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:  - Outcome measures used  - Timepoints when outcome assessed  - Differences between interventions (adjunct treatment, exercise-therapy program and/or length of intervention)	Size of confidence intervals between 0.5 to	Publication bias strongly suspected if < 10 studies
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:  - Outcome measures used - Timepoints when outcome assessed - Differences between interventions (adjunct treatment, exercise-therapy program and/or length of intervention)	Size of confidence intervals > 1	included, which is the minimum recommended for funnel plot analysis

	All studies				
Upgrade (+1) if:	were low risk	N.A.	N.A.	N.A.	Effect size > 1
	of bias				

1b. Neuromuscular electrical stimulation combined with exercise therapy compared to exercise therapy alone for people with patellofemoral pain

			Certainty asse	sessment			№ of patients		Effect	
No of Amiolo	Trial	Risk of	In a an air at an an	T 11 4	I	Other	Adjunct	Emanaiaa	Absolute	Certainty
№ of trials	design	bias	Inconsistency	Indirectness	Imprecision	considerations	treatment	Exercise	(95% CI)	
Pain - shor	t 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

Supplemental material

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

			Certainty asses	ssment			№ of pa	atients	Effect	
№ of trials	Trial	Risk of	In a a mai at a man	I., di.,	T	Other	Adjunct	Exercise	Absolute	Certainty
	design	bias	Inconsistency	Indirectness	Imprecision	considerations	treatment	Exercise	(95% CI)	
Pain – short	term									
	randomised					publication bias			SMD 2.58 lower	$\oplus$
2		very	very serious	serious	very serious	strongly	71	69	(4.59 lower to 0.57	VERY
	trials	serious	rious			suspected			lower)	LOW
Function – s	short term									
	mon domicad					publication bias			SMD <b>0.93 lower</b>	$\oplus$
2	randomised	very	very serious	serious	very serious	strongly	71	69	(2.11 lower to 0.26	VERY
	trials	trials serious				suspected			higher)	LOW

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

Supplemental material

			Certainty asse	ssment			№ of patients		Effect	
№ of trials	Trial Risk of		Inconsistency	Indirectness	ndirectness Imprecision	Other	Adjunct	Exercise	Absolute	Certainty
on trians	design	bias	inconsistency	man cemess	imprecision	considerations	treatment	Lacreise	(95% CI)	
Pain – short	term									
	randomised very trials serious	1 . 1				publication bias			SMD 0.17 higher	$\oplus$
8		•	N.A.	very serious	very serious	strongly	125	151	(0.07 lower to 0.41	VERY
		serious				suspected			higher)	LOW
Function – s	short term									
	mon domicod					publication bias			SMD 0.02 higher	$\oplus$
8	randomised	very	N.A.	very serious	serious	strongly	125	150	(0.22 lower to 0.26	VERY
	trials	trials serious				suspected			higher)	LOW

Supplemental material

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

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

Certainty assessment								atients	Effect	
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise	Absolute (95% CI)	Certainty
Function - s	short term									
2	randomised trials	very serious	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 asse	ssment		№ of patients		Effect			
№ of trials	Trial design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjunct treatment	Exercise	Absolute (95% CI)	Certainty
Pain – shor	t 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