

APPENDIX A
LITERATURE SEARCH STRATEGY

De Novo Abstraction Search Strategy (OVID)

Databases:

- Ovid Medline(R) 1996 to Present with Daily Update
- Ovid MEDLINE(R) 1950 to Present with Daily Update
- Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations

The Disorder –Low Back Pain

1. (((low\$ adj2 back) or (low\$ adj2 lumbar) or (low\$ adj2 spin\$)) adj pain).mp.
2. exp Low Back Pain/
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")

To cross-reference with all of the following:

A. Spinal Injections

5. spinal injections.mp. or exp Injections, Spinal/
6. ((Intra-spin\$ or Intraspin\$) adj4 (Inject\$ or steroid\$)).mp.
7. (epidural\$ adj4 (steroid\$ or inject\$)).mp.
8. (facet\$ adj4 (steroid\$ or inject\$)).mp.
9. ((sacro-iliac or sacroiliac) adj4 (steroid\$ or inject\$)).mp.
10. ((intra-disc\$ or intradisc\$) adj4 (steroid\$ or inject\$)).mp.
11. nerve block\$.mp. or exp Nerve Block/
12. (medial\$ adj4 block\$).mp.
13. (sympathetic adj4 block\$).mp.
14. (select\$ adj4 block\$).mp.
15. exp Intervertebral Disk Chemolysis/
16. (Chemo-nucleo\$ or chemonucleo\$).mp.
17. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
18. 4 and 17
19. remove duplicates from 18

B. RF Denervation

5. exp Denervation/
6. ((radio-freq\$ or radiofreq\$) adj4 denerv\$).mp.
7. 5 or 6
8. 4 and 7
9. remove duplicates from 8

C. IDET

5. ((intra-disc\$ or intradisc\$) adj4 (electrotherm\$ or electro-therm\$)).mp.
6. 4 and 5
7. remove duplicates from 6

D. Interspinous Spacers

5. ((inter-spin\$ or interspin\$) adj4 (spacer\$ or device\$ or implant\$)).mp.
6. 4 and 5
7. remove duplicates from 6

E. Discectomy

5. discectomy.mp. or exp Diskectomy/
6. \$discectom\$.mp.
7. \$diskectom\$.mp.
8. 5 or 6 or 7
9. 4 and 8
10. remove duplicates from 9

F. Multi-disciplinary Care Program

5. ((multidisciplin\$ or multi-disciplin\$) adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
6. ((interdisciplin\$ or inter-disciplin\$) adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
7. (integrat\$ adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
8. (intens\$ adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
9. 5 or 6 or 7 or 8
10. 4 and 9
11. remove duplicates from 10

G. Pathways of Care

5. ((treatment\$ or care\$ or therap\$ or clinical\$) adj4 (pathway\$ or algorithm\$)).mp.
6. 4 and 5
7. remove duplicates from 6

De Novo Abstraction Search Strategy (EMBASE)

Database:

- EMBASE

The Disorder –Low Back Pain

1. low* AND ('back'/exp OR back) AND ('pain'/exp OR pain)
2. 'low back pain'/exp OR 'low back pain'
3. low* NEXT/2 back OR low* NEXT/2 lumbar OR low* NEXT/2 spin*
4. #1 OR #2 OR #3
5. #4 AND [humans]/lim AND [english]/lim AND [2000-2011]/py

To cross-reference with all of the following:

A. Spinal Injections

6. spinal AND injection*
7. spin* AND inject*
8. intraspin* NEXT/4 (inject* OR steroid*)
9. (intraspinous OR 'intra spinous') NEXT/4 (inject* OR steroid*)
10. (intraspinal OR 'intra spinal') NEXT/4 (inject* OR steroid*)
11. epidural NEXT/4 (steroid* OR inject*)
12. facet* NEXT/4 (inject* OR steroid*)
13. ('sacro iliac' OR sacroiliac) NEXT/4 (inject* OR steroid*)
14. (intradiscal OR 'intra-discal') NEXT/4 (inject* OR steroid*)
15. (intradiskal OR 'intra diskal') NEXT/4 (inject* OR steroid*)
16. 'nerve block'/exp OR 'nerve block'
17. medial* NEXT/4 block*
18. sympathetic NEXT/4 block*
19. select* NEXT/4 block*
20. 'intervertebral disk chemolysis'/exp OR 'intervertebral disk chemolysis'
21. chemonucleo*
22. chemo AND nucleo*
23. #6 OR #7 OR #8 OR #9 OR #11 OR #12 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22
24. #5 AND #23

B. RF Denervation

6. 'denervation'/exp OR denervation
7. 'radiofrequency'/exp OR radiofrequency AND ('denervation'/exp OR denervation)
8. 'radiofrequency denervation'
9. radiofreq* NEXT/4 denerv*
10. radio* NEXT/4 denerv*
11. #6 OR #7 OR #8 OR #9 OR #10
12. #5 AND #11

C. IDET

6. 'intradiscal electrothermal therapy'/exp OR 'intradiscal electrothermal therapy'
7. intra* NEXT/4 electro*
8. #6 OR #7
9. #5 AND #8

D. Interspinous Spacers

6. 'interspinous spacers'
7. inter* NEXT/4 spacer*
8. inter* NEXT/4 device*
9. inter* NEXT/4 implant*
10. #6 OR #7 OR #8 OR #9
11. #5 AND #10

E. Discectomy

6. 'diskectomy intervertebral'/exp OR 'diskectomy intervertebral'
7. 'discectomy'/exp OR 'discectomy'
8. #6 OR #7
9. #5 AND #8

F. Multi-disciplinary Care Program

6. ('multi-disciplinary' OR multidisciplinary) NEXT/7 (therap* OR care* OR program* OR rehab*)
7. ('multi-disciplined' OR multidisciplined) NEXT/7 (therap* OR care* OR program* OR rehab*)
8. ('multi-discipline' OR multidiscipline) NEXT/7 (therap* OR care* OR program* OR rehab*)
9. ('inter-disciplinary' OR interdisciplinary) NEXT/7 (therap* OR care* OR program* OR rehab*)
10. ('inter-disciplined' OR interdisciplined) NEXT/7 (therap* OR care* OR program* OR rehab*)
11. ('inter-discipline' OR interdiscipline) NEXT/7 (therap* OR care* OR program* OR rehab*)
12. integrat* NEXT/7 (therap* OR care* OR program* OR rehab*)
13. intens* NEXT/7 (therap* OR care* OR program* OR rehab*)
14. #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13
15. #5 AND #14

G. Pathways of Care

6. (treat* OR care* OR therap* OR clinical*) NEXT/4 (pathway* OR algorithm*)
7. #5 AND #6

De Novo Abstraction Search Strategy (EBM Reviews)

Databases:

- EBM Reviews - Cochrane Database of Systematic Reviews 2005 to October 2010
- EBM Reviews - Database of Abstracts of Reviews of Effects 3rd Quarter 2010
- EBM Reviews - Health Technology Assessment 4th Quarter 2010
- EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2010
- EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2010

The Disorder –Low Back Pain

1. (Low\$ adj2 (back or spin\$ or vert\$ or lumbar)).mp.
2. (((low\$ adj3 back) or (low\$ adj3 lumbar) or (low\$ adj3 spin\$)) adj7 (pain or disorder\$)).mp.
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")
[Limit not valid in CDSR,DARE,CCTR; records were retained]

To cross-reference with all of the following:

A. Spinal Injections

5. (spin\$ adj7 inject\$).mp.
6. ((Intra-spin\$ or Intraspin\$) adj4 (Inject\$ or steroid\$)).mp.
7. (epidural\$ adj4 (steroid\$ or inject\$)).mp.
8. (facet\$ adj4 (steroid\$ or inject\$)).mp.
9. ((sacro-iliac or sacroiliac) adj4 (steroid\$ or inject\$)).mp.
10. ((intra-disc\$ or intradisc\$) adj4 (steroid\$ or inject\$)).mp.
11. (nerve adj7 block\$).mp.
12. (medial\$ adj4 block\$).mp.
13. (sympathetic adj4 block\$).mp.
14. (select\$ adj4 block\$).mp.
15. ((Inter-verteb\$ or Interverteb\$) adj7 Dis\$ adj7 Chemo\$).mp.
16. (Chemo-nucleo\$ or chemonucleo\$).mp.
17. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
18. 4 and 17
19. remove duplicates from 18

B. RF Denervation

5. denerv\$.mp.
6. ((radio-freq\$ or radiofreq\$) adj4 denerv\$).mp.
7. 5 or 6
8. 4 and 7
9. remove duplicates from 8

C. IDET

5. ((intra-disc\$ or intradisc\$) adj7 (electrotherm\$ or electro-therm\$)).mp.
6. 4 and 5
7. remove duplicates from 6

D. Interspinous Spacers

5. ((inter-spin\$ or interspin\$) adj4 (spacer\$ or device\$ or implant\$)).mp.
6. 4 and 5
7. remove duplicates from 6

E. Discectomy

5. (discectomy or diskectomy).mp.
6. \$diskectom\$.mp.
7. \$discectom\$.mp.
8. 5 or 6 or 7
9. 4 and 8
10. remove duplicates from 9

F. Multi-disciplinary Care Program

5. ((multidisciplin\$ or multi-disciplin\$) adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
6. ((interdisciplin\$ or inter-disciplin\$) adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
7. (integrat\$ adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
8. (intens\$ adj7 (therap\$ or care\$ or program\$ or rehab\$)).mp.
9. 5 or 6 or 7 or 8
10. 4 and 9
11. remove duplicates from 10

G. Pathways of Care

5. ((treatment\$ or care\$ or therap\$ or clinical\$) adj4 (pathway\$ or algorithm\$)).mp.
6. 4 and 5
7. remove duplicates from 6

Systematic Review Search Strategy (OVID)

Databases:

- Ovid Medline(R) 1996 to Present with Daily Update
- Ovid MEDLINE(R) 1950 to Present with Daily Update
- Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations

The Disorder –Low Back Pain

1. (((low\$ adj2 back) or (low\$ adj2 lumbar) or (low\$ adj2 spin\$)) adj pain).mp.
2. exp Low Back Pain/
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")

To cross-reference with all of the following:

A. Laminectomy

5. laminectomy.mp. or exp Laminectomy/
6. exp Decompression, Surgical/ or open decompression.mp.
7. 5 or 6
8. 4 and 7
9. meta-analysis.mp. or exp Meta-Analysis/
10. (cochrane or medline).tw.
11. search\$.tw.
12. 9 or 10 or 11
13. "Review Literature as Topic"/ or systematic review.mp.
14. 12 or 13
15. 8 and 14
16. remove duplicates from 15

B. Spinal Fusion

5. spinal fusion.mp. or exp Spinal Fusion/
6. (verteb\$ adj3 fusion).mp.
7. 5 or 6
8. 4 and 7
9. meta-analysis.mp. or exp Meta-Analysis/
10. (cochrane or medline).tw.
11. search\$.tw.
12. 9 or 10 or 11
13. "Review Literature as Topic"/ or systematic review.mp.
14. 12 and 13
15. 8 and 14
16. remove duplicates from 15

C. Conservative Care

5. (conservative adj4 (care or manage\$ or treat\$)).mp. [mp=ti, ab, tx, kw, ct, ot, sh, hw]
6. (yoga or acupuncture or cognitive behavioral therap\$ or physical therap\$ or spin\$ manipulats\$ or progressive relax\$ or exercise therap\$ or massage or function\$ restorat\$ or (Complement\$ adj2 Alternat\$) or non-pharm\$ or nonpharm\$).mp.
7. (pharm\$ or acetaminophen or NSAIDs or (antidepress\$ or anti-depress\$) or benzodiazepin\$ or (antiepilep\$ or anti-epilep\$) or (muscs\$ adj3 relax\$) or (opioid adj2 analgesic\$) or tramadol or (systemic adj2 corticosteroid\$) or ((dual-medicat\$ or dualmedicat\$) adj2 therap\$)).mp.
8. 5 or 6 or 7
9. 4 and 8
10. meta-analysis.mp. or exp Meta-Analysis/
11. (cochrane or medline).tw.
12. search\$.tw.
13. 10 or 11 or 12
14. "Review Literature as Topic"/ or systematic review.mp.
15. 13 or 14
16. 9 and 15
17. remove duplicates from 16

Systematic Review Search Strategy (EBM Reviews)

Databases:

- EBM Reviews - Cochrane Database of Systematic Reviews 2005 to October 2010
- EBM Reviews - Database of Abstracts of Reviews of Effects 3rd Quarter 2010
- EBM Reviews - Health Technology Assessment 4th Quarter 2010
- EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2010
- EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2010

The Disorder –Low Back Pain

1. (Low\$ adj2 (back or spin\$ or vert\$ or lumbar)).mp.
2. (((low\$ adj3 back) or (low\$ adj3 lumbar) or (low\$ adj3 spin\$)) adj7 (pain or disorder\$)).mp.
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")
[Limit not valid in CDSR,DARE,CCTR; records were retained]

To cross-reference with all of the following:

A. Laminectomy

5. laminectomy.ti,ab.
6. (open adj4 decompress\$).ti,ab.
7. decompress\$.ti,ab.
8. 5 or 6 or 7
9. 4 and 8
10. remove duplicates from 9

B. Spinal Fusion

5. ((spin\$ or verteb\$ or lumbar) adj4 fus\$).ti,ab.
6. 4 and 5
7. remove duplicates from 6

C. Conservative Care

5. (conservative adj4 (care or manage\$ or treat\$)).ti,ab.
6. (yoga or acupuncture or cognitive behavioral therap\$ or physical therap\$ or spin\$ manipul\$ or progressive relax\$ or exercise therap\$ or massage or function\$ restorat\$ or (Complement\$ adj2 Alternat\$) or non-pharm\$ or nonpharm\$).ti,ab.
7. (pharm\$ or acetaminophen or NSAIDs or (antidepress\$ or anti-depress\$) or benzodiazepin\$ or (antiepilep\$ or anti-epilep\$) or (muscle\$ adj3 relax\$) or (opioid adj2 analgesic\$) or tramadol or (systemic adj2 corticosteroid\$) or ((dual-medication\$ or dualmedication\$) adj2 therap\$)).ti,ab.
8. 5 or 6 or 7
9. 4 and 8
10. remove duplicates from 9

Background Information Search Strategy (OVID)

Databases:

- Ovid Medline(R) 1996 to Present with Daily Update
- Ovid MEDLINE(R) 1950 to Present with Daily Update
- Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations

The Disorder -Low Back Pain

1. (((low\$ adj2 back) or (low\$ adj2 lumbar) or (low\$ adj2 spin\$)) adj pain).mp.
2. exp Low Back Pain/
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")

To cross-reference with all of the following:

A. Episodes of Care

5. episode\$ of care.mp. or exp "Episode of Care"/
6. 4 and 5
7. remove duplicates from 6

Background Information Search Strategy (EMBASE)

Database:

- EMBASE

The Disorder –Low Back Pain

1. low* AND ('back'/exp OR back) AND ('pain'/exp OR pain)
2. 'low back pain'/exp OR 'low back pain'
3. low* NEXT/2 back OR low* NEXT/2 lumbar OR low* NEXT/2 spin*
4. #1 OR #2 OR #3
5. #4 AND [humans]/lim AND [english]/lim AND [2000-2011]/py

To cross-reference with all of the following:

A. Episodes of Care

6. episode AND of AND care
7. episode* NEXT/4 care
8. #6 OR #7
9. #5 AND #8

Background Information Search Strategy (EBM Reviews)

Databases:

- EBM Reviews - Cochrane Database of Systematic Reviews 2005 to October 2010
- EBM Reviews - Database of Abstracts of Reviews of Effects 3rd Quarter 2010
- EBM Reviews - Health Technology Assessment 4th Quarter 2010
- EBM Reviews - Cochrane Central Register of Controlled Trials 4th Quarter 2010
- EBM Reviews - NHS Economic Evaluation Database 4th Quarter 2010

The Disorder -Low Back Pain

1. (Low\$ adj2 (back or spin\$ or vert\$ or lumbar)).mp.
2. (((low\$ adj3 back) or (low\$ adj3 lumbar) or (low\$ adj3 spin\$)) adj7 (pain or disorder\$)).mp.
3. 1 or 2
4. limit 3 to (english language and humans and yr="2000 -Current")
[Limit not valid in CDSR,DARE,CCTR; records were retained]

To cross-reference with all of the following:

A. Episodes of Care

5. (episode\$ adj4 care).ti,ab.
6. 4 and 5

APPENDIX B

STUDY QUALITY RATING CRITERIA

Quality Rating System for Systematic Reviews*

Criteria for Assessing Scientific Quality of Research Reviews*

1. Were the search methods reported?
Were the search methods used to find evidence (original research) on the primary questions stated?
"Yes" if the review states the databases used, date of most recent searches, and some mention of search terms.
2. Was the search comprehensive?
Was the search for evidence reasonably comprehensive?
"Yes" if the review searches at least 2 databases and looks at other sources (e.g., reference lists, hand searches, queries of experts).
3. Were the inclusion criteria reported?
Were the criteria used for deciding which studies to include in the overview reported?
4. Was selection bias avoided?
Was bias in the selection of studies avoided?
"Yes" if the review reports how many studies were identified by searches, numbers excluded, and appropriate reasons for excluding them (usually because of predefined inclusion/exclusion criteria).
5. Were the validity criteria reported?
Were the criteria used for assessing the validity of the included studies reported?
6. Was validity assessed appropriately?
Was the validity of all the studies referred to in the text assessed by using appropriate criteria (either in selecting studies for inclusion or in analyzing the studies that are cited)?
"Yes" if the review reports validity assessment and did some type of analysis with it (e.g., sensitivity analysis of results according to quality ratings, excluded low-quality studies).
7. Were the methods used to combine studies reported?
Were the methods used to combine the findings of the relevant studies (to reach a conclusion) reported?
"Yes" for studies that did qualitative analysis if report mentions that quantitative analysis was not possible and reasons that it could not be done, or if "best evidence" or some other grading of evidence scheme used.
8. Were the findings combined appropriately?
Were the findings of the relevant studies combined appropriately relative to the primary question the overview addresses?
"Yes" if the review performs a test for heterogeneity before pooling or does appropriate subgroup testing, appropriate sensitivity analysis, or other such analysis.
9. Were the conclusions supported by the reported data?
Were the conclusions made by the author(s) supported by the data and/or analysis reported in the overview?
10. What was the overall scientific quality of the overview?
How would you rate the scientific quality of this overview?

Operationalization of Criteria

The purpose of this index is to evaluate the scientific quality (i.e., adherence to scientific principles) of research overviews (review articles) published in the medical literature. It is not intended to measure literary quality, importance, relevance, originality, or other attributes of overviews.

The index is for assessing overviews of primary ("original") research on pragmatic questions regarding causation, diagnosis, prognosis, therapy, or prevention. A research overview is a survey of research. The same principles that apply to epidemiologic surveys apply to overviews: A question must be clearly specified; a target population identified and accessed; appropriate information obtained from that population in an unbiased fashion; and conclusions derived, sometimes with the help of formal statistical analysis, as is done in meta-analyses. The fundamental difference between overviews and epidemiologic studies is the unit of analysis, not the scientific issues that the questions in this index address.

Because most published overviews do not include a methods section, it is difficult to answer some of the questions in the index. Base your answers, as much as possible, on information provided in the overview. If the methods that were used are reported incompletely relative to a specific question, score it as "can't tell," unless there is information in the overview to suggest that the criterion was or was not met.

For question 8, if no attempt has been made to combine findings, and no statement is made regarding the inappropriateness of combining findings, check "No." If a summary (general) estimate is given anywhere in the abstract, the discussion, or the summary section of the paper, and it is not reported how that estimate was derived, mark "No" even if there is a statement regarding the limitations of combining the findings of the studies reviewed. If in doubt, mark "Can't tell."

For an overview to be scored as "Yes" in question 9, data (not just citations) must be reported that support the main conclusions regarding the primary question(s) that the overview addresses.

The score for question 10, the overall scientific quality, should be based on your answers to the first 9 questions. The following guidelines can be used to assist with deriving a summary score: If the "Can't tell" option is used 1 or more times on the preceding questions, a review is likely to have minor flaws at best and it is difficult to rule out major flaws (i.e., a score ≤ 4). If the "No" option is used on question 2, 4, 6, or 8, the review is likely to have major flaws (i.e., a score ≤ 3 , depending on the number and degree of the flaws).

Scoring: Each Question Is Scored as Yes, Partially/Can't Tell, or No

Extensive Flaws	Major Flaws		Minor Flaws		Minimal Flaws
1	2	3	4	5	6
					7

* Operationalization of the Oxman criteria (19), adapted from reference (20).

*Adapted from American Pain Society/American College of Physicians Clinical Practice Guidelines on Low Back Pain (Chou 2007)

Quality Rating System for Randomized, Controlled Trials*

Criteria List for Assessment of Methodologic Quality†	Operationalization of Criteria	Score
A. Was the method of randomization adequate?	A random (unpredictable) assignment sequence. An example of adequate methods is a computer-generated random-number table and use of sealed opaque envelopes. Methods of allocation using date of birth, date of admission, hospital numbers, or alternation should not be regarded as appropriate.	Yes/No/Don't Know
B. Was the treatment allocation concealed?	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.	Yes/No/Don't Know
C. Were the groups similar at baseline regarding the most important prognostic factors? "Yes," if similar: Age and sex Description of type of pain Intensity, duration, or severity of pain	To receive a "yes," groups have to be similar at baseline regarding demographic factors, duration or severity of symptoms, percentage of patients with neurologic symptoms, and value of main outcome measure(s).	Yes/No/Don't Know
D. Was the patient blinded to the intervention?	The reviewer determines whether enough information about the blinding is given in order to score a "yes." Use the author's statement on blinding, unless there is a differing statement/reason not to (no need for explicit information on blinding).	Yes/No/Don't Know
E. Was the care provider blinded to the intervention?		Yes/No/Don't Know
F. Was the outcome assessor blinded to the intervention?		Yes/No/Don't Know
G. Were co-interventions avoided or similar?	Co-interventions should be avoided in the trial design or similar between the index and control groups.	Yes/No/Don't Know
H. Was adherence acceptable in all groups?	The reviewer determines whether adherence to the interventions is acceptable, based on the reported intensity, duration, number, and frequency of sessions for both the index intervention and control intervention(s).	Yes/No/Don't Know
I. Was the dropout rate described and acceptable? ≤15% dropout rate is acceptable	The number of participants who are 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 dropouts does not exceed 15% and does not lead to substantial bias, a "yes" is scored.	Yes/No/Don't Know
J. Was the timing of the outcome assessment in all groups similar?	Timing of outcome assessment should be identical for all intervention groups and for all important outcome assessments.	Yes/No/Don't Know
K. Did the analysis include an intention-to-treat analysis? "Yes," if <5% of randomly assigned patients excluded	All randomly assigned 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 nonadherence and co-interventions.	Yes/No/Don't Know

* This list includes only the 11 internal validity criteria that refer to characteristics of the study that might be related to selection bias (criteria A and B), performance bias (criteria D, E, G, and H), attrition bias (criteria I and K), and detection bias (criteria F and J). The internal validity criteria should be used to define methodological quality in the meta-analysis.

† Adapted from methods developed by the Cochrane Back Review Group (24).

*Adapted from American Pain Society/American College of Physicians Clinical Practice Guidelines on Low Back Pain (Chou 2007)