

Line	Section	Comments
Basic Reporting		
	ABSTRACT	
30	Background	Include number of participants (n=x) and the level of institution the sample came from.
38	Background	Be consistent with order of wording for example knowledge and confidence throughout vs. confidence and knowledge
39	Discussion	Delete the “a” before “limited ED knowledge...”
41-43	Discussion	<p>A multidisciplinary team is necessary to intervene with EDs in student athletes. Most institutions do not have a dietitian, and if they do they may be limited to one dietitian for all sports. It is recommended the authors are more inclusive to other healthcare providers for coaches to work with to educate and monitor their student athletes such as athletic trainers, team physicians, etc. An athletic trainer spends the most time with these student athletes on a daily basis. Most NAIA institutions do not have an RD, therefore the next in line would be the Athletic Trainers/Physician, which most institutions have a least 1 of each. Which both ATs and MD’s have clinical guidelines to EDs.</p> <ol style="list-style-type: none"> 1. Bonci CM, Bonci LJ, Granger LR, Johnson CL, Malina RM, Milne LW, et al. National Athletic Trainers' Association Position Statement: Preventing, detecting, and managing disordered eating in athletes. <i>J Athl Train.</i> 2008;43(1):80-108. 2. Joy E, Kussman A, Nattiv A. 2016 update on eating disorders in athletes: A comprehensive narrative review with a focus on clinical assessment and management. <i>Br J Sports Med.</i> 2016;50(3):154-162.
	INTRODUCTION	
59	Introduction	<p>Key references (most established rather than a text book) for the Female Athlete Triad and EDs would be:</p> <ol style="list-style-type: none"> 1. De Souza JM, Nattiv A, Joy E, Misra M, Williams NI, Mallinson RJ, Gibbs JC, Olmsted M, Goolsby M, Matheson G. 2014 Female Athlete Triad Coalition Consensus Statement on Treatment and Return to Play of the Female Athlete Triad. <i>Brit J Sport Med.</i> 2014;48:289. doi:10.1136/bjsports-2013-093218. 2. Nativi A, Loucks AB, Manore MM, Sanborn CF, Sundgot-Borgen J, Warren MP. American College of Sports Medicine Position Stand: The female athlete triad. <i>Med Sci Sport Exerc.</i> 2007;39(10):1867-1882.
71-78		<p>Describe the “small university” as NAIA due to the lack of research on this population. This will help demonstrate the need for the study and fills the gap for that specific population in the literature.</p> <p>At smaller level institution, a dietitian is less likely to be present within athletics, however, all NAIA and NCAA institutions have at least 1 Athletic Trainer, so there is always a healthcare provider present to take care of student-athletes. It is recommended the authors soften the language to not reflect this may be the coaches responsibility to “substitute” as the healthcare provider. As a reviewer, I understand where the authors are going with this statement, however other readers may not.</p>
83	Add in references from Nancy’s paper.	<p>Consider the use of other references for this section: Torres-McGehee had a subscale for weight management and eating disorders with a similar format with “knowledge and confidence levels) for coaches, athletes, strength and conditioning specialist and athletic trainers.</p> <ul style="list-style-type: none"> ▪ Torres-McGehee TM, Pritchett KL, Minton DM, Zippel D, Sibilina M, Cellamare A. Sport nutrition knowledge of collegiate athletes, athletic trainers, coaches, and strength and conditioning specialists. <i>Journal of Athletic Training.</i> 2012;47(2):210-216.
99		“address EDs” or to “identify signs and symptoms” of EDs...be careful of the wording, it is recommended authors do not put this responsibility on the athlete, when almost all

		institutions at minimum have at least one healthcare provider (e.g., team physician, athletic trainer, etc.)
Experimental Design		
	METHODS	
		Overall the methods section needs the most work. Consider the following: <ol style="list-style-type: none"> Participants Section: Solely use this section to display characteristics of the participants (make sure to include the sample size, inclusion and exclusion criteria). This section currently has study procedures in it as well, and it would flow better if study procedures was its own section. Instruments: provide all pertinent information on the survey used to identify knowledge and confidence. It also seems like demographic information was collected, however it is not explained in the instruments section (e.g., sport type, age, etc.) Study Procedures: Use this section to demonstrate how you recruited participants, how the survey was disseminated, etc. (some of this was integrated with the participants section). Statistical Analysis: there is no power analysis to determine if the sample size of 51 is sufficient. With the sample size being so low, it is critical to include a sample size estimation to help the reviewers determine if 51 was enough.
133		Turk et. al., 1999 used a 4 point scale, therefore, if the authors changed to a 5 point scales, this needs to be identified in the instrument section.
152		This was not part of the original aims, and the first time “age” was discussed. The instrument section does not reflect that this data was collected. If this is an actual aim, then it should be integrated at the end of the introduction and with aims and hypothesis.
Validity of the Findings		
	RESULTS	
176-178		Same as above in data analysis, what aim is this answering?
	DISCUSSION	
186		Torres-McGehee, 2012 (above), also analyzed ED knowledge within a subscale and had several athletes from “small colleges”. Be clear on what you are defining as “small college”. If you are speaking directly for NAIA only then authors need to be more specific.
192-193		The introduction does not demonstrate a justification to examine the relationship between athlete age and scores, nor is there an aim in the introduction related to age and scores. If author keeps this analysis in, it is highly recommended a justification for the examination of the relationship of age and scores are included in the introduction along with an aim.
217-218		If the rationale for “lack of trained providers and staff within these institutions” is going to be used, authors need more justification to define what “lack of trained providers and staff” means. With data only being representative of one institution that has 4 full time Certified Athletic Trainers and 1-part time Graduate Assistant Certified Athletic Trainers and Team Physicians from a predominate healthcare provider; the rationale and definition is critical. One could argue they have adequate healthcare coverage for all student-athletes.
222-223		The way the sentence is written it makes it seem like there were multiple sample university, but the methods are written for using only 1 university.
225		The aims stated simply knowledge in EDs not identifying specifically EDs among their peers.
227-228		This is a relevant point but seems to contradict other areas of paper. Line 76-80, 189-191.

General Comments: NAIA has 250 institutions and 65,000 students athletes; therefore, a sample size of 51 is low. Without a power analysis to determine the effect size and power it is difficult for the reviewer to determine if this is adequate or not. Rationale for the study is conflicting, in the introduction it is clearly stated “instead of team dietitians or athletic training identifying disordered eating behaviors; the responsibility of identifying disordered eating behaviors may fall on the coaches and teammates.” It is recommended the authors be careful with this statement as the institution’s name is in the methods section and may not be reflective of the healthcare providers the student athletes have access too. Due to having only one institution participating in the study, it is important for the authors to be clear on the clinical coverage currently provided for those student athletes or the types of current resources these student athletes have or may not have compared to other institutions in the NAIA. Due to legal issues, administration would never leave the responsibility up to the athletes, so it is recommended authors soften the language for the justification and make sure they have clear evidence prior to making assumptions on the care for the student athletes and who is responsible for the care (needs to be consistent throughout the document).