Appendix

Article ID:	Reviewer:
First Author, Year: (Last Name Only)	
Meta-analysis:	

Original Quality Items

(adapted from Cochrane Back Pain Group)

1. Was the study described as randomized?

Yes ..... ❑
No..... ❑

2. Treatment Allocation

a. Was the method of randomization adequate

Yes ..... ❑
No..... ❑
Don't know ..... ❑

b. Was the treatment allocation concealed?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

3. Were the groups similar at baseline regarding the most important prognostic indicators?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

4. Was the outcome assessor blinded?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

5. Was the care provider blinded?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

6. Were patients blinded?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

7. Were point estimates and measures of variability presented for the primary outcome measures?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

8. Was the drop-out rate described and the reason given?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

9. Was the drop-out rate acceptable?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

10. Were all randomized participants analyzed in the group to which they were originally assigned?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

11. Other sources of potential bias:

a. Were co-interventions avoided or similar?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

b. Was the compliance acceptable in all groups?

Yes ..... ❑
No..... ❑
Don't know .....❑

c. Was the timing of the outcome assessment similar in all groups?

Yes ..... ❑
No..... ❑
Don't know ..... ❑

Scoring Guidelines Cochrane Back Pain Group

Table 3. Criteria for a judgment of 'yes' for the sources of risk of bias

1 Sequence

A random (unpredictable) assignment sequence. Examples of adequate methods are coin toss (for studies with two groups), rolling a dice (for studies with two or more groups), drawing of balls of different colours, drawing of ballots with the study group labels from a dark bag, computergenerated random sequence, pre-ordered sealed envelops, sequentially-ordered vials, telephone call to a central office, and pre-ordered list of treatment assignments Examples of inadequate methods are: alternation, birth date, social insurance/security number, date in which they are invited to participate in the study, and hospital registration number

2 Allocation concealment

Assignment generated by an independent person not responsible for determining the eligibility of the patients. This person has no information about the persons included in the trial and has no influence on the assignment sequence or on the decision about eligibility of the patient.

3 Patient blinding

This item should be scored "yes" if the index and control groups are indistinguishable for the patients or if the success of blinding was tested among the patients and it was successful.

4 Care provider blinding

This item should be scored "yes" if the index and control groups are indistinguishable for the care providers or if the success of blinding was tested among the care providers and it was successful

5 Assessor blinding

Adequacy of blinding should be assessed for the primary outcomes. This item should be scored "yes" if the success of blinding was tested among the outcome assessors and it was successful or:

§ **for patient-reported outcomes** in which the patient is the outcome assessor (e.g., pain, disability): the blinding procedure is adequate for outcome assessors if participant blinding is scored "yes"
§ **for outcome criteria assessed during scheduled visit and that supposes a contact between participants and outcome assessors** (e.g., clinical examination): the blinding procedure is adequate if patients are blinded, and the treatment or adverse effects of the treatment cannot be noticed during clinical examination
§ **for outcome criteria that do not suppose a contact with participants** (e.g., radiography, magnetic resonance imaging): the blinding procedure is adequate if the treatment or adverse effects of the treatment cannot be noticed when assessing the main outcome
§ **for outcome criteria that are clinical or therapeutic events** that will be determined by the interaction between patients and care providers (e.g., co-interventions, hospitalization length, treatment failure), in which the care provider is the outcome assessor: the blinding procedure is adequate for outcome assessors if item "E" is scored "yes"
§ **for outcome criteria that are assessed from data of the medical forms**: the blinding procedure is adequate if the treatment or adverse effects of the treatment cannot be noticed on the extracted data

6 Dropouts

The number of participants who were included in the study but did not complete the observation period or were not included in the analysis must be described and reasons given. If the percentage of withdrawals and drop-outs does not exceed 20% for short-term follow-up and 30% for long-term followup and does not lead to substantial bias a 'yes' is scored. (N.B. these percentages are arbitrary, not supported by literature).

7 ITT

All randomized patients are reported/analyzed in the group they were allocated to by randomization for the most important moments of effect measurement (minus missing values) irrespective of noncompliance and co-interventions.

8 Selective outcome reporting

In order to receive a 'yes', the review author determines if all the results from all pre-specified outcomes have been adequately reported in the published report of the trial. This information is either obtained by comparing the protocol and the report, or in the absence of the protocol, assessing that the published report includes enough information to make this judgment.

9 Baseline comparability

In order to receive a "yes", groups have to be similar at baseline regarding demographic factors, duration and severity of complaints, percentage of patients with neurological symptoms, and value of main outcome measure(s).

10 Co-Interventions

This item should be scored "yes" if there were no co-interventions or they were similar between the index and control groups.

11 Compliance

The reviewer determines if the compliance with the interventions is acceptable, based on the reported intensity, duration, number and frequency of sessions for both the index intervention and control intervention(s). For example, physiotherapy treatment is usually administered over several sessions; therefore it is necessary to assess how many sessions each patient attended. For single-session interventions (for ex: surgery), this item is irrelevant.

12 Timing

Timing of outcome assessment should be identical for all intervention groups and for all important outcome assessments.

Note: These instructions are adapted from van Tulder 2003, Boutron et al, 2005 (CLEAR NPT) and the Cochrane Handbook of Reviews of Interventions2;5;9. 2008 Updated Guidelines for Systematic Reviews 9April 2008

Jadad Scale

Instrument to Measure the Likelihood of Bias in Pain Research Reports
This is not the same as being asked to review a paper. It should not take more than 10 minutes to score a report and there are no right or wrong answers. Please read the article and try to answer the following questions (see attached instructions): Scoring the items: Either give a score of 1 point for each "yes" or 0 points for each "no." There are no in-between marks.

Dimension			Sub Score
Randomization	1. Was the study described as randomized (this includes the use of words such as randomly, random, and randomization)? = 1 point	Give 1 additional point if: For question 1, the method to generate the sequence of randomization was described and it was appropriate (table of random numbers, computer generated, etc.) Deduct 1 point if: For question 1, the method to generate the sequence of randomization was described and it was inappropriate (patients were allocated alternately, or according to date of birth, hospital number, etc.)	
Blinding	2. Was the study described as double blind? = 1 point	Give 1 additional point: If for question 2 the method of double blinding was described and it was appropriate (identical placebo, active placebo, dummy, etc.) Deduct 1 point: If for question 2 the study was described as double blind but the method of blinding was inappropriate (e.g., comparison of tablet vs. injection with no double dummy)	
Withdrawals and dropouts	3. Was there a description of withdrawals and dropouts? = 1 point		
		TOTAL JADAD SCORE	

Jadad Guidelines for Assessment

1. Randomization

A method to generate the sequence of randomization will be regarded as appropriate if it allowed each study participant to have the same chance of receiving each intervention and the investigators could not predict which treatment was next. Methods of allocation using date of birth, date of admission, hospital numbers, or alternation should be not regarded as appropriate.

2. Double blinding

A study must be regarded as double blind if the word "double blind" is used. The method will be regarded as appropriate if it is stated that neither the person doing the assessments nor the study participant could identify the intervention being assessed, or if in the absence of such a statement the use of active placebos, identical placebos, or dummies is mentioned.

3. Withdrawals and dropouts

Participants who were included in the study but did not complete the observation period or who were not included in the analysis must be described. The number and the reasons for withdrawal in each group must be stated. If there were no withdrawals, it should be stated in the article. If there is no statement on withdrawals, this item must be given no points.

Schulz (1995) scoring

(circle appropriate category)

1. Concealment of Treatment Allocation

a) Adequately concealed trial (i.e. central randomization; numbered or coded bottles or containers; drugs prepared by the pharmacy; serially numbered; opaque, sealed envelopes; or other description that contained elements convincing of concealment

b) Inadequately concealed trial (i.e. alternation or reference to case record numbers or dates of birth

c) Unclearly concealed trial (authors did either not report an allocation concealment approach at all or reported an approach that did not fall into the categories above

2. Generation of Allocation Sequence

a) Adequately sequence generation (random-number table, computer random-number generator, coin tossing, or shuffling)

b) Publication does not report one of the adequate approaches, those with inadequate sequence generation

3. Inclusion in the Analysis of All Randomized Participants

a) Publication reports or gives the impression that no exclusions have taken place (often not explicit)

b) Publication reports exclusions (e.g., protocol deviation, withdrawals, dropouts, loss to follow-up)

4. Double Blinding

a) double-blinding reported

b) double-blinding not reported

Cochrane Risk of Bias Tool

Domain	Criteria	Review authors' judgment
Sequence generation	Yes: The investigators describe a random component in the sequence generation process such as: Referring to a random number table; Using a computer random number generator; Coin tossing; Shuffling cards or envelopes; Throwing dice; Drawing of lots; Minimization*. *Minimization may be implemented without a random element, and this is considered to be equivalent to being random. No: The investigators describe a non-random component in the sequence generation process. Usually, the description would involve some systematic, non-random approach, for example: Sequence generated by odd or even date of birth; Sequence generated by some rule based on date (or day) of admission; Sequence generated by some rule based on hospital or clinic record number. Other non-random approaches happen much less frequently than the systematic approaches mentioned above and tend to be obvious. They usually involve judgement or some method of non-random categorization of participants, for example: Allocation by judgement of the clinician; Allocation by preference of the participant; Allocation based on the results of a laboratory test or a series of tests; Allocation by availability of the intervention. Unclear: Insufficient information about the sequence generation process to permit judgement of 'Yes' or 'No'.	Was the allocation sequence adequately generated? YES / NO / UNCLEAR
Allocation concealment	Yes: Participants and investigators enrolling participants could not foresee assignment because one of the following, or an equivalent method, was used to conceal allocation: Central allocation (including telephone, web-based and pharmacy-controlled randomization); Sequentially numbered drug containers of identical appearance; Sequentially numbered, opaque, sealed envelopes. No: Participants or investigators enrolling participants could possibly foresee assignments and thus introduce selection bias, such as allocation based on: Using an open random allocation schedule (e.g. a list of random numbers); Assignment envelopes were used without appropriate safeguards (e.g. if envelopes were unsealed or nonopaque or not sequentially numbered); Alternation or rotation; Date of birth; Case record number; Any other explicitly unconcealed procedure. Unclear: Insufficient information to permit judgement of 'Yes' or 'No'. This is usually the case if the method of concealment is not described or not described in sufficient detail to allow a definite judgement – for example if the use of assignment envelopes is described, but it remains unclear whether envelopes were sequentially numbered, opaque and sealed.	Was allocation adequately concealed? YES / NO / UNCLEAR
Blinding of participants, personnel and outcome assessors, *Outcome:*	Yes: Any one of the following: No blinding, but the review authors judge that the outcome and the outcome measurement are not likely to be influenced by lack of blinding; Blinding of participants and key study personnel ensured, and unlikely that the blinding could have been broken; Either participants or some key study personnel were not blinded, but outcome assessment was blinded and the non-blinding of others unlikely to introduce bias. No: Any one of the following: No blinding or incomplete blinding, and the outcome or outcome measurement is likely to be influenced by lack of blinding; Blinding of key study participants and personnel attempted, but likely that the blinding could have been broken; Either participants or some key study personnel were not blinded, and the non-blinding of others likely to introduce bias. Unclear: Any one of the following: Insufficient information to permit judgment of 'Yes' or 'No'; The study did not address this outcome.	Was knowledge of the allocated intervention adequately prevented during the study? YES / NO / UNCLEAR
Incomplete outcome data, *Outcome:*	Yes: Any one of the following: No missing outcome data; Reasons for missing outcome data unlikely to be related to true outcome (for survival data, censoring unlikely to be introducing bias); Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups; For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk not enough to have a clinically relevant impact on the intervention effect estimate; For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes not enough to have a clinically	Were incomplete outcome data adequately addressed? YES / NO / UNCLEAR

	relevant impact on observed effect size; Missing data have been imputed using appropriate methods. No: Any one of the following: Reason for missing outcome data likely to be related to true outcome, with either imbalance in numbers or reasons for missing data across intervention groups; For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk enough to induce clinically relevant bias in intervention effect estimate; For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes enough to induce clinically relevant bias in observed effect size; 'As-treated' analysis done with substantial departure of the intervention received from that assigned at randomization; Potentially inappropriate application of simple imputation. Unclear: Any one of the following: Insufficient reporting of attrition/exclusions to permit judgement of 'Yes' or 'No' (e.g. number randomized not stated, no reasons for missing data provided); The study did not address this outcome.	
Selective outcome reporting	Yes: Any of the following: The study protocol is available and all of the study's pre-specified (primary and secondary) outcomes that are of interest in the review have been reported in the pre-specified way; The study protocol is not available but it is clear that the published reports include all expected outcomes, including those that were pre-specified (convincing text of this nature may be uncommon). No: Any one of the following: Not all of the study's pre-specified primary outcomes have been reported; One or more primary outcomes is reported using measurements, analysis methods or subsets of the data (e.g. subscales) that were not pre-specified; One or more reported primary outcomes were not pre-specified (unless clear justification for their reporting is provided, such as an unexpected adverse effect); One or more outcomes of interest in the review are reported incompletely so that they cannot be entered in a meta-analysis; The study report fails to include results for a key outcome that would be expected to have been reported for such a study. Unclear: Insufficient information to permit judgement of 'Yes' or 'No'. It is likely that the majority of studies will fall into this category.	Are reports of the study free of suggestion of selective outcome reporting? YES / NO / UNCLEAR
Other sources of bias	Yes: The study appears to be free of other sources of bias. No: There is at least one important risk of bias. For example, the study: Had a potential source of bias related to the specific study design used; or Stopped early due to some data-dependent process (including a formal-stopping rule); or Had extreme baseline imbalance; or Has been claimed to have been fraudulent; or Had some other problem. Unclear: There may be a risk of bias, but there is either: Insufficient information to assess whether an important risk of bias exists; or Insufficient rationale or evidence that an identified problem will introduce bias.	Was the study apparently free of other problems that could put it at a high risk of bias? YES / NO / UNCLEAR
Overall risk of bias		HIGH / LOW / UNCLEAR

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