Appendix A. Questions provided to participants for the semi-structured interviews

Question One	You are responsible for the management of a 32 year-old male running athlete with posterior ankle pain. In your clinical practice what assessments (including what would you consider a positive or negative finding) would you use to include or exclude a diagnosis of mid-portion Achilles tendinopathy in this patient?
Question Two	Are there any assessments you do not use clinically but would use more frequently in an "ideal world"? If so, what are the barriers to you using these measures in your clinical practice?
Question Three	Now that we have established what assessments you would use to diagnose tendinopathy which of these following domains (you can choose more than one) would you consider the most important in the diagnosis of mid-portion Achilles tendinopathy; 1) patient rating of the condition, 2) participation in life activities, 3) pain on activity/ loading, 4) function, 5) psychological factors, 6) physical function capacity, 7) disability, 8) quality of life, 9) pain over a specified time, 10) tendon structure, 11) palpation, or 12) range of motion? Why do you feel they are the most important?
Question Four	You have now diagnosed the patient with mid-portion Achilles tendinopathy. In an ideal world where no barriers to what you want to do exist which outcome measures would you use to monitor the progress of this patient over time and how often would you administer these outcome measures?
Question Five	In the last question I wanted to know what you would do in an ideal world, however we know that what happens in the real world is often different to the ideal world due to a number of barriers. What outcome measures do you currently use within your own clinical practice to monitor progress over time, and how often do you assess them?
Question Six	What are the most prominent barriers preventing you from translating your "real world" monitoring to the "ideal world" monitoring?
Question Seven	Now that we have identified the outcome measures that you use clinically in the "real world", what would you consider a meaningful improvement for these outcome measures?
Question Eight	Now that we have established which outcome measures you think are the most important to monitor the progress of mid-portion Achilles tendinopathy over time which of the following domains (you can choose more than one) would you consider the most important when monitoring progress over time with mid-portion Achilles tendinopathy; 1) patient rating of the condition, 2) participation in life activities, 3) pain on activity/ loading, 4) function, 5) psychological factors, 6) physical function capacity, 7) disability, 8) quality of life, 9) pain over a specified time, 10) tendon structure, 11) palpation, and 12) range of motion? Why do you feel they are the most important?

Appendix B. Personal Characteristics of Interviewers

Interviewer	Credentials	Occupation	Gender	Experience and Training
JD	PT, PhD	University Academic and clinician	Male	Conducted qualitative research including semi-structured interviews. Conducted research with participants with AT. Worked for greater than ten years in clinical practice communicating with patients and managing patients with Achilles tendinopathy.
WG	PT, PhD	University Academic	Male	Conducted qualitative research including semi-structured interviews. Also worked for greater than ten years in clinical practice communicating with patients and managing patients with Achilles tendinopathy.
MM	PT	University Academic and clinician	Male	Has worked for greater than five years in clinical practice communicating with patients and managing patients with Achilles tendinopathy.
MT	PT, PhD	University Academic and clinician	Male	Conducted qualitative research including semi-structured interviews. Also worked for greater than ten years in clinical practice communicating with patients and managing patients with Achilles tendinopathy.

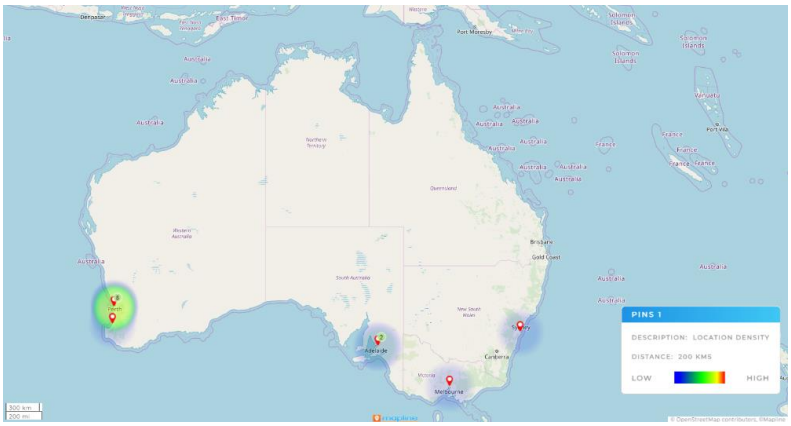
Legend: PT= Physiotherapist, PhD= Doctor of Philosophy

Appendix C. Inclusion Criteria for Sub-groups.

Sub-group	Inclusion Criteria
Junior physiotherapists	• Graduated from undergraduate studies for less than five years.

	• No graduate qualifications in sports physiotherapy (Australian Qualifications Framework Level 7)
Senior physiotherapists working in private practice	• Graduated from undergraduate studies for greater than 5 years • Graduate qualifications in sports physiotherapy of at least a master's level (Australian Qualifications Framework Level 9 or 10)
Senior physiotherapists working in elite sport	• Graduated from undergraduate studies for greater than 5 years • Graduate qualifications in sports physiotherapy of at least a master's level (Australian Qualifications Framework Level 9 or 10) • Have held a position (either full-time or part-time) with either a national or international sport
Sport and Exercise Medicine Doctors	• Be accredited by the Australasian College of Sport and Exercise Physicians, or • Be a registrar of the Australasian College of Sport and Exercise Physicians training program for a minimum of two years.

Appendix D. Geographical distribution of participants



Appendix F. Additional assessments clinicians would perform in an 'ideal world' setting to assist diagnosis

Key theme	Description of health domain from ICON 2019[19]	Exemplar Quotes
Physical function capacity	"Quantitative measures of physical tasks performed in clinic (eg, number of hops, timed stair walk, number of single limb squats, including dynamometry (strength) and wearable technology)"[19]	*"Jumping, landing strategies and how that could look on a force plate." (Participant 11)* *"Jump test with like a force place or something like that in an ideal world, maybe, working with a professional sporting environment" (Participant 12)*
Disability	"Composite scores of a mix of patient-rated pain and disability due to the pain, usually relating to tendon-specific activities/tasks (eg, VISA scales, patient-rated tennis elbow evaluation, disability of the arm, shoulder and hand)."[19]	*"So I have absolutely no reason to not use them (self-reported outcome measures) because they're right there. Previously, I probably would have used a lower limb, like functional scale." (Participant 4)*
Tendon structure*	"Tendon tissue characteristics (eg, MRI, US, biopsy)."[19]	*"You certainly can get imaging… like if there were no barriers, I suppose, definitely not a bad thing to have a look at." (Participant 11)* *"I have access to ultrasound at both places I work at. But I don't [use it], I think it's beyond my scope of practice or my area of expertise. Would love to learn it." (Participant 9)*

**Tendon structure was not listed as a core health domain of tendinopathy in the ICON statement.*

Appendix G. Additional assessments performed by clinicians in an 'ideal world' setting to monitor progress

Key theme	Description of health domain from ICON 2019[19]	Exemplar Quote
Tendon structure	"Tendon tissue characteristics (eg, MRI, US, biopsy)."[19]	*"Well, if we are talking in an ideal world, if we want it to be really sure we knew what was going on inside there, then I think that UTC (ultrasound tissue characterisation) would be a useful tool if we really want it to be quite clear on that." (Participant 3)* *"10-12 weeks of exercise, or whatever it is, then you can bring imaging and say, is there any physical changes within tendon?" (Participant 6)*
Disability	"Composite scores of a mix of patient-rated pain and disability due to the pain, usually relating to tendon-specific activities/tasks (eg, VISA scales, patient-rated tennis elbow evaluation, disability of the arm, shoulder and hand)."[19]	*"You may introduce a VISA or a, like I said, I haven't been very good at using… physical outcome measures." (Participant 5)*
Physical function capacity	"Quantitative measures of physical tasks performed in clinic (eg, number of hops, timed stair walk, number of single limb squats, including dynamometry (strength) and wearable technology)."[19]	*"Maybe the force plate… [Interviewer - how would you measure that?] No idea." (Participant 6)*

Appendix E. Codebook

Name	Description
Assessment_IdealWorld	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specfied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Assessment_Least Important Domains	
Disability	
Function	
Other	
Pain on activity or loading	

Name	Description
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Assessment_Most Important Domains	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	

Name	Description
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Assessment_RealWorld	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Monitoring_Barriers	

Name	Description
Access to equiptment and facilities	
Access to Sports Medicine	
Decreased monitoring once improving well.	
Engagement with management plan	
Financial	
Good communication between health care practitioners	
Knowledge of what to assess and monitor	
Motivation to prepare PROMs	
Patient compliance to monitoring	
Patient symptom severity	
Patient understanding of SROMs	
Time	
Monitoring_Clinically Meaningful	
General improvement	
Numeric	
Monitoring_Ideal World	
Disability	
Function	

Name	Description
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Monitoring_Least Important Domains	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	

Name	Description
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	
Monitoring_Most Important Domains	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	

Name	Description
Quality of life	
Range of motion	
Tendon structure	
Monitoring_Real World	
Disability	
Function	
Other	
Pain on activity or loading	
Pain over a specficied time	
Palpation	
Participation in life activities	
Patient rating of the condition	
Physical function capacity	
Psychological factors	
Quality of life	
Range of motion	
Tendon structure	