## Supplementary Digital Content 3: Procedure of Double Blind RCT Flow Chart

Referral from primary or secondary care

Patient meets entry criteria for study: chronic tendinopathy causing pain and dysfunction, failed conservative management, +/- previous steroid injection.

 Yes No

Contraindications: allergic reaction, sepsis, anti-coagulants, pvd, age<18. Yes Not for the study.

 No

Study explained.

Book into Research Clinic.

Informed consent gained.

Completion of questionnaires: McGill Pain Questionnaire, VISA & VAS Scores.

Proceed to injection of chronic tendinopathy.

Area of tendinopathy cleaned with chlorhexadine spray. Practitioner to wash hands and wear gloves.

2ml of 1% lidocaine infiltrated into region.

2ml of autologous blood taken from patient from opposite arm to site of tendinopathy under aseptic technique.

Practitioner A leaves room with syringe of autologous blood, covers syringe to disguise contents using pre-prepared syringe covers. Also draws up 2ml of normal saline in an identical covered syringe. Randomisation program on computer deciphers if patient receives autologous blood or control substance of normal saline.

Practioner A returns to room with covered syringe containing either autologous blood or normal saline. Practitioner B and patient are both blinded as to which substance is going to be injected. Practitioner B injects contents of syringe using aseptic technique via ultrasound guidance into chronic tendinopathy using a fenestration technique.

Patient remains in department for 20 minutes post injection in order to observe for any adverse reaction.

Follow up at 6 weeks, 3 months, 6 months and 1 year.

At each follow up questionnaires repeated: McGill Pain Questionnaire, VISA & VAS score.

Discharge or further treatment as appropriate