

Table 1

Grading of Recommendations, Assessment, Development and Evaluations (GRADE) summary tables.

1a. Summary of GRADE upgrade and downgrade criteria.

	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations
Serious downgrade (–1) if:	Only included one study rated as low risk of bias	Heterogeneity between 41 to 60%	Variation in one of either: <ul style="list-style-type: none"><li>- Outcome measures used</li><li>- Timepoints when outcome assessed</li><li>- Differences between interventions (adjunct treatment, exercise-therapy program and/or length of intervention)</li></ul>	Size of confidence intervals between 0.5 to 1	Publication bias strongly suspected if < 10 studies included, which is the minimum recommended for funnel plot analysis
Very serious downgrade (–2) if:	Did not include any study rated as low risk of bias	Heterogeneity > 60%	Variation in two or more of either: <ul style="list-style-type: none"><li>- Outcome measures used</li><li>- Timepoints when outcome assessed</li><li>- Differences between interventions (adjunct treatment, exercise-therapy program and/or length of intervention)</li></ul>	Size of confidence intervals > 1	

Upgrade (+1) if:	All studies were low risk of bias	N.A.	N.A.	N.A.	Effect size > 1
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1b. Neuromuscular electrical stimulation combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment							№ of patients		Effect	Certainty
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise	Absolute (95% CI)	
Pain – short term										
5	randomised trials	very serious	N.A.	very serious	serious	publication bias strongly suspected	120	118	SMD <b>0.27 lower</b> (0.53 lower to 0.02 lower)	⊕○○○ VERY LOW
Function – short term										
4	randomised trials	very serious	very serious	very serious	very serious	publications bias strongly suspected	81	73	SMD <b>0.44 lower</b> (1.08 lower to 0.20 higher)	⊕○○○ VERY LOW

1c. Monopolar dielectric diathermy combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment						№ of patients		Effect	Certainty	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise		Absolute (95% CI)
Pain – short term										
2	randomised trials	very serious	very serious	serious	very serious	publication bias strongly suspected	71	69	SMD <b>2.58 lower</b> (4.59 lower to 0.57 lower)	⊕○○○ VERY LOW
Function – short term										
2	randomised trials	very serious	very serious	serious	very serious	publication bias strongly suspected	71	69	SMD <b>0.93 lower</b> (2.11 lower to 0.26 higher)	⊕○○○ VERY LOW

1d. Knee taping combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment						№ of patients		Effect	Certainty	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise		Absolute (95% CI)
Pain – short term										
8	randomised trials	very serious	N.A.	very serious	very serious	publication bias strongly suspected	125	151	SMD <b>0.17 higher</b> (0.07 lower to 0.41 higher)	⊕○○○ VERY LOW
Function – short term										
8	randomised trials	very serious	N.A.	very serious	serious	publication bias strongly suspected	125	150	SMD <b>0.02 higher</b> (0.22 lower to 0.26 higher)	⊕○○○ VERY LOW

1e. Whole-body vibration combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment						№ of patients		Effect	Certainty	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise		Absolute (95% CI)
Pain – short term										
4	randomised trials	very serious	very serious	very serious	very serious	publication bias strongly suspected	73	71	SMD <b>1.10 lower</b> (2.34 lower to 0.14 higher)	⊕○○○ VERY LOW
Function – short term										
3	randomised trials	very serious	N.A.	serious	N.A.	publication bias strongly suspected	61	59	SMD <b>0.87 lower</b> (1.80 lower to 0.06 higher)	⊕○○○ VERY LOW

1f. Knee brace combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment						№ of patients		Effect	Certainty	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise		Absolute (95% CI)
Function – short term										
2	randomised trials	very serious	very serious	very serious		publication bias strongly suspected	49	51	SMD <b>0.18 lower</b> (1.48 lower to 1.13 higher)	⊕○○○ VERY LOW

1g. Electromyographic biofeedback combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

Certainty assessment						№ of patients		Effect	Certainty	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise		Absolute (95% CI)
Pain – short term										
2	randomised trials	very serious	N.A.	very serious	serious	publication bias strongly suspected	43	43	SMD <b>0.34 higher</b> (0.08 lower to 0.77 higher)	⊕○○○ VERY LOW