Leve	ls of	Evidence	for Pr	imary	Researc	h C	uesti	on1

	Types of Studies							
	Therapeutic Studies— Investigating the Results of Treatment	Prognostic Studies— Investigating the Effect of a Patient Characteristic on the Outcome of Disease	Diagnostic Studies— Investigating a Diagnostic Test	Economic and Decision Analyses— Developing an Economic or Decision Model				
Level I	<ul> <li>High-quality randomized controlled trial with statistically significant difference or no statistically signifi- cant difference but narrow confidence intervals</li> <li>Systematic review<sup>2</sup> of Level-I random- ized controlled trials (and study re- sults were homogeneous<sup>3</sup>)</li> </ul>	<ul> <li>High-quality prospective study<sup>4</sup> (all patients were enrolled at the same point in their dis- ease with ≥80% follow-up of enrolled patients)</li> <li>Systematic review<sup>2</sup> of Level-I studies</li> </ul>	<ul> <li>Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard)</li> <li>Systematic review<sup>2</sup> of Levell studies</li> </ul>	<ul> <li>Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-I studies</li> </ul>				
Level II	<ul> <li>Lesser-quality randomized controlled trial (e.g., &lt;80% follow-up, no blinding, or improper randomization)</li> <li>Prospective<sup>4</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-II studies or Level-I studies with inconsistent results</li> </ul>	<ul> <li>Retrospective<sup>6</sup> study</li> <li>Untreated controls from a randomized controlled trial</li> <li>Lesser-quality prospective study (e.g., patients enrolled at differ- ent points in their disease or &lt;80% follow-up)</li> <li>Systematic review<sup>2</sup> of Level-II studies</li> </ul>	<ul> <li>Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard)</li> <li>Systematic review<sup>2</sup> of Level-II studies</li> </ul>	<ul> <li>Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-II studies</li> </ul>				
Level III	<ul> <li>Case-control study<sup>7</sup></li> <li>Retrospective<sup>6</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-III studies</li> </ul>	Case-control study <sup>7</sup>	<ul> <li>Study of nonconsecutive pa- tients (without consistently applied reference "gold" standard)</li> <li>Systematic review<sup>2</sup> of Level-III studies</li> </ul>	<ul> <li>Analyses based on limited alternatives and costs; poor estimates</li> <li>Systematic review<sup>2</sup> of Level-III studies</li> </ul>				
Level IV	Case series <sup>®</sup>	Case series	<ul><li>Case-control study</li><li>Poor reference standard</li></ul>	No sensitivity analyses				
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion				

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.

2. A combination of results from two or more prior studies.

3. Studies provided consistent results.

4. Study was started before the first patient enrolled.

5. Patients treated one way (e.g., with cemented hip arthroplasty) compared with patients treated another way (e.g., with cementless hip arthroplasty) at the same institution.

6. Study was started after the first patient enrolled.

7. Patients identified for the study on the basis of their outcome (e.g., failed total hip arthroplasty), called "cases," are compared with those who did not have the outcome (e.g., had a successful total hip arthroplasty), called "controls."

8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.

Level-of-evidence rating system used by JBJS-A. (Reprinted from: Instructions to Authors, The Journal of Bone and Joint Surgery.)