

**Supplementary Table 1A - Search terms**

exp larynx/ or exp larynx disorder/ or exp stridor/

(choke or e-ilo or eiis or eilo or EI-VCD or EIVCD or EI-PVFM or EIPVFM or EIL or emotional laryngeal wheezing or episodic dysfunction or episodic dysfunctional or episodic laryngeal dyskinesia or exercise-induced anaphylaxis or exercise induced anaphylaxis or exercise-induced laryngeal obstruction\* or exercise inducible laryngeal obstruction\* or exercise-induced laryngomalacia or exercise-induced paradoxical vocal fold motion\* or exercise-induced stridor\* or factitious asthma or functional laryngeal dyskinesia\* or functional laryngeal obstruction\* or functional laryngeal stridor\* or functional paralysis or functional stridor\* or functional upper airway obstruction\* or functional upper airways obstruction\* or gasp or hysterical stridor\* or ilo or inspiratory stridor\* or irritant-associated or laryngeal or laryngeal dysfunction or laryngeal dysfunctional or laryngeal obstruction\* or laryngeal stridor\* or laryngeal spasm\* or laryngismus or laryngomalacia or laryngospasm\* or nonorganic upper airway obstruction\* or nonorganic upper airways obstruction\* or paradoxical vocal fold or paradoxical vocal cord or PVFM or psychogenic pharyngeal constriction\* or psychogenic respiratory distress or psychogenic stridor\* or psychogenic upper airway obstruction\* or psychogenic upper airways obstruction\* or psychogenic vocal cord dysfunction or recurrent laryngospasm or respiratory sound\* or spasmodic croup or stridor\* or upper airway obstruction\* or upper airways obstruction\* or vcd or vocal cord\* or vocal fold\* or vocal cord dysfunction or vocal cord malfunction or vocal cord paralysis or vocal-cord dysfunction or vocal fold dysfunction or vocal fold malfunction or wheeze\*).ti,ab,kw.

exp athlete/ or exp "sports and sport related phenomena"/ or exp "physical activity, capacity and performance"/

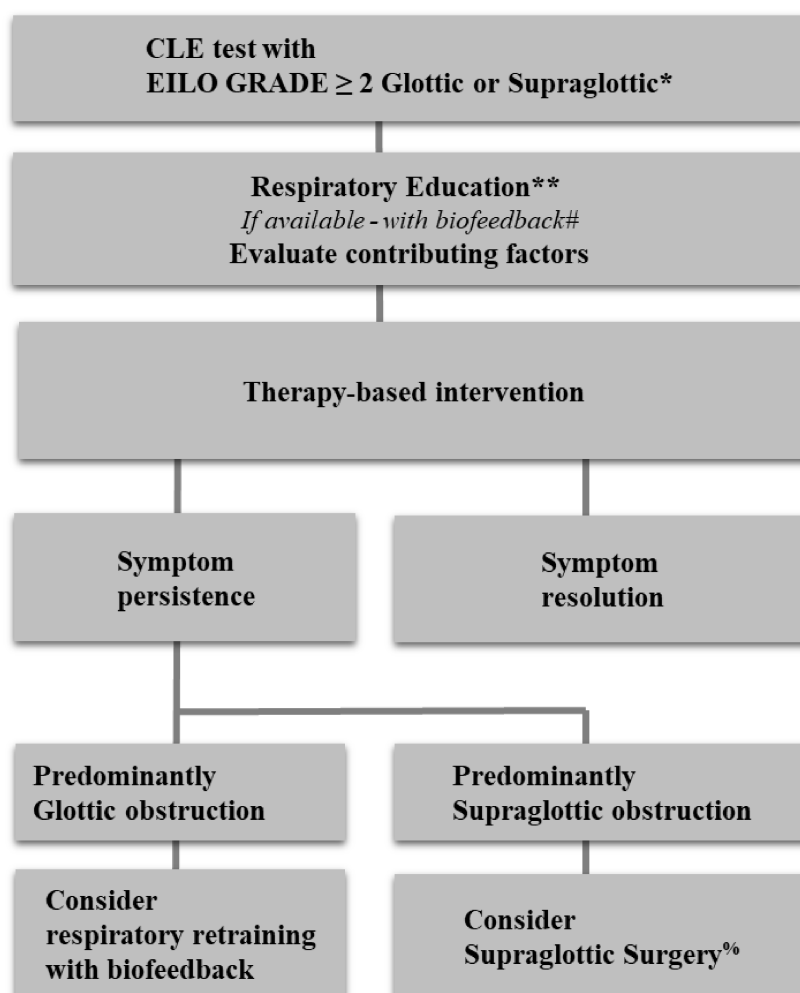
(athlete\* or sport\* or exercis\* or athletic population or active population or physical activity or military).ti,ab,kw.

(epidemiology or rate or prevalence or incidence or percentage or odds ratio or relative risk or risk factor or risk or odds).ti,ab,kw.

exp chronic obstructive lung disease/ or exp malignant neoplasm/ or exp animal/ or exp Human immunodeficiency virus/ or exp acquired immune deficiency syndrome/ or exp sleep disordered breathing exp nose irritation/ or exp nose obstruction/ or exp rhinitis/ or exp rhinorrhea/ or exp nose airway resistance/ or exp sinusitis/ or exp pharynx/

(nasal obstruction\* or nose obstruction\* or nasal constriction\* or nasal patency or nasal resistance or rhinosinusal or rhinosinusal or nasal ventilator obstruction or nasal dysfunction\* or sinonasal disease\* or nasal change\* or rhinitis or exercise induced rhinitis or turbinate or septum or adenoid\* or glossopharynx\*).ti,ab,kw

**Supplementary Figure 1A:  
Suggested treatment for athletes with EILO based on current evidence**



\* For CLE scores < 2 with exercise induced respiratory symptoms, individual assessment must be done, as literature shows such findings can be present also among individuals with no symptoms.

\*\* Respiratory education (Table 3) should be given to all patients with EILO

# Biofeedback means respiratory education given during laryngoscopy, to make the patient conscious of how to open the larynx by watching it happen simultaneously on the tv-screen

% Individual assessment must be done, as long-term effects of supraglottoplasty are unknown.

CLE: Continuous Laryngoscopy during Exercise, EILO: Exercise Induced Laryngeal Obstruction

**Supplementary Table 2A: An approach to respiratory education, as practiced at the clinics of the authors.**

<b>Breathing principles to prevent EILO attacks:</b>
<ul style="list-style-type: none"><li>• Avoid noisy breathing/stridor during exercise</li><li>• Keep your chin up, head high, and shoulders low. Relax your neck and throat.</li><li>• Start your inhalation from the lower part of the chest and abdomen (diaphragm).</li><li>• Then expand your thorax, relax your throat and neck, and let the air flow in.</li><li>• Focus on your exhalation and let the inhalation be more passively.<ul style="list-style-type: none"><li>➔ Forced inhalation will only increase the symptoms</li></ul></li><li>• Do not exercise when you have ongoing EILO-symptoms.<ul style="list-style-type: none"><li>➔ Slow down or stop so that you regain control</li></ul></li></ul>
<b>How to stop an EILO attack:</b>
<ul style="list-style-type: none"><li>• Stop or reduce exercise intensity and stay calm</li><li>• Avoid noisy breathing/stridor</li><li>• Focus on exhalation and do not try to enhance your inhalation</li><li>• Remember the breathing principles and advice given to you</li><li>• Other useful techniques:<ul style="list-style-type: none"><li>○ Try placing your tongue behind the incisors during inhalation</li><li>○ Inhale deeply and slowly through closed teeth</li><li>○ Inhale through your nose and exhale through your mouth</li><li>○ Lift your arms while inhaling and bring them down while exhaling</li></ul></li></ul>