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Appendix A – Search strategy

1	and Kana Isint/
1.	exp Knee Joint/
2.	Knee/
3.	Cartilage, Articular/
4.	(knee* or patellofemoral or tibiofemoral).ti,ab.
5.	(knee and (articular or cartilage* or joint*)).ti,ab.
6.	or/1-5
7.	exp Osteoarthritis/
8.	(osteoarthriti* or arthriti* or OA or degenerat* or deteriorat* or
	disease* or DJD or lesion* or damage*).ti,ab.
9.	7 or 8
10.	6 and 9
11.	gonarthros#s.ti,ab.
12.	10 or 11
13.	(non?surgical or conservative or pharmacologic* or
	non?pharmacologic*).ti,ab.
14.	exp Exercise/
15.	(exercise* or (physical adj1 activit*) or (weight adj1 loss) or (weight
	adj1 reduction)).ti,ab.
16.	exp Physical Therapy Modalities/
17.	Physical Therapy Specialty/
18.	((physical adj1 therap*) or physiotherapy or hydrotherapy or
	balneotherapy or (aquatic adj1 therapy) or rehab*).ti,ab.
19.	Transcutaneous Electrical Nerve Stimulation/
20.	(TENS or (transcutaneous adj3 stimulation)).ti,ab.
21.	Ultrasonic Therapy/
22.	((ultrasound or ultrason*) adj3 therap*).ti,ab.
23.	exp Acupuncture Therapy/
24.	acupuncture.ti,ab.
25.	exp Musculoskeletal Manipulations/
	((manual adj1 therap*) or (manipulative adj1 therap*)).ti,ab.
	Braces/
28.	Foot Orthoses/
29.	(brace* or bracing or orthos#s or insole* or (shoe adj1 insert*)).ti,ab.
30.	exp Glucosamine/
31.	exp Chondroitin/
32.	(glucosamine or chondroitin or nutraceutical* or ((nutritional or
	dietary) adj1 supplement*)).ti,ab.

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33.	Capsaicin/
34.	capsaicin.ti,ab.
35.	exp Anti-Inflammatory Agents, Non-Steroidal/
36.	· · · ·
37.	exp Analgesics/
38.	Acetaminophen/
39.	(analgesic* or acetaminophen or paracetamol).ti,ab.
40.	Analgesics, Opioid/
41.	
42.	Viscosupplementation/
	Hyaluronic Acid/
44.	viscosupplement*.ti,ab.
45.	(hyaluron* or HA or IA?HA or hylan*).ti,ab.
46.	
47.	Adrenal Cortex Hormones/
48.	Glucocorticoids/
49.	(cortisone or glucocorticoid* or corticosteroid*).ti,ab.
50.	Platelet-Rich Plasma/
51.	Thrombocyte Rich Plasma/
52.	((platelet* or leu#ocyte* or thrombocyte* or plasma*) adj3 (rich* or
	enrich*)).ti,ab.
53.	(prp or prf or prgf*).ti,ab.
54.	or/13-53
55.	Exp Guideline/
56.	(guideline or practice guideline).pt.
57.	Meta-Analysis/
58.	J
59.	Ű,
	management or therap*).ti,ab.
	meta?analy*.ti,ab.
61.	(systematic* adj1 review*).ti,ab.
62.	or/55-61
63.	12 and 54 and 62
	Exp Animals/ not Humans/
65.	Exp Case Reports/ or exp Case-Control studies/ or exp Cross-Sectional
	Studies/ or exp Retrospective Studies/ or exp Costs/ or exp Cost
	Analysis/ or exp Clinical Study/ or exp Multicenter Study/ or exp
	Congresses/
66.	Observational Study/ or Meeting Abstracts/

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67.	(comment or congress* or consensus* or editorial or letter or meeting* or monograph or news* or case reports or clinical trial or multicenter study or meeting abstracts).pt.
68.	or/64-67
69.	63 not 68
70.	Limit 69 to English language
71.	Remove duplicates from 70

Inclusion Criteria

The inclusion criteria were: 1) a guideline or meta-analysis that evaluated at least one nonsurgical intervention for knee OA (e.g., acupuncture, analgesics, bracing, intra-articular corticosteroid (IACS) injections, exercise, physical therapy, glucosamine and chondroitin (or other dietary supplements), insoles, intra-articular hyaluronic acid (IAHA) injections, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, platelet-rich plasma (PRP) injections, pulsed electromagnetic field (PEMF) therapy, serotonin and norepinephrine reuptake inhibitors (SNRIs), transcutaneous electrical nerve stimulation (TENS), ultrasound (US) therapy, weight loss), 2) referenced an MCID for pain on a continuous scale, 3) the nonsurgical intervention was compared to placebo or control, and 4) a full-text guideline or meta-analysis published in English.

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Appendix B - Description of results in the AAOS guideline

Descriptive term	Condition for use:
Clinically significant	Statistically significant and lower CI > MCID
Possibly clinically significant	Statistically significant and CIs contain MCID
Not clinically significant	Statistically significant and upper CI < MCID
True negative	Not statistically significant and upper CI < MCID
Inconclusive	Not statistically significant but CIs contain MCID

CI, confidence interval; MCID, minimum clinically important difference.

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Appendix C – Details of the included guidelines and meta-analyses

Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Altman et al, 2016 Study type: Meta- analysis Treatment(s) evaluated: IAHA Location: United States Outcome(s) evaluated: Pain	Databases: EMBASE, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: During or after 1995 Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: None Analysis: Pairwise meta- analysis comparing absolute scores between groups at 26 weeks. Conducted subgroup analyses by intervention characteristics. Software(s) used: Online Excel tool Imputations/missing data: Not reported	Unable to assess.
Arrich et al, 2005 Study type: Meta- analysis Treatment(s) evaluated: IAHA Location: Austria Outcome(s) evaluated: Pain, Function	Databases: BIOSIS, CINAHL, Cochrane Library, EMBASE, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: No Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Assessed allocation concealment, degree of blinding, and intention-to- treat analysis Analysis: Pairwise meta- analysis comparing outcomes between groups at 2-6, 10-14, 22-30, 44-60 weeks, with meta- regression based on study-level characteristics. Conducted subgroups analysis by intervention characteristics and sensitivity analysis based on trial quality. Software(s) used: Not reported	VAS at rest, 2-6 weeks: $\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW VAS at rest, 10-14 weeks: $\oplus \oplus \oplus \bigcirc$ MODERATE VAS at rest, 22-30 weeks: $\oplus \oplus \oplus \bigcirc$ MODERATE VAS after exercise, 10- 14 weeks: $\oplus \oplus \oplus \bigcirc$ MODERATE

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
			Imputations/missing data: When variability was not reported, calculated from p values or confidence interval.	VAS after exercise, 22- 30 weeks: ⊕⊕⊕⊖ MODERATE
	Databases: BIOSIS,	Study design: RCT	Quality scale: Assessed adequacy of randomization, allocation concealment, and blinding	SMD, 4 weeks: ⊕⊕⊖⊖ LOW
Bannuru et al, 2011 Study type: Meta-	CINAHL, Cochrane Library, EMBASE, Google Scholar, PubMed/Medline, Web of Science Conferences: AAOS, ACR, BSR, EULAR, ILAR, OARSI	Min. follow-up: No Study quality: No BMI criteria: No Other: No Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No	Analysis: Bayesian pairwise meta-analysis comparing change from baseline scores between groups at 2, 4, 8, 12, 16, 20, 24 weeks, with meta-regression based on study-level characteristics. Software(s) used: OpenBUGS, R Imputations/missing data: Estimated means and variances from median and range, and imputed standard deviation when needed Quality scale: Cochrane Risk of Bias Analysis: Bayesian network meta-analysis comparing change from baseline scores between groups at 3 months, with meta- regression based on study-level characteristics. Conducted sensitivity analysis for	SMD, 8 weeks: ⊕⊕⊖⊖ LOW
analysis Treatment(s) evaluated: IAHA Location: United States				SMD, 12 weeks: ⊕⊕⊖⊖ LOW
Outcome (s) evaluated: Pain, Function, Stiffness				SMD, 16 weeks: ⊕⊕⊕⊖ MODERATE
				SMD, 24 weeks: ⊕⊕⊕○ MODERATE
Bannuru et al, 2015a Study type: Network meta-analysis	Databases: Cochrane Library, EMBASE, Google Scholar, PubMed/Medline, Web of Science			Intra-articular placebo, WOMAC: ⊕⊕○○ LOW
Treatment(s) evaluated: Acetaminophen, Corticosteroids, IAHA, NSAIDs, Placebo	Conferences: AAOS, ACR, BSR, EULAR, ILAR, OARSI Expert opinion: Study authors, Product manufacturers	Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No		Oral + topical placebo, WOMAC: ⊕⊕⊕⊖ MODERATE

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Location: United States Outcome(s) evaluated: Pain	Reference list of relevantstudies: YesClinical trials registries:clinicaltrials.gov, United StatesFDA	Min. follow-up: No Study quality: No BMI criteria: No Other: No	differential versus nondifferential placebo effects. Software(s) used: OpenBUGS Imputations/missing data: Not reported	Topical placebo, WOMAC: ⊕⊕⊕○ MODERATE
Bannuru et al, 2015b Study type: Network meta-analysis Treatment(s) evaluated: Acetaminophen, Celecoxib, Corticosteroid, Diclofenac, IAHA, Ibuprofen, Naproxen, Placebo Location: United States Outcome(s) evaluated: Pain, Function, Stiffness	Databases: Cochrane Library, EMBASE, Google Scholar, PubMed/Medline, Web of Science Conferences: AAOS, ACR, BSR, EULAR, ILAR, OARSI Expert opinion: Study authors, Product manufacturers Reference list of relevant studies: Yes Clinical trials registries: clinicaltrials.gov, United States FDA	Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Cochrane Risk of Bias Analysis: Bayesian network meta-analysis comparing change from baseline scores between groups at 3 months, with meta- regression based on study-level characteristics. Conducted sensitivity analysis by type of outcome scale. Software(s) used: OpenBUGS Imputations/missing data: Not reported	Acetaminophen, WOMAC: $\oplus \oplus \oplus \bigcirc$ MODERATE Celecoxib, WOMAC: $\oplus \oplus \oplus \oplus \oplus$ HIGH Diclofenac, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Corticosteroid, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW IAHA, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Intra-articular placebo, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Intra-articular placebo, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Intra-articular placebo, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Intra-articular placebo, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ VERY LOW Ibuprofen, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Naproxen, WOMAC: $\oplus \oplus \oplus \bigcirc$ MODERATE
Bjordal et al, 2004 Study type: Meta- analysis	Databases: Cochrane Library, EMBASE, PubMed/Medline Conferences: Yes, but not specified	Study design: RCT Conference abstracts: Yes Publication date restriction: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing change from baseline scores between groups	WOMAC/VAS, 2-13 weeks: ⊕⊕⊖⊖ LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Treatment(s) evaluated: NSAIDs Location: Norway Outcome(s) evaluated: Pain, Function	Expert opinion: Clinical experts Reference list of relevant studies: Yes Clinical trials registries: No	Language restriction: English, German, Scandinavian Min. sample size: No Specific OA diagnostic criteria: ACR criteria and/or radiographic evidence Min. symptom duration: 3 months Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	at 2-13 weeks. Conducted subgroup analyses by treatment duration, type of outcome scale, and patients with flare up of symptoms. Software(s) used: Comprehensive Meta-analysis Imputations/missing data: If variance data not reported, calculated using sample size and other data such as p-values, t values, standard errors, or confidence intervals.	
Bjordal et al, 2007 Study type: Meta- analysis Treatment(s) evaluated: Acupuncture, Low level laser therapy, PEMF, Static magnets, TENS, Ultrasound Location: Norway Outcome(s) evaluated: Pain	Databases: CINAHL, Cochrane Library, DARE, EMBASE, INAHTA, NGC, NICE, PEDro, PRODIGY Guidance, PubMed/Medline Conferences: World Confederation of Physical Therapy, Wold Association of Laser therapy Expert opinion: Yes, but not specified Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: English, German, Scandinavian Min. sample size: No Specific OA diagnostic criteria: ACR criteria and/or radiographic evidence Min. symptom duration: 3 months Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing changed from baseline scores between groups within 4 weeks and at 1- 12 weeks post-treatment. Conducted subgroup analyses based on baseline pain, methodological quality, dosage, procedural recommendations, and funding sources. Software(s) used: Review Manager Imputations/missing data: If standard deviation not reported, re-calculated algebraically from the trial data of sample size and other variance data such as p-	Electro-acupuncture, VAS, 4 weeks: $\oplus \oplus \oplus \oplus$ HIGH Low level laser therapy, VAS, 4 weeks: $\oplus \oplus \bigcirc \bigcirc$ LOW Manual acupuncture, VAS, 4 weeks: $\oplus \oplus \oplus \bigcirc$ MODERATE PEMF, VAS, 4 weeks: $\oplus \oplus \oplus \oplus \oplus$ HIGH Static magnets, VAS, 4 weeks: $\oplus \oplus \bigcirc \bigcirc$ LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
			values, t- values, standard errors, or confidence intervals.	TENS, VAS, 4 weeks: $\oplus \oplus \bigcirc \bigcirc$ LOW
Brien et al, 2011 Study type: Meta- analysis Treatment(s) evaluated: Dietary supplements (dimethyl sulfoxide, methylsulfonylmethane) Location: United Kingdom Outcome(s) evaluated: Pain	Databases: AMED, CINAHL, Cochrane Library, EMBASE, National Library for Health, PubMed/Medline, Scopus Conferences: No Expert opinion: No Reference list of relevant studies: No Clinical trials registries: clinicaltrials.gov, controlled- trials.com, actr.org.au, umin.ac.jp/ctr	Study design: Quasi-RCT, RCT Conference abstracts: No Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing change from baseline scores between groups at end of treatment. Software(s) used: Not reported Imputations/missing data: Not reported	VAS: ⊕○○○ VERY LOW
Christensen et al, 2007 Study type: Meta- analysis Treatment(s) evaluated: Weight loss Location: Denmark Outcome(s) evaluated: Pain, Function	Databases: CINAHL, Cochrane Library, EMBASE, PubMed/Medline, Scopus, Web of Science Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing change from baseline scores between groups, with meta-regression. Software(s) used: Review Manager, SAS Imputations/missing data: Not reported	SMD: ⊕⊕⊖⊖ LOW
Colen et al, 2012 Study type: Meta- analysis	Databases: Cochrane Library, EMBASE, PubMed/Medline Conferences: No Expert opinion: No	Study design: RCT Conference abstracts: No Publication date restriction: No	Quality scale: None Analysis: Pairwise meta- analysis comparing change from baseline scores between groups	VAS: ⊕⊕⊖⊖ LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Treatment(s) evaluated: IAHA Location: Belgium, the Netherlands Outcome(s) evaluated: Pain	Reference list of relevant studies: Yes Clinical trials registries: No	Language restriction: Included any paper that could be translated by the authors Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	at 3 months. Conducted a subgroup analysis by IAHA brand. Software(s) used: Review Manager Imputations/missing data: Not reported	
Corbett et al, 2013 Study type: Network meta-analysis Treatment(s) evaluated: Acupuncture, Aerobic exercise, Balneotherapy, Braces, Heat treatment, Ice/cooling treatment, Insoles, Interferential therapy, Laser/light therapy, Manual therapy, Muscle- strengthening, Neuromuscular electrical stimulation, PEMF, Pulsed electrical stimulation, Static magnets, Tai Chi, TENS, Weight loss	Databases: Not reported Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: Yes, but not specified	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: Excluded trials that included patients with varus/valgus malalignment Min. symptom duration: No Age restriction: ≥ 55 years Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Cochrane Risk of Bias Analysis: Bayesian network meta-analysis comparing absolute scores between groups at end of treatment and 3 months. Conducted sensitivity analyses based on study-level characteristics. Software(s) used: WinBUGS Imputations/missing data: Not reported	Acupuncture, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Aerobic exercise, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Balneotherapy, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Braces, WOMAC: $\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW Heat treatment, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Ice/cooling treatment, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Ice/cooling treatment, WOMAC: $\oplus \oplus \bigcirc \bigcirc$ LOW Ice/cooling treatment, WOMAC: $\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW Insoles, WOMAC:

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Location: United				$\Theta \Theta \bigcirc \bigcirc$
Kingdom				LOW
Outcome(s) evaluated:				Interferential therapy,
Pain				WOMAC:
				⊕⊕⊖⊖ LOW
				Low Laser/light therapy,
				WOMAC:
				$\oplus \oplus \bigcirc \bigcirc$
				LOW
				Manual therapy,
				WOMAC:
				$\Phi\Phi \bigcirc \bigcirc$
				LOW
				Static magnets,
				WOMAC:
				$\Theta \bigcirc \bigcirc \bigcirc$
				VERY LOW
				Tai Chi, WOMAC:
				$\Theta \Theta \bigcirc \bigcirc$
				LOW
				Neuromuscular electrical
				stimulation, WOMAC:
				$\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW
				PEMF, WOMAC:
				$\oplus \bigcirc \bigcirc \bigcirc$
				VERY LOW
				TENS, WOMAC:
				$\Phi \Phi \bigcirc \bigcirc$
				LOW
				Pulsed electrical
				stimulation, WOMAC:
				$\Theta \Theta \bigcirc \bigcirc$
				LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
				Sham acupuncture, WOMAC: ⊕⊕○○ LOW Weight loss, WOMAC: ⊕⊕○○ LOW
Dai et al, 2017 Study type: Cochrane review Treatment(s) evaluated: PRP, HA Location: Australia, Canada, the Netherlands Outcome(s) evaluated: Pain, Function	Databases: Pubmed, Embase, Scopus, Cochrane Library Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: ACR Diagnostic criteria Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise random effects meta-analysis comparing pain and function at 6 and 12 months Software(s) used: Review Manager Imputations/missing data: Not reported	PRP, WOMAC: ⊕○○○ VERY LOW
Fransen et al, 2015 Study type: Cochrane review Treatment(s) evaluated: Exercise interventions Location: Australia, Canada, the Netherlands Outcome(s) evaluated: Pain, Function	Databases: CINAHL, Cochrane Library, EMBASE, PEDro, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: clinicaltrials.gov, World Health Organization	Study design: Quasi-RCT, RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise meta- analysis comparing change from baseline scores between groups at end of treatment, and at 2-6 and > 6 months. Conducted subgroup analyses based on intervention characteristics and sensitivity analyses based on study-level characteristics.	VAS: ⊕⊕⊕⊕ HIGH

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
		Other: No	Software(s) used: Review Manager Imputations/missing data: Reported no missing data.	
Health Quality Ontario, 2005 Study type: Health technology assessment Treatment(s) evaluated: IAHA (Hylan G-F 20/Synvisc) Location: Canada Outcome(s) evaluated: Pain	Databases: Cochrane Library, EMBASE, INAHTA, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: No Clinical trials registries: No	Study design: Economic evaluation, Meta-analysis, Non- RCT, RCT, Systematic Review Conference abstracts: No Publication date restriction: During or after 1966 Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Jadad score Analysis: None Software(s) used: Not applicable Imputations/missing data: Not applicable	VAS, 1-4 weeks: ⊕○○○ VERY LOW
Jevsevar et al, 2015 Study type: Meta- analysis Treatment(s) evaluated: IAHA Location: United States Outcome(s) evaluated: Pain, Function, Stiffness	Databases: Cochrane Library, EMBASE, PEDro, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: ≥ 30 patients per arm Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: ≥ 4 weeks Study quality: No BMI criteria: No Other: No	Quality scale: Assessed type of control intervention, allocation concealment, blinding, intention-to-treat analysis, investigator bias Analysis: Pairwise meta- analysis comparing scores between groups at 26 weeks, with meta-regression. Conducted a subgroup analysis by intervention characteristics. Software(s) used: Stata Imputations/missing data: Not reported	SMD: ⊕⊕⊖⊖ LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Jevsevar et al, 2013 (AAOS) Study type: Guideline Treatment(s) evaluated: All available therapies Location: United States Outcome(s) evaluated: Pain, Function, Stiffness, Composite score (WOMAC)	Databases: CINAHL, Cochrane Library, EMBASE, PubMed/MEDLINE Conferences: None Expert opinion: None Reference list of relevant studies: Yes Clinical trials registries: None	Study design: RCT Conference abstracts: No Publication date restriction: During or after 1966 Language restriction: English Specific outcome measures: Min. sample size: ≥ 30 patients per arm Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: ≥ 4 weeks Study quality: Excluded studies determined to have "very limited evidence strength" BMI criteria: No Other: Only validated "paper- and-pencil" outcome measures or those identified a priori by the work group as "critical"; excluded studies in which there was heterogeneity in patient characteristics or outcomes at baseline and authors did not statistically adjust for these differences	Quality scale: 20-item questionnaire Analysis: Bayesian network meta-analysis comparing change from baseline scores between treatments for continuous outcomes. Software(s) used: WinBUGS Imputations/missing data: Not reported.	Acupuncture, WOMAC/VAS, 4-26 weeks: $\oplus \oplus \oplus \bigcirc$ MODERATE Corticosteroid, WOMAC/VAS: $\oplus \oplus \oplus \bigcirc$ MODERATE Glucosamine, WOMAC: $\oplus \oplus \oplus \bigcirc$ MODERATE Chondroitin sulfate, VAS: $\oplus \oplus \oplus \bigcirc$ MODERATE IAHA. WOMAC: $\oplus \oplus \oplus \bigcirc$ MODERATE IAHA. WOMAC: $\oplus \oplus \oplus \bigcirc$ MODERATE
Jevsevar et al, 2018 Study type: Network meta-analysis	Databases: Cochrane Library, EMBASE, PubMed Conferences: No Expert opinion: No	Study design: RCT Conference abstracts: No Publication date restriction: Search conducted in 2015 Language restriction: English	Quality scale: Modified Cochrane Risk of Bias Analysis: Bayesian network meta-analysis comparing change	Acetaminophen, SMD: $\oplus \oplus \oplus \bigcirc$ MODERATE Celecoxib, SMD:

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Treatment(s) evaluated: Acetaminophen, Celecoxib, Corticosteroid, Diclofenac, IAHA, Ibuprofen, Naproxen, PRP, Oral Placebo, IA Placebo Location: United States Outcome(s) evaluated: Pain, Function	Reference list of relevant studies: Yes Clinical trials registries: No	Min. sample size: 30 per arm Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: 28 days Study quality: Studies assessed using appraisal criteria: randomization, allocation concealment, blinding, completeness of outcome data, selective reporting, and the presence of other biases such as conflicts of interest or industry funding, confounding factors or treatments, lack of intention-to- treat analysis when applicable, and significant differences in baseline measurements. Only articles fitting the best available evidence criteria were considered for each comparison. BMI criteria: No Other: No	from baseline scores between groups at 4 weeks. Software(s) used: OpenBUGS Imputations/missing data: No	$\begin{array}{c} \oplus \oplus \oplus \oplus \\ HIGH \\ \hline Diclofenac, SMD: \\ \oplus \oplus \bigcirc \bigcirc \\ LOW \\ \hline Corticosteroid, SMD: \\ \oplus \oplus \oplus \bigcirc \\ MODERATE \\ \hline IAHA, SMD: \\ \oplus \oplus \oplus \bigcirc \\ MODERATE \\ \hline Ibuprofen, SMD: \\ \oplus \oplus \oplus \bigcirc \\ LOW \\ \hline Naproxen, SMD: \\ \oplus \oplus \oplus \oplus \\ HIGH \\ \hline PRP, SMD: \\ \oplus \oplus \bigcirc \bigcirc \\ LOW \\ \hline \end{array}$
McCarthy et al, 2006 Study type: Meta- analysis Treatment(s) evaluated: PEMF Location: United Kingdom	Databases: AMED, CINAHL, Cochrane Library, EMBASE, HealthSTAR, PEDro, PubMed/Medline, SPORTDiscus Conferences: Yes, but not specified	Study design: Non-RCT, RCT Conference abstracts: Yes Publication date restriction: During or after 1996 Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing absolute scores between groups immediately post-treatment. Software(s) used: Not reported Imputations/missing data: Not reported	SMD: ⊕⊕⊖⊖ LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Outcome(s) evaluated: Pain, Function	Expert opinion: Yes, but not specified Reference list of relevant studies: Yes Clinical trials registries: No	Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: Outcome measures must have been validated		
Moyer et al, 2015 Study type: Meta- analysis Treatment(s) evaluated: Valgus bracing Location: Canada Outcome(s) evaluated: Pain, Function	Databases: CINAHL, Cochrane Library, EMBASE, PubMed/Medline, Scopus, Science Direct, Web of Knowledge Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise meta- analysis comparing change from baseline scores between groups at longest follow-up. Conducted subgroup analyses based on intervention characteristics and risk of bias, and sensitivity analyses based on study-level characteristics. Software(s) used: Comprehensive Meta-analysis Imputations/missing data: Used p-value if missing standard deviation.	SMD: ⊕⊕⊕⊖ MODERATE
NICE 2014 Study type: Guideline Treatment(s) evaluated: All available therapies Location: United Kingdom Outcome(s) evaluated: Pain, Function,	Databases: AMED, Cochrane Library, EMBASE, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: Non-RCT, Observational, RCT Conference abstracts: Yes Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise meta- analysis comparing absolute scores between groups. Conducted subgroup analyses and sensitivity analyses by study time points and risk of bias. Software(s) used: Review Manager	Unable to assess.

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Stiffness, OMERACT- OARSI, PGA, QoL		Study quality: No BMI criteria: No Other: No	Imputations/missing data: In cases where standard deviations were not reported, the standard error was calculated if the p-values or 95% confidence intervals were reported. If these statistical measures were not available then the methods described in section 16.1.3 of the Cochrane Handbook 'Missing standard deviations' were applied as the last resort.	
Richette et al, 2015 Study type: Meta- analysis Treatment(s) evaluated: IAHA Location: Belgium, France Outcome(s) evaluated: Pain, Function	Databases: Cochrane Library, EMBASE, PubMed/Medline Conferences: Yes Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: Yes	Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: Only included studies with a low risk of bias BMI criteria: No Other: No	Quality scale: Assessed adequacy of randomization, allocation concealment, and blinding Analysis: Pairwise meta- analysis comparing absolute scores between groups at 3 months. Software(s) used: R, Meta package Imputations/missing data: Not reported.	SMD, 12 weeks: ⊕⊕⊕⊕ HIGH
Rutjes et al, 2009 Study type: Cochrane review Treatment(s) evaluated: TENS Location: Switzerland	Databases: CINAHL, Cochrane Library, EMBASE, PEDro, PubMed/Medline Conferences: Yes, but not specified Expert opinion: Content experts and trialists	Study design: Quasi-RCT, RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise meta- analysis comparing absolute scores between groups at the end of the treatment period, with meta-regression. Conducted subgroup analyses based on	SMD, 4 weeks: ⊕○○○ VERY LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Outcome(s) evaluated:	Reference list of relevant	Age restriction: No	study-level and intervention	
Pain, Function	studies: Yes	Min. follow-up: No	characteristics.	
	Clinical trials registries: Yes,	Study quality: No	Software(s) used: Review	
	but not specified	BMI criteria: No	Manager, Stata	
		Other: No	Imputations/missing data:	
			Approximated means and	
			measures of dispersion from	
			figures in reports. If effect sizes	
			could not be calculated,	
			contacted authors for additional	
			data.	
			Quality scale: Cochrane Risk of	
		Study design: Quasi-RCT, RCT	Bias	
	Databases: CINAHL,	Conference abstracts: Yes	Analysis: Pairwise meta-	
Rutjes et al, 2010	Cochrane Library, EMBASE,	Publication date restriction: No	analysis comparing absolute	
-	PEDro, PubMed/Medline	Language restriction: No	scores between groups at the end	
Study type: Cochrane	Conferences: Yes, but not	Min. sample size: No	of the treatment period.	
review	specified	Specific OA diagnostic criteria:	Conducted subgroup analyses	SMD, 2-8 weeks:
Treatment(s)	Expert opinion: Content	No	based on study-level and	$\Theta \Theta \bigcirc \bigcirc$
evaluated: Ultrasound	experts and trialists	Min. symptom duration: No	intervention characteristics.	LOW
Location: Switzerland	Reference list of relevant	Age restriction: No	Software(s) used: Review	
Outcome(s) evaluated:	studies: Yes	Min. follow-up: No	Manager, Stata	
Pain, Function	Clinical trials registries: Yes,	Study quality: No	Imputations/missing data:	
	but not specified	BMI criteria: No	Used other available parameters	
	_	Other: No	to estimate effect size and	
			variability.	
Puties et al 2012	Databases: Cochrane Library,	Study design: Quasi-RCT, RCT	Quality scale: Assessed	
Rutjes et al, 2012	EMBASE, PubMed/Medline	Conference abstracts: Yes	concealment of allocation,	
Study type: Meta-	Conferences: Yes, but not	Publication date restriction: No	blinding of patients, use of a	
analysis	specified	Language restriction: No	sham control, blinded outcome	SMD: ⊕○○○
Treatment(s)	Expert opinion: Yes, but not	Min. sample size: No	assessment, and intention-to-	WERY LOW
evaluated: IAHA	specified	Specific OA diagnostic criteria:	treat analyses	
Location: Switzerland	Reference list of relevant	No	Analysis: Pairwise meta-	
Location. Switzenand	studies: Yes	Min. symptom duration: No	analysis comparing absolute	

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Outcome(s) evaluated: Pain, Function	Clinical trials registries: Yes, but not specified	Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	scores between groups at 3 months, with meta-regression. Conducted subgroups analyses based on study-level and intervention characteristics. Software(s) used: Stata Imputations/missing data: Used other available parameters to estimate effect size and variability.	
Schneider et al, 2012 Study type: Meta- analysis Treatment(s) evaluated: Dietary supplement (chondroitin sulfate) Location: France, Switzerland Outcome(s) evaluated: Pain, Function, OMERACT-OARSI	Databases: Cochrane Library, EMBASE, PubMed/Medline Conferences: Yes Expert opinion: Yes Reference list of relevant studies: Yes Clinical trials registries: Yes	Study design: RCT Conference abstracts: Yes Publication date restriction: No Language restriction: No Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: 3 months Study quality: No BMI criteria: No Other: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing change from baseline scores and OMERACT- OARSI rates between groups at 3-6 months. Software(s) used: Easy MA Imputations/missing data: Not reported.	VAS: ⊕⊕⊕⊖ MODERATE
Strand et al, 2015 Study type: Meta- analysis Treatment(s) evaluated: IAHA Location: United States	Databases: EMBASE, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing absolute scores between groups at 4-13 and 14-26 weeks. Conducted subgroup analyses by study time points, patient characteristics,	SMD, 4-13 weeks: ⊕○○○ VERY LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Outcome(s) evaluated: Pain, Function		Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: Only included trials evaluating United States- approved products	sample size, and Jadad score, and sensitivity analysis by removing one study at a time. Software(s) used: Comprehensive Meta-analysis Imputations/missing data: Not reported	SMD, 14-26 weeks: ⊕○○○ VERY LOW
Wang et al, 2012 Study type: Meta-				Aerobic exercise, SMD: ⊕⊕⊖⊖ LOW
analysis Treatment(s) evaluated: Physical therapy interventions - Aerobic exercise, Aquatic exercise, Diathermy, Education program, Electrical stimulation, Massage, Orthotics, PEMF, Proprioception exercise, Strengthening exercise, Tai chi, Taping, Ultrasonography Location: United States Outcome(s) evaluated:	Databases: AMED, Cochrane Library, Health and Psychosocial Instruments, PEDro, PubMed/Medline, Scirus, Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: clinicaltrials.gov	Study design: RCT Conference abstracts: No Publication date restriction: During or after 1970 Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: Cochrane Risk of Bias Analysis: Pairwise meta- analysis comparing scores between groups at < 6, 6-13, 14- 26, and > 26 weeks, with meta- regression by study-level characteristics. Conducted subgroup analyses by patient. characteristics and type of outcome scale. Software(s) used: Stata Imputations/missing data: Not reported	Electrical stimulation, SMD: $\oplus \oplus \bigcirc \bigcirc$ LOW Strength exercises, SMD: $\oplus \oplus \bigcirc \bigcirc$ LOW Ultrasound, SMD: $\oplus \oplus \bigcirc \bigcirc$ LOW
Pain, Function, QoL Wang et al, 2015 Study type: Meta- analysis	Databases: Cochrane Library, EBSCO, EMBASE, Google Scholar, PubMed/Medline, Science Direct Conferences: No Expert opinion: No	Study design: RCT Conference abstracts: No Publication date restriction: No Language restriction: English Min. sample size: No	Quality scale: Jadad score Analysis: Pairwise meta- analysis comparing change from baseline scores between groups. Conducted subgroup analyses by patient characteristics.	Likert scale: ⊕⊕⊕⊕ HIGH

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
Treatment(s) evaluated: Duloxetine (SNRI) Location: China Outcome(s) evaluated: Pain, Function, PGA	Reference list of relevant studies: Yes Clinical trials registries: clinicaltrials.gov	Specific OA diagnostic criteria: No Min. symptom duration: 3 months Age restriction: ≥ 40 years Min. follow-up: No Study quality: No BMI criteria: No Other: Excluded trials with insufficient data	Software(s) used: Review Manager Imputations/missing data: Excluded trials with insufficient data.	
Warden et al, 2008 Study type: Meta- analysis Treatment(s) evaluated: Bracing, Patellar taping Location: United States Outcome(s) evaluated: Pain	Databases: CINAHL, EBM Reviews, Expanded Academic ASAP, PEDro, PubMed/Medline, SPORTSDiscus, Web of Knowledge Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: Quasi-RCT, RCT Conference abstracts: No Publication date restriction: During or after 1980 Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No	Quality scale: PEDro scale Analysis: Pairwise meta- analysis comparing scores between groups immediately post-treatment and at 3-12 weeks. Conducted sensitivity analyses by removing trials when heterogeneity was present and study time points. Software(s) used: Review Manager Imputations/missing data: Not reported	VAS: ⊕⊕⊖⊖ LOW
Xu et al, 2017 Study type: Meta- analysis Treatment(s) evaluated: PRP, IA- HA, IA placebo Location: China Outcome(s) evaluated: Pain, Function	Databases: Medline, Embase, EBM reviews, Cochrane Library Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: No	Study design: RCT Conference abstracts: No Publication date restriction: During or after 1980 Language restriction: English, Chinese Min. sample size: at least 30 participants Specific OA diagnostic criteria: No	Quality scale: PEDro scale Analysis: Pairwise meta- analysis comparing PRP to HA, and PRP to IA-placebo Software(s) used: Review Manager Imputations/missing data: Not reported	PRP WOMAC or IKDC: ⊕○○○ VERY LOW

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Study Details	Search Details	Inclusion Criteria	Quality Assessment and Statistics	Quality of Evidence for Pain Assessments (GRADE)
		Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: No		
Zeng et al, 2015 Study type: Network meta-analysis Treatment(s) evaluated: Celecoxib, Chondroitin, Glucosamine, Glucosamine plus Chondroitin Location: China Outcome(s) evaluated: Pain, Function	Databases: Cochrane Library, EMBASE, PubMed/Medline Conferences: No Expert opinion: No Reference list of relevant studies: Yes Clinical trials registries: clinicaltrials.gov, World Health Organization	Study design: RCT Conference abstracts: Not reported Publication date restriction: No Language restriction: English Min. sample size: No Specific OA diagnostic criteria: No Min. symptom duration: No Age restriction: No Min. follow-up: No Study quality: No BMI criteria: No Other: <20% loss to follow-up	Quality scale: Cochrane Risk of Bias Analysis: Bayesian network meta-analysis comparing change from baseline scores between groups at the last follow-up time point. Conducted sensitivity analyses by study-level characteristics. Software(s) used: WinBUGS, R, Stata Imputations/missing data: Not reported	Unable to assess.

AAOS, American Academy of Orthopaedic Surgeons; ACR, American College of Rheumatology; AMED, Allied and Complimentary Medicine Database; BSR, British Society for Rheumatology; BIOSIS, Biosciences Information Service; BMI, body mass index; CINAHL, The Cumulative Index to Nursing and Allied Health Literature; DARE, Database of Abstracts of Reviews of Effects; EMBASE, Excerpta Medica Database; EULAR, European League Against Rheumatism; FDA, Food and Drug Administration; IAHA, intra-articular hyaluronic acid; ILAR, International League of Associations for Rheumatology; INAHTA, International Network of Agencies for Health Technology Assessment; MEDLINE, Medical Literature Analysis and Retrieval System Online; NGC, National Guideline Clearinghouse; NICE, National Institute for Health and Care Excellence; NSAID, Nonsteroidal anti-inflammatory drug; OARSI, Osteoarthritis Research Society International; PEDro, Physiotherapy Evidence Database; PubMed, Public/Publisher MEDLINE; PEMF, pulsed electromagnetic field; PGA, patient global assessment; QoL, quality of life; RCT, randomized clinical trial; SAS, Statistical Analysis System; SMD, standardized mean difference; TENS, transcutaneous electrical nerve stimulation; VAS, visual analog scale; WOMAC, Western Ontario and McMaster Universities Osteoarthritis Index. Copyright © by The Journal of Bone and Joint Surgery, Incorporated

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Appendix D - GRADE summary

GRADE Quality of Evidence	Number of Outcomes (% within intervention type)
Nonpharmacological Interventions	46
High	5 (10.9)
Moderate	6 (13.0)
Low	27 (58.7)
Very Low	8 (17.4)
Intra-articular Interventions	29
High	1 (3.4)
Moderate	10 (34.5)
Low	10 (34.5)
Very Low	8 (27.6)
Oral Pharmacological	12
Interventions	12
High	2 (16.7)
Moderate	5 (41.7)
Low	5 (41.7)
Very Low	0 (0.0)
Total	87
High	8 (9.2)
Moderate	21 (24.1)
Low	42 (48.3)
Very Low	16 (18.4)

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