

1 PREPRINT

2 **A Framework to Guide Decision-Making about Sex and Gender Selection for Sport and**  
3 **Exercise Investigations**

4  
5 *Eimear Dolan<sup>1,2</sup>, Gabriel P. Esteves<sup>1,2</sup>, Paul A. Swinton<sup>3</sup>*

6  
7 <sup>1</sup>Applied Physiology and Nutrition Research Group – School of Physical Education and Sport and  
8 Faculdade de Medicina FMUSP, Universidade de Sao Paulo.

9 <sup>2</sup>Center of Lifestyle Medicine, Faculdade de Medicina FMUSP, Universidade de São Paulo.

10 <sup>3</sup>School of Health, Robert Gordon University, Aberdeen, UK.

11 E-mail address for correspondence: [eimeardol@gmail.com](mailto:eimeardol@gmail.com) or [eimeardolan@usp.br](mailto:eimeardolan@usp.br)

12 Please cite as Dolan et al. (2024) Preprint version: A framework to guide decision-making  
13 about sex and gender selection for sport and exercise investigations. *SportRXiv*. DOI:  
14 10.51224/SRXIV.450.

15  
16 License: CC-BY 4.0

17  
18 Feedback:

19 If you would like to provide feedback on this article, please email [eimeardol@gmail.com](mailto:eimeardol@gmail.com).

20 **ABSTRACT:**

21 Historically, males have been preferentially selected as participants in sport and exercise research,  
22 resulting in a large sex and gender bias in almost every aspect of our evidence base. Awareness of  
23 the potential implications of this bias is prevalent, and there appears to be a willingness to solve the  
24 problem. It can, however, be challenging to make an informed decision on whether to recruit males,  
25 females, or mixed cohorts for individual studies. Decisions are frequently made with uncertainty of  
26 how biological sex- or gender- specific factors, such as the menstrual cycle, differences in baseline  
27 characteristics and response, or societal and cultural perceptions and norms, may influence  
28 research findings. Here we propose a framework to guide the decision to recruit males, females or  
29 mixed cohorts to sport and exercise studies. The framework comprises a series of conditional  
30 branching questions regarding the aims of the research study and the potential influence of sex or  
31 gender on outcomes of interest. The questions include: 1) whether the research question centers  
32 on a sex or gender specific topic; 2) whether sex or gender specific factors are likely to introduce  
33 noise to the outcomes of interest; 3) whether baseline or response differences between sexes or  
34 genders are likely to influence the outcomes of interest; and 4) what to do when insufficient data  
35 are available to inform answers to questions 2 and 3. We present and discuss examples that may  
36 influence the response to each of these branching questions. In many situations, definitive answers  
37 may not exist, and the intention of the framework is not to dictate or prescribe the participant group  
38 that individual researchers should work with. Instead, the framework is presented to engage with  
39 sample recruitment in a structured and systematic way, thereby facilitating informed and evidence-  
40 based decision-making, with the ultimate goal of contributing toward a sport and exercise evidence  
41 base that is less affected by sex and gender bias.

42 **Introduction:**

43 Historically, males have been preferentially selected as participants in sport and exercise research,  
44 resulting in a large sex and gender bias in almost every aspect of our evidence base [1–5]. This is an  
45 issue, because important physiological and sociological differences exist between males and  
46 females, which may influence exercise participation, performance and responses across  
47 interventions [6–9]. As such, data generated primarily on males are not necessarily transferable to  
48 females. This bias is not unique to sport and exercise investigations, with females reported to be  
49 under-represented in almost every aspect of health and medical research, purportedly leading to  
50 common misdiagnoses and inadequate treatment prescription [10–14]. Awareness of potential  
51 implications of sex and gender biases in research has increased in recent times, and willingness to  
52 solve this imbalance is high. Indeed, many ethics review boards and funding bodies now require that  
53 the sex and gender of intended research participants be justified. The difficulty facing researchers,  
54 however, is that evidence related to the potential influence of sex and gender on outcomes relevant  
55 to sport and exercise studies is limited, rendering it difficult to make informed decisions, or to  
56 present evidence-based justifications about when to recruit males, females, or mixed cohorts. To  
57 aid this decision-making process, we propose a framework comprising a series of conditional  
58 branching questions to help researchers approach this important topic in a more structured and  
59 systematic way.

60 **Sex and Gender:**

61 Sex is usually categorized as female or male, and is determined by the biological make-up of the  
62 individual and their primary and secondary sex characteristics. The term gender refers to socially  
63 constructed roles and perceptions of women, men, girls and boys. The term cis-gender refers to  
64 someone whose gender identity matches the biological sex that they were assigned at birth, as  
65 opposed to a trans-gender person who does not identify with their assigned biological sex.

66 Both sex and gender can influence sport and exercise related outcomes and at times these effects  
67 may be “entangled” and difficult to differentiate [15]. For example, women tend to experience ACL  
68 injuries at far greater rates than men [16]. Historically, this difference was assumed to be due to  
69 sex-based anatomical, physiological and hormonal differences [17], with prevention, treatment and  
70 rehabilitation programs planned accordingly. More recently, however, the potential role of  
71 gendered factors within pre-sport, training, and competition environments have been implicated in  
72 ACL injury etiology [15]. Consideration of both gendered (*e.g.*, access to, and attitudes toward,  
73 strength and conditioning programs) and sex-specific factors (*e.g.*, hormonal and anatomical  
74 differences between males and females), along with their interactions, may be key to  
75 understanding, and thus reducing, the gender gap in ACL injury.

76 The framework presented herein can be used to inform decision making regarding how both  
77 biological sex and gender can influence sport and exercise related outcomes. In this commentary,  
78 we primarily focus on biological sex related examples, as this is our primary area of research interest.  
79 For this reason, we default to the terms males and females throughout, unless specifically referring  
80 to gendered factors. We encourage readers to use the examples described herein as a start-point,  
81 but to adapt the questions to their own studies and to consider how both sex and gender related  
82 concepts may influence study design and research outcomes.

83 **Question 1:** *Is this a sex or gender-specific topic?*

84 Some research questions are sex or gender specific, and as such, participant selection is clear, as the  
85 research must be conducted either with the single relevant sex/gender, or with both sexes/genders  
86 to provide the contrast. For example, topics such as the influence of the menstrual cycle on exercise  
87 performance, or exercising while pregnant are specific to females and as such, must be conducted  
88 with female participants. Other topics may be specific to males, such as the exercise hypogonadal  
89 male condition [18]. In the context of gender, research questions can also be specific to a single  
90 gender or require a contrast between genders. Examples include women’s access and attitudes to  
91 strength and conditioning programs, or the availability of school physical activity programs for boys  
92 and girls.

93 Many research topics are not exclusively sex or gender specific, but these constructs may still  
94 influence outcomes in terms of baseline and response distributions, potentially impacting the  
95 location (the mean or median), spread (variation) and shape (symmetric, skewed or multimodal) of  
96 the distribution. For example, a researcher may be interested in investigating the influence of a  
97 sports supplement on a performance outcome, but be concerned that hormonal fluctuations  
98 throughout the menstrual cycle may confound results. Or in a study investigating the influence of  
99 resistance training on strength the researcher must consider the possibility that sex dimorphism in  
100 muscle mass may influence baseline variability if using a mixed cohort, or that males and females  
101 may respond differently, which in both cases could compromise statistical power to detect  
102 differences between experimental groups. In these majority cases, researchers should consider the  
103 answers to Questions 2 and 3 of this framework.

104 **Question 2:** *Are sex-or gender specific factors likely to introduce noise in the outcomes of interest?*

105 Perhaps the most prevalent example of a sex-specific factor believed to introduce noise in outcomes  
106 of interest is the menstrual cycle. Concern that hormonal fluctuations throughout the menstrual  
107 cycle may increase variability in female participant groups, potentially obscuring identification of  
108 smaller effects, is a common justification for conducting male-only research. Certainly, this concern  
109 has merit, given that the female reproductive hormones may influence a range of processes involved  
110 in exercise performance or response to training [19]. It is important to critically assess, however, the  
111 received wisdom that women are inherently more variable than men. Indeed, within the field of  
112 evolutionary biology, the “greater male variability” hypothesis, holds that men are, in fact, the more  
113 variable sex [20–22]. Using data from the NHANES database, we recently compared the extent of  
114 variation between males and females in fifty morphological and physiological traits. Our analyses  
115 indicated that sex differences in variability was trait dependent, with some displaying greater male  
116 variability, others displaying greater female variability, while others were equivalent. Furthermore,  
117 analysis of a subset of females who reported having a natural menstrual cycle did not influence the  
118 extent of greater female variability, further refuting the notion that women are inherently more  
119 variable than men across all traits [23]. As such, generalized assumptions about which sex is likely  
120 to vary more should not be made, and instead data on traits or outcomes of interest should be  
121 considered.

122 Considering this lack of evidence to support a predominance of either greater male or female  
123 variability, researchers must consider whether intra-individual variability for their specific outcome  
124 of influence is influenced by the menstrual cycle, or any other sex- or gender-related issue. For

125 example, if estrogen, progesterone, or any other hormone that substantially fluctuates throughout  
126 the cycle is an outcome of interest, it stands to reason that the time of testing must be tightly  
127 controlled. In contrast, current evidence indicates that acute strength, or responses to resistance  
128 interventions, are unlikely to be meaningfully impacted by the menstrual cycle [24]. As such,  
129 excluding females, or controlling for menstrual cycle phase in a study investigating the influence of  
130 resistance training on acute strength may not be warranted.

131 In addition to considering whether sex-specific factors such as the menstrual cycle may influence  
132 outcomes of interest, it is also important to consider the likely magnitude and resultant effects on  
133 inferences made. For example, meta-analytic data provided uncertain evidence that exercise  
134 performance may exhibit very small magnitude decrement during the early follicular phase in  
135 naturally menstruating females (Hedges'  $g$ :  $\sim 0$  to  $-0.15$ ), with no evidence for differences between  
136 any other phases [25]. How a finding like this should be interpreted will depend on the outcomes of  
137 interest and the perspectives of the investigators. Uncertain evidence indicating a very small  
138 decrement in exercise performance within the early follicular phase may be considered important  
139 in a study evaluating an intervention with a small predicted effect. In contrast, if the proposed  
140 intervention is predicted to induce a moderate to large effect, as may occur in many cohort designs  
141 or comparisons with non-active conditions, then any potential variability in exercise outcomes  
142 induced by the menstrual cycle may be considered negligible. It is also relevant to consider that  
143 many outcomes in sport and exercise research exhibit heteroscedasticity where greater variability  
144 is present in those with greater absolute values [26]. Considering males are usually stronger, more  
145 muscular and have a larger aerobic capacity than females, the common observation of positive  
146 heteroscedasticity suggests that they may also exhibit greater variability in these outcomes. As such,  
147 the potential for a very small increase in variability due to the menstrual cycle may potentially be  
148 offset by a more consistent performance in females in outcomes for which they tend to produce  
149 lower absolute values.

150 In the case that a sex- or gender-related factor such as the menstrual cycle is likely to influence  
151 outcomes of interest, researchers must then decide how best to account for this within the study  
152 design and methods. For example, not all females have a natural menstrual cycle, with 50 to 60% of  
153 surveyed British and Dane female athletes reporting using hormonal contraceptives [27,28]. A wide  
154 range of contraceptive types exist, but most function via administering small doses of exogenous  
155 hormones, which act to suppress the natural fluctuations that occur in the endogenous reproductive  
156 hormones throughout the cycle. As such, females who use hormonal contraceptives may have a  
157 more stable hormonal profile than their naturally menstruating counterparts, thus reducing the  
158 potential for hormonal fluctuations to introduce additional variability to outcomes of interest.  
159 Recruiting females who use oral contraceptive may therefore be a useful strategy to reduce  
160 menstrual cycle associated noise. Alternatively, data collection could be standardized to take place  
161 at a similar time within the participants cycle, thus allowing for a comparable hormone profile  
162 between test sessions [29]. Standardization of testing to a specific time in the month may  
163 dramatically increase the length of time required for testing and also potentially reduce participant  
164 availability, both of which may also increase the extent of variability in test outcomes. As such,  
165 researchers must weigh up the pros and cons of different approaches and gauge the feasibility and  
166 efficacy of test standardization on outcomes of interest. Variability in test outcomes for both males  
167 and females can also be reduced by practices such as performing additional measurements and

168 performing analyses on simple linear combinations of the data obtained. More detailed information  
169 on statistical approaches to reduce the effects of measurement error within sport and exercise  
170 investigations, along with their underlying assumptions, are described in Swinton et al. [30].

171 In the case that the menstrual cycle or some other sex- or gender-specific factor is likely to  
172 meaningfully interject noise that cannot be accounted for using the aforementioned procedures,  
173 then it may be appropriate to recruit the opposing sex or gender. If this is not the case, however,  
174 then theoretically male, female or mixed cohorts may be appropriate, and the final decision can be  
175 determined based on responses to Questions 3 and 4 of this framework.

176 **Question 3:** *Are baseline or response differences between sexes or genders likely to influence the*  
177 *outcomes of interest?*

178 Prolonged exposure to sex hormones, particularly during the pubertal period, result in markedly  
179 different phenotypes between males and females, which can influence exercise performance [8].  
180 For example, males are on average taller, heavier and leaner than females, whereas females are  
181 generally more flexible and exhibit greater range of motion. Sex differences in factors such as  
182 substrate metabolism, fiber type composition and cardiorespiratory capacity may also influence  
183 exercise performance or response to training. These sex differences mean that mixed cohorts may  
184 have greater baseline or change variability than an equivalent single-sex sample, which has  
185 important implications for sample size determination and study power. Sport and exercise studies  
186 often investigate relatively small changes, and it can be challenging to recruit sufficiently large  
187 samples to ensure adequately powered and precise studies [31,32]. More variable populations  
188 reduce study power, which is an important argument against the use of mixed cohort studies in  
189 some situations. Additionally, from an estimation perspective, if males and females respond  
190 differently to an intervention, then estimating a single population mean value from a mixed cohort  
191 may not be relevant.

192 In cases where increased variability due to baseline sex differences or response may reduce power  
193 or introduce confounding, then researchers should assess whether this can be accounted for using  
194 appropriate statistical techniques. For example, analysis of covariance approaches that include sex  
195 as a covariate and potentially baseline value may overcome potential confounding and inflated  
196 standard errors [33]. Care must be taken, however, as increasing the number of covariates within a  
197 model can lead to overfitting, which occurs when the model fits the noise in the data rather than  
198 the underlying relationships. In the case of smaller sample sizes and especially where effects are  
199 potentially small, mixed cohorts may be inadvisable.

200 It is important to note the difference between controlling for sex or gender in a research study,  
201 versus exploring the potential for these factors to explain variability in an outcome. As outlined in  
202 question 1 of this framework, the research topic may be a sex- or gender- specific one where the  
203 primary interest is to compare populations and identify whether sex or gender explains variability  
204 in an outcome. In contrast, sex or gender may be one of a range of potential explanatory variables  
205 that are being investigated in so-called heterogeneous treatment effects [34]. Regardless of  
206 whether sex and gender is the primary focus or not, the most appropriate method to investigate  
207 the explanatory effect is to recruit a mixed cohort and test for statistical interactions between the  
208 intervention and sex/gender [35]. This may be easier said than done, however, given that  
209 investigation of potential sex or gender differences through interactions likely requires far greater

210 sample sizes than considering main effects only. For example, when compared with the sample size  
211 required to detect the average intervention effect of a particular size, a sample size of roughly four  
212 times as much is required to detect a sex or gender difference of the same magnitude in the  
213 intervention effect (assuming an even split between groups). In the much more likely case that the  
214 interaction effect is smaller than the main effect, the required sample size will be many factors  
215 more. Indeed, even when the interaction effect is half the main effect, a sample size approximately  
216 sixteen times as large is required [36]. Clearly, investigating potential sex differences in response to  
217 an intervention is a far greater undertaking than investigating an assumed consistent main effect  
218 across sexes, and in many cases, resource constraints may preclude these types of investigations.

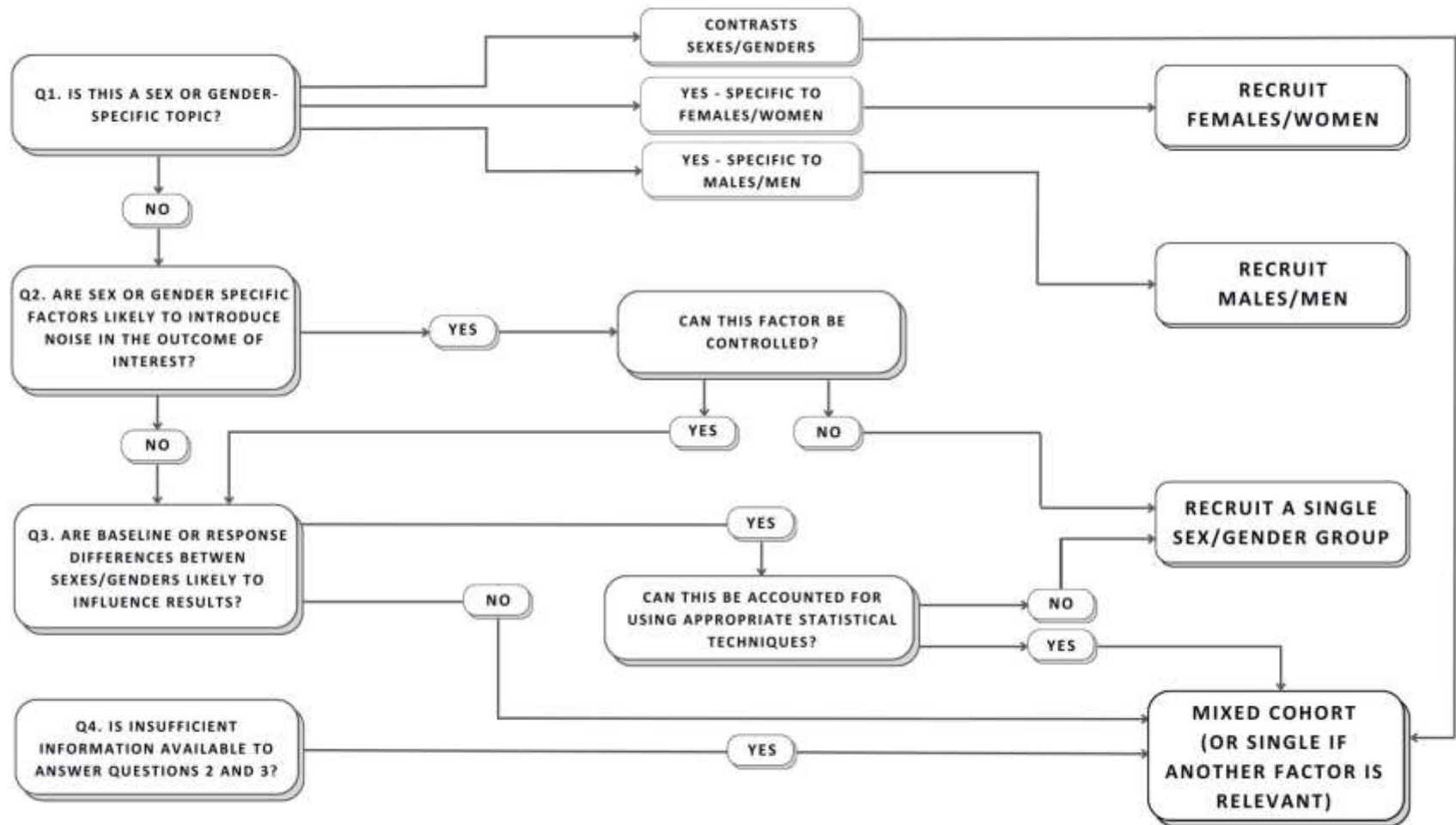
219 In summary, recruiting mixed cohorts may be appropriate where there are no sex differences in  
220 baseline or response, or when these can be controlled for statistically. Where it is feasible to recruit  
221 larger samples and a mixed cohort facilitates this, statistical power may be increased, and the risk  
222 of overfitting reduced. Even if it is not feasible to recruit sufficiently large samples to detect potential  
223 sex differences and the main analysis focuses on main effects, it would be useful to provide  
224 individual data segregated by sex or gender as a supplementary file. This would increase the amount  
225 of data available that could be included in future meta-analyses and even individual participant data  
226 meta-analyses to better estimate the influence of sex or gender on outcomes of interest.

227 **Question 4:** *What to do if insufficient information is available to respond to Questions 2 and 3?*

228 Questions 2 and 3 of the framework assume that sufficient information is available to determine  
229 the influence of sex or gender specific factors on noise or systematic effects on the outcomes of  
230 interest. For many cases and research questions, however, this may not be the case. This potential  
231 lack of information is made more likely by the aforementioned sex and gender bias in sport and  
232 exercise research. Where there is uncertainty in how to respond to the questions of the framework,  
233 it could be tempting to default to recruitment of single sex or gender samples as the “safer” option.  
234 Given the bias that already exists, it is likely that this default would frequently result in recruitment  
235 of male participants further exacerbating the existing bias. As such, in the absence of an evidence-  
236 based justification to exclude female participants, we suggest that researchers err on the side of  
237 inclusion, rather than exclusion. This approach may, at times, increase variability in individual  
238 studies, however, as data emerges and is made easily accessible and identifiable, the evidence base  
239 will grow and provide a foundation on which better informed decisions about sex and gender  
240 selection can subsequently be made.

#### 241 **Summary and Conclusion:**

242 Within this framework, we propose four conditional branching questions, consideration of which  
243 may facilitate researchers to make informed decisions about whether to recruit males, females or  
244 mixed cohorts to sport and exercise studies. These are: 1) Is this a sex- or gender- specific question?  
245 2) Will sex- or gender- specific factors (e.g., the menstrual cycle) introduce noise to the outcome of  
246 interest? 3) Are baseline or response differences between sexes/genders likely to influence results?  
247 And 4) What to do if insufficient information is available to answer questions 2 and 3. The intention  
248 of this framework is not to dictate, or prescribe, participant selection for individual studies, but  
249 instead to provide a structured guide to inform the decision-making process.



250

251 **Figure 1:** Framework to guide decision-making about whether to recruit male, female or mixed-cohort groups to sport and exercise studies.



252 **References:**

- 253 1. Cowley E, Olenick A, McNulty K, Ross E. “Invisible Sportswomen”: The sex data gap in sport and  
254 exercise science research. *Women Sport Phys Act*. 2021;29:146–51. DOI: 10.1123/wspaj.2021-  
255 0028.
- 256 2. Hutchins K, Borg D, Bach A, Bon J, Minett G, Stewart I. Female (under) representation in exercise  
257 thermoregulation research. *Sport Med Open*. 2021;22:43. DOI: 10.1186/s40798-021-00334-6.
- 258 3. Kuikman M, Smith E, McKay A, Ackerman K, Harris R, Elliott-Sale K, et al. Fueling the Female  
259 Athlete: Auditing Her Representation in Studies of Acute Carbohydrate Intake for Exercise. *Med Sci*  
260 *Sport Exerc*. 2023;55:569–80. DOI: 10.1249/MSS.0000000000003056.
- 261 4. Kuikman M, McKay A, Smith E, Ackerman K, Harris R, Elliott-Sale K, et al. Female athlete  
262 representation and dietary control methods among studies assessing chronic carbohydrate  
263 approaches to support training. *Int J Sport Nutr Exerc Metab*. 2023;33:198–208. DOI:  
264 10.1123/ijsnem.2022-0214
- 265 5. Smith E, Burke L. Have we considered women in current sports nutrition guidelines? *Nutr Today*.  
266 2024;59:168–76. DOI: 10.1097/NT.0000000000000692.
- 267 6. Ansdell P, Thomas K, Hicks K, Hunter S, Howatson G, Goodall S. Physiological sex differences  
268 affect the integrative response to exercise: Acute and chronic implications. *Exp Physiol*.  
269 2020;105:2007–21. DOI: 10.1113/EP088548.
- 270 7. Petrie K, Burbank K, Sizer P, James C, Zumwalt M. Considerations of sex differences in  
271 musculoskeletal anatomy between males and females. In: Robert-McComb J, Zumwalt M,  
272 Fernandez-del-Vell M, editors. *Act Female*. Springer Ch, Cham; 2023. DOI: 10.1007/978-3-031-  
273 15485-0\_1.
- 274 8. Hunter S, Senefeld J. Sex differences in human performance. *J Physiol*. 2024. DOI:  
275 10.1113/JP284198.
- 276 9. Thorpe H, Bekker S, Fullager S, Mkumbuzi N, Nimphius S, Pape M, et al. Advancing feminist  
277 innovation in sport studies: A transdisciplinary dialogue on gender, health and wellbeing. *Front*  
278 *Sport Act Living*. 2023;4:1060851. DOI: 10.3389/fspor.2022.1060851.
- 279 10. Karp N, Reavey N. Sex bias in preclinical research and an exploration of how to change the  
280 status quo. *Br J Pharmacol*. 2019;176:4107–18. DOI: 10.1111/bph.14539.
- 281 11. Yoon D, Mansukhani N, Stubbs V, Helenowski I, Woodruff T, Kinne M. Sex bias exists in basic  
282 science and translational surgical research. *Surgery*. 2014;156:508–16. DOI:  
283 10.1016/j.surg.2014.07.001.
- 284 12. Mazure V, Jones D. Twenty years and still counting: including women as participants and  
285 studying sex and gender in biomedical research. *BMC Womens Heal*. 2015;15. DOI:  
286 10.1186/s12905-015-0251-9.
- 287 13. Holdcroft A. Gender bias in research: How does it affect evidence based medicine. *J R Soc Med*.  
288 2007;100:2–3. DOI: 10.1177/014107680710000102.
- 289 14. Simon V. Wanted: Women in clinical trials. *Science* (80- ). 2005;308:1517. DOI:  
290 10.1126/science.1115616.

- 291 15. Parsons J, Coen S, Bekker S. Anterior cruciate ligament injury: towards a gendered  
292 environmental approach. *Br J Sports Med.* 2021;55:984–90. DOI: 10.1136/bjsports-2020-103173.
- 293 16. Agel J, Rockwood T, Klossner D. Collegiate ACL injury rates across 15 sports: National Collegiate  
294 Athletic Association Injury Surveillance System Data Update (2004 - 2005 through 2012 - 2013).  
295 *Clin J Sport Med.* 2016;26:518–23. DOI: 10.1097/JSM.0000000000000290.
- 296 17. Griffin L, Albohm M, Bahr R, Beynnon B, DeMaio M, Dick R, et al. Understanding and  
297 preventing noncontact anterior cruciate ligament injuries: A review of the Hunt Valley II meeting,  
298 January 2005. *Am J Sports Med.* 2006;34:1512–32. DOI: 10.1177/0363546506286866.
- 299 18. Hackney A. Hypogonadism in exercising males: Dysfunction or adaptive-regulatory  
300 adjustment? *Front Endocrinol (Lausanne).* 2020;11:11. DOI: 10.3389/fendo.2020.00011.
- 301 19. de Jonge X. Effects of the menstrual cycle on exercise performance. *Sport Med.* 2003;33:833–  
302 51. DOI: 10.2165/00007256-200333110-00004.
- 303 20. Lehre A, Lehre K, Laake P, Danbolt N. Greater intrasex phenotype variability in males than in  
304 females is a fundamental aspect of the gender differences in humans. *Dev Psychobiol.*  
305 2009;51:198–206. DOI: 10.1002/dev.20358.
- 306 21. Halpern D, Benbow C, Geary D, Gur R, Shibley Hyde J, Gernsbacher M. The science of sex  
307 differences in science and mathematics. *Psychol Sci Public Interes.* 2007;8:1–51. DOI:  
308 10.1111/j.1529-1006.2007.00032.x.
- 309 22. Thoni C, Volk S. Converging evidence for greater male variability in time, risk, and social  
310 preferences. *Proc Natl Acad Sci.* 2021;118:e2026112118. DOI: 10.1073/pnas.2026112118.
- 311 23. Halsey L, Esteves G, Dolan E. Variability in variability: Does variation in morphological and  
312 physiological traits differ between men and women? *R Soc Open Sci.* 2023;10:230713. DOI:  
313 10.1098/rsos.230713.
- 314 24. Colenso-Semple L, D’Souza A, Elliott-Sale K, Phillips S. Current evidence shows no influence of  
315 women’s menstrual cycle phase on acute strength performance or adaptations to resistance  
316 exercise training. *Front Sport Act Living.* 2023;23:1054542. DOI: 10.3389/fspor.2023.1054542.
- 317 25. McNulty K, Elliott-Sale K, Dolan E, Swinton P, Ansdell P, Goodall S, et al. The effects of  
318 menstrual cycle phase on exercise performance in eumenorrheic women: A systematic review and  
319 meta-analysis. *Sport Med.* 2020;50:1813–27. DOI: 10.1007/s40279-020-01319-3.
- 320 26. Nevill A, Atkinson G. Assessing agreement between measurements recorded on a ratio scale in  
321 sports medicine and sports science. *Br J Sports Med.* 1997;31:314–8. DOI: 10.1136/bjsm.31.4.314.
- 322 27. Oxfeldt M, Dalgaard L, Jorgensen A, Hansen M. Hormonal contraceptive use, menstrual  
323 dysfunctions, and self-reported side effects in elite athletes in Denmark. *Int J Sports Physiol  
324 Perform.* 2020;15:1377–84. DOI: 10.1123/ijsp.2019-0636.
- 325 28. Martin D, Sale C, Cooper S, Elliott-Sale K. Period prevalence and perceived side effects of  
326 hormonal contraceptive use and the menstrual cycle in elite athletes. *Int J Sports Physiol Perform.*  
327 2018;13:926–32. DOI: 10.1123/ijsp.2017-0330.
- 328 29. Elliott-Sale K, Minahan C, Janse de Jong X, Ackerman K, Sipila S, CConstantini N, et al.  
329 Methodological considerations for studies in sport and exercise science with women as  
330 participants: A working guide for standards or practice for research on women. *Sport Med.*

331 2021;51:843–61. DOI: 10.1007/s40279-021-01435-8.

332 30. Swinton P, Stephens Hemingway B, Gallagher I, Dolan E. Preprint: Statistical methods to reduce  
333 the effects of measurement error in sport and exercise: A guide for practitioners and applied  
334 researchers. SportRXiv. 2023. DOI: 10.5122/SRXIV.247.

335 31. Skorski S, Hecksteden A. Coping with the “small sample - small relevant effects” dilemma in  
336 elite sport research. *Int J Sports Physiol Perform*. 2021;16:1559–60. DOI: 10.1123/ijsp.2021-0467.

337 32. Abt G, Boreham C, Davison G, Jackson R, Nevill A, Wallace E, et al. Power, precision, and  
338 sample size estimation in sport and exercise science research. *J Sports Sci*. 2020;38:1933–5. DOI:  
339 10.1080/02640414.2020.1776002.

340 33. Wang B, Ogburn E, Rosenblum M. Analysis of covariance in randomized trials: More precision  
341 and valid confidence intervals, without model assumptions. *Biometrics*. 2019;75:1391–400. DOI:  
342 10.1111/biom.13062.

343 34. Kent D, Steyererg E, van Klaveren D. Personalized evidence based medicine: Predictive  
344 approaches to heterogeneous treatment effects. *Br Med J*. 2018;363:k4245. DOI:  
345 10.1136/bmj.k4245.

346 35. Shapiro J, Klein S, Morgan R. Stop “controlling” for sex and gender in global health research.  
347 *BMJ Glob Heal*. 2021;6:e005714. DOI: 10.1136/bmjgh-2021-005714.

348 36. Varadhan R, Seeger J. Estimation and reporting of heterogeneity of treatment effects. In:  
349 Velentgas P, Dreyer N, Nourjah P, Smith S, Torchia M, editors. *Dev a Protoc Obs Comp Eff Res A*  
350 *user’s Guid*. Rockville, MD: Agency for Healthcare Research and Quality (US); 2013. Available from:  
351 <https://www.ncbi.nlm.nih.gov/books/NBK126188/>.

352