

Supplementary table 1. Consensus panel members (listed in author order)

Name (abbreviation)	Representation	Profession	Academic title	Sex	Country	Country income*	Confederation
Markus Waldén (MW)	FIFA Medical Scientific Advisory Board	Orthopaedic surgeon	Associate professor, MD, PhD	M	Sweden	High	UEFA
Margo Mountjoy (MM)	FIFA Medical Scientific Advisory Board	Sports medicine physician	Professor, MD, PhD	F	Canada	High	CONCACAF
Alan McCall (AMc)	FIFA Medical Scientific Advisory Board	Sports scientist	Research fellow, PhD	M	Scotland	High	UEFA
Andreas Serner (AS)	FIFA Medical Subdivision	Sports physiotherapist	Medical researcher, PT, PhD	M	Denmark	High	UEFA
Andrew Massey (AMa)	FIFA Medical Subdivision	Sports physician	MD	M	Northern Ireland	High	UEFA
Hans Tol (HT)	FIFA Medical Scientific Advisory Board	Sports physician	Professor, MD, PhD	M	Netherlands	High	UEFA
Roald Bahr (RB)	FIFA Medical Scientific Advisory Board	Sports physician	Professor, MD, PhD	M	Norway	High	UEFA
Michel D'Hooghe (MDH)	FIFA Medical Scientific Advisory Board	Physical & rehabilitation medicine physician	MD	M	Belgium	High	UEFA
Natalia Bittencourt (NB)	Scientific expert	Sports physiotherapist	Professor, PT, PhD	F	Brazil	Upper-middle	CONMEBOL
Francesco Della Villa (FDV)	FIFA Medical Centre of Excellence	Sports physician	Medical researcher, MD	M	Italy	High	UEFA
Michiko Dohi (MD)	FIFA Medical Committee	Sports physician	MD, PhD	F	Japan	High	AFC

Gregory Dupont (GD)	Scientific expert	Sports scientist	Professor, PhD	M	France	High	UEFA
Mark Fulcher (MF)	Scientific expert	Sports & exercise physician	MD	M	New Zealand	High	OFC
Dina C Janse van Rensburg (DCJvR)	Scientific expert	Physical medicine & rheumatology physician	Professor, MD, PhD	F	South Africa	Upper-middle	CAF
Donna Lu (DL)	Scientific expert	Sports scientist	Lecturer, PhD	F	Australia	High	AFC
Thor Einar Andersen (TEA)	FIFA Medical Scientific Advisory Board	Physical & rehabilitation medicine physician	Professor, MD, PhD	M	Norway	High	UEFA

* <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

AFC, Asian Football Confederation; CAF, Confédération Africaine de Football; CONCACAF, Confederation of North, Central America and Caribbean Association Football;

CONMEBOL, Confederación Sudamericana de Fútbol; F, Female; FIFA, Fédération Internationale de Football Association; M, Male; MD, Medical Doctor; OFC, Oceania

Football Confederation; PhD, Doctor of Philosophy; PT, Physiotherapist; UEFA, Union des Associations Européennes de Football

Supplementary table 2. Summary of all pre-meeting and meeting votes; agreement to accept the voting statement (green colour) was reached if $\geq 70\%$ of participants scored 7 to 9 and $<15\%$ of panel members scored 1 to 3, and agreement to reject the voting statement (red colour) if $\geq 70\%$ scored 1 to 3 and $<15\%$ of panel members scored 7 to 9 (only the voting statements with agreement to accept changes are included in the main manuscript)

Voting	Number	Question	Decision	Disagree			Neither			Agree			Minority opinion (if any)
				1	2	3	4	5	6	7	8	9	
Defining and classifying health problems													
Pre-meeting	1	To what extent do you agree to keep the IOC recommended terminology and definition of a health problem?	No agreement	-	2	1	-	1	2	2	3	5	
Meeting	1	To what extent do you agree to keep the IOC recommended terminology and definition of a health problem?	Agreement to reject the statement	12	2	2	
Pre-meeting	2	To what extent do you agree to include the WHO definition in the definition of a health problem, so the definition in football would be “any condition that reduces a player’s normal state of complete physical, mental, and social well-being, irrespective of its consequences on the player’s football participation or performance or whether the player sought medical attention”?	Agreement to accept the statement	-	-	-	-	1	1	2	2	10	

Pre-meeting	3	To what extent do you agree to keep the IOC recommended terminology and definition of a medical attention health problem?	Agreement to accept the statement	-	-	-	-	1	1	3	3	8	
Pre-meeting	4	To what extent do you agree to keep the IOC recommended terminology and definition of a time-loss health problem?	Agreement to accept the statement	-	-	-	-	1	-	4	1	10	
Meeting	5	Do you agree to change "sport", "athlete" and "competition" to "football", "player" and "match" throughout the consensus document?	Agreement to accept the statement	-	-	-	-	-	-	2	-	13	
Pre-meeting	6	To what extent do you agree to keep the IOC recommended definition of an injury?	Agreement to accept the statement	-	-	-	-	-	1	4	5	6	
Pre-meeting	7	To what extent do you agree to keep the IOC recommended definition of an illness?	No agreement	-	-	1	-	3	2	2	5	3	
Meeting	7	To what extent do you agree to keep the IOC recommended definition of an illness?	Agreement to reject the statement	12	2	2	-	-	-	-	-	-	
Pre-meeting	8	To what extent do you agree to remove "due to participation in sports" from the definition of an injury?	No agreement	3	1	1	-	5	-	1	2	3	
Meeting	8	To what extent do you agree to remove "due to participation in sports" from the definition of an injury?	Agreement to accept the statement	-	-	-	-	-	-	1	1	13	
Pre-meeting	9	To what extent do you agree to change the definition of illness to from "...not related to injury" to "...not considered as an injury"?	No agreement	1	-	-	-	4	-	1	5	5	

Meeting	9	To what extent do you agree to change the definition of illness to from "...not related to injury" to "...not considered as an injury"?	Agreement to accept the statement	-	-	-	-	-	-	-	2	12
Pre-meeting	10	To what extent do you agree to change the definition of illness to add "health", so it becomes "a health complaint or disorder experienced by the athlete"?	Agreement to accept the statement	1	-	-	-	1	-	1	6	7
Pre-meeting	11	To what extent do you agree to keep the IOC recommended categorisation of a direct, indirect, or no relationship to sports activity?	Agreement to accept the statement	-	-	-	1	-	-	3	3	9
Pre-meeting	12	To what extent do you agree to keep the IOC recommended combination of presentation (onset of symptoms) and mechanisms?	No agreement	1	-	-	-	5	2	2	2	4
Meeting	12a	To what extent do you agree to keep the IOC recommended presentation of onset of symptoms (sudden vs gradual)?	Agreement to accept the statement	-	-	-	-	-	-	1	2	13
Meeting	12b	To what extent do you agree to discuss reporting of injury mechanism as acute or repetitive or unknown in the text?	Agreement to accept the statement	-	-	1	-	1	-	4	2	8
Meeting	12c	To what extent do you agree to remove table 1?	Agreement to accept the statement	1	1	-	-	2	-	2	2	8
Pre-meeting	13	To what extent do you agree to remove the judgement on whether an injury mechanism is acute or repetitive?	No agreement	1	1	1	-	4	1	5	2	1

Meeting	13	To what extent do you agree to remove the judgement on whether an injury mechanism is acute or repetitive?	Agreement to reject the statement	11	1	1	-	1	-	1	-	1	
Pre-meeting	14	To what extent do you agree to keep the IOC recommended terminology and definitions of direct, indirect, and non-contact mechanisms of injury?	Agreement to accept the statement	-	-	-	-	3	-	2	4	6	
Pre-meeting	15	To what extent do you agree to add if contact was from an opponent, a teammate, a pitch invader, or an object?	Agreement to accept the statement	-	-	1	-	1	1	3	6	4	
Meeting	15	Do you want to add match officials, and other pitch-side staff (e.g., ball people/media)" to the above?	Agreement to accept the statement	1	-	-	-	1	-	4	2	8	
Pre-meeting	16	To what extent do you agree to categorise objects into: ball, pitch object, object from the crowd, and other?	No agreement	1	-	1	1	2	2	1	4	4	
Meeting	16	To what extent do you agree to categorise objects into: ball, pitch object, object from the crowd, goal post, and other?	Agreement to accept the statement	1	-	-	-	1	-	5	1	8	
Pre-meeting	17	To what extent do you agree to report the player action at the time of injury into: static, walking, jumping, falling, and running?*	No agreement	-	1	-	1	2	1	3	5	3	AS: Not separating player velocity and movement from other player actions influences alignment with more detailed assessments of injury inciting circumstances.
Meeting	18	To what extent do you agree to report information on ball possession into controlling the ball, running with ball, throw in, hit by ball,	Agreement to accept the statement	1	-	-	1	2	-	5	4	3	

		kicking, heading, goalkeeping, not in ball possession?										
Meeting	19	To what extent do you agree to report on rule infringement as foul, no foul and cards - to or by injured player?	Agreement to accept the statement	-	-	-	-	-	-	2	12	
Pre-meeting	20	To what extent do you agree to keep the IOC recommended approach to multiple events and health problems?	Agreement to accept the statement	-	-	1	-	1	1	5	3	4
Pre-meeting	21	To what extent do you agree with the additional sub-classification proposed by the authors of the Para sport extension paper?	No agreement	1	1	1	1	6	2	1	2	-
Meeting	21	To what extent do you agree with the additional sub-classification proposed by the authors of the Para sport extension paper?	Agreement to reject the statement	7	4	2	-	-	-	2	-	-
Pre-meeting	22	To what extent do you agree to keep the IOC recommended approach to subsequent, recurrent and/or exacerbation of health problems?	Agreement to accept the statement	-	-	-	-	2	-	4	3	7
Pre-meeting	23	To what extent do you agree to recommend reporting subsequent injury/illness using days following return to football rather than early and late recurrences?	Agreement to accept the statement	-	-	-	-	-	1	2	6	7
Pre-meeting	24	To what extent do you agree to keep the IOC recommended approach to classifying injuries using body areas and tissue types and pathology?	Agreement to accept the statement	-	-	1	-	1	1	3	2	8

Pre-meeting	25	To what extent do you agree to keep the IOC recommended approach to classifying illnesses using organ/system region and aetiology?	Agreement to accept the statement	-	-	-	-	-	2	3	2	9	
Pre-meeting	26	To what extent do you agree to keep the IOC recommended injury body area categories as they are?	No agreement	-	-	3	-	-	3	4	2	3	
Meeting	26	To what extent do you agree to keep the IOC recommended injury body area categories as they are?	No agreement	6	1	5	-	-	-	1	-	2	
Pre-meeting	27	To what extent do you agree to change the definition of abdomen to “above the inguinal ligament” rather than “above the inguinal canal”?	No agreement	1	1	-	1	2	2	3	1	5	
Meeting	27	To what extent do you agree to change the definition of abdomen to “above the inguinal ligament” rather than “above the inguinal canal”?	No agreement	6	1	5	-	-	-	1	-	2	
Pre-meeting	28	To what extent do you agree to split the body area “hip/groin” to “hip” and “groin” separately?	Agreement to accept the statement	1	-	-	1	2	-	4	5	3	
Meeting	29	If hip and groin areas are split, to what extent do you agree to categorise iliopsoas injuries under hip?	No agreement	1	-	-	1	4	1	3	3	3	AS: Because no agreement is reached, clinicians may now categorise these differently. Further agreement on the division of specific diagnoses into the hip or groin region is needed also for other diagnoses within hip/groin in the coding systems.

Pre-meeting	30	To what extent do you agree to include proximal adductor muscle injuries under thigh injuries together with mid-distal adductor injuries?	No agreement	2	-	1	-	4	3	3	-	3	
Meeting	30	To what extent do you agree to include proximal adductor muscle injuries under thigh injuries together with mid-distal adductor injuries?	Agreement to reject the statement	10	1	3	-	-	-	-	-	1	AS: It does not make sense to separate muscle injuries within the adductors into two different regions without a clearly defined cut-off. Proximal may refer to both insertional and musculo-tendinous injuries in the upper part of the muscle.
Pre-meeting	31	If all adductor muscle injuries are classified as thigh injuries, to what extent do you agree to include gradual-onset adductor-related groin pain (including diagnoses of adductor tendinopathy and enthesopathy under hip/groin)?	No agreement	2	-	1	-	3	2	3	1	4	
Meeting	31	If all adductor muscle injuries are classified as thigh injuries, to what extent do you agree to include gradual-onset adductor-related groin pain (including diagnoses of adductor tendinopathy and enthesopathy under hip/groin)?	No agreement	8	1	3	-	-	-	-	1	2	MW: To align with previous literature on football injuries, all adductor muscle group injuries should preferably be classified as hip/groin and not thigh.
Pre-meeting	32	If all adductor muscle injuries are classified as thigh injuries, to what extent do you agree to include gradual-onset adductor-related groin pain (including diagnoses of adductor tendinopathy and enthesopathy under thigh injuries)?	No agreement	3	1	1	-	4	2	2	1	2	

Meeting	32	If all adductor muscle injuries are classified as thigh injuries, to what extent do you agree to include gradual-onset adductor-related groin pain (including diagnoses of adductor tendinopathy and enthesopathy under thigh injuries)?	Agreement to reject the statement	9	2	3	-	-	-	-	-	-	
Pre-meeting	33	To what extent do you agree to split the body area lumbosacral into lumbar spine and pelvis/buttocks (excluding groin)?	No agreement	1	-	1	-	3	1	1	5	4	
Meeting	33	To what extent do you agree to split the body area lumbosacral into lumbar spine and pelvis/buttocks (excluding groin)?	Agreement to reject the statement	7	3	4	-	1	-	-	-	-	
Pre-meeting	34	To what extent do you agree to keep the IOC recommended injury tissue type and pathology type categories?	Agreement to accept the statement	-	-	-	-	1	3	5	2	5	
Pre-meeting	35	To what extent do you agree to change the name of muscle injuries to muscle strains?	No agreement	3	1	1	-	3	-	1	4	3	
Meeting	35	To what extent do you agree to change the name of “muscle injuries” to “muscle strains”?	Agreement to reject the statement	10	3	-	-	1	-	1	-	-	AS: Muscle contusions may be considered a sub-category of muscle injuries, but is differentiated by the mechanism. For a clearer separation, the alternative should also include the mechanism, i.e., muscle strain injuries.
Pre-meeting	36	To what extent do you agree to change the notes for “tendon rupture” to include both complete and partial tendon avulsion injuries”?	Agreement to accept the statement	-	-	-	-	3	-	4	4	5	

Pre-meeting	37	To what extent do you agree to keep the summary table very short and provide recommendation that studies on specific areas/populations should provide further details?	Agreement to accept the statement	1	-	-	-	2	-	4	5	4	
Pre-meeting	38	To what extent do you agree to recommend the summary table should be included in the main manuscript and at least one detailed table should be included in the supplements?	Agreement to accept the statement	-	-	-	-	-	1	4	2	8	
Pre-meeting	39	To what extent do you agree to keep the IOC recommended Illness categories for organ system and aetiology?	Agreement to accept the statement	-	-	-	-	1	1	1	4	9	
	Severity of health problems												
Pre-meeting	40	To what extent do you agree to modify the subsection title to “Severity of health problems and return to football”?	Agreement to accept the statement	-	-	1	-	2	-	1	6	6	
Pre-meeting	41	To what extent do you agree to modify and extend the severity categories as identified in the supportive information notes?	No agreement	1	-	1	-	2	1	4	4	3	
Meeting	41	To what extent do you agree to modify and extend the severity categories as identified in the supportive information notes?	Agreement to accept the statement	-	-	-	-	-	-	3	3	9	
Pre-meeting	42	To what extent do you agree to modify the categories in a table X combining the combining elements (columns) from table 1 in Fuller et al., 2006 and elements from table 10 in Bahr et al.,	Agreement to accept the statement	1	-	-	-	1	-	7	3	3	

		2020 and incorporating examples of injuries/illnesses frequent in football?										
Pre-meeting	43	To what extent do you agree that recording the severity of health problems based on clinical assessment (such as the need for hospitalisation or surgery, retirement from sport, permanent disability or death) should be according to the IOC?	Agreement to accept the statement	1	-	1	-	1	-	5	3	5
Pre-meeting	44	To what extent do you agree to include the return to football continuum figure by Ardern & Pruna, 2018 to illustrate the return to football continuum?	No agreement	-	1	2	-	3	2	1	3	4
Meeting	44	To what extent do you agree to include the return to football continuum figure by Ardern & Pruna, 2018 to illustrate the return to football continuum?	Agreement to accept the statement	1	-	-	-	-	-	3	3	7
Pre-meeting	45	To what extent do you agree to include the return to sport figure by Ardern et al., 2016?	No agreement	3	4	1	-	2	1	4	-	1
Meeting	45	To what extent do you agree to include the return to sport figure by Ardern et al., 2016?	No agreement	9	-	3	-	-	-	1	2	-
Pre-meeting	46	To what extent do you agree to use the return to training phase by Buckthorpe et al., 2019 as the definition for return to football?	Agreement to accept the statement	1	-	-	-	2	1	4	3	5
Meeting	46	To what extent do you agree to use the return to training phase by Buckthorpe et al., 2019 as the definition for return to football?†	Agreement to reject the statement	5	-	2	-	-	-	-	-	1

Pre-meeting	47	To what extent do you agree to use the return to play date by Waldén et al. 2005 as the definition for return to football definition?	No agreement	1	2	2	1	2	2	1	-	4	
Meeting	47	To what extent do you agree to use the return to play date by Waldén et al. 2005 as the definition for return to football definition?	Agreement to reject the statement	9	-	3	-	2	-	-	-	-	
Meeting	48	To what extent do you agree to define injury severity as the date of return to full unrestricted team training (or date of first match if prior to first full team training) or available for full team training in periods without training (e.g. end of season)?	Agreement to accept the statement	2	-	-	-	-	-	5	2	6	
Meeting	49	To what extent do you agree to define injury severity as the date of availability for pre-injury level match play (regardless of whether there is a match scheduled)?	No agreement	4	1	3	1	1	1	-	1	2	
Capturing and reporting athlete exposure													
Pre-meeting	50	To what extent do you agree to keep the IOC recommended exposure recording for each individual (rather than team exposure)?	Agreement to accept the statement	-	-	1	-	-	1	1	5	8	
Pre-meeting	51	To what extent do you agree to keep the IOC definition of competition as organised scheduled play between opposing athletes or teams of athletes, or athlete(s) competing (i) against time and/or (ii) to obtain a score (judged or measured)?	No agreement	-	1	1	-	2	2	2	4	4	

Meeting	51	To what extent do you agree to define competition as organised scheduled match play between opposing teams (not including internal training matches)	Agreement to accept the statement	-	-	-	-	-	-	2	1	13	
Pre-meeting	52	To what extent do you agree to keep the IOC definition of training as physical activities performed by the athlete (player) that are aimed at maintaining or improving their skills, physical condition and/or performance in their sport?	Agreement to accept the statement	-	-	-	-	1	1	2	5	6	
Pre-meeting	53	To what extent do you agree to keep the IOC recommendation to report such as warm up and cool down should be counted separately and reported as training injuries, even if occurring around competition?	No agreement	-	1	-	-	4	1	2	5	3	
Meeting	53	To what extent do you agree to report pre-match warm-up as a separate training category and post-match cool down reported as other training?	Agreement to accept the statement	-	-	-	-	-	-	1	2	13	
Pre-meeting	54	To what extent do you agree to keep the IOC recommendation that it is inappropriate to use exposure measures such as playing hours to quantify illness risk?	No agreement	-	-	2	-	2	-	2	2	7	
Pre-meeting	55	To what extent do you agree to keep the IOC recommendation that it is most appropriate to use exposure measures based on the time athletes (players) are under surveillance (e.g., days or years) rather than time engaged in competition (match) and training?	Agreement to accept the statement	-	-	1	-	3	-	-	3	9	

Pre-meeting	56	To what extent do you agree to keep the IOC recommended recording exposure during multi-day competitions of every athlete's (player's) individual participation minutes?	Agreement to accept the statement	-	-	-	-	1	-	3	5	7	
Pre-meeting	57	To what extent do you agree to keep the IOC recommended subcategories of training (1. sport-specific, 2. strength and conditioning, and 3. other (e.g., recovery and rehabilitation sessions)?	No agreement	-	-	-	-	3	3	2	3	4	
Pre-meeting	58	To what extent do you agree to keep the IOC encouraged use of wearable tracking activity devices for tracking exposure?	Agreement to accept the statement	-	-	1	-	2	-	2	5	6	
Expressing risk and reporting guidelines													
Pre-meeting	59	To what extent do you agree to change the title of the sub-section from "Expressing risk" to "Reporting measures of occurrence" as the measures in this section do not correspond to risk in probabilistic terms?	Agreement to accept the statement	1	-	-	-	1	2	3	5	4	
Pre-meeting	60	To what extent do you agree to clarify that incidence is not synonymous with rate and should be operationalised as defined in the epidemiological literature as either rate or proportion?	No agreement	-	1	-	-	3	1	3	4	4	
Meeting	60	To what extent do you agree to clarify that incidence is not synonymous with rate and should be operationalised as defined in the epidemiological literature as either rate or proportion?	No agreement	2	1	-	-	-	-	5	3	4	AMc & GD: It was proposed to clarify that incidence can be measured as either a rate or a proportion, both providing different information, and should not be used synonymously, as

											recommended in most seminal epidemiological research literature.	
Pre-meeting	61	To what extent do you agree to clarify the use of prevalence measures to period prevalence if the researcher's interest is to know the proportion of both new and already existing conditions (e.g. pre-existing before the start of a new season) and incidence proportion if the interest is to understand the proportion of new cases of a specific injury or illness during the season?	No agreement	2	1	-	-	-	1	2	5	5
Meeting	61	To what extent do you agree to clarify the use of prevalence measures to period prevalence if the researcher's interest is to know the proportion of both new and already existing conditions (e.g. pre-existing before the start of a new season) and incidence proportion if the interest is to understand the proportion of new cases of a specific injury or illness during the season?	No agreement	2	1	-	-	-	-	5	3	4
Pre-meeting	62	To what extent do you agree that recurrent injuries should not be used in calculating injury incidence unless the researchers can justify confidently that the initial event does not impact subsequent events?	No agreement	1	1	3	-	1	-	2	6	2
Meeting	62	To what extent do you agree that recurrent injuries should not be used in calculating injury incidence unless the researchers can justify confidently that the initial event does not impact subsequent events?	No agreement	7	2	1	-	3	-	2	-	-
												AMc & GD: Period prevalence includes new and existing conditions. Incidence proportion can be used if practitioners' interest is to know proportion of new cases.
												AMc & GD: Incidence rate ranges from 0 to infinite range. The incidence rate can include recurrent events, but only if the researchers are confident that the initial event does not impact

										subsequent events, e.g., as in re-injury or subsequent injury.			
Pre-meeting	63	To what extent do you agree to clarify that there are no confident recommendations that can be made on communicating risk, given the complete lack of evidence base in sports, never mind football and the lack of clarity even in epidemiological research?	No agreement										
Meeting	63	To what extent do you agree to clarify that there are no confident recommendations that can be made on communicating risk, given the complete lack of evidence base in sports, never mind football and the lack of clarity even in epidemiological research?	Agreement to reject the statement	1	-	2	-	4	2	4	1	2	
		Burden of health problems											
Pre-meeting	64	To what extent do you agree to adopt the IOC definition of injury burden as the number of days of time loss per 1000 hours?	Agreement to accept the statement										
Pre-meeting	65	To what extent do you agree that, to facilitate comparison among sports, investigators should consider reporting the number of days of time loss per 365 athlete(player)-days for each	No agreement										
				10	1	2	-	-	-	1	-	1	AMc & GD: Effective risk communication has not been sufficiently studied in football to give confident recommendations. Communicating risk as currently recommended could be misunderstood by practitioners as ‘the probability of an event occurring’ which is technically not what is conveyed by e.g., injury incidence or number of injuries expected per squad.
				-	-	-	-	-	1	3	3	9	
				1	-	-	1	6	1	3	1	3	

		outcome of interest in addition to measures based on sport-specific exposures?										
Meeting	65	To what extent do you agree that, to facilitate comparison among sports, investigators should consider reporting the number of days of time loss per 365 athlete(player)-days for each outcome of interest in addition to measures based on sport-specific exposures?	Agreement to reject the statement	9	1	3	-	-	-	1	-	1
Pre-meeting	66	To what extent do you agree to adopt that injury burden also could be visualised using a risk matrix in which the incidence of each health problem of interest is plotted against its consequences?	Agreement to accept the statement	-	-	-	-	2	-	2	4	8
Study population characteristics												
Pre-meeting	67	To what extent do you agree with classifying football players as adult (senior) from 18-19 years with no upper age limit and youth ranging from older toddlers up to 18-19 years?	No agreement	2	1	2	1	1	-	3	4	2
Meeting	67	To what extent do you agree with classifying football players as adult (senior) from 18-19 years with no upper age limit and youth ranging from older toddlers up to 18-19 years?	No agreement	2	1	2	-	-	-	3	1	6
Meeting	68	To what extent do you agree with classifying football players as adult and youth with a clear description of the cut-off used?	Agreement to accept the statement	-	-	-	1	-	-	2	1	11

Pre-meeting	69	To what extent do you agree that youth players are sub-divided into children up to 12 years and adolescent from 13 years?	No agreement	2	-	1	1	2	-	4	3	3	
Meeting	69	To what extent do you agree that youth players are sub-divided into children up to 12 years and adolescent from 13 years?	No agreement	5	-	2	-	-	-	3	4	-	MW: Injury occurrence/landscape differ between pre-pubertal and pubertal/post-pubertal players so a classification into children (≤ 12 years) and adolescent (13-18 years) would have been preferable.
Pre-meeting	70	To what extent do you agree that the minimum age data reported should be mean age with both standard deviation and range from the youngest to oldest player included?	Agreement to accept the statement	-	-	-	-	1	1	4	5	5	
Pre-meeting	71	To what extent do you agree that players participating in organised football are categorised as amateurs or professionals, where a professional is defined as a player who has a written contract with a club and is paid more for his/her footballing activity than the expenses he/she effectively incurs?	No agreement	-	1	2	-	-	-	3	5	5	
Meeting	71	To what extent do you agree that players participating in organised football are categorised as amateurs or professionals, where a professional is defined as a player who has a written contract with a club and is paid more for his/her footballing activity than the expenses he/she effectively incurs?	Agreement to accept the statement	-	-	-	-	-	-	3	5	7	
Pre-meeting	72	To what extent do you agree that the sample needs to be specified for international league ranking (where accessible) and actual playing	No agreement	-	-	1	-	3	1	3	4	4	

		division (out of the total number of divisions in the league system)?										
Meeting	72a	To what extent do you agree that the sample needs to be specified for international league ranking (where accessible)?	Agreement to accept the statement	2	-	-	-	-	-	4	2	7
Meeting	72b	To what extent do you agree that the sample needs to be specified for actual playing division (out of the total number of divisions in the league system)?	Agreement to accept the statement	-	-	-	-	-	-	3	1	11
Pre-meeting	73	To what extent do you agree that studies refrain from using the term elite for children's football, mainly as this is criticised for being based on inaccurate/unreliable talent prediction models?	No agreement	2	-	1	-	-	1	5	3	4
Meeting	73	To what extent do you agree that studies refrain from using the term elite for children up to 12 years, mainly as this is criticized for being based on inaccurate/unreliable talent prediction models?	Agreement to accept the statement	-	-	-	-	-	-	4	-	10
Pre-meeting	74	To what extent do you agree that studies at the highest professional/elite level need to report demographics for players involved in international duties during the study period?	No agreement	-	-	-	1	2	2	2	6	3
Meeting	74	To what extent do you agree that studies report whether the sample or parts hereof participate in international football (club or national team) – with as much details as possible?	Agreement to accept the statement	1	-	-	-	1	-	1	3	9

Pre-meeting	75	To what extent do you agree that players who participate in non-organised football mainly for fun, fitness and social interaction rather than competition are preferably termed recreational players?	Agreement to accept the statement	-	-	1	-	1	1	4	3	6	
Pre-meeting	76	To what extent do you agree that the terms sub-elite and semi-professional are difficult to standardise, and are open for varying interpretations, and thus should not be used in future studies?	Agreement to accept the statement	1	-	1	-	1	1	3	4	5	
	Data collection methods												
Pre-meeting	77	To what extent do you agree with the adoption of the IOC recommendations as written in the data collection methods section?	Agreement to accept the statement	-	-	-	-	-	-	4	5	7	
Pre-meeting	78	To what extent do you agree to include the use of a validated surveillance system is used to reduce error and to improve the quality of the injury and illness surveillance?	Agreement to accept the statement	-	-	-	-	-	-	4	4	7	
Pre-meeting	79	To what extent do you agree that football stakeholders (players and coaches) be included in the planning, implementation, evaluation, and communication of results?	Agreement to accept the statement	-	1	-	-	-	-	2	2	11	
Pre-meeting	80	To what extent do you agree with the recommendation to identify implementation principles and a communication strategy for pre-implementation (developing and piloting surveillance system), implementation (clearly defining roles and responsibilities) and post-	Agreement to accept the statement	-	-	-	-	1	-	4	2	9	

		implementation (football-specific interpretation and dissemination of outcomes)?										
Pre-meeting	81	To what extent do you agree to recommend that medical personnel be engaged to record the data (rather than technical or coaching staff) to improve the quality of the data and research outcomes?	Agreement to accept the statement	1	-	-	-	-	1	2	3	9
Pre-meeting	82	To what extent do you agree to recommend the provision of adequate skilled and experienced human resources as well as sufficient financial support to ensure appropriate implementation of the programme?	Agreement to accept the statement	-	-	-	-	-	-	2	3	11

Italics denotes new questions identified during the consensus meeting without any pre-meeting voting

* A sub-group of AMc, AS, JT, RB, GD, FDV and TEA created table 2 following the discussions held during the consensus meeting instead of a formal voting statement

† Error in the voting procedure resulting in missing votes from half of the consensus panel

Supplementary table 3. Plain language summary

Several sports published methodological consensus statements for epidemiological studies on injuries and illnesses, with football having one of the first guidelines in 2006. Recently, the International Olympic Committee (IOC) released a sports-generic consensus statement and encouraged the publication of new and/or updated sport-specific extensions.

Therefore, a panel of 16 football medicine and/or science experts formed a consensus panel that reviewed the literature in small groups and performed two rounds of voting before and during a 2-day consensus meeting. Based on the voting results and the subsequent discussions, this consensus extension for football was created. It should ensure more consistent methodology in future epidemiological studies of football injuries and illnesses.

Supplementary table 4. Example of the different time-points in the return to football

continuum after injury

Progression	Time-points
A 26-year-old female professional regular starting midfielder twists her knee in a home match on Wednesday evening. The team physician and physiotherapist examined her immediately on the pitch and again in the locker room. The following day, the MRI shows a total ACL rupture and a small radial tear of the lateral meniscus. The player undergoes ACL reconstruction and a small partial meniscus resection the following week.	Onset of symptoms and diagnosis
She already starts supervised rehabilitation with her physiotherapist the first postoperative day in the gym and continues with this for three months in parallel with home exercises. Then the player starts jogging on the pitch in football shoes and can do some simple technical ball-controlling exercises. This transition will count as the return to field time-point even if she continues with gym and home exercises.	Return to field (individualised)
Following an approved test battery with isokinetic muscle strength tests and different hop tests at six months, showing almost similar results on both the injured and non-injured leg, she is introduced to more demanding individualised football-specific on-field rehabilitation exercises. One month later, she is cleared for team training without player contact. This will count as the return to team training partially/modified.	Return to team training (partially/modified)
Following an endurance test eight months post-injury, showing similar maximum oxygen uptake as pre-injury, and one month later showing identical movement patterns as pre-injury on GPS analysis, she starts training with the team without any restrictions. The latter will count as the return to team training fully/unmodified.	Return to team training (fully/unmodified)
Ten months post-injury, the player is cleared for match play but is not picked by the coach for the subsequent two matches. She is also sitting on the bench all 90 minutes in another two matches before earning 15 minutes of playing time in the second half of the fifth club match following the full clearance for match play.	Return to match play
The player is not a regular starter during the remaining month of the season. She is, however, back in the starting eleven at the start of the following campaign and plays all matches in the subsequent season, except for missing one match because of a suspension and three matches due to a biceps femoris injury in the same leg. She scores seven goals and makes eleven assists during the campaign, which is a new personal record and she is awarded “The player of the year” trophy at the club for the second time in her career.	Return to pre-injury performance

ACL, Anterior cruciate ligament; GPS, Global positioning system; MRI, Magnetic resonance imaging