Supplementary file 4A Checklist of strongly recommended (essential) reporting items as voted in the consensus process, and suggestions for what to report by the international expert panel.

REPORTING ITEM	SUGGESTIONS FOR WHAT TO REPORT^
Demographics	
1. Sex or gender	Number and proportion of participants who are 'male', 'female', 'other' and 'prefer not to say'.
2. Age	In years.
Baseline symptoms	
3. Pain severity	Usual or worst pain in the previous week on a 100mm VAS or 0-10 numerical rating scale.[1] Consider measuring pain during a specific provocative activity (e.g. running, squatting, etc.). Provide precise anchor descriptors for 0 (no pain) and 10 or 100 (worst pain imaginable).
4. Symptom duration	In months.
5. Unilateral/bilateral symptoms	Number and proportion of participants with unilateral or bilateral symptoms.
Outcome measures	
6. Condition specific patient-reported outcome	Consider measuring and reporting the Anterior Knee Pain Scale (AKPS)[2] or the Patellofemoral subscale of the Knee injury and Osteoarthritis Outcome Score (KOOS-PF)[3]
7. Pain severity	Measure and report usual or worst pain in the previous week on a 100mm VAS or 0-10 numerical rating scale.[1] Consider measuring pain during a specific provocative activity (e.g. running, squatting, etc.). Provide precise anchor descriptors for 0 (no pain) and 10 or 100 (worst pain imaginable).
Describing outcome measures	
8. Describe assessment in adequate detail to allow replication	Assessment methods in enough detail to enable the reader to replicate outcome measures without the need to contact original authors.
Reporting study results	
9. Mean and SD for parametric data	Mean and SD for all descriptive statistics with parametric data in text or tables, including baseline and follow up
10. Median and IQR for non-parametric data	Median and IQR for all descriptive statistics with non-parametric data in text of tables, including baseline and follow up
11. Precision of estimate for all inferential statistics (e.g. 95%CI for between group differences)	Precision of estimate for all inferential statistics (e.g. 95% CIs in text or tables for all between-group comparisons).

^ These suggestions arise from international panel expertise, have not been voted on in the consensus process.
Abbreviations: VAS = Visual analogue scale; SD = Standard deviation; IQR = Interquartile range; CI = Confidence interval.

Supplementary file 4B Checklist of recommended reporting items as voted in the consensus process, and suggestions for what to report devised by the expert panel.

REPORTING ITEM	SUGGESTIONS FOR WHAT TO REPORT^
Demographic items	
1. Anthropometrics (including body mass and height, or body mass index)	In kilograms, metres, and kg/m^2, respectively.
2. Physical activity	Physical activity (e.g. IPAQ,[4] Active Australia,[5] Tegner[6]). Consider measuring and reporting physical activity with a wearable device (e.g. accelerometer).
3. Source/setting/location of participants	Where participants were recruited from, and provide a statement about whether participants were representative of the population.
4. Ethnicity	Based on participant self-determination – this will be influenced by social constructs, ancestry and geographical origin.[7]
Baseline symptoms and previous treatment items	
5. Previous treatment	Occurrence of injections, pharmacotherapy, exercise-therapy and passive modalities in previous 6 months.
6. Pain location(s)	Definitions for pain location of included patients (e.g. infrapatellar, peripatellar and/or sub-patellar). Consider pain mapping using paper or digital[8] body chart assessment.
7. Aggravating factors	Activities that provoke symptoms (pain, swelling).
8. History of knee surgery	Any history of previous knee surgery.
9. Other symptoms, MSK symptoms, and Comorbidities	Any other neurological or musculoskeletal conditions (e.g. patellar subluxations/dislocations/instability, other knee injuries, hip pain, etc.) and comorbidities (e.g. diabetes, heart disease, etc.).
10. Crepitus	Self-reported, including frequency – Use wording from item S.2 in the Knee Osteoarthritis Outcome Score (KOOS).[9] Consider clinician assessment.[10 11]
11. Pain quality	Sharp, dull, burning etc
Outcome measure items	
12. Physical activity	Physical activity (e.g. IPAQ,[4] Active Australia,[5] Tegner[6]). Consider measuring and reporting physical activity with a wearable device (e.g. accelerometer).
13. Global rating of change (GROC)	Measure and report GROC[12] on a Likert scale, using number of items and wording appropriate to population and language (e.g. completely recovered, marked improvement, moderate improvement, mild improvement, same, mild worsening, moderate worsening, marked worsening[13])
14. Health-related quality of life	Consider measuring and reporting the EQ-5D[14] and/or SF-36/SF-12[15 16]
15. Psychological factors (including self-efficacy, pain-related fear and pain catastrophising)	Consider measuring and reporting the Knee Self Efficacy Scale[17 18] and Pain Self-Efficacy Questionnaire[19], the Tampa Scale for Kinesiophobia[20] and/or Fear Avoidance Beliefs Questionnaire[21], and the Pain Catastrophising Scale[22]
Outcome measure description items	

16. Provide videos and/or images of assessments	Where possible, create or refer to videos and images to enable the reader to replicate outcome measures without the need to contact original authors.
17. Provide measurement properties of assessments	Reliability and validity of assessments from previous research and in those applying them in the current research.
Study methodology items, including reporting interventions	
18. Follow recommendations from EQUATOR Network	Follow guidelines provided for various study types from EQUATOR Network (e.g. CONSORT, STROBE)[23]
19. Use existing checklists for interventions	Detail of interventions following the TIDiER checklist[24]. Detail of exercise interventions following the CERT checklist[25 26]. Detail of resistance training exercise interventions following the Toigo and Boutellier criteria[27 28]
20. Provide video and/or images of treatments	Where possible, create or refer to videos and/or images to assist the reader to replicate treatments without the need to contact original authors.

^ These suggestions arise from panel expertise, have not been voted on in the consensus process.
Abbreviations: kg = kilograms; m^2 = square meter; EQ-5D = EuroQol 5D; SF-36 = 36-Item Short Form Health Survey questionnaire; IPAQ = International Physical Activity Questionnaire; GROC = Global Rating of Change; CONSORT = Consolidated Standards of Reporting Trials; STROBE = Strengthening the Reporting of Observational Studies in Epidemiology; TIDiER = Template for Intervention Description and Replication; CERT = Consensus on Exercise Reporting Template.

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