Table, Supplemental Digital Content 6. Rating of PIV body of evidence according to the OHAT approach.

Credits: The authors.

	Initial rating	Risk of bias	Unexplained inconsistency	Indirectness	Imprecision	Publication bias	Magnitude	Dose-response relationship	Residual confounding	Cross-species/population /study consistency	Final rating
Assessment	High	No downgrade	No downgrade	No downgrade	No downgrade	Not detected	No upgrade	Upgrade ↑	No upgrade	Upgrade ↑	High
Explanation	**Initial rating:** Because the exposure was experimentally controlled, occurred prior to the development of the outcome, the outcome was assessed on the individual level, and appropriate comparisons were made within individual studies the included studies received a high initial rating. **Risk of bias:** We acknowledge randomization, allocation concealment, and blinding were rarely reported. However, this may also reflect poor reporting practices in animal studies, and these concerns do not change our confidence in the notion that moderate pressure can increase perfusion. As an example, we do not feel the results of an animal experiment that uses laser Doppler would be influenced by the presence or lack of blinding. **Unexplained inconsistency:** Because all point estimates pointed in the same direction and most confidence intervals overlapped, we did not downgrade for unexplained inconsistency. **Indirectness:** Because all studies were designed to measure perfusion during exposure to tissue compression from pressure loading, we did not downgrade because of risk of bias. **Imprecision:** Because the conclusion that moderate pressures increase perfusion would not be altered if the lower versus the upper boundary of the confidence interval represented the true underlying effect, we did not downgrade because of imprecision. **Publication bias:** Because none of the included articles reported there were conflicts of interests, and all PIV congress abstracts encountered during full-text assessment have been published, or reported PIV to exist in healthy subjects in the abstract, we rated publication bias as “undetected”. **Magnitude of effect:** We did not upgrade because of the magnitude of the effect. **Dose-response relationship:** An extensive amount of studies showed that the amount of pressure influenced the extent of perfusion increase, demonstrating the presence of a dose-response relationship. **Residual confounding:** We did not upgrade because of residual confounding because we did not encounter evidence for bias toward the null. **Cross-species/population/study consistency:** PIV was found consistently across species, and has been reported by several research groups that used different study designs. **Final rating:** We have a high level of confidence in the body of evidence that moderate amounts of pressure increase perfusion.										