Appendix A. Search strategy

1. AMED, EMBASE, Medline, CINAHL; (Conditioned AND pain AND modulation).ti,ab; 565 results.

2. AMED, EMBASE, Medline, CINAHL; (diffuse AND noxious AND inhibitory AND control).ti,ab; 345 results.

3. AMED, EMBASE, Medline, CINAHL; DNIC.ti,ab; 895 results.

4. AMED, EMBASE, Medline, CINAHL; (Heterotopic AND noxious AND conditioning).ti,ab; 147 results.

6. AMED, EMBASE, Medline, CINAHL; 1 OR 2 OR 3 OR 4; 1589 results.

7. AMED, EMBASE, Medline, CINAHL; reliability.ti,ab; 270751 results.

8. AMED, EMBASE, Medline, CINAHL; repeatability.ti,ab; 36159 results.

9. AMED, EMBASE, Medline, CINAHL; stability.ti,ab; 596078 results.

10. AMED, EMBASE, Medline, CINAHL; 7 OR 8 OR 9; 887198 results.

11. AMED, EMBASE, Medline, CINAHL; 6 AND 10; 69 results.

12. AMED,EMBASE,Medline,CINAHL; Duplicate filtered: [6 AND 10]; 69 results.

Appendix B. Full-text study exclusion

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| **Reference** | **Reason for exclusion** |
| O'Neill et al. [30] “Reliability and validity of a simple and clinically applicable pain stimulus: Sustained mechanical pressure with a spring-clamp”. *Chiropractic and Manual Therapies*, 22/1. | Not a CPM study |

Appendix C.

The QUIPS Tool domains (Hayden et al 2006) operationalized **(bold)** for the evaluation of the repeatability of a CPM test paradigm.

1. Study participation considers the proportion of eligible persons who participate in the study, descriptions of the source population, baseline study sample, sampling frame and recruitment, and adequate inclusion and exclusion criteria including explicit diagnostic criteria.
2. Study attrition addresses whether participants with follow-up data **(re-test data)** represent persons enrolled in the study or was the outcome biased by a selective group who completed the study.
3. Prognostic factor measurement domain assists in determining if the prognostic factor was measured in a similar and valid way for all participants. This includes items pertinent to internal validity including investigator and participant blinding and measurement methods. **Risk of bias was rated as low where the conditioning stimulus was consistent between participants and where information is provided regarding participant blinding (i.e. blinding to the intention of study; use of a script for consistency in test instructions between participants; information regarding participant exposure during test interval). Risk of bias was moderate where one factor was reported, high were neither factor was reported.**
4. Outcome measurement considers whether outcome was measured in a valid and reliable way for all participants, for example, with **a validated pain scale or measure**.
5. Study confounding aids the assessor in judging whether another confounding factor may explain the reported association between the factor of interest and outcome. To make this judgment, the assessor considers the measurement of potential confounders and whether all important confounding factors are accounted for in the study design or analysis. **For risk of bias in confounding in this review, risk was rated as low where at least 4 confounders were accounted for at baseline *and* re-test; moderate risk where 3 are accounted for and high risk for less than 3 [22]. In healthy volunteers, potential confounders may include but are not limited to the presence or level of pain prior to testing, screening for conditions which may affect pain threshold (i.e. chronic pain conditions such as fibromyalgia; peripheral neuropathy), oestrus cycle, caffeine and medication intake prior to testing, psychological factors including anxiety and depression [11], time of day and exercise. Additional patient group confounders may include medical diagnosis based on accepted criteria, stable regime of pain treatment and pharmacologic treatment and no additional painful condition other than the investigated diagnosis [22]. In addition to accounting for confounding factors at the initiation of the study or at baseline measures, it is essential that the potentially confounding factor is accounted for at the time of re-test.**
6. Statistical analysis and reporting addresses the appropriateness of the study’s statistical analysis and thoroughness of reporting [17] with the aim of insuring that an appropriate design and adequate reporting limit the possibility for the presentation of invalid or spurious results. **Three important elements of statistical design for reliability studies include a sample size calculation, appropriate reliability coefficient and 95% confidence interval and the reporting of sufficient data to allow for the assessment of the adequacy of the analysis with no selective reporting of results. Risk of bias was rated as low were all three components were reported, moderate where two components were reported and high where one component was reported.**