

Deviations from protocol

In the protocol:

“Bayesian NMA will be conducted to compare the effects of different adjunctive treatments through direct and indirect comparisons. The Markov Chain Monte Carlo algorithm will be applied. All NMAs will be carried out using WinBUGS software (V.1.4, Medical Research Council, UK, and Imperial College of Science, Technology and Medicine, University of Cambridge, UK). Measure of the pain and function outcomes will be presented as mean difference or standardised mean difference, with their 95% credible intervals. Both fixed and random effects models will be fit and model fit compared using the deviance information criterion and posterior mean residual deviance.”

In the review:

We planned to conduct a network meta-analysis. However, due to the heterogeneity observed among the included studies, consistency and transitivity were compromised. Therefore, a network meta-analysis was deemed unfeasible as recommended by the Cochrane Collaboration.[1]

In the protocol:

“In regard to grey literature, OpenGrey.eu will be searched to identify unpublished studies.”

In the review:

We opted to follow the recommendation of Adams et al.[2] and excluded grey literature as the academic field is relatively mature.

In the protocol

“The Physiotherapy Evidence Database (PEDro) scale will be used to assess the risk of bias of the studies included in this systematic review. The reliability of this tool is fair to good.[3]

Although the scale contains 11 items, specification of eligibility criteria will not be included in the final score, which will therefore range from 0 to 10. Each affirmative answer will receive one point and all these points will then be added to obtain the final score.[4] The rating of studies indexed in the PEDro database will be maintained and the non-indexed studies will be independently evaluated by two reviewers (LRS and MSB). In case of disagreement, a third reviewer (AMM) will be consulted. Studies will be rated as low risk of bias ($\geq 7/10$), moderate risk of bias (4–6/10) and high risk of bias ($\leq 3/10$)[5] based on this scale. Risk of bias will not be an inclusion criterion. The criteria recommended by Higgins and Green[1] will be used to assess clinical relevance.”

In the review:

We planned to assess the risk of bias in the trials using the Physiotherapy Evidence Database (PEDro) tool. However, after consulting a systematic review expert we decided to use the Cochrane risk-of-bias tool for randomised trials (RoB 2).[6]

In the protocol:

“As such, the aim of this systematic review is to evaluate the effectiveness of adjunctive treatments combined with exercise therapy vs exercise therapy, and determine the relative efficacy of different types of adjunctive treatments plus exercise therapy for individuals with PFP using a Bayesian NMA”

In the review:

The protocol aimed to evaluate the effectiveness of adjunctive treatments combined with exercise therapy compared to exercise therapy alone and this aim was kept. However, the second aim to determine the relative efficacy of different types of adjunctive treatments plus exercise therapy by conducting a Bayesian NMA, as explained earlier, was unfeasible. Additionally, we included a second aim in the systematic review: to assess the quality of intervention descriptions in the randomized controlled trials.

References

- 1 Higgins JPT, Thomas J, Chandler J, *et al.* *Cochrane Handbook for Systematic Reviews of Interventions*. Second edition. John Wiley & Sons Ltd, 23 September 2019.
- 2 Adams RJ, Smart P, Huff AS. Shades of Grey: Guidelines for Working with the Grey Literature in Systematic Reviews for Management and Organizational Studies. *Int J Manag Rev*. 2017;19:432–54.
- 3 Maher CG, Sherrington C, Herbert RD, *et al.* Reliability of the PEDro scale for rating quality of randomized controlled trials. *Phys Ther*. 2003;83:713–21.
- 4 Foley NC, Bhogal SK, Teasell RW, *et al.* Estimates of quality and reliability with the physiotherapy evidence-based database scale to assess the methodology of randomized controlled trials of pharmacological and nonpharmacological interventions. *Phys Ther*. 2006;86:817–24.
- 5 de Morton NA. The PEDro scale is a valid measure of the methodological quality of clinical trials: a demographic study. *Aust J Physiother*. 2009;55:129–33.
- 6 Sterne JAC, Savović J, Page MJ, *et al.* RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ*. 2019;366:l4898.