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1 Methodology Review: A Protocol to Audit the Representation of Female Athletes in Sports  
2 Science and Sports Medicine Research

3

#### 4 **Abstract**

5 Female-specific research on sports science and sports medicine (SSSM) fails to mirror the  
6 increase in participation and popularity of women's sport. Females have historically been  
7 excluded from SSSM research, particularly because their physiological intricacy necessitates  
8 more complex study designs, longer research times and additional costs. Consequently, most  
9 SSSM practices are based on research with men, despite potential problems in translation to  
10 females due to sexual dimorphism in biological and phenotypical parameters as well as  
11 differences in event characteristics (e.g., race distances/durations). Recognition that erroneous  
12 extrapolations may hamper the efforts of females to maximize their athletic potential has  
13 created an impetus to acknowledge and readdress the sex disparity in SSSM research. To direct  
14 the priorities for future research, it is prudent to first develop a comprehensive understanding  
15 of the gaps in current knowledge by systematically 'auditing' the literature. By conducting  
16 audits of the literature to highlight underdeveloped topics or identify potential problems with  
17 the quality of research, this information can then be used to expediently direct new research  
18 activities. This paper therefore presents a standardized audit methodology to establish the  
19 representation of female athletes in sub-disciplines of existing SSSM research, including a  
20 template for reporting the results of key metrics. This standardized audit process will enable  
21 comparisons over time and between research sub-disciplines. This working guide provides an  
22 important step towards achieving sex equity across SSSM research, with the eventual goal of  
23 providing evidence-based recommendations specific to the female athlete.

24 **Keywords:** women, physical activity, performance, menstrual status, oral contraceptive, meta-  
25 analysis

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27

## 28 **Introduction**

29 The representation of women in high-performance sport has increased in recent decades.  
30 Indeed, the Tokyo 2020 Olympic Games was the first to achieve near parity in medal  
31 opportunities for women's and men's events, with female representation rate at 49% of total  
32 competitors, an increase from 45% in Rio 2016 and 38% in Sydney 2000 (Houghton et al.,  
33 2017; International Olympic Committee, 2021). Meanwhile, the Paralympic Games lags  
34 behind with fewer medal opportunities for women, and a representation of 42% of athletes in  
35 Tokyo 2020 (Tokyo2020, 2021). Across the globe, professional female teams are becoming  
36 firmly established, demands for equal prize money normalized, and increases in female  
37 participation rates across all levels are driving the increase in the popularity of women's sport  
38 (Claus, 2020; Douglas, 2018; Oxley, 2021; Townes, 2019). These trends justify the support for  
39 female-specific sports science and sports medicine (SSSM) research to investigate specific  
40 needs of this athletic population and their events. Numerous anatomical and biological  
41 differences exist between the sexes, which in turn can influence performance, fundamental  
42 biomechanics, and physiological responses to exercise (Devries, 2016; Green et al., 2016;  
43 McNulty et al., 2020). Women's sports may also differ from those of their male counterparts,  
44 according to the event demands or characteristics of the typical playing styles, including shorter  
45 distances and lighter equipment for women (Kovalchik & Reid, 2017; Sanders et al., 2019). It  
46 is, therefore, problematic to apply conclusions drawn from male athletes directly to women  
47 without considering any influence of these sexual dimorphisms and event-specific demands.

48 Unfortunately, the conspicuous imbalance of female specific SSSM research is well known.  
49 For example, Costello and colleagues (2014) surveyed nearly 1,400 studies involving more  
50 than six million participants published in three principal SSSM journals across a two year  
51 period. Overall, women contributed just 39% of the total accumulated participant pool, with 4  
52 to 13% of studies (depending on the journal) exclusively investigating female participants,  
53 compared to 18 to 34% focusing entirely on men (Costello et al., 2014). A smaller audit of  
54 three journals over a five-month period reporting SSSM studies found a similar proportion  
55 (42%) of women across the total accumulated participant count, with just 4% of studies  
56 investigating only women, while 27% involved male-only participant cohorts (Brookshire,  
57 2016). Across SSSM topics, the bias against female participants was most striking in studies  
58 investigating strategies to enhance athletic performance; only 3% of all participants were  
59 women (Brookshire, 2016). Female specific SSSM research shows little evidence of mirroring  
60 the recent increase in the popularity of women's sport. Cowley et al. (2021) examined 5,261  
61 studies across six SSSM journals including 12.5 million participants and reported similar  
62 findings to Costello et al. (2014) seven years earlier. Women accounted for 34% of overall  
63 participants, with 6% of studies focussing exclusively on women compared to 31% studying  
64 men in isolation (Cowley et al., 2021). Interestingly, both Cowley et al. (2021) and Costello et  
65 al. (2014) reported that on average 63% of studies included *both* men and women. Thus, given  
66 the substantially greater number of male participants in both audits (61-66% of total participant  
67 pool), this suggests an influence of volunteer (or self-selection) bias on participation rates,  
68 whereby women are perhaps less willing or available to volunteer for certain investigations  
69 despite being eligible to participate (Nuzzo, 2021).

70 Traditionally, the "typical 70 kg man" reference participant has been considered a sufficient  
71 proxy for women across SSSM research (Marts & Keitt, 2004; Miller, 2005). Involving female  
72 participants necessitates additional methodological considerations, including controlling for

73 sex-differences in concentrations of the reproductive hormones, as well as intra-female  
74 fluctuations in oestrogen and progesterone due to menstrual cycle (MC) phase, the use of  
75 hormonal contraceptives (HC) or impaired menstrual function (Elliott-Sale et al., 2021).  
76 Ultimately, this results in more expensive, labour-intensive, and time-consuming study designs  
77 which has traditionally been viewed as an inconvenience (Bruinvels et al., 2017). Moreover,  
78 female athletes are more likely to experience nutritional issues such as iron deficiency or low  
79 energy availability (Areta et al., 2021; Coad & Conlon, 2011; Logue et al., 2020), adding to  
80 the screening burden or the risk of interference in study outcomes. The availability and  
81 recruitment of female athletes can also be challenging due to the tendency for smaller team  
82 sizes and the disproportionately low number of professional female athletes with opportunities  
83 to participate in research projects (Emmonds et al., 2019). Collectively, these factors have  
84 created a tendency to exclude women from SSSM research, with findings in men extrapolated  
85 to recommendations for female athletes with minimal consideration of sexual dimorphisms.  
86 While understandable in terms of the burden of cost, convenience, and complexity of research,  
87 this bias is unacceptable and has likely hampered the opportunities for women to maximise  
88 their athletic potential.

89 The urgency of the need to address the sex disparity across SSSM research is receiving  
90 substantial publicity within scientific literature (Elliott-Sale et al., 2021; Hutchins et al., 2021;  
91 Martínez-Rosales et al., 2021) and popular/social media (Yu, 2018, 2021). It is therefore  
92 important to efficiently direct the current enthusiasm for research on the female athlete into  
93 high-quality and meaningful outputs. Already, meta-analyses of selected SSSM topics have  
94 been undertaken to determine how female athletes respond to a particular intervention or  
95 stressor (Delextrat et al., 2018; Gomez-Bruton et al., 2021; Saunders et al., 2021). However,  
96 such technically well-conducted meta-analyses are challenged by substantial limitations in the  
97 quantity and quality of the original literature. Moving forward, a comprehensive understanding

98 of the quantity and quality of research pertaining to female athletes is needed before time and  
99 resources are invested into further original research or undertaking meta-analyses of topics  
100 where women are substantially underrepresented or the female-specific methodological  
101 considerations do not align with current recommendations (Elliott-Sale et al., 2021). This can  
102 be achieved through ‘auditing’ the literature in specific sub-disciplines of SSSM research to  
103 determine how well female athletes are currently addressed. In the context of this paper, we  
104 define an ‘audit’ as a systematic analysis of the literature in specific sub-disciplines of SSSM  
105 to help to create a gap analysis of areas in which there is little information/ representation of  
106 women alongside research areas with the greatest scope for development or impact. Conducting  
107 such audits across SSSM topics may produce information to help direct future research  
108 activities in a systematic and expedient manner. Examples of such audits are beginning to  
109 appear (Brookshire, 2016; Costello et al., 2014; Cowley et al., 2021; Hutchins et al., 2021).  
110 However, implementing a more standardized audit protocol will optimise the outputs and  
111 interpretation of such audits, ensuring that comparisons can be made across time and across  
112 SSSM topics. In particular, it is important to assess key quantitative and qualitative aspects are  
113 assessed, such as the performance/fitness level of female athletes who are absent or represented  
114 in the literature, or the quality of methods used to tackle the challenges of menstrual function.  
115 Our proposed audit protocol utilizes new frameworks that have been proposed as best-practice  
116 to assess menstrual status (Elliott-Sale et al., 2021) and athletic calibre (McKay et al., (in  
117 press)). Therefore, this paper proposes a standardized protocol to facilitate the efficient and  
118 effective conduct of audits of the representation of female athletes in SSSM research, detailing  
119 both our proposed methods of conducting the audit (guided by crowd sourced ideas with  
120 experts in the field) and a standardized process of reporting the results. Our aim is to encourage  
121 a collaborative and harmonised effort that can expedite a systematic correction to the current  
122 sex-based biases in SSSM research.

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## 127 **Methods**

### 128 **Proposed standardized protocol for auditing the representation of women in sports** 129 **science and sports medicine research**

130 This standardized protocol and spreadsheet tool (provided in the supplementary material) are  
131 designed to facilitate a uniform and coordinated audit of the representation of female  
132 participants within a topic or sub-discipline of SSSM research (e.g., nutritional pre-event  
133 strategies, use of performance supplements, recovery strategies, altitude training). The topic of  
134 a specific audit can be defined and justified by the authors. In addition to standardizing the  
135 quantification of female participation, the audit methodology assesses key qualitative features  
136 of the study design. These include the characterisation of the calibre of the athletic populations  
137 that have been included in the available research, alongside arguably the most crucial  
138 qualitative aspect of research on female athletes: characterisation of menstrual status or HC  
139 use. Collation of this qualitative information facilitates a comparison of SSSM research  
140 conducted on men compared to women, as well as between SSSM sub-disciplines and across  
141 time. The concept of the proposed auditing process is illustrated in Figure 1.

142

[Figure 1].

143 The spreadsheet tool (supplementary material) is provided to aid researchers in conducting  
144 such audits through providing a template to extract metrics A-F. The tool contains three tabs:  
145 “flowchart” (a copy of Figure 2, to be populated upon the completion of preliminary study

146 screening as explained below), “study screening” (basic study information is first inputted into  
147 the “general information” category, whereby information to complete metrics A-F are then  
148 populated in the subsequent sections as denoted by sub-headings), and “MC control” (where  
149 the information necessary to grade studies on the basis of menstrual status classification and  
150 control according to our tiering system is inputted). Example data is also provided in the  
151 spreadsheet to guide researchers as to how we propose each tab is completed.

### 152 **Data selection/search strategy**

153 An electronic literature search is first conducted to identify relevant papers using the proposed  
154 search terms: “(athlete OR sport OR healthy) AND (\*\**discipline-specific terms*\*\*) AND  
155 (exercise OR performance OR endurance OR aerobic OR strength OR power OR anaerobic  
156 OR speed OR skill OR tactics) NOT animal NOT rodent)”. It is recommended that the search  
157 is exclusive to original research papers among human participants, with no date restriction.  
158 Following the literature search, papers are then initially screened for separate review papers  
159 and to remove duplicates or papers meeting any of the following exclusion criteria: (a)  
160 populations with lifestyle diseases such as obesity or hypertension, (b) outcomes irrelevant to  
161 areas of interest (i.e., not related to performance, health or indirect associations with  
162 performance/health), (c) the sub-discipline/area of interest is not investigated as the  
163 independent variable or the primary outcome of interest, (d) failure to explicitly state the sex  
164 of participants, even if this could be inferred from data (e.g., anthropometric information), or  
165 not specifying the male to female participant ratio in mixed sex studies. Inferring participant  
166 sex from the use of pronouns within a report may be acceptable but requires explanation in the  
167 methodology of the audit outcomes, due to potential differences between gender and sex.  
168 Audits may include additional search/exclusion criteria specific to the sub-discipline of SSSM,  
169 alongside the population of interest (e.g., age, sport, pregnancy). We advise that papers whose  
170 full text cannot be obtained are also excluded. Following the initial search, we suggest that



171 review papers are screened for additional relevant papers that were not detected in the primary  
172 search.

173 The use of specialist software which support systematic reviews, such as Covidence  
174 (Covidence, 2021) or Rayyan (Ouzzani et al., 2016) is encouraged to aid the initial screening  
175 process. The selected papers are then exported from the chosen software (including title, date,  
176 journal, authors and abstract) to a spreadsheet program such as Microsoft Excel (template  
177 provided in the supplementary material) for more detailed analysis. Single papers that report  
178 multiple separate studies should be identified, and each discrete study analysed individually.  
179 Hereafter, the term ‘paper’ refers to the entire single publication, whereas ‘study’ is used to  
180 describe separate investigations within a single paper or across several papers. After  
181 preliminary screening, the following metrics are extracted: (A) population (B) athletic calibre,  
182 (C) menstrual status, (D) research theme, (E) study impact, and (F) sample size. A Microsoft  
183 Excel template has been provided in the supplementary material to support this process as  
184 explained above. The template provides a table to record extracted metrics (“study screening”  
185 tab), alongside a flowchart to report the results. The flowchart pictured in Figure 2 provides an  
186 illustration of the requisite information that we recommend is extracted in sections A-F to  
187 ensure consistent reporting across audits. Additional discipline-specific sections may be added  
188 to the flowchart as appropriate. It is suggested that both the absolute and relative (%) values,  
189 where applicable, are reported as denoted on the flowchart (Figure 2). If for any reason it is not  
190 possible to complete the flowchart in full or a section is intentionally excluded, a clear  
191 explanation is needed in the study text. However, we recommend that incomplete or omitted  
192 sections are avoided if possible.

193 [Figure 2]

194 **A. Population**

195 It is valuable to describe the potential of the study to contribute to knowledge of sex-based  
196 differences in SSSM or to directly inform evidence-based guidelines for female athletes.  
197 Therefore, we recommend that studies be separated into five population categories (a) males  
198 only, (b) females only, (c) mixed-sex cohort, (d) male *versus* female sub-analysis, and (e) male  
199 *versus* female design features. Male *versus* female design features (e) describes studies that  
200 have been purposely designed to investigate differences in the intervention response between  
201 sexes and include a statement in the aims as well as clear features in the study design.  
202 Meanwhile, male *versus* female sub-analysis (d) describes studies in which sex-based  
203 comparisons were completed within the statistical procedures, although this was not a primary  
204 aim of the study or the study was not specifically controlled or designed for best-practice  
205 comparisons. In addition to quantifying the representation of female participants within the  
206 SSSM discipline, this approach will differentiate research that excludes female participants  
207 (category A, males only), simply includes women without methodological consideration of  
208 sexual dimorphisms (category C, mixed-sex cohort), evaluates the response of women to an  
209 intervention or topic (category B, females only), or specifically targets sexual dimorphisms  
210 within SSSM disciplines (category D, male *versus* female sub-analysis or category E, male  
211 *versus* female design features).

## 212 **B. Athletic Calibre**

213 A general principle of research is that the results of a study apply to appropriately defined  
214 participant populations and scenarios that are similar to those included in its design  
215 (Schünemann et al., 2021). Therefore, it is important to provide a clear and standardized  
216 description of participants of SSSM research in terms of their calibre of athletic ability and/or  
217 level of competition. This information can determine the ecological validity of the application  
218 of the findings to high-performance female athletes and their direct inclusion in evidence-based  
219 recommendations/guidelines. A recently developed framework for classifying athletic calibre

220 (McKay et al., (in press)) allows participants to be ranked on a six-tiered classification system,  
221 ranging from Sedentary/Healthy participants (Tier 0) up to World Class athletes (Tier 5).  
222 Classification is made from information around performance indicators and training status that  
223 is easily accessed and commonly reported in most papers. Importantly, classification is  
224 determined, wherever possible, according to objective quantitative data (i.e., personal best  
225 performances or world rankings) rather than subjective statements such as ‘elite’ or ‘trained’  
226 (McKay et al., (in press)). Studies that provide insufficient information to be robustly classified  
227 into a single tier are graded as ‘unclassified’. For studies in which a range of athletic calibres  
228 are included, a classification noting the majority of participants is stated. If such a  
229 determination is not possible (i.e., participant numbers in each tier are not reported), we  
230 recommend that the mean tier is taken. However, studies comparing distinct athletic calibres  
231 through purposeful methodological design should be recognised for their superior study design,  
232 and therefore we suggest that each tier is reported individually. For example, a paper comparing  
233 Tier 3 versus Tier 4 athletes would contribute to the census of each Tier, with a symbol in the  
234 flowchart to note that multiple cohorts were counted in a study and thus there is a difference  
235 between the total number of athlete cohorts and the number of studies. Importantly, this applies  
236 only to *a priori* and not retrospective comparison between athletic calibres. Two authors should  
237 independently classify studies, with discrepancies resolved through discussion, adjudication by  
238 a third author, or, if possible, contact validation with the author(s) of the original study. Table  
239 1 provides examples of how the Participant Classification System would be implemented. An  
240 additional benefit of conducting audits in this manner is that it may provide the first systematic  
241 quantification of the calibre of male participants in SSSM research, as well as allowing the  
242 comparison to female athletes.

243

[Table 1]

244

245

**246 C. Menstrual Status**

247 Because the ovarian hormones oestrogen and progesterone influence multiple biological  
248 systems (Ansdell et al., 2020; Devries, 2016; Green et al., 2016; Laurent et al., 2014;  
249 Wohlgemuth et al., 2021), they have the potential to cause downstream effects on the nature  
250 and heterogeneity of the findings of various study topics. This is of relevance to high-  
251 performance athletes (specifically) whose fluctuations in ovarian hormone concentrations, and  
252 any resulting influence on study outcomes, may mask marginal (i.e., <1-2%) changes in  
253 performance that are of significance within real-world elite sporting scenarios. There are  
254 myriad of fluctuations in ovarian hormone concentrations across a MC acutely over a given  
255 month and chronically over an athlete's training blocks (menstrual cycle status over months to  
256 years) and over a lifespan (e.g., pre-puberty versus menopause) (Elliott-Sale et al., 2021). This  
257 highlights the importance of robust characterisation of overall menstrual status and the specific  
258 phase of the cycle in female participants and/or the alignment of experimental design with  
259 specific hormonal milieu. Table 2 provides a detailed guide to our proposed tiered system to  
260 grade the standard of methodological control, underpinned by a new framework promoted as  
261 best-practice for this theme (Elliott-Sale et al., 2021). Because the extent to which ovarian  
262 hormones influence particular areas of SSSM and athletic performance is currently unclear,  
263 failure to control for hormonal profiles within female participants in a research project  
264 introduces uncertainty in the application of the project's results to the larger female population  
265 and sacrifices an opportunity to investigate the extent of sexual dimorphisms.

266 Our proposed tiering system provides detailed information regarding the consideration of  
267 participant menstrual status in study design, underpinned by best-practice guidelines (Elliott-  
268 Sale et al., 2021). Our tiered ranking system assesses studies with female participants on the

269 basis of both (1) the classification of female participants according to menstrual status, and (2)  
270 the standardization of methodological control relating to ovarian hormonal profiles. Table 3  
271 details examples of how this process is undertaken:

272 Step 1. Study populations are initially characterised according to four categories of  
273 menstrual status: (i) MC (i.e., including eumenorrheic and naturally menstruating  
274 women); (ii) HC; (iii) menstrual irregularities; and (iv) mixed menstrual status (i.e.,  
275 including women from more than one of the aforementioned categories, with each  
276 group being distinguishable). If there is insufficient information to provide a robust  
277 classification of participants, or a mixed female cohort in which individual menstrual  
278 status cannot be discerned, it is reported as an ‘unclassified’ cohort. Studies that state  
279 that HC use was not excluded, but do not provide further information as to the number  
280 of HC users in the cohort and/or identify results from this group distinguishably, are  
281 also graded as ‘unclassified’. In the case of studies that have excluded HC users, it  
282 cannot be assumed that participants were naturally menstruating, unless this is stated  
283 and described, and hence these cohorts are also graded as ‘unclassified’. Explicit  
284 information about the menstrual cycle should describe participants as either  
285 eumenorrheic or naturally menstruating based on five criteria; MC length, number of  
286 consecutive menses per year, evidence of LH surge, hormonal profiles and absence of  
287 HC use (Elliott-Sale et al., 2021). Participants achieving all five criteria are described  
288 as eumenorrheic, whereas those fulfilling fewer than five are described as naturally  
289 menstruating (Elliott-Sale et al., 2021).

290

291 Step 2. Following the classification of participants, a further assessment of the standard  
292 of methodological control regarding ovarian hormonal profiles of each category is  
293 completed. This assessment places the methodological control into one of four tiers

294 (Gold, Silver, Bronze or Ungraded). It is recommended that mixed participant studies  
295 assess each participant classification separately. For example, if a study includes  
296 naturally menstruating women alongside those using HC, these are assessed as two  
297 separate groups, with 0.5 assigned to each participant classification. Separating the  
298 participant classifications in mixed studies allows the overall standard of studies to be  
299 identified, while considering the methodological adjustments for ovarian hormone  
300 concentration specific to the menstrual status of each female population in the cohort.  
301 Studies using ‘unclassified’ participants (as determined in step one) are not assessed for  
302 methodological control. Judgement should be used for those cases which are not  
303 explicitly covered by the categories (i.e., implicit judgement).

304 [Table 2 and 3]

#### 305 **D. Research Theme**

306 We recommend that the distribution of research in female athletes across different themes of  
307 SSSM is evaluated to assess how this distribution compares to research conducted in men,  
308 whereby male-oriented research provides control/normative values. Even within a given SSSM  
309 topic (e.g., caffeine supplementation or altitude exposure), we recommend that studies are  
310 classified into three key research themes as follows: (1) performance focus/outcome; (2)  
311 clinically established health focus/outcome or (3) indirect or emerging associations with  
312 performance or health, including underlying mechanisms. Table 4 outlines these three  
313 categories, with a non-exclusive list of examples to illustrate the definitions, while Table 5  
314 provides an illustration of how themes might be decided for a selected range of studies. It is  
315 noted that specific allocation of these themes will likely change according to the topic or sub-  
316 discipline of SSSM being assessed and may involve some subjectivity. Direct measures of  
317 performance or health have the most relevance or practical application to high-performance

318 athlete populations (Schünemann et al., 2021). Meanwhile, indirect associations with  
319 performance or health are one-step removed but may provide important insight regarding  
320 potential performance/health outcomes if interpreted carefully. With this in mind, in scenarios  
321 where the findings of an investigation could be classified into multiple categories, we suggest  
322 that the study is assigned according to the following priority scale: performance or health, and  
323 then indirect associations with performance or health. Two authors should independently  
324 classify studies, with discrepancies resolved through discussion or involving an additional  
325 author where necessary.

326 [Tables 4 and 5]

### 327 **E. Study Impact**

328 The trajectory of interest in a particular SSSM research topic can be summarised by plotting  
329 the frequency of publications over time. Whether this trajectory is mirrored for studies  
330 involving female athletes is also of interest. Consideration of the impact factor (IF) of the  
331 journals that publish SSSM outputs involving male and/or female participants may illuminate  
332 the actual, or perceived interest in, and value of, the work (Scully & Lodge, 2005; Waltman &  
333 Traag, 2020). For example, substantial differences in the IF of the journals that support  
334 different types of studies may highlight a sex-bias in the perception or reality of study quality  
335 or, possibly, publication bias. Therefore, it is of interest to extract the IF of the journal in which  
336 the study is published; we recommend that this is the most recent four-year IF, regardless of  
337 publication date, to standardize changes in journal IF over time. Moreover, for the purpose of  
338 regulating IF calculation method, we strongly recommend that IF is extracted from the  
339 International Scientific Indexing (ISI) IF, or an index reporting this calculation method, rather  
340 than the IF directly reported by the journal. It is noted that when a single paper contains several  
341 discrete studies, we suggest that the IF of the journal is counted against each study included in

342 the audit. Such information may be able to highlight disparities to journal editors or provide an  
343 incentive for researchers to conduct more challenging study designs if there is an apparent  
344 reward in terms of publication in higher IF journals. When interpreting the results of the audit  
345 regarding IF, the limitations of this metric, including the propensity for manipulation to a  
346 journal's advantage, should be considered (Kaldas et al., 2020). Although this assessment is  
347 not essential to achieve the primary aims regarding directing new/targeted research and is  
348 therefore not a compulsory section of an audit, it is strongly recommended.

349 A more recent system to quantify study impact involves Altmetrics (alternative metrics).  
350 Altmetrics involve bibliometrics that measure the attention, dissemination, influence, and  
351 impact of scientific papers beyond their traditional academic outputs. The concept was first  
352 promoted by Priem et al. (2010) and is now run by the "Altmetric.com" company, which  
353 collects data on the online exposure to, and engagement with, scientific publications within  
354 news, social media, article pageviews and downloads, article repositories, expert  
355 commentaries, and public policy documents (Altmetric, 2016). Although there are limitations  
356 to the gathering and interpretation of this metric, the advantages of including it within an audit  
357 are that it provides a standardized characteristic of the wider community interest in a scientific  
358 output and is accumulated more quickly than scientific citations (Sutton, 2014; Thelwall,  
359 2020). Therefore, there is less disadvantage to including it for recently published papers that  
360 have had less time to create traditional academic impact (Sutton, 2014; Thelwall, 2020). It is  
361 suggested that Altmetrics and journal IF are considered in combination when interpreting  
362 findings, rather than in isolation, to build a more holistic view of study impact. We suggest that  
363 the Altmetric Score is collected for all papers published from 2012 (the date of the initiation of  
364 the Altmetric company); this can be derived using the company bookmarklet  
365 (<https://www.altmetric.com/products/free-tools/bookmarklet/>). Again, if multiple studies are  
366 included in the same paper, we advise that these are counted separately in the audit tally.



367

**368 F. Sample Size**

369 A difference in sample size between papers focussed on men, women and/or both sexes, may  
370 suggest differences in the ease of recruitment or the requirements for study power (dependent  
371 on the research topic). Furthermore, changes in the male to female participant ratio in mixed  
372 sex studies over time or across research themes (metric D) may help to track whether there is  
373 greater interest in female study involvement by participants or researchers, or greater awareness  
374 of opportunities to increase sample sizes to enable *a priori* comparisons between sexes. We  
375 therefore recommend that sample size is extracted, separating between male and female  
376 participants where applicable.

**377 Summary**

378 This audit protocol proposes a standardized approach to conducting literature audits on the  
379 representation of female athletes in topics and sub-disciplines of SSSM (Figure 1). By  
380 identifying strengths and gaps in the quantity and quality of the existing literature, sports  
381 practitioners and academics can uncover underdeveloped topics or potential problems with the  
382 quality of research in relation to female athletes. The standardization of the process of  
383 conducting and reporting the results of such audits will facilitate an understanding of how well  
384 female athletes are addressed by currently available research, and how these might differ over  
385 time or between sub-disciplines of interest. This will help to direct the priority for new research  
386 in a systematic way. In addition, these guidelines will contribute to best practices for future  
387 studies by highlighting the key elements of appropriate scientific design in female athletes. Of  
388 critical importance to the first auditing process is the assessment of how well studies classify  
389 participant menstrual status, alongside the implementation of appropriate methodological  
390 controls for ovarian hormonal profiles (Elliott-Sale et al., 2021). An additional bonus of

391 conducting the proposed audits is that information on the SSSM literature involving male  
392 athletes will also be collected, therefore capturing aspects that have not been previously  
393 described in a systematic process in either men or women (e.g., the calibre of athletes, sample  
394 sizes used to investigate various research themes). Although further analysis of the outcomes  
395 of the studies included in individual audits, alongside specific aspects relating to the quality of  
396 research methodology, is needed. The broader audits that we propose (undertaken using a  
397 standardized format) may provide a greater understanding regarding the state of the general  
398 SSSM literature, before resources are expended in futile analysis of research areas where  
399 females are not well represented, or sex-specific methodological considerations do not align  
400 with current recommendations (Elliott-Sale et al., 2021). The completion of audits across a  
401 range of SSSM topics may therefore help to identify and support topics that merit a meta-  
402 analysis involving further and detailed screening of the research outcomes. Furthermore, audits  
403 may identify resources that could be developed to guide new research, areas in which specific  
404 investigation of female athletes or comparisons between the responses of male and female  
405 athletes should be undertaken as a priority, or the presence and absence of athletes from a  
406 specific demographic of athletic calibre/achievement. Ultimately, this working guide provides  
407 a crucial step towards accelerating sex parity in SSSM research, with the eventual goal of  
408 delivering evidence-based recommendations specific to the female athlete. The potential  
409 benefits of greater inclusion of women in SSSM research and more targeted research on female  
410 athletes include better athletic performance, safer athlete practices, greater parity in access to  
411 resources and opportunities, and an increase in general SSSM knowledge and expertise.

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419

**420 Potential conflicts of interest**

421 The authors declare no conflicts of interest.

422

**423 Author Contributions**

424 LMB, ESS and AKA formulated the concept. ESS wrote the manuscript with input from AKA,  
425 KEA, RH, KJE-S, TS and LMB. All authors revised and approved the final version of the  
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**Table 1. Examples across a range of studies demonstrating how the Participant Classification Framework (McKay et al., (in press)) is specifically applied retrospectively for the purpose of an audit.**

Study	Description of participant characteristics	Reported participant characteristics	Premise for classification	Classification
Influence of caffeine and sodium citrate ingestion on 1,500-m exercise performance in elite wheelchair athletes: a pilot study (Flueck et al., 2014)	<ul style="list-style-type: none"> <li>Elite wheelchair-racing athletes, including several Paralympic Games, World and European Championship medallists.</li> <li>Competed in the category T53/54 and were national team members</li> </ul>	<ul style="list-style-type: none"> <li>None provided</li> </ul>	Participants were Paralympic/World medallists.	<p><b>Tier 5</b></p> <p>World Class</p>
The Impact of Individualizing Sodium Bicarbonate Supplementation Strategies on World-Class Rowing Performance (Boegman et al., 2020)	<ul style="list-style-type: none"> <li>23 elite male rowers. Recruited across two research centres (Canadian Sport Institute Pacific and the New South Wales Institute of Sport, Australia)</li> <li>13 Olympic/World-Champs team members as well as one rowing ergometer world record holder</li> </ul>	<ul style="list-style-type: none"> <li>2,000-m ergometer time trial personal bests ranged from 5 min 39 s (open-weight) to 6 min 14 s (lightweight)</li> </ul>	The majority (13 out of 23) of participants competed at international (Olympic/World championship level). The 2,000m ergometer times are between 1 - 5% of world record.	<p><b>Tier 4</b></p> <p>Elite/ International Level</p>
Combined creatine and sodium bicarbonate supplementation enhances interval swimming (Mero et al., 2004)	<ul style="list-style-type: none"> <li>Competitive national level male and female swimmers</li> <li>All subjects had a minimum of 4 years of experience in competitive swimming training</li> </ul>	<ul style="list-style-type: none"> <li>100 m freestyle personal best: 57.9 ± 1.5 s (males), 67.1 ± 1.7 s (females)</li> </ul>	Participants compete at the national level, with personal best times within 20-26% of world leading times in the year of publication.	<p><b>Tier 3</b></p> <p>Highly Trained/ National Level</p>



The effects of serial and acute NaHCO <sub>3</sub> loading in well-trained cyclists (Driller et al., 2012)	<ul style="list-style-type: none"> <li>• 8 well-trained male cyclists</li> <li>• All the cyclists were competing at the state level, with some competing at national level (n = 5)</li> </ul>	<ul style="list-style-type: none"> <li>• VO<sub>2</sub>max = 66.8 ± 8.4 ml.kg<sup>-1</sup>.min<sup>-1</sup></li> </ul>	Participants identify with a specific sport. The majority (5 out of 8) of participants compete at the national level which justifies a Tier 3 classification.	<b>Tier 3</b> Highly Trained/ National Level
The Effect of Caffeine Ingestion during Evening Exercise on Subsequent Sleep Quality in Females (Ali et al., 2015)	<ul style="list-style-type: none"> <li>• Participants from a range of team sports (soccer, hockey, and netball), at various competitive levels (recreational to international)</li> <li>• Trained 2–6 times per week</li> </ul>	<ul style="list-style-type: none"> <li>• None provided</li> </ul>	Participants all identify with a specific sport. Cohort includes individuals from multiple tiers: Regional (Tier 2), National (Tier 3) and International (Tier 4). As the number of participants in each tier is not reported the "median" classification is taken.	<b>Tier 3</b> Highly Trained/ National Level
Glycerol hyperhydration improves cycle time trial performance in hot humid conditions (Hitchins et al., 1999)	<ul style="list-style-type: none"> <li>• Trained male cyclists were chosen on the basis of their success in recent, regional cycling race</li> <li>• Subjects had at least 3 years of competition experience</li> </ul>	<ul style="list-style-type: none"> <li>• VO<sub>2</sub>max = 65.0 ± 3.9 ml.kg<sup>-1</sup>.min<sup>-1</sup></li> <li>• Wattmax = 376 ± 24 W.</li> </ul>	Participants meet physical activity guidelines (Bull et al., 2020), identify with a sport and are competing regionally. No further information to justify 'sub-elite' terminology.	<b>Tier 2</b> Trained/ Developmental Level
High-velocity intermittent running: effects of beta-alanine supplementation (Smith-Ryan et al., 2012)	<ul style="list-style-type: none"> <li>• All participants were moderately trained, engaging in 3–7 days per week of aerobic, resistance, or recreational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Recreationally active (1–5 h/week).</li> </ul>	Participants meet physical activity guidelines (Bull et al., 2020). No information to suggest participants are competitive or identify with a specific sport to justify a Tier 2 classification.	<b>Tier 1</b> Recreationally Active

<p>No thermoregulatory or ergogenic effect of dietary nitrate among physically inactive males, exercising above gas exchange threshold in hot and dry conditions (Fowler et al., 2021)</p>	<ul style="list-style-type: none"> <li>• Healthy, none of the participants trained for endurance exercise on a regular basis and were deemed to be physically inactive based on exercising &lt; 30 min of moderate exercise per week</li> </ul>	<ul style="list-style-type: none"> <li>• <math>VO_2\text{max} = 41.1 \pm 3.6 \text{ ml.kg}^{-1}.\text{min}^{-1}</math></li> <li>•</li> </ul>	<p>Participants do not meet physical activity guidelines (Bull et al., 2020).</p>	<p><b>Tier 0</b> Sedentary</p>
<p>Factors influencing serum caffeine concentrations following caffeine ingestion (Skinner et al., 2014)</p>	<ul style="list-style-type: none"> <li>• Trained male cyclists/ triathletes and active males</li> <li>• “Trained” group cycled competitively for &gt;1 season; and consistently trained at high volume and intensity for &gt;6 months</li> <li>• “Active” group completed &gt;150 min physical activity per week but not currently nor previously involved in regular, high volume and/or intensity endurance training</li> </ul>	<ul style="list-style-type: none"> <li>• “Trained” group had a <math>VO_2\text{max} &gt;60 \text{ ml.kg}^{-1}.\text{min}^{-1}</math></li> </ul>	<p>“Trained” group meet physical activity guidelines (Bull et al., 2020), identify with a sport and are competing which justifies a Tier 2 classification.</p> <p>“Active” group also meet physical activity guidelines (Bull et al., 2020), but there is no information to suggest participants are competitive or identify with a specific sport and are therefore classified as Tier 1.</p>	<p><b>Comparison – Tier 1 vs Tier 2</b></p> <p>(n = 1 study are assigned to <i>both</i> Tiers 1 and 2)</p>

**Table 2. Tiered ranking system to assess studies with female participants; studies are assessed on the basis of participant classification and methodological control.**

Tier	Menstrual cycle studies	Hormonal contraceptive studies		Menstrual irregularities studies
		Oral contraceptive pill	Other	
<b>Gold</b>	<p>Participants are eumenorrheic:</p> <ul style="list-style-type: none"> <li>• have MC lengths <math>\geq 21</math> days and <math>\leq 35</math> days resulting in 9 or more consecutive periods per year</li> <li>• evidence of LH surge</li> <li>• correct hormonal profile [from blood sample analysis]</li> <li>• no HC use 3 months prior to recruitment</li> </ul> <p>MC characteristics are tracked for <math>\geq 2</math> months prior to testing</p> <p>Outcome measures are repeated in a second cycle</p>	<p>OCP use <math>\geq 3</math> months prior to recruitment (i.e., <u>length</u> of usage), with the <u>type</u> (e.g., mono, bi or triphasic; combined or progesterone-only and <u>formulation</u> (name and concentration of exogenous hormones) stated</p> <p>Stipulate and consider OCP-taking (i.e., active OCP) days and OCP-free (i.e., inactive/placebo OCP) days</p> <p>One brand/type of OCP per group of participants</p>	<p>HC use <math>\geq 3</math> months prior to recruitment (i.e., <u>length</u> of usage), with the <u>type</u> (e.g., implants, injections, intrauterine devices/coils that are hormone releasing and NOT copper-based, vaginal rings, contraceptive transdermal patches) and <u>formulation</u> (e.g., combined or progesterone-only; names and concentration of exogenous hormones) stated</p> <p>One type of HC per group of participants</p>	<p>Condition diagnosed by medical professional as part of the study</p> <p>Length of condition stated</p>
<b>Silver</b>	<p>Participants are naturally menstruating with ovulatory cycles:</p> <ul style="list-style-type: none"> <li>• they experience menstruation, with MC lengths <math>\geq 21</math> days and <math>\leq 35</math> days</li> <li>• confirmed ovulation (LH) but without correct hormonal profile</li> </ul>	<p>Two of three stated: OCP length of usage, type, formulation</p> <p>Do/do not stipulate and consider OCP-taking (i.e., active OCP) days and OCP-free (i.e., inactive/placebo OCP) days</p> <p>One or more than one brand/type of OCP per group of participants</p>	<p>Two of three stated: HC length of usage, type, formulation</p> <p>One or more than one type of HC per group of participants</p>	<p>Condition diagnosed by medical professional not as part of the study – self-reported or via medical records</p> <p>Length of condition stated/not stated</p>

- prior HC use not stated or less than 3 months prior to recruitment

MC characteristics are tracked for 1 month prior to testing

Outcome measures not repeated in a second cycle

<b>Bronze</b>	<p>Participants are naturally menstruating:</p> <ul style="list-style-type: none"> <li>• they experience menstruation, with MC lengths <math>\geq 21</math> days and <math>\leq 35</math> days</li> <li>• without confirmed ovulation and correct hormonal profile</li> <li>• prior HC use not stated or <math>&lt; 3</math> months prior to recruitment</li> </ul> <p>No tracking of MC characteristics prior to testing</p>	<p>One of three stated: OCP length of usage, type, formulation</p> <p>Do not stipulate and consider OCP-taking (i.e., active OCP) days and OCP-free (i.e., inactive/placebo OCP) days</p> <p>More than one brand/type of OCP per group of participants</p>	<p>One of three stated: HC length of usage, type, formulation</p> <p>More than one type of HC per group of participants</p>	<p>Self-reported condition without medical diagnosis OR not specified if/how the condition was diagnosed.</p> <p>Length of condition not stated</p>
<b>Ungraded</b>	Insufficient detail to award a gold, silver, or bronze	Insufficient detail to award a gold, silver, or bronze	Insufficient detail to award a gold, silver, or bronze	Insufficient detail to award a gold, silver, or bronze

Abbreviations: menstrual cycle (MC), luteinising hormone (LH), hormonal contraception (HC), oral contraceptive pill (OCP).

**Table 3. Examples demonstrating how different studies would be assessed using our classification system.**

Study	Information provided relating to menstrual status	Female participant classification	Standard of methodological control
The influence of caffeine ingestion on strength and power performance in female team-sport players (Ali et al., 2016)	<ul style="list-style-type: none"> <li>• Monophasic OCP</li> <li>• Same hormonal composition (30 µg ethinyl oestradiol and 150 µg levonorgestrel)</li> <li>• Used HC for &gt;3 months prior to recruitment</li> <li>• All testing was performed during days 5–8 and 18–22 of one pill-cycle</li> </ul>	OCP	Gold
Acute caffeine intake increases performance in the 15-s Wingate test during the menstrual cycle (Lara et al., 2020)	<ul style="list-style-type: none"> <li>• The MC length ranged from 24–31 days</li> <li>• No information regarding number of consecutive periods per year</li> <li>• Urinary measurements of LH</li> <li>• Hormonal profile was not retrospectively confirmed by blood sampling</li> <li>• No HC use 1 month prior to testing</li>   <li>• Blood sampling was not used to retrospectively confirm MC phase</li> <li>• Cycles were tracked for 4 months prior to testing</li> <li>• Outcomes were not repeated in a second cycle</li> </ul>	MC  Score 2/5 = naturally menstruating	Silver
Pre-exercise hyperhydration delays dehydration and improves endurance capacity during 2 h of cycling in a temperate climate (Goulet et al., 2008)	<ul style="list-style-type: none"> <li>• Self-reported amenorrhea</li> <li>• Length of condition not stated</li> </ul>	Menstrual irregularities	Bronze
Effect of creatine loading on anaerobic performance and skeletal muscle volume in NCAA Division I athletes (Ziegenfuss et al., 2002)	<ul style="list-style-type: none"> <li>• No information on MC length</li> <li>• No information regarding number of consecutive periods per year</li> </ul>	MC  Score 0/5 = naturally menstruating	Ungraded

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	<ul style="list-style-type: none"> <li>• No measurements of LH concentration</li> <li>• Hormonal profile was not retrospectively confirmed by blood sampling</li> <li>• HC users were excluded, but no time frame for minimum abstinence from HC prior to testing</li> <li>• Blood sampling was not used to retrospectively confirm MC phase</li> <li>• Cycles were not tracked at all prior to testing</li> <li>• Outcomes were not repeated in a second cycle</li> </ul>		
Effects of Three-Day Serial Sodium Bicarbonate Loading on Performance and Physiological Parameters During a Simulated Basketball Test in Female University Players (Delextrat et al., 2018)	<ul style="list-style-type: none"> <li>• No information provided regarding the menstrual status of participants.</li> </ul>	Unclassified	N/A

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Abbreviations: menstrual cycle (MC), luteinising hormone (LH), hormonal contraception (HC), oral contraceptive pill (OCP).

**Table 4. Definitions and examples across the three themes (performance, health or indirect associations with performance or health) of SSSM research.**

<b>Themes</b>	<b>Definition</b>	<b>Examples</b>
<b>Performance</b>	<p>Studies measuring a performance outcome following an intervention or in association with a topic of interest.</p> <p>Note: although this might not be the primary outcome, a direct measurement of performance is a high priority theme of sports and exercise science/medicine. Ideally, the measured performance outcome is validated within the sport of application.</p>	<p>Time trial, time to exhaustion, one-repetition maximum for whole body movements that are directly relevant to sporting actions (i.e., squats, deadlifts, bench press, power cleans), repeated sprints, Wingate tests</p> <p>Competition outcomes, tests of skill or tactics, movement patterns within a competition, sport-specific tests (e.g., serving accuracy, intermittent exercise protocols designed to replicate physiological, tactical and/or skill demands of team sports)</p>
<b>Health</b>	<p>Studies measuring outcomes related to health status or condition.</p> <p>Note: Studies considered to have a health focus should attempt to measure a validated clinical or functional outcome.</p>	<p>Illness (type, prevalence, recovery)</p> <p>Injury (type, prevalence, success of rehabilitation or recurrence)</p> <p>Side effects/safety outcomes (functional outcomes) associated with an intervention or practice</p> <p>Disease or medical/clinical condition arising from, or associated with, sports involvement (e.g., asthma, diabetes, disordered eating)</p> <p>Doping outcomes (e.g., where effects on urine or blood markers used to detect anti-doping rule violations are measured)</p>

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<b>Indirect associations with performance or health</b>	<p>Studies measuring a physiological/psychological adaptation or response that may subsequently transfer to athletic performance or health, but performance or health was not directly measured.</p> <p>Note: Studies that measure changes in body systems that suggest alterations or associations (correlations), but are not necessarily validated, to health status but preclude a clinical diagnosis or functional manifestation of a health issue may belong in this classification.</p>	<p>Exercise economy, oxygen cost of exercise (e.g., <math>\dot{V}O_{2max}</math>), cardiovascular and thermoregulatory responses to exercise, cardiac measures that underpin exercise (i.e., cardiac output/stroke volume/heart rate)</p> <p>Body composition, resting metabolic rate, gastrointestinal symptoms/discomfort</p> <p>Muscular adaptations (isometric strength, torque, electromyography action, handgrip strength, one-repetition maximum for isolated joint movements where the rest of the body is stationary and has minimal direct transfer to sports performance)</p> <p>Cognitive performance, visual attention/pupil dilation, neurological pathways</p> <p>Muscle damage, inflammation, oxidative stress, cortisol, mitochondrial respiration/biogenesis, pharmacokinetics</p> <p>Measures of fluid balance, such as diuresis or fluid retention</p> <p>Changes in markers of organ or system metabolism that suggest perturbations or acute/sub-clinical alterations rather than chronic or functional changes (e.g., changes in blood biochemistry and markers of immunology, hormonal, and metabolic profiles)</p>
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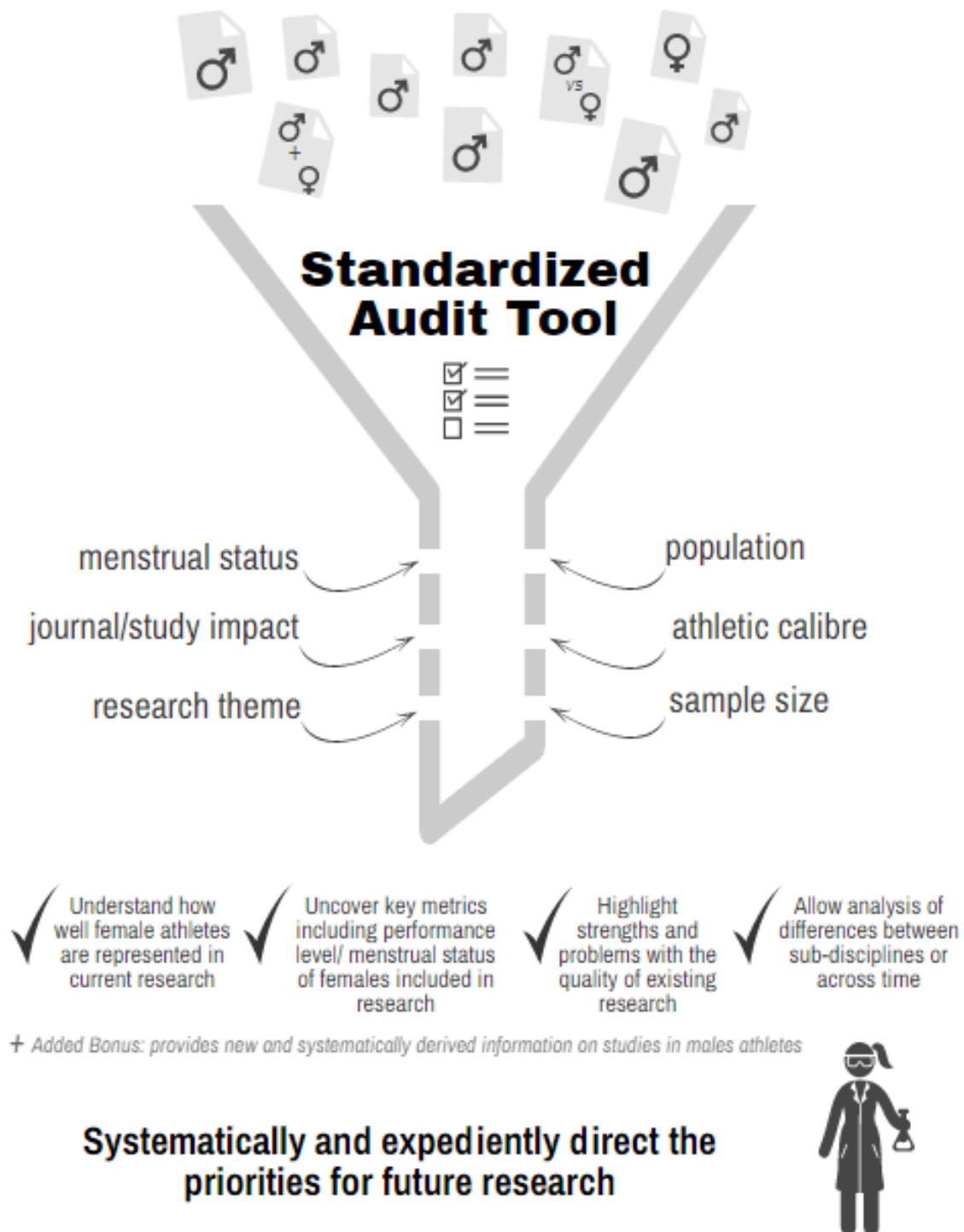


**Table 5. Examples demonstrating how different studies would be categorised into our proposed SSSM research themes.**

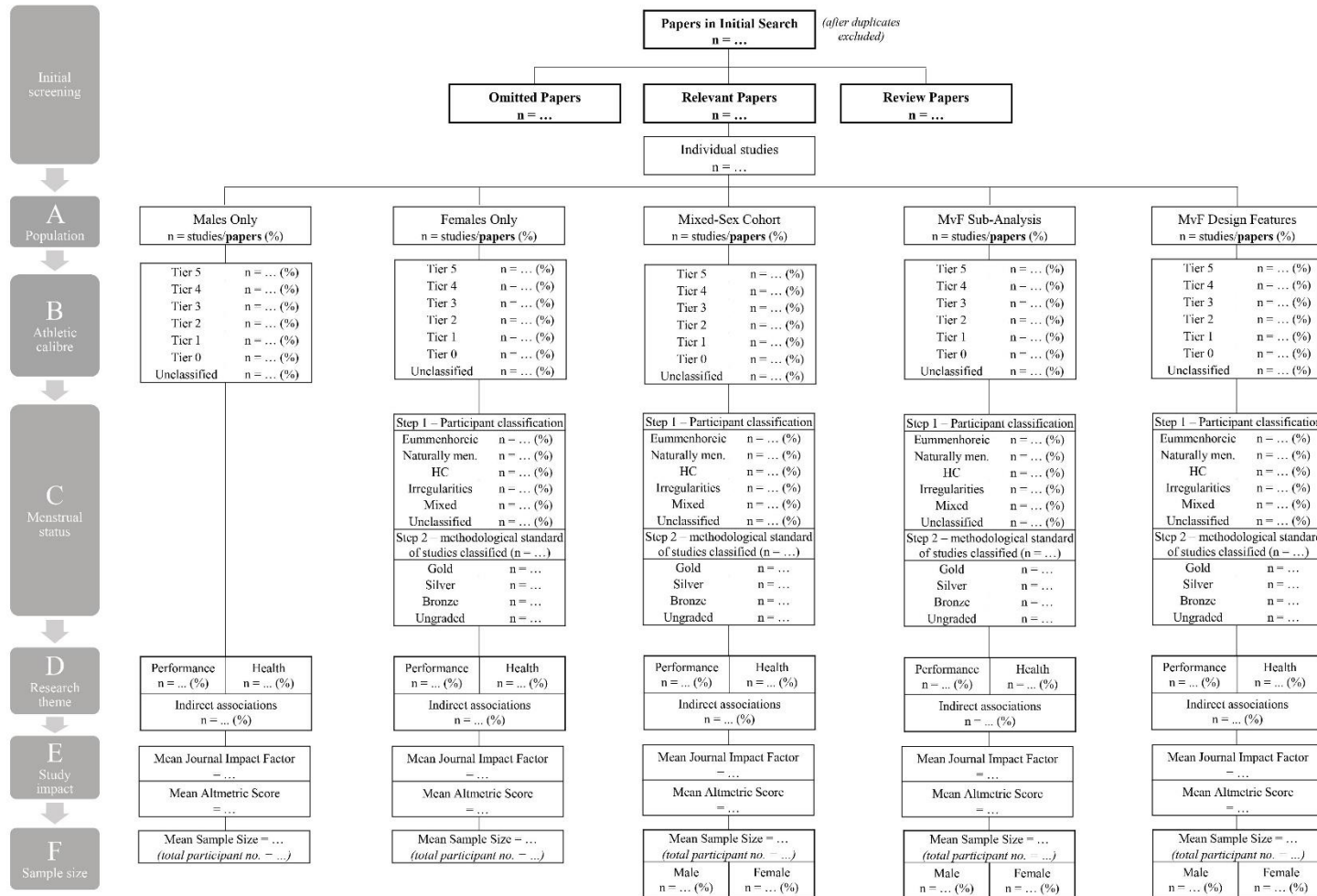
<b>Study</b>	<b>Key relevant information provided</b>	<b>Theme</b>	<b>Explanation</b>
Acute Ketogenic Diet and Ketone Ester Supplementation Impairs Race Walk Performance (Whitfield et al., 2021)	Elite race walkers undertook a four-stage exercise economy test and real-life 10,000 m race before and after a 5-day isoenergetic high-carbohydrate or low-carbohydrate, high-fat diet.	Performance	A 10,000 m race is a performance measure.
B-Alanine Supplementation's Improvement of High-Intensity Game Activities in Water Polo (Brisola et al., 2018)	The participants performed a simulated water polo game before and after the supplementation period.	Performance	A simulated match scenario is a performance measure.
Low bone mineral density is two to three times more prevalent in non-athletic premenopausal women than in elite athletes: a comprehensive controlled study (Torstveit & Sundgot-Borgen, 2005)	The study included a questionnaire (part I), measurement of bone mineral density (part II), and a clinical interview (part III). Bone mineral density was measured with dual energy x-ray absorptiometry. All scanning and analyses were conducted by the same operator.	Health	A Z-score < -2 indicates a bone density below the expected range for age (Lewiecki et al., 2004), while a Z-score < -1 is lower than expected for a weight-bearing athlete and warrants further investigation (Nattiv et al., 2007).  Low bone mineral density may also be a key indicator of low energy availability in the correct clinical context.
Effect of Sodium Bicarbonate on [HCO <sub>3</sub> <sup>-</sup> ], pH, and Gastrointestinal Symptoms (Carr et al., 2011)	Physically active subjects undertook 8 sodium bicarbonate experimental ingestion protocols and 1 placebo protocol. Capillary	Health	Gastrointestinal symptoms are a functional side effect of sodium bicarbonate ingestion.

	blood was taken every 30 min and analysed for pH and bicarbonate. Gastrointestinal symptoms were quantified every 30 min via questionnaire.		Although blood pH and bicarbonate concentration (indirect measures) were also measured. The health measure ranks higher in priority on our scale.
Gastrointestinal function during exercise: comparison of water, sports drink, and sports drink with caffeine (Van Nieuwenhoven et al., 2000)	Ten well-trained subjects underwent a rest-cycling-rest protocol three times. Measurements taken were oesophageal motility, gastroesophageal reflux, intragastric pH, orocecal transit time, intestinal permeability, glucose absorption and gastric emptying.	Indirect associations with performance or health	Multiple measures of gastrointestinal function, but without any measurements of functional gastrointestinal symptoms.
Neither Beetroot Juice Supplementation nor Increased Carbohydrate Oxidation Enhance Economy of Prolonged Exercise in Elite Race Walkers (Burke et al., 2021)	Measured carbohydrate and fat oxidation, plasma nitrate and nitrate concentrations, alongside oxygen uptake across a 26 km race walking protocol.	Indirect associations with performance or health	Measured substrate oxidation and exercise economy, with no measure of performance.
A short-term ketogenic diet impairs markers of bone health in response to exercise (Heikura et al., 2019)	Measured markers of bone modelling/remodelling after short-term ketogenic low-carbohydrate, high-fat diet. Markers included serum markers of bone breakdown (cross-linked C-terminal telopeptide of type I collagen), formation (procollagen 1 N-terminal propeptide) and metabolism (osteocalcin).	Indirect associations with performance or health	Only measured acute bone markers with no information on bone density over a chronic period.

## Lack of sport/exercise research on women



**Figure 1.** Concept flowchart illustrating how our “standardized auditing protocol” will be utilized and the associated benefits.



**Figure 2.** Flowchart to be used in reporting results. Bold text denotes papers, non-bold typeface is used for studies. From section B onwards, all counts and percentages refer to individual studies (not papers). Symbols should be used after the reported percentage in section B to denote studies directly comparing different athletic tiers. Male (M), female (F), menstruating (men), hormonal contraception (HC).