

<b>Table 1. Reasons for not pooling the trials data</b>	
<b>Trial Year, author</b>	<b>Reasons for not pooling data</b>
Anwar et al.[1] 2022	This study is the only one that evaluated pain release phenomenon technique as adjunct treatment
Basbug et al.[2] 2022	This study applied Kinesio taping in the foot
Constantinou et al.[3] 2022	This study is the only one that compared blood flow restriction combined to exercise therapy to exercise therapy alone
Qayyum et al.[4] 2022	This study is the only one that compared higher power laser combined to exercise therapy to exercise therapy alone
Rodrigues et al.[5] 2022	This study is the only one that evaluated anodal transcranial direct current stimulation as adjunct treatment
Aghakeshizadeh et al.[6] 2021	This study is the only one that evaluated internal and external focus as adjunct treatment
Bagheri et al.[7] 2021	This study is the only one that evaluated mindfulness as adjunct treatment
Fatimah et al.[8] 2021	This study is the only one that evaluated tibiofemoral mobilisation as adjunct treatment
Ma et al.[9] 2020	This study is the only one that compared dry needling combined to exercise therapy to sham dry needling combined to exercise therapy including patients from the general population
Zarei et al.[10] 2020	This study is the only one that compared dry needling combined to exercise therapy to exercise therapy alone
Glaviano et al.[11] 2019	This study is the only one that evaluated patterned electrical neuromuscular stimulation as adjunct treatment
Nouri et al.[12] 2019	This study is the only one that compared higher power laser combined to exercise therapy to sham laser combined to exercise therapy
Sutlive et al.[13] 2018	This study is the only one that compared dry needling combined to exercise

	therapy to sham dry needling combined to exercise therapy including arm recruits
Giles et al.[14] 2017	This study is the only one that compared blood flow restriction combined to exercise therapy to sham blood flow restriction combined to exercise therapy
Iammarrone et al.[15] 2016	This study is the only one that evaluated pulsed electromagnetic fields as adjunct treatment
Petersen et al.[16] 2016	We do not have the mean and standard deviation values for pooling its data
Telles et al.[17] 2016	This study is the only one that evaluated myofascial technique as adjunct treatment
Mousavi et al.[18] 2011	We do not have the mean and standard deviation values for pooling its data
Whittingham et al.[19] 2004	The data pooling for the specified time frame in this study has not been estimated.
Eng et al.[20] 1993	This study is the only one that evaluated foot orthoses as adjunct treatment

## References

- 1 Anwar S, Javaid M, Malik S, *et al.* Effects of mulligan pain release phenomenon technique in management of patellofemoral pain syndrome: RCT. *Pak J Med Health Sci.* 2022;16:72–72. doi: 10.53350/pjmhs2216372.
- 2 Basbug P, Kilic RT, Atay AO, *et al.* The effects of progressive neuromuscular exercise program and taping on muscle strength and pain in patellofemoral pain. A randomized controlled blind study. *Somatosens Mot Res.* 2022;39:39–45.
- 3 Constantinou A, Mamais I, Papathanasiou G, *et al.* Comparing hip and knee focused exercises versus hip and knee focused exercises with the use of blood flow restriction training in adults with patellofemoral pain. *Eur J Phys Rehabil Med.* 2022;58:225–35.
- 4 Qayyum HA, Arsalan SA, Tanveer F, *et al.* Role of high power laser therapy on pain reduction in patients with patellofemoral pain syndrome. *Pak J Med Health Sci.* 2022;16:9–12.

- 5 Rodrigues GM, Paixão A, Arruda T, *et al.* Anodal transcranial direct current stimulation increases muscular strength and reduces pain perception in women with patellofemoral pain. *J Strength Cond Res.* 2022;36:371–8.
- 6 Aghakeshizadeh F, Letafatkar A, Thomas AC. Internal and external focus show similar effect on the gait kinematics in patients with patellofemoral pain: A randomised controlled trial. *Gait Posture.* 2021;84:155–61.
- 7 Bagheri S, Naderi A, Mirali S, *et al.* Adding mindfulness practice to exercise therapy for female recreational runners with patellofemoral pain: a randomized controlled trial. *J Athl Train.* 2021;56:902–11.
- 8 Fatimah I, Waqqar S. Effects of tibiofemoral mobilization in patients of Patellofemoral pain syndrome. *JPMMA J Pak Med Assoc.* 2021;71:2506–10.
- 9 Ma Y-T, Li L-H, Han Q, *et al.* Effects of trigger point dry needling on neuromuscular performance and pain of individuals affected by patellofemoral pain: a randomized controlled trial. *J Pain Res.* 2020;13:1677–86.
- 10 Zarei H, Bervis S, Piroozi S, *et al.* Added value of gluteus medius and quadratus lumborum dry needling in improving knee pain and function in female athletes with patellofemoral pain syndrome: a randomized clinical trial. *Arch Phys Med Rehabil.* 2020;101:265–74.
- 11 Glaviano NR, Marshall AN, Mangum LC, *et al.* Impairment-based rehabilitation with patterned electrical neuromuscular stimulation and lower extremity function in individuals with patellofemoral pain: a preliminary study. *J Athl Train.* 2019;54:255–69.
- 12 Nouri F, Raeissadat SA, Eliaspour D, *et al.* Efficacy of high-power laser in alleviating pain and improving function of patients with patellofemoral pain syndrome: a single-blind randomized controlled trial. *J Lasers Med Sci.* 2019;10:37–43.
- 13 Sutlive TG, Golden A, King K, *et al.* Short-term effects of trigger point dry needling on pain and disability in subjects with patellofemoral pain syndrome. *Int J Sports Phys Ther.* 2018;13:462–73.
- 14 Giles L, Webster KE, McClelland J, *et al.* Quadriceps strengthening with and without blood flow restriction in the treatment of patellofemoral pain: a double-blind randomised trial. *Br J Sports Med.* 2017;51:1688–94.
- 15 Iammarrone CS, Cadossi M, Sambri A, *et al.* Is there a role of pulsed electromagnetic fields in management of patellofemoral pain syndrome? Randomized controlled study at one year follow-up. *Bioelectromagnetics.* 2016;37:81–8.

- 16 Petersen W, Ellermann A, Rembitzki IV, *et al.* Evaluating the potential synergistic benefit of a realignment brace on patients receiving exercise therapy for patellofemoral pain syndrome: a randomized clinical trial. *Arch Orthop Trauma Surg.* 2016;136:975–82.
- 17 Telles G, Cristovão DR, Belache FATC, *et al.* The effect of adding myofascial techniques to an exercise programme for patients with anterior knee pain. *J Bodyw Mov Ther.* 2016;20:844–50.
- 18 Mousavi SM, Khayambashi K, Nejadian SL, *et al.* The Effects of Kinesiotape and Strength Training on Knee Pain and Quadriceps Strength in People with Patellofemoral Pain Syndrome (PFPS). *J Isfahan Med Sch.* 2011;29:1657-68.
- 19 Whittingham M, Palmer S, Macmillan F. Effects of taping on pain and function in patellofemoral pain syndrome: a randomized controlled trial. *J Orthop Sports Phys Ther.* 2004;34:504–10.
- 20 Eng JJ, Pierrynowski MR. Evaluation of soft foot orthotics in the treatment of patellofemoral pain syndrome. *Phys Ther.* 1993;73:62–8; discussion 68-70.