Elementary lesions in foot osteoarthritis	First Round Agreement
Midfoot joints must be assessed separately for structural and inflammatory abnormalities in foot OA	84.2%
I MTP joint must be assessed separately for structural and inflammatory abnormalities in foot OA	100.0%
II to V MTP joints must be assessed together (globally) for structural and inflammatory abnormalities in foot OA	50.0%
Joint inflammation and structural changes must be assessed separately in foot OA	94.7%
Joint synovial hypertrophy (with or without Doppler signal) should always be assessed in foot OA	100.0%
Joint effusion should always be assessed in foot OA	89.5%
Synovial hypertrophy can be scored semi-quantitatively from 0 to 3 (i.e. 0= no; 1= mild; 2= moderate; 3= severe)	84.2%
Doppler can be scored semi-quantitatively from 0 to 3 (i.e. 0= no; 1= mild; 2= moderate; 3= severe)	89.5%
Joint effusion can be scored semi-quantitatively from 0 to 3 (i.e. 0= no; 1= mild; 2= moderate; 3= severe)	72.2%
Synovial hypertrophy can also be scored dichotomously (i.e. 0=absent; 1=present)	78.9%
Doppler can also be scored dichotomously (i.e. 0=absent; 1=present)	63.2%
Joint effusion can also be scored dichotomously (i.e. 0=absent; 1=present)	68.4%
Osteophytes should always be assessed for joint structural changes in foot OA	100.0%
Osteophytes can be scored semi-quantitatively from 0 to 3 (i.e. 0= no; 1= mild; 2= moderate; 3= severe)	73.7%
Cartilage damage of the first metatarsal head should always be assessed for joint structural changes in foot OA	78.9%

Table S3 – First Delphi round agreement