	1	1	1		(2) <i>confirmed study information and informed consent page 287</i>
LM	Engström et al 1991	1	0	<b>0*</b>	<b>0*</b>	<b>0*</b>	1	(2) Abstract states 'elite female players'. Methods section states, 'premier division' AND 'amateur'. Inconsistent / unclear participants. (3) approximate football exposure registration, therefore unclear p.373 (4) Two medical students assigned to register all injuries. All injuries were examined by the authors. Unclear who is assessing / diagnosing. Level of medical training of the students unknown? Placement? Supervision is not clearly stated p.372 under methods. (5) results stated on p.374 lack precision (no 95% CI)
AA		1	0	<b>1*</b>	<b>1*</b>	<b>1*</b>	4	(2) agreement with LM (3) exposure registration stated clearly on p.373 (4) stated on p.372 under methods (5) main results stated on p.374
GJ		1	0	0	0	0	1	(3) <i>Unclear that individual player exposure training/match play was measured</i> (4) <i>Unclear who is providing differential diagnosis in accordance with registration categories that were completed using Ekstrand forms (Note: pre-consensus).</i> (5) <i>Percentage reporting requires denominator to be indicated/No CIs or SDs reported. Reinjury not stated clearly multiple injuirs. Difference between training/match play</i>
LM	Östenberg & Roos 2000	<b>0*</b>	1	1	1	1	4	(1) No explicit report of study period including pre-season
AA		<b>1*</b>	1	1	1	1	5	(1) Reports season as 1996 soccer season p. 280
GJ		0	1	1	1	1	4	(1) <i>confirmed no information related to season length / duration (including pre-season). States 1996 season only, p. 280</i>
<p>The five items were based on the "Strengthening the reporting of observational studies in epidemiology" (STROBE) statement (von Elm et al., 2007), and have been used previously (Walden et al 2015). For each item the studies were assessed as having a low risk (1) or high risk (0) of bias. For all items, studies were assessed as having a high risk of bias if reporting was lacking or unclear. Examples extracted from Walden et al (2015) are below.</p> <ol style="list-style-type: none"> <li>(1) <i>Unclear reporting on the level of play for included teams and / or players</i></li> <li>(2) <i>Unclear eligibility criteria, unclear selection or biased selection of teams/players for inclusion (e.g. the best 15 players in a team), large dropout (≥25%) of teams or players during study</i></li> <li>(3) <i>Unclear football exposure registration, or approximated exposure to football</i></li> <li>(4) <i>Unclear injury definition, or uncertainty regarding accuracy of measurement of injuries</i></li> <li>(5) <i>Unclear regarding number and/or rates of injury per 1000 hours, and precision estimate lacking</i></li> </ol>								

