

Supplement to the Treatment of Carpal Tunnel Syndrome Evidence-Based Clinical Practice Guideline

e-Appendix 2

- Quality Evaluation
- Data Tables

This supplementary material has been provided by the authors to give readers additional information about their work

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Strength of Recommendations

Strength	Overall Strength of Evidence	Description of Evidence Quality
Strong	Strong or Moderate	Evidence from two or more “High” quality studies with consistent findings for recommending for or against the intervention. Or Rec is upgrade from Moderate using the EtD framework.
Moderate	Strong, Moderate, or Limited	Evidence from two or more “Moderate” quality studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention. Or Rec is upgraded or downgraded from Limited or Strong using the EtD framework.
Limited	Limited or Moderate	Evidence from two or more “Low” quality studies with consistent findings or evidence from a single “Moderate” quality study recommending for or against the intervention. Or Rec is downgraded from Moderate using the EtD Framework
Consensus	No Reliable Evidence	There is no supporting evidence, or higher quality evidence was downgraded due to major concerns addressed in the EtD framework. In the absence of reliable evidence, the guideline work group is making a recommendation based on their clinical opinion.

Management of Carpal Tunnel Syndrome CPG Quality Appraisal Tables

QE - Observational Intervention/Prognostic

Study	Patient Spectrum	Participant Recruitment	Treatment recording	Confounding Variables	Outcome measurement bias	Incomplete Outcome Data	Adequate Reporting	Strength
Akhtar, S., 2015	●	●	●	●	●	●	●	Low Quality
Akkurt, M. O., 2020	●	◐	◐	●	●	●	●	Low Quality
Anderson, J. T., 2022	●	◐	○	◐	●	●	●	Low Quality
Asserson, D. B., 2022	●	◐	○	◐	●	●	●	Low Quality
Atwa, E. T., 2019	●	●	◐	●	●	●	●	Low Quality
Bai, J., 2018	●	◐	○	●	●	●	○	Low Quality
Baute, V., 2018	●	●	●	●	●	◐	●	Low Quality
Brunetti, S., 2013	●	●	◐	◐	◐	◐	●	Low Quality
Burnham, R. S., 2021	●	●	◐	●	●	●	●	Low Quality
Calotta, N. A., 2017	●	○	◐	●	●	●	●	Low Quality
Celenioglu, A. E., 2022	●	◐	○	◐	●	●	●	Low Quality
Chen, X., 2022	●	◐	○	●	●	●	●	Low Quality
Coady-Fariborzian, L., 2015	●	◐	○	○	●	●	●	Low Quality
Dernek, B., 2017	●	●	●	◐	●	◐	●	Low Quality

Study	Patient Spectrum	Participant Recruitment	Treatment recording	Confounding Variables	Outcome measurement bias	Incomplete Outcome Data	Adequate Reporting	Strength
Eleftheriou, A., 2012	●	○	●	●	●	●	●	Low Quality
Glowacki, K. A., 1996	●	◐	○	○	◐	◐	●	Low Quality
Guyen, S. C., 2019	●	●	●	●	●	●	●	Low Quality
Haghighat, S., 2021	●	●	●	●	●	◐	●	Low Quality
Halvorson, A. J., 2020	●	◐	○	○	●	●	●	Low Quality
Harness, N. G., 2010	●	●	●	●	●	●	●	Low Quality
He, J. J., 2021	●	○	○	●	●	◐	●	Low Quality
Hu, F., 2022	●	◐	○	◐	●	◐	●	Low Quality
Kaltenborn, A., 2019	●	●	◐	●	●	●	●	Low Quality
Kang, S. W., 2019	●	●	●	●	●	●	●	Low Quality
Kaplan, J., 2020	●	◐	○	○	○	●	●	Low Quality
Khoshnevis, J., 2020	●	●	◐	●	●	●	○	Low Quality
Kroeze, M., 2020	●	●	○	●	●	●	○	Low Quality
Lai, C. Y., 2022	●	●	◐	◐	●	●	●	Low Quality
Ma, T., 2021	●	●	○	●	●	●	●	Low Quality
Martinez-Catasus, A., 2019	●	●	●	●	●	●	●	Low Quality

Study	Patient Spectrum	Participant Recruitment	Treatment recording	Confounding Variables	Outcome measurement bias	Incomplete Outcome Data	Adequate Reporting	Strength
Marvulli, R., 2021								Low Quality
Mehta, S., 2022								Low Quality
Miller, A., 2017								Low Quality
Miller, M. B., 2022								Low Quality
Moscato, L., 2021								Low Quality
Murthy, P. G., 2015								Low Quality
Randall, D. J., 2021								Low Quality
Rellan, I., 2021								Low Quality
Saglam, G., 2022								Low Quality
Schwarz, A. M., 2022								Low Quality
Shen, Y. P., 2021								Low Quality
Soyupek, F., 2012								Low Quality
Stephens, A. R., 2021								Low Quality
Suslu, H., 2016								Low Quality
Teng, X., 2019								Low Quality
Tosti, R., 2012								Low Quality

Study	Patient Spectrum	Participant Recruitment	Treatment recording	Confounding Variables	Outcome measurement bias	Incomplete Outcome Data	Adequate Reporting	Strength
Tulipan, J. E., 2017	●	●	○	●	○	○	●	Low Quality
Tulipan, J. E., 2018	●	●	●	●	●	◐	●	Low Quality
Uzun, H., 2017	○	●	●	●	●	◐	●	Low Quality
Vasconcelos, C., 2017	●	◐	○	●	●	●	●	Low Quality
Wellington, I., 2021	●	◐	○	○	●	●	●	Low Quality
Williamson, E. R. C., 2021	●	◐	○	○	●	◐	●	Low Quality
Withers, J. A., 2021	●	◐	○	◐	◐	◐	●	Low Quality
Wu, Y. T., 2022	○	◐	○	◐	●	●	●	Low Quality
Zaralieva, A., 2022	◐	●	◐	◐	◐	◐	●	Low Quality
Zhou, M. A., 2022	●	◐	○	○	●	◐	●	Low Quality
Zidkova, V., 2019	◐	●	◐	●	●	●	●	Low Quality

QE - Diagnostic

Study	Patient selection bias	Index test risk of bias	Reference standard bias	Flow and timing bias	Strength
Abdel Ghaffar, M. K., 2012	●	○	●	●	Moderate Quality
Beckenbaugh, R. D., 1995	◐	◐	◐	○	Low Quality
Beddaa, H., 2022	◐	●	●	●	High Quality

Study	Patient selection bias	Index test risk of bias	Reference standard bias	Flow and timing bias	Strength
Billakota, S., 2017					Low Quality
Chen, J., 2021					Moderate Quality
Chen, Y. T., 2021					High Quality
Demino, C., 2020					Low Quality
Draghici, N. C., 2020					High Quality
Falsetti, P., 2022					High Quality
Fowler, J. R., 2014					High Quality
Fowler, J. R., 2015					High Quality
Fu, T., 2015					High Quality
Graham, B., 2008					High Quality
Hashemi, A. H., 2009					High Quality
Jarvik, J. G., 2002					Moderate Quality
Kanagasabai, K., 2022					Moderate Quality
Makanji, H. S., 2014					High Quality
Mallouhi, A., 2006					Moderate Quality
Martikkala, L., 2021					High Quality
Mehrpour, M., 2016					Moderate Quality
Moran, L., 2009					High Quality
Moran, L., 2020					High Quality
Naranjo, A., 2007					Moderate Quality
Tsai, N. W., 2013					Moderate Quality

Study	Patient selection bias	Index test risk of bias	Reference standard bias	Flow and timing bias	Strength
Wang, W. L., 2020	●	◐	◐	●	Moderate Quality
Wong, S. M., 2004	●	●	●	●	High Quality
Yazdchi, M., 2012	●	●	●	◐	High Quality
Ziswiler, H. R., 2005	●	●	●	◐	High Quality

QE - Intervention - Randomized

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Abdolrazaghi, H. A., 2021	◐	●	○	●	◐	●	Moderate Quality
Agee, J. M., 1992	◐	◐	○	○	●	◐	Moderate Quality
Aghaei, S., 2021	●	●	◐	●	●	●	High Quality
Ahmed, O. F., 2017	○	◐	◐	◐	●	◐	Moderate Quality
Akturk, S., 2018	●	◐	○	●	●	●	High Quality
Alam, M., 2018	◐	◐	◐	●	●	●	High Quality
Alkhuzai, A., 2022	◐	◐	◐	●	●	●	High Quality
Alves Mde, P., 2011	◐	◐	○	●	◐	●	Moderate Quality
Aminian-Far, A., 2022	●	●	●	●	◐	●	High Quality
Asgari, M. R., 2020	◐	◐	●	●	●	●	High Quality
Asheghan, M., 2020	●	○	○	●	◐	●	Moderate Quality
Aslani, H. R., 2012	◐	◐	○	●	◐	●	Moderate Quality
Atroshi, I., 2006	●	●	○	●	●	●	High Quality
Atroshi, I., 2009	●	●	◐	●	●	◐	High Quality
Atroshi, I., 2013	●	●	●	●	●	○	High Quality
Atthakomol, P., 2018	●	●	○	●	●	●	High Quality
Babaei-Ghazani, A., 2022	○	◐	○	●	●	●	Moderate Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Badil Guloglu, S., 2022	●	○	○	●	◐	●	Moderate Quality
Bahrami, M. H., 2019	●	◐	○	●	●	○	Moderate Quality
Bahrami-Taghanaki, H., 2020	●	◐	○	◐	●	●	Moderate Quality
Bakhtiary, A. H., 2004	●	●	●	●	●	●	High Quality
Barbosa, R. I., 2016	●	◐	○	○	●	●	Moderate Quality
Boonhong, J., 2020	●	●	●	●	●	●	High Quality
Burton, C., 2022	●	◐	○	○	●	◐	Moderate Quality
Capa-Grasa, A., 2014	●	●	●	●	○	●	High Quality
Catalbas, N., 2018	●	◐	●	●	●	●	High Quality
Cebesoy, O., 2007	○	◐	○	●	●	◐	Moderate Quality
Cellocco, P., 2005	◐	◐	◐	●	●	◐	Moderate Quality
Cellocco, P., 2009	●	◐	○	●	●	●	High Quality
Chang, C. Y., 2020	◐	◐	●	●	●	●	High Quality
Chang, M. H., 1998	◐	●	●	○	●	●	High Quality
Chang, W. D., 2008	◐	◐	●	●	●	●	High Quality
Chang, Y. W., 2014	●	●	○	○	●	●	Moderate Quality
Chen, L. C., 2015	○	●	○	●	●	○	Moderate Quality
Chen, S. R., 2021	●	●	●	●	◐	●	High Quality
Chen, Z., 2021	●	○	◐	●	◐	●	Moderate Quality
Chesterton, L. S., 2018	●	●	○	●	◐	●	High Quality
Chung, V. C., 2017	◐	◐	○	●	○	◐	Moderate Quality
Civi Karaaslan, T., 2020	●	◐	○	●	●	●	High Quality
Colbert, A. P., 2010	●	●	●	●	●	●	High Quality
Cook, A. C., 1995	◐	○	○	◐	◐	●	Moderate Quality
Cresswell, T. R., 2008	●	●	◐	●	●	◐	High Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
de la Fuente, J., 2021							Moderate Quality
de Moraes, V. Y., 2021							High Quality
de Sire, A., 2021							High Quality
Dilokhuttakarn, T., 2018							High Quality
Dinarvand, V., 2017							High Quality
Dincer, U., 2009							High Quality
Dumontier, C., 1995							Low Quality
Ebenbichler, G. R., 1998							High Quality
Eftekharsadat, B., 2015							High Quality
Eftekharsadat, B., 2018							High Quality
Ejiri, S., 2012							High Quality
El Gohary, A. M., 2015							Moderate Quality
Elawamy, A., 2020							High Quality
Elawamy, A., 2021							High Quality
Elbalawy, Y. M., 2020							High Quality
Elhak, Rkaeg, 2021							High Quality
Elrazik, R. K. A., 2021							Moderate Quality
Evcik, D., 2007							High Quality
Faig-Marti, J., 2017							Moderate Quality
Faraj, A. A., 2012							Moderate Quality
Ferdinand, R. D., 2002							Moderate Quality
Fernandes, C. H., 2018							Moderate Quality
Figueiredo, D. S., 2020							High Quality
Finsen, V., 1999							Moderate Quality
Fisher, H., 2021							High Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Flondell, M., 2017	●	◐	◐	●	●	●	High Quality
Forogh, B., 2021	◐	●	●	●	●	○	High Quality
Fusakul, Y., 2014	●	●	●	○	●	●	High Quality
Gaspar, M. P., 2019	●	◐	○	●	●	●	High Quality
Geler Kulcu, D., 2016	●	●	●	○	●	○	Moderate Quality
Gesslbauer, C., 2021	●	●	●	○	◐	●	High Quality
Gil, J. A., 2020	○	○	○	●	●	○	Low Quality
Gumustas, S. A., 2015	●	◐	◐	○	●	●	Moderate Quality
GÅ¼nay, B., 2015	●	●	○	●	●	●	High Quality
Guner, A., 2018	◐	●	○	●	●	●	High Quality
Gurpinar, T., 2019	○	○	○	◐	◐	●	Low Quality
Habibzadeh, A., 2022	●	◐	○	●	●	●	High Quality
Hadianfard, M., 2015	○	◐	◐	●	●	●	Moderate Quality
Haghighat, S., 2021	●	●	◐	●	●	●	High Quality
Hall, B., 2013	◐	◐	○	○	●	●	Moderate Quality
Hamed, A. R., 2009	●	●	○	●	●	○	Moderate Quality
Hamoda, R. E., 2019	●	◐	○	●	●	◐	Moderate Quality
Hamzeh, H., 2021	●	●	◐	●	◐	●	High Quality
Hashempur, M. H., 2015	●	●	●	●	●	●	High Quality
Hashempur, M. H., 2017	◐	◐	●	●	●	○	Moderate Quality
Hashim, N. A., 2020	●	○	○	●	●	●	Moderate Quality
Hesami, O., 2018	○	◐	○	○	●		Moderate Quality
Hofer, M., 2021	●	●	●	●	●	◐	High Quality
Huemer, G. M., 2007	○	◐	◐	●	●	◐	Moderate Quality
Hui, A. C., 2011	●	◐	●	●	◐	●	High Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Husby, T., 2001							High Quality
Ilyas, A. M., 2018							High Quality
Ilyas, A. M., 2019							High Quality
Jacobsen, M. B., 1996							Moderate Quality
Jimenez Del Barrio, S., 2018							High Quality
Jothi, K. P., 2019							High Quality
Juan, C. W., 2019							High Quality
Jugovac, I., 2002							High Quality
Kamel, D. M., 2017							Moderate Quality
Kamel, S. R., 2019							Moderate Quality
Kang, H. J., 2013							Moderate Quality
Karatas, A., 2019							High Quality
Karimi, M., 2021							High Quality
Khosrawi, S., 2016							High Quality
Kocak Ulucakoy, R., 2020							High Quality
Kvist, K. B., 2021							High Quality
Larsen, M. B., 2013							High Quality
Logli, A. L., 2018							High Quality
Macdermid, J. C., 2003							Moderate Quality
Malahias, M. A., 2018							High Quality
Malhotra, R., 2007							Moderate Quality
Manente, G., 2001							Moderate Quality
Mansiz Kaplan, B., 2019							Moderate Quality
Mathew, M. M., 2022							High Quality
Meems, M., 2017							Moderate Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Meems, M., 2021							Moderate Quality
Mehmetoglu, O., 2018							High Quality
Metin Okmen, B., 2017							Moderate Quality
Muften, M. G., 2021							Moderate Quality
Nabhan, A., 2011							High Quality
Notarnicola, A., 2015							Moderate Quality
Oh, W. T., 2017							Moderate Quality
Okamura, A., 2021							High Quality
OsmanoGLu, K., 2022							High Quality
Ozturk Durmaz, H., 2022							High Quality
Paolucci, T., 2018							High Quality
Pomerance, J., 2007							Moderate Quality
Pratelli, E., 2015							Moderate Quality
Provinciali, L., 2000							High Quality
Raeissadat, S. A., 2017							Moderate Quality
Raeissadat, S. A., 2018							High Quality
Raissi, G. R., 2017							Moderate Quality
Raouf, M. M., 2022							High Quality
Ritting, A. W., 2012							Moderate Quality
Saeed, F. U. R., 2012							High Quality
Saglam, G., 2022							High Quality
Salehi, S., 2019							High Quality
Salman Roghani, R., 2018							High Quality
Saw, N. L., 2003							High Quality
Schroeder, J., 2022							Moderate Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Schwarm, F. P., 2022	●	◐	○	◐	◐	●	Moderate Quality
Senna, M. K., 2019	◐	●	●	●	●	●	High Quality
Sennwald, G. R., 1995	●	◐	○	●	●	○	Moderate Quality
Seok, H., 2013	●	◐	◐	○	●	◐	Moderate Quality
Sheereen, F. J., 2022	○	◐	◐	●	●	●	Moderate Quality
Shem, K., 2020	●	◐	●	○	●	●	High Quality
Shen, Y. P., 2019	●	●	○	●	●	●	High Quality
Sim, S. E., 2019	●	○	○	●	●	◐	Moderate Quality
So, H., 2018	●	●	○	●	●	●	High Quality
Sorensen, A. M., 2013	●	●	◐	●	●	●	High Quality
Su, Y. C., 2021	◐	◐	●	●	●	○	Moderate Quality
Suppaphol, S., 2012	●	●	○	●	●	○	Moderate Quality
Talebi, G. A., 2018	◐	◐	●	●	●	●	High Quality
Tarallo, M., 2014	◐	○	○	●	●	●	Moderate Quality
Tezel, N., 2019	●	◐	◐	○	●	○	Moderate Quality
Tian, Y., 2007	◐	◐	◐	●	●	◐	Moderate Quality
Toopchizadeh, V., 2020	●	●	○	●	◐	●	High Quality
Trumble, T. E., 2002	●	●	●	●	●	◐	High Quality
Ural, F. G., 2017	●	◐	◐	●	●	●	High Quality
Vahdatpour, B., 2016	◐	●	○	●	●	●	High Quality
Vaidya, S. M., 2020	●	○	◐	●	●	●	High Quality
Vanni, D., 2015	◐	◐	○	●	●	●	Moderate Quality
Wang, D., 2022	○	○	○	●	◐	●	Moderate Quality
Weintraub, M. I., 2008	●	◐	◐	○	●	◐	Moderate Quality
Wolny, T., 2017	●	◐	○	●	●	○	Moderate Quality

Study	Random Sequence Generation	Allocation Concealment	Blinding	Incomplete Outcome Data	Selective Reporting	Other Bias	Strength
Wolny, T., 2018	●	◐	○	○	●	◐	Moderate Quality
Wolny, T., 2018	●	◐	○	●	●	●	High Quality
Wolny, T., 2019	●	●	○	●	●	●	High Quality
Wong, K. C., 2003	●	◐	○	●	●	◐	Moderate Quality
Wong, S. M., 2001	●	●	●	●	●	◐	High Quality
Wu, Y. T., 2016	●	◐	◐	●	●	●	High Quality
Wu, Y. T., 2017	●	◐	●	●	●	◐	High Quality
Wu, Y. T., 2017	●	◐	○	●	●	○	Moderate Quality
Wu, Y. T., 2018	●	◐	●	●	●	●	High Quality
Wu, Y. T., 2019	●	●	●	●	●	●	High Quality
Xu, D., 2020	●	●	○	●	●	◐	High Quality
Yagci, I., 2009	◐	●	◐	●	●	◐	High Quality
Yang, C. P., 2011	●	◐	○	●	●	●	High Quality
Yau, Y. C., 2021	●	◐	●	●	◐	●	High Quality
Yildirim, P., 2018	◐	◐	○	●	●	●	Moderate Quality
Yildiz, N., 2011	●	●	●	●	●	●	High Quality
Yucetas, S. C., 2013	○	◐	◐	◐	●	●	Moderate Quality
Zhang, S., 2019	●	●	○	●	●	●	High Quality
Zhang, X., 2015	●	◐	◐	●	●	◐	High Quality
Zhang, X., 2016	●	◐	◐	◐	●	◐	Moderate Quality

Data Tables Prognostic and Observational

Table 1 1: PICO 2- Clerical Work vs. Placebo/Control- Other

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hakim, 2002	Low	Carpal Tunnel Syndrome	Baseline .	Clerical Work	Non-Clerical Work	Author Reported - Logistic Regression	1.13(0.90,1.43)	NS
Nathan, 2005	Low	Carpal Tunnel Syndrome	Baseline .	Clerical Work: "Keyboard Use"	Non-Clerical Work	Author Reported - NA	N/A	NS
Eleftheriou, 2012	Low	Carpal Tunnel Syndrome	Baseline .	High Exposure to Keyboard Use: At least 145.9M keystrokes/year	Low Exposure to Keyboard Use	Author Reported - Chi-Square Test	2.38(1.38,4.12)	Low Exposure to Keyboard Use
Ali, 2006	Low	Carpal Tunnel Syndrome	Baseline .	High Exposure to Keyboard Use: 8-12 hours/day	Low Exposure to Keyboard Use: < 8 hours/day	Author Reported - Logistic Regression	3.60(1.30,10.30)	Low Exposure to Keyboard Use
Ali, 2006	Low	Carpal Tunnel Syndrome	Baseline .	High Exposure to Keyboard Use: 12+ hours/day	Low Exposure to Keyboard Use: < 8 hours/day	Author Reported - Logistic Regression	4.40(1.30,14.90)	Low Exposure to Keyboard Use
Coggon, 2013	Low	Carpal Tunnel Syndrome ((numbness, tingling or pain) + (abnormal SNC in median nerve))	Baseline .	High Exposure to Keyboard Use: Keyboard or Mouse 4+ hrs/day	Low Exposure to Keyboard Use: Keyboard or Mouse < 4 hrs/day	Author Reported - Logistic Regression	1.40(1.10,1.90)	Low Exposure to Keyboard Use

Table 22: PICO 3- Acupressure vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asgari, 2020	High	BCTQ-SSS (Interaction effects of time x side)	1 mos	Acupressure Band: Band (Sea-Band brand) with a plastic button of 0.7 cm diameter wasfastened to the patient's wrist for one month, so that the button exertedpressure on the acupressure points (PC6 and PC7 points).	Sham Acupressure Band: two wrist bands were fastened over the patient's outer wrist surface	Mean Difference	0.58 (-6.70, 7.86)	NS
Asgari, 2020	High	BCTQ-SSS (Interaction effects of time x side)	1 mos	Acupressure Band: Band (Sea-Band brand) with a plastic button of 0.7 cm diameter wasfastened to the patient's wrist for one month, so that the button exertedpressure on the acupressure points (PC6 and PC7 points).	Routine Care: Splints and Analgesics	Mean Difference	0.69 (-6.62, 8.00)	NS

Table 33: PICO 3- Acupressure vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asgari, 2020	High	BCTQ-FSS (Interaction effects of time x side)	1 mos	Acupressure Band: Band (Sea-Band brand) with a plastic button of 0.7 cm diameter was fastened to the patient's wrist for one month, so that the button exerted pressure on the acupressure points (PC6 and PC7 points).	Sham Acupressure Band: two wrist bands were fastened over the patient's outer wrist surface	Mean Difference	0.9 (-1.77, 3.57)	NS
Asgari, 2020	High	BCTQ-FSS (Interaction effects of time x side)	1 mos	Acupressure Band: Band (Sea-Band brand) with a plastic button of 0.7 cm diameter was fastened to the patient's wrist for one month, so that the button exerted pressure on the acupressure points (PC6 and PC7 points).	Routine Care: Splints and Analgesics	Mean Difference	-0.78 (-3.99, 2.43)	NS

Table 44: PICO 3- Acupuncture vs. Exercise- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Salehi, 2019	High	Grip Strength (kg) (Grip Force (kg))	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Exercise: 2x/day for 6 weeks	Mean Difference	-1.8 (-4.86, 1.26)	NS
Salehi, 2019	High	Pinch Strength (kg) (Pinch Force (kg))	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Exercise: 2x/day for 6 weeks	Mean Difference	-0.01 (-0.74, 0.72)	NS
Salehi, 2019	High	Flexion, cm	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Exercise: 2x/day for 6 weeks	Mean Difference	0.96 (-1.15, 3.07)	NS
Salehi, 2019	High	Extension, cm	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Exercise: 2x/day for 6 weeks	Mean Difference	-1.57 (-3.68, 0.54)	NS

Table 55: PICO 3- Acupuncture vs. Multimodal- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hadianfard, 2015	Moderate	BCTQ-SSS	1 mos	Acupuncture: 2 sessions/week for 4 weeks; Fixed acupuncture points e distributed in the head, neck, back, chest, abdomen, and limbs without using simulation, laser, or moxibustion.	NSAID w/ Night Orthotic: Custom-made night wrist splints set at 0.5 degrees of the wrist extension (for 4 weeks) and 400 mg of ibuprofen (3 times a day for 10 days)	Mean Difference	-5.8 (-7.95, -3.65)	Acupuncture

Table 66: PICO 3- Acupuncture vs. Multimodal- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hadianfard, 2015	Moderate	BCTQ-FSS	1 mos	Acupuncture: 2 sessions/week for 4 weeks; Fixed acupuncture points e distributed in the head, neck, back, chest, abdomen, and limbs without using simulation, laser, or moxibustion.	NSAID w/ Night Orthotic: Custom-made night wrist splints set at 0.5 degrees of the wrist extension (for 4 weeks) and 400 mg of ibuprofen (3 times a day for 10 days)	Mean Difference	-1.84 (-2.66, -1.02)	Acupuncture

Table 77: PICO 3- Acupuncture vs. Multimodal- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hadianfard, 2015	Moderate	VAS Pain at Rest	1 mos	Acupuncture: 2 sessions/week for 4 weeks; Fixed acupuncture points e distributed in the head, neck, back, chest, abdomen, and limbs without using simulation, laser, or moxibustion.	NSAID w/ Night Orthotic: Custom-made night wrist splints set at 0.5 degrees of the wrist extension (for 4 weeks) and 400 mg of ibuprofen (3 times a day for 10 days)	Mean Difference	-0.84 (-1.25, -0.43)	Acupuncture

Table 88: PICO 3- Acupuncture vs. Oral Corticosteroid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yang, 2011	High	Recurrence (GSS Increase by at least 5 pts)	7 mos	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	RR	0.09(0.01,0.69)	Acupuncture
Yang, 2011	High	Recurrence (GSS Increase by at least 5 pts)	1 yrs	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	RR	0.26(0.09,0.70)	Acupuncture
Yang, 2011	High	Treatment Failure (GSS 50% increase "Good Improvement", 30-50% "Moderate Improvement", <30% Treatment Failure)	7 mos	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	RR	0.32(0.11,0.88)	Acupuncture
Yang, 2011	High	Treatment Failure (GSS 50% increase "Good Improvement", 30-50% "Moderate Improvement", <30% Treatment Failure)	1 yrs	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg	RR	0.31(0.14,0.68)	Acupuncture

Table 99: PICO 3- Acupuncture vs. Oral Corticosteroid- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yang, 2011	High	Global Symptom Score	1 mos	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	Mean Difference	-0.6 (-2.12, 0.92)	NS
Yang, 2011	High	Global Symptom Score	7 mos	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	Mean Difference	-3.8 (-6.30, -1.30)	Acupuncture
Yang, 2011	High	Global Symptom Score	1 yrs	Acupuncture: 8 sessions, 30 mins each, 2x/wk for 4 wks	Oral Corticosteroid: 2 wks 20mg, 2 wks 10mg Prednisolone	Mean Difference	-6.5 (-10.14, -2.86)	Acupuncture

Table 1010: PICO 3- Acupuncture vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Night Awakening	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.6 (-1.09, -0.11)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Night Awakening	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.67 (-1.10, -0.24)	Acupuncture

Table 1111: PICO 3- Acupuncture vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ural, 2017	High	QuickDASH	1 mos	Acupuncture w/ Night Orthotic: 10 acupuncture sessions + nightly splinting	Night Orthotic: Nightly splinting only	Mean Difference	-6.6 (-11.16, -2.04)	Acupuncture w/ Night Orthotic
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Author Reported - Mann-Whitney Test, T-Test	0.00(,.)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Author Reported - Mann-Whitney Test, T-Test	0.00(,.)	Acupuncture
Tezel, 2017	Moderate	BCTQ-SSS	1 mos	Acupuncture w/ Night Orthotic: 2 sessions/week for 5 weeks & prefabricated volar neutral wrist nightly	Night Orthotic: and prefabricated volar neutral wrist nightly for 5 weeks	Mean Difference	1.3 (-2.84, 5.44)	NS

Table 1212: PICO 3- Acupuncture vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Salehi, 2019	High	Grip Strength (kg) (Grip Force (kg))	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	1.2 (-1.86, 4.26)	NS
Salehi, 2019	High	Pinch Strength (kg) (Pinch Force (kg))	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	-0.1 (-0.95, 0.75)	NS
Salehi, 2019	High	Flexion, cm	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	0.51 (-1.75, 2.77)	NS
Salehi, 2019	High	Extension, cm	1.5 mos	Acupuncture: 40 min per session, 2x/wk for 6 wks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	2.38 (-0.30, 5.06)	NS
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Numbness	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.67 (-1.06, -0.28)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Tingling	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.75 (-1.22, -0.28)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Muscle Weakness	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-1.39 (-1.82, -0.96)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Numbness	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.98 (-1.35, -0.61)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Tingling	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-1.02 (-1.43, -0.61)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Muscle Weakness	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-1.37 (-2.10, -0.64)	Acupuncture
Tezel, 2017	Moderate	BCTQ-FSS	1 mos	Acupuncture w/ Night Orthotic: 2 sessions/week for 5 weeks & prefabricated volar neutral wrist nightly	Night Orthotic: and prefabricated volar neutral wrist nightly for 5 weeks	Mean Difference	1.3 (-2.64, 5.24)	NS

Table 1413: PICO 3- Acupuncture vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ural, 2017	High	VAS Pain at Rest	1 mos	Acupuncture w/ Night Orthotic: 10 acupuncture sessions + nightly splinting	Night Orthotic: Nightly splinting only	Mean Difference	-3.3 (-4.01, -2.59)	Acupuncture w/ Night Orthotic
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Pain	1 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.62 (-0.96, -0.28)	Acupuncture
Bahrami-Taghanaki, 2020	Moderate	Global Symptom Score, Pain	3 mos	Acupuncture: 12 sessions, 30 min for 4 weeks	Conventional Medical Treatment: 100 mg Celebrex, TID	Mean Difference	-0.91 (-1.24, -0.58)	Acupuncture
Tezel, 2017	Moderate	VAS Pain at Rest	1 mos	Acupuncture w/ Night Orthotic: 2 sessions/week for 5 weeks & prefabricated volar neutral wrist nightly	Night Orthotic: and prefabricated volar neutral wrist nightly for 5 weeks	Mean Difference	-1 (-1.47, -0.53)	Acupuncture w/ Night Orthotic

Table 1514: PICO 3- Anesthetic Injection vs. Corticosteroid Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dernek, 2017	Low	QuickDASH	1 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	2.5 (-3.19, 8.19)	NS
Dernek, 2017	Low	QuickDASH	3 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	1.7 (-2.16, 5.56)	NS
Dernek, 2017	Low	QuickDASH	6 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	1.6 (-2.14, 5.34)	NS

Table 1615: PICO 3- Anesthetic Injection vs. Corticosteroid Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dernek, 2017	Low	VAS Pain at Rest	1 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	0.4 (-0.46, 1.26)	NS
Dernek, 2017	Low	VAS Pain at Rest	3 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	0.5 (-0.36, 1.36)	NS
Dernek, 2017	Low	VAS Pain at Rest	6 mos	Anesthetic Injection: .55 cc of Lidocaine and .55 cc of normal saline solution (NSS)	Corticosteroid Injection: 1 cc of betamethasone dipropionate	Mean Difference	0.4 (-0.46, 1.26)	NS

Table 1716: PICO 3- Corticosteroid Injection vs. Benzodiazepine Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Raouf, 2022	High	BCTQ-SSS (Symptom Severity Scale)	1 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.4 (0.27, 0.53)	Midazolam Injection
Raouf, 2022	High	BCTQ-SSS (Symptom Severity Scale)	3 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.5 (0.42, 0.58)	Midazolam Injection
Raouf, 2022	High	BCTQ-SSS (Symptom Severity Scale)	6 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.5 (0.42, 0.58)	Midazolam Injection

Table 1817: PICO 3- Corticosteroid Injection vs. Benzodiazepine Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Raouf, 2022	High	BCTQ-FSS	1 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.6 (0.52, 0.68)	Midazolam Injection
Raouf, 2022	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.4 (0.30, 0.50)	Midazolam Injection
Raouf, 2022	High	BCTQ-FSS	6 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Mean Difference	0.9 (0.75, 1.05)	Midazolam Injection

Table 1918: PICO 3- Corticosteroid Injection vs. Benzodiazepine Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Raouf, 2022	High	VAS Pain at Rest	1 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Author Reported - Chi-Square Test	N/A	NS
Raouf, 2022	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Author Reported - Chi-Square Test	N/A	NS
Raouf, 2022	High	VAS Pain at Rest	6 mos	Corticosteroid Injection: 3 mL plain bupivacaine 0.5% and 2 mL of saline containing 8 mg dexamethasone	Midazolam Injection: 3 mL plain bupivacaine 0.5% and 2 mg midazolam in 2 ml saline	Author Reported - Chi-Square Test	N/A	Corticosteroid Injection

Table 2019: PICO 3- Corticosteroid Injection vs. Corticosteroid Injection- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dilokhuttakarn, 2018	High	Complications (Minor)	Postop .	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	RD	-0.03(-0.10,0.03)	NS
Dilokhuttakarn, 2018	High	Surgery	4 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	RR	0.50(0.14,1.81)	NS

Table 2120: PICO 3- Corticosteroid Injection vs. Corticosteroid Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mathew, 2022	High	BCTQ	2 mos	Particulate Corticosteroid Injection: one session of ultrasound-guided perineuralinjection with 4 mL of triamcinolone solution (triamcinolone acetonide 40 mg/1 mL + 2 mL 0.5%bupivacaine + 1 mL normal saline)	Non-Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injectionwith 4 mL of dexamethasone solution (dexamethasone sodium phosphate 8 mg/2 mL + 2 mL 0.5%bupivacaine)	Mean Difference	1.63 (-0.75, 4.01)	NS
Mathew, 2022	High	BCTQ	4 mos	Particulate Corticosteroid Injection: one session of ultrasound-guided perineuralinjection with 4 mL of triamcinolone solution (triamcinolone acetonide 40 mg/1 mL + 2 mL 0.5%bupivacaine + 1 mL normal saline)	Non-Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injectionwith 4 mL of dexamethasone solution (dexamethasone sodium phosphate 8 mg/2 mL + 2 mL 0.5%bupivacaine)	Mean Difference	2.22 (-0.63, 5.07)	NS
Dilokhuttakarn, 2018	High	DASH	1 mos	Corticosteroid Injection: Dexamethasone Sodium Phosphate 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: Triamcinolone Acetonide 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	3.87 (-7.83, 15.57)	NS
Dilokhuttakarn, 2018	High	DASH	2 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	10.17 (-0.67, 21.01)	NS
Dilokhuttakarn, 2018	High	DASH	4 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	10.16 (-0.32, 20.64)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dilokhuttakarn, 2018	High	Global Symptom Score	1 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	2.37 (-2.61, 7.35)	NS
Dilokhuttakarn, 2018	High	Global Symptom Score	2 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	4.18 (-0.51, 8.87)	NS
Dilokhuttakarn, 2018	High	Global Symptom Score	4 mos	Corticosteroid Injection: 4 mg/mL (1 mL) combined with 1% lidocaine (1 mL)	Corticosteroid Injection: 10 mg/mL (1 mL) combined with 1% lidocaine (1 mL).	Mean Difference	3.84 (0.25, 7.43)	Corticosteroid Injection
Raeissadat, 2017	Moderate	BCTQ-SSS	6 mos	Corticosteroid Injection: 0.5 mL lidocaine (2%) and 0.5 mL of triamcinolone acetate (Triamhexal, 40 mg/mL)	Corticosteroid Injection: 0.5 mL of lidocaine (2%) and 0.5 mL of hydroxy progesterone	Author Reported - Chi-Square Test, T-Test	N/A	NS

Table 2221: PICO 3- Corticosteroid Injection vs. Corticosteroid Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Raeissadat, 2017	Moderate	BCTQ-FSS	6 mos	Corticosteroid Injection: 0.5 mL lidocaine (2%) and 0.5 mL of triamcinolone acetate (Triamhexal, 40 mg/mL)	Corticosteroid Injection: 0.5 mL of lidocaine (2%) and 0.5 mL of hydroxy progesterone	Author Reported - Chi-Square Test, T-Test	N/A	Corticosteroid Injection

Table 2322: PICO 3- Corticosteroid Injection vs. Corticosteroid Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mathew, 2022	High	VAS Pain at Rest	2 mos	Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of triamcinolone solution (triamcinolone acetonide 40 mg/1 mL + 2 mL 0.5% bupivacaine + 1 mL normal saline)	Non-Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of dexamethasone solution (dexamethasone sodium phosphate 8 mg/2 mL + 2 mL 0.5% bupivacaine)	Mean Difference	-0.46 (-0.96, 0.04)	NS
Mathew, 2022	High	VAS Pain at Rest	4 mos	Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of triamcinolone solution (triamcinolone acetonide 40 mg/1 mL + 2 mL 0.5% bupivacaine + 1 mL normal saline)	Non-Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of dexamethasone solution (dexamethasone sodium phosphate 8 mg/2 mL + 2 mL 0.5% bupivacaine)	Mean Difference	-0.31 (-0.91, 0.29)	NS
Mathew, 2022	High	Pain duration (days)	Postop .	Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of triamcinolone solution (triamcinolone acetonide 40 mg/1 mL + 2 mL 0.5% bupivacaine + 1 mL normal saline)	Non-Particulate Corticosteroid Injection: one session of ultrasound-guided perineural injection with 4 mL of dexamethasone solution (dexamethasone sodium phosphate 8 mg/2 mL + 2 mL 0.5% bupivacaine)	Mean Difference	2.64 (2.23, 3.05)	Non-Particulate Corticosteroid Injection
Raeissadat, 2017	Moderate	VAS Pain at Rest	6 mos	Corticosteroid Injection: 0.5 mL lidocaine (2%) and 0.5 mL of triamcinolone acetate (Triamhexal, 40 mg/mL)	Corticosteroid Injection: 0.5 mL of lidocaine (2%) and 0.5 mL of hydroxy progesterone	Author Reported - Chi-Square Test, T-Test	N/A	NS

Table 2423: PICO 3- Corticosteroid Injection vs. Immobilization- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Moraes, 2021	High	Remission of Nocturnal Paresthesiaparesthesia (after 7 days of treatemnt)	7 days	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	RR	1.12(0.76,1.66)	NS
de Moraes, 2021	High	Remission of Nocturnal Paresthesiaparesthesia (after 7 days of treatemnt)	1 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	RR	1.93(1.38,2.72)	Corticosteroid Injection
de Moraes, 2021	High	Remission of Nocturnal Paresthesiaparesthesia (after 7 days of treatemnt)	3 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	RR	1.76(1.19,2.59)	Corticosteroid Injection
de Moraes, 2021	High	Remission of Nocturnal Paresthesiaparesthesia (after 7 days of treatemnt)	6 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	RR	2.77(1.72,4.47)	Corticosteroid Injection
de Moraes, 2021	High	Surgery	6 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	RR	2.77(0.30,25.73)	NS
Chesterton, 2018	High	Insomnia Due To Hand/Wrist Problems	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	RR	0.73(0.51,1.04)	NS
Chesterton, 2018	High	Insomnia Due To Hand/Wrist Problems	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	RR	1.16(0.79,1.69)	NS
Chesterton, 2018	High	Surgery	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	RR	0.88(0.13,6.13)	NS
Chesterton, 2018	High	Surgery	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	RR	1.31(0.67,2.54)	NS
Burton, 2022	Moderate	Referral for Surgery	1 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	0.68(0.12,3.98)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Burton, 2022	Moderate	Referral for Surgery	6 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	1.91(0.84,4.33)	NS
Burton, 2022	Moderate	Referral for Surgery	1 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	1.83(0.63,5.30)	NS
Burton, 2022	Moderate	Referral for Surgery	2 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	0.76(0.27,2.13)	NS
Burton, 2022	Moderate	Surgery	1 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	1.02(0.06,16.07)	NS
Burton, 2022	Moderate	Surgery	6 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	1.83(0.63,5.30)	NS
Burton, 2022	Moderate	Surgery	1 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	2.37(0.63,8.96)	NS
Burton, 2022	Moderate	Surgery	2 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	RR	0.81(0.33,1.99)	NS

Table 2524: PICO 3- Corticosteroid Injection vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Moraes, 2021	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.52 (-0.83, -0.21)	Corticosteroid Injection
de Moraes, 2021	High	BCTQ-SSS	3 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.77 (-1.14, -0.40)	Corticosteroid Injection
de Moraes, 2021	High	BCTQ-SSS	6 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.9 (-1.28, -0.52)	Corticosteroid Injection
Chesterton, 2018	High	BCTQ	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.27 (-0.48, -0.06)	Corticosteroid Injection
Chesterton, 2018	High	BCTQ	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.09 (-0.35, 0.53)	NS
Chesterton, 2018	High	BCTQ-SSS	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.31 (-0.75, 0.13)	NS
Chesterton, 2018	High	BCTQ-SSS	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.15 (-0.08, 0.38)	NS
Chesterton, 2018	High	EQ-5D	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.013 (-0.04, 0.07)	NS
Chesterton, 2018	High	EQ-5D	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.007 (-0.05, 0.04)	NS
So, 2018	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 20 mg Methylprednisone acetate premixed with lidocaine	Orthotic: Standard cotton-polyester splint to be work at night for 1 month;	Mean Difference	-0.29 (-0.59, 0.01)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Khosrawi, 2016	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splint for a 12 weeks period.	Author Reported - Mann-Whitney U Test	N/A	NS
Khosrawi, 2016	High	BCTQ-SSS	3 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splint for a 12 weeks period.	Author Reported - Mann-Whitney U Test	N/A	NS
Ozturk Durmaz, 2022	High	BCTQ-SSS	3 mos	Corticosteroid Injection: 1 ml (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	Orthotic: static wrist splints that kept the wrist in a neutral position for 2 mos while sleeping at night and resting during the day	Mean Difference	-2.2 (-6.27, 1.87)	NS
Burton, 2022	Moderate	BCTQ	1 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	-0.35 (-0.57, -0.13)	Corticosteroid Injection
Burton, 2022	Moderate	BCTQ	6 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	0.04 (-0.18, 0.26)	NS
Burton, 2022	Moderate	BCTQ	1 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	-0.07 (-0.33, 0.19)	NS
Burton, 2022	Moderate	BCTQ	2 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	0.06 (-0.19, 0.31)	NS

Table 2625: PICO 3- Corticosteroid Injection vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Moraes, 2021	High	BCTQ-FSS	1 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.29 (-0.66, 0.08)	NS
de Moraes, 2021	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.51 (-0.92, -0.10)	Corticosteroid Injection
de Moraes, 2021	High	BCTQ-FSS	6 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Mean Difference	-0.73 (-1.17, -0.29)	Corticosteroid Injection
Chesterton, 2018	High	BCTQ-FSS	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.21 (-0.44, 0.02)	NS
Chesterton, 2018	High	BCTQ-FSS	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.02 (-0.22, 0.26)	NS
Chesterton, 2018	High	Performance at Work	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.08 (-0.38, 0.22)	NS
Chesterton, 2018	High	Performance at Work	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.45 (-1.06, 0.16)	NS
Chesterton, 2018	High	Days Off Work	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.02 (-0.09, 0.13)	NS
Chesterton, 2018	High	Days Off Work	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.84 (-2.59, 0.91)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
So, 2018	High	BCTQ-FSS	1 mos	Corticosteroid Injection: 20 mg Methylprednisone acetate premixed with lidocaine	Orthotic: Standard cotton-polyester splint to be worn at night for 1 month;	Mean Difference	0.02 (-0.18, 0.22)	NS
So, 2018	High	Nine-Hole Peg Test	1 mos	Corticosteroid Injection: 20 mg Methylprednisone acetate premixed with lidocaine	Orthotic: Standard cotton-polyester splint to be worn at night for 1 month;	Author Reported - Mann-Whitney U Test	N/A	NS
Khosrawi, 2016	High	BCTQ-FSS	1 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splint for a 12 weeks period.	Author Reported - Mann-Whitney U Test	N/A	NS
Khosrawi, 2016	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splint for a 12 weeks period.	Author Reported - Mann-Whitney U Test	N/A	Corticosteroid Injection
Ozturk Durmaz, 2022	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 1 ml (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	Orthotic: static wrist splints that kept the wrist in a neutral position for 2 months while sleeping at night and resting during the day	Mean Difference	-2.3 (-5.58, 0.98)	NS
Burton, 2022	Moderate	Days off Work, over 12 mo	1 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	-0.89 (-2.95, 1.17)	NS
Burton, 2022	Moderate	Days off Work, over 24 mo	2 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	-1.03 (-3.31, 1.25)	NS

Table 2726: PICO 3- Corticosteroid Injection vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Moraes, 2021	High	VAS Pain at Rest	1 mos	Corticosteroid Injection: 6.43 mg (1 mL) of betamethasone dipropionate, 2.63 mg of betamethasone disodium phosphate, and 0.5 mL of 2% lidocaine (xylocaine), totaling 1.5 mL	Forearm-Palmer Orthotic: forearm-palmar orthosis with the wrist immobilized in a neutral position was used at night while sleeping and removed in the morning	Author Reported - F-Test, Fisher's Exact Test, Mann-Whitney U Test	N/A	Corticosteroid Injection
Chesterton, 2018	High	Hand-Wrist Pain Intensity	1.5 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	-0.86 (-1.59, -0.13)	Corticosteroid Injection
Chesterton, 2018	High	Hand-Wrist Pain Intensity	6 mos	Corticosteroid Injection: 1 injection of 20mg methylprednisone acetate	Night Orthotic: Beta Wrist Brace to be worn for 6 weeks	Mean Difference	0.86 (-0.03, 1.75)	NS
Ozturk Durmaz, 2022	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 1 ml (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	Orthotic: staticwrist splints that kept the wrist in a neutral position for 2 moswhile sleeping at night and resting during the day	Mean Difference	-1.7 (-3.22, -0.18)	Corticosteroid Injection
Burton, 2022	Moderate	VAS Pain at Rest	1 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	-0.95 (-1.66, -0.24)	Corticosteroid Injection
Burton, 2022	Moderate	VAS Pain at Rest	6 mos	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	0.82 (-0.01, 1.65)	NS
Burton, 2022	Moderate	VAS Pain at Rest	1 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	0.03 (-0.83, 0.89)	NS
Burton, 2022	Moderate	VAS Pain at Rest	2 yrs	Corticosteroid Injection: One injection of 20mg Methylprednisone Acetate;	Night Orthotic: Set at Neutral Angle (0-20 deg.) and worn for 6 weeks;	Mean Difference	0.41 (-0.55, 1.37)	NS

Table 2827: PICO 3- Corticosteroid Injection vs. Immobilization- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
So, 2018	High	Satisfaction	1 mos	Corticosteroid Injection: 20 mg Methylprednisone acetate premixed with lidocaine	Orthotic: Standard cotton-polyester splint to be work at night for 1 month;	Author Reported - Mann-Whitney U Test	N/A	Corticosteroid Injection
So, 2018	High	Duration of Sick Leave	1 mos	Corticosteroid Injection: 20 mg Methylprednisone acetate premixed with lidocaine	Orthotic: Standard cotton-polyester splint to be work at night for 1 month;	Author Reported - Mann-Whitney U Test	N/A	NS
Khosrawi, 2016	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	1 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splintfor a 12 weeks period.	RR	0.95(0.80,1.12)	NS
Khosrawi, 2016	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	3 mos	Corticosteroid Injection: 40 mg Depo_Medrol (Pefizer_Belgium) (1 cc)	Orthotic: full time (24 h) neutral wrist splintfor a 12 weeks period.	RR	1.31(1.00,1.72)	NS

Table 2928: PICO 3- Corticosteroid Injection vs. Laser- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Badil Guloglu, 2022	Moderate	QuickDASH	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm2 for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm2 and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	Corticosteroid Injection
Badil Guloglu, 2022	Moderate	QuickDASH	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm2 for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm2 and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Ashaghan, 2020	Moderate	BCTQ	1 mos	Corticosteroid Injection: 40 mg Methylprednisolone mixed with 10 mg lidocaine injected under the guidance of sonography.	Low-Level Laser Therapy: low potent continuous mode laser amplitude of 780 nm, frequency of 6500 HZ, the wavelength of 880 nm, and intensity of 20J/cm2. Repeated every 3 days for 4 weeks. Overall, 10 sessions of LLT were performed, each lasting 10 seconds	Mean Difference	0 (-5.19, 5.19)	NS

Table 3029: PICO 3- Corticosteroid Injection vs. Laser- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Badil Guloglu, 2022	Moderate	VAS Numbness-Night	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	Corticosteroid Injection
Badil Guloglu, 2022	Moderate	VAS Numbness-Night	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	Grip Strength (no units specified)	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	Grip Strength (no units specified)	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	Pinch Strength (kg)	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	Pinch Strength (kg)	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS

Table 3130: PICO 3- Corticosteroid Injection vs. Laser- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Badil Guloglu, 2022	Moderate	VAS Pain, Day	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	Corticosteroid Injection
Badil Guloglu, 2022	Moderate	VAS Pain, Day	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	VAS Pain, Day	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	Corticosteroid Injection
Badil Guloglu, 2022	Moderate	VAS Pain, Day	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Badil Guloglu, 2022	Moderate	VAS Pain, Night	1 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	Corticosteroid Injection
Badil Guloglu, 2022	Moderate	VAS Pain, Night	6 mos	Corticosteroid Injection: 40 mg of triamcinolone acetate solution	Low-Level Laser Therapy: five times a week, for a total of 15 sessions (fluence of 6 j/cm ² for 1 min per point at a wavelength of 830 nm), average power of 50 mW, irradiance (power density) of 0.1 W/cm ² and frequency of 10 Hz	Author Reported - Mann-Whitney U Test or T-Test	N/A	NS
Asheghan, 2020	Moderate	VAS Pain at Rest	1 mos	Corticosteroid Injection: 40 mg Methylprednisolone mixed with 10 mg lidocaine injected under the guidance of sonography.	Low-Level Laser Therapy: low potent continuous mode laser amplitude of 780 nm, frequency of 6500 HZ, the wavelength of 880 nm, and intensity of 20J/cm ² . Repeated every 3 days for 4 weeks. Overall, 10 sessions of LLT were performed, each lasting 10 seconds	Mean Difference	0 (-1.70, 1.70)	NS

Table 3231: PICO 3- Corticosteroid Injection vs. Oral Corticosteroid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wong, 2001	High	Polyphagia	3 mos	Corticosteroid Injection: Oral Placebo Daily for 10 days; One 15mg methylprednisone acetate injection locally into the carpal tunnel;	Oral Corticosteroid: Oral Prednisolone 25mg daily for 10 days and the same volume of saline injection into the carpal tunnel;	RD	-0.10(-0.21,0.01)	NS
Wong, 2001	High	Bloating	3 mos	Corticosteroid Injection: Oral Placebo Daily for 10 days; One 15mg methylprednisone acetate injection locally into the carpal tunnel;	Oral Corticosteroid: Oral Prednisolone 25mg daily for 10 days and the same volume of saline injection into the carpal tunnel;	RD	-0.07(-0.16,0.02)	NS
Wong, 2001	High	Insomnia	3 mos	Corticosteroid Injection: Oral Placebo Daily for 10 days; One 15mg methylprednisone acetate injection locally into the carpal tunnel;	Oral Corticosteroid: Oral Prednisolone 25mg daily for 10 days and the same volume of saline injection into the carpal tunnel;	RD	-0.07(-0.16,0.02)	NS

Table 3332: PICO 3- Corticosteroid Injection vs. Oral Corticosteroid- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wong, 2001	High	Global Symptom Score	2 mos	Corticosteroid Injection: Oral Placebo Daily for 10 days; One 15mg methylprednisone acetate injection locally into the carpal tunnel;	Oral Corticosteroid: Oral Prednisolone 25mg daily for 10 days and the same volume of saline injection into the carpal tunnel;	Mean Difference	-7.16 (-11.46, -2.86)	Corticosteroid Injection
Wong, 2001	High	Global Symptom Score	3 mos	Corticosteroid Injection: Oral Placebo Daily for 10 days; One 15mg methylprednisone acetate injection locally into the carpal tunnel;	Oral Corticosteroid: Oral Prednisolone 25mg daily for 10 days and the same volume of saline injection into the carpal tunnel;	Mean Difference	-7.1 (-11.68, -2.52)	Corticosteroid Injection

Table 3433: PICO 3- Corticosteroid Injection vs. Ozone Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Forogh, 2021	High	BCTQ-SSS	1.5 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	-0.21 (-0.49, 0.07)	NS
Forogh, 2021	High	BCTQ-SSS	3 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	-0.55 (-0.92, -0.18)	Corticosteroid Injection

Table 3534: PICO 3- Corticosteroid Injection vs. Ozone Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Forogh, 2021	High	BCTQ-FSS	1.5 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	0.15 (-0.25, 0.55)	NS
Forogh, 2021	High	BCTQ-FSS	3 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	0.13 (-0.27, 0.53)	NS

Table 3635: PICO 3- Corticosteroid Injection vs. Ozone Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Forogh, 2021	High	VAS Pain at Rest	1.5 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	-0.25 (-1.74, 1.24)	NS
Forogh, 2021	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: combination of 40 mg of triamcinolone plus 1 ml of lidocaine	Ozone Injection: 3 ml of ozone (O2-O3) at a concentration of 10 µg/ml plus 1 ml of lidocaine was injected	Mean Difference	-0.7 (-2.19, 0.79)	NS

Table 3736: PICO 3- Corticosteroid Injection vs. Phonophoresis- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asheghan, 2020	Moderate	BCTQ	1 mos	Corticosteroid Injection: 40 mg Methylprednisolone mixed with 10 mg lidocaine injected under the guidance of sonography.	Phonophoresis: 5 minutes each session, 3 times per week for 10 sessions, with the frequency of 1 MHz, the intensity of 1 W/cm2, and the transducer area of 5 cm2.	Mean Difference	0 (-1.41, 1.41)	NS

Table 3837: PICO 3- Corticosteroid Injection vs. Phonophoresis- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asheghan, 2020	Moderate	VAS Pain at Rest	1 mos	Corticosteroid Injection: 40 mg Methylprednisolone mixed with 10 mg lidocaine injected under the guidance of sonography.	Phonophoresis: 5 minutes each session, 3 times per week for 10 sessions, with the frequency of 1 MHz, the intensity of 1 W/cm2, and the transducer area of 5 cm2.	Mean Difference	0 (-0.74, 0.74)	NS

Table 3938: PICO 3- Corticosteroid Injection vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2013	High	Surgery	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	RR	0.79(0.64,0.99)	Corticosteroid Injection
Atroshi, 2013	High	Surgery	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	RR	0.88(0.73,1.06)	NS

Table 4039: PICO 3- Corticosteroid Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hofer, 2021	High	BCTQ-SSS	5 yrs	Corticosteroid Injection: 80 mg methylprednisolone 2ml + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	-0.16 (-0.48, 0.16)	NS
Hofer, 2021	High	QuickDASH	5 yrs	Corticosteroid Injection: 80 mg methylprednisolone 2ml + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	-6.2 (-14.79, 2.39)	NS
Hofer, 2021	High	BCTQ-SSS	5 yrs	Corticosteroid Injection: 40 mg methylprednisolone [1 mL + 1 mL saline] + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	-0.08 (-0.39, 0.23)	NS
Hofer, 2021	High	QuickDASH	5 yrs	Corticosteroid Injection: 40 mg methylprednisolone [1 mL + 1 mL saline] + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	-2.4 (-11.52, 6.72)	NS
Salman Roghani, 2018	High	BCTQ	3 mos	Corticosteroid Injection: 2mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	-0.84 (-7.02, 5.34)	NS
Salman Roghani, 2018	High	BCTQ	6 mos	Corticosteroid Injection: 2mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	-2.88 (-8.74, 2.98)	NS
Salman Roghani, 2018	High	BCTQ	3 mos	Corticosteroid Injection: 1mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	2.14 (-3.77, 8.05)	NS
Salman Roghani, 2018	High	BCTQ	6 mos	Corticosteroid Injection: 1mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	1.73 (-4.34, 7.80)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2013	High	BCTQ-SSS	1.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.6 (-0.99, -0.21)	Corticosteroid Injection
Atroshi, 2013	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.65 (-1.01, -0.29)	Corticosteroid Injection
Atroshi, 2013	High	BCTQ-SSS	6 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.27 (-0.14, 0.68)	NS
Atroshi, 2013	High	BCTQ-SSS	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.18 (-0.20, 0.56)	NS
Atroshi, 2013	High	QuickDASH	1 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-10.4 (-17.49, -3.31)	Corticosteroid Injection
Atroshi, 2013	High	QuickDASH	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-11.4 (-19.35, -3.45)	Corticosteroid Injection
Atroshi, 2013	High	QuickDASH	6 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	6.1 (-4.35, 16.55)	NS
Atroshi, 2013	High	QuickDASH	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	2.7 (-6.52, 11.92)	NS
Atroshi, 2013	High	SF-6D	1 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.04 (-0.01, 0.09)	NS
Atroshi, 2013	High	SF-6D	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.06 (0.01, 0.11)	Corticosteroid Injection
Atroshi, 2013	High	SF-6D	6 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.01 (-0.08, 0.06)	NS
Atroshi, 2013	High	SF-6D	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.02 (-0.05, 0.09)	NS
Atroshi, 2013	High	BCTQ-SSS	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.87 (-1.25, -0.49)	Corticosteroid Injection
Atroshi, 2013	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.86 (-1.23, -0.49)	Corticosteroid Injection
Atroshi, 2013	High	BCTQ-SSS	6 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.33 (-0.06, 0.72)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2013	High	BCTQ-SSS	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.03 (-0.40, 0.46)	NS
Atroshi, 2013	High	QuickDASH	1 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-12.8 (-20.60, -5.00)	Corticosteroid Injection
Atroshi, 2013	High	QuickDASH	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-15.3 (-24.60, -6.00)	Corticosteroid Injection
Atroshi, 2013	High	QuickDASH	6 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	8.5 (-0.95, 17.95)	NS
Atroshi, 2013	High	QuickDASH	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	1.4 (-8.35, 11.15)	NS
Atroshi, 2013	High	SF-6D	1 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.08 (0.02, 0.14)	Corticosteroid Injection
Atroshi, 2013	High	SF-6D	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.08 (0.02, 0.14)	Corticosteroid Injection
Atroshi, 2013	High	SF-6D	6 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.02 (-0.09, 0.05)	NS
Atroshi, 2013	High	SF-6D	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.01 (-0.06, 0.08)	NS
Kamel, 2019	Moderate	BCTQ-SSS	2 mos	Corticosteroid and Insulin Injection: 40mg Methylprednisone locally at first visit, 10 IU Insulin after 2 and 4 weeks	Insulin Injection: 10IU Neutral Protamine Hagedorn Insulin Injection	Mean Difference	0.38 (-0.17, 0.93)	NS

Table 4140: PICO 3- Corticosteroid Injection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2013	High	Grip Strength (kg)	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	2.7 (0.30, 5.10)	Corticosteroid Injection
Atroshi, 2013	High	Grip Strength (kg)	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	1.3 (-1.62, 4.22)	NS
Atroshi, 2013	High	Pinch Strength (kg)	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.9 (0.31, 1.49)	Corticosteroid Injection
Atroshi, 2013	High	Pinch Strength (kg)	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.4 (-0.35, 1.15)	NS
Atroshi, 2013	High	Semmes - Weinstein Monofilament Test	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.4 (-0.68, -0.12)	Saline Injection
Atroshi, 2013	High	Semmes - Weinstein Monofilament Test	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.12 (-0.42, 0.18)	NS
Atroshi, 2013	High	Two-Point Discrimination Test	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.09 (-0.66, 0.48)	NS
Atroshi, 2013	High	Two-Point Discrimination Test	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.13 (-0.17, 0.43)	NS
Atroshi, 2013	High	Grip Strength (kg)	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	2.2 (-0.24, 4.64)	NS
Atroshi, 2013	High	Grip Strength (kg)	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	1 (-2.25, 4.25)	NS
Atroshi, 2013	High	Pinch Strength (kg)	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.4 (-0.27, 1.07)	NS
Atroshi, 2013	High	Pinch Strength (kg)	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.2 (-0.58, 0.98)	NS
Atroshi, 2013	High	Semmes - Weinstein Monofilament Test	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.29 (-0.66, 0.08)	NS
Atroshi, 2013	High	Semmes - Weinstein Monofilament Test	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.18 (-0.48, 0.12)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2013	High	Two-Point Discrimination Test	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.08 (-0.52, 0.36)	NS
Atroshi, 2013	High	Two-Point Discrimination Test	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.21 (-0.20, 0.62)	NS
Kamel, 2019	Moderate	BCTQ-FSS	2 mos	Corticosteroid and Insulin Injection: 40mg Methylprednisone locally at first visit, 10 IU Insulin after 2 and 4 weeks	Insulin Injection: 10IU Neutral Protamine Hagedorn Insulin Injection	Mean Difference	0.15 (-0.16, 0.46)	NS

Table 4241: PICO 3- Corticosteroid Injection vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hofer, 2021	High	SF-36 Bodily Pain	5 yrs	Corticosteroid Injection: 80 mg methylprednisolone 2ml + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	3.2 (-8.15, 14.55)	NS
Hofer, 2021	High	SF-36 Bodily Pain	5 yrs	Corticosteroid Injection: 40 mg methylprednisolone [1 mL + 1 mL saline] + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	1.5 (-9.80, 12.80)	NS
Salman Roghani, 2018	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 2mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	0.96 (-0.12, 2.04)	NS
Salman Roghani, 2018	High	VAS Pain at Rest	6 mos	Corticosteroid Injection: 2mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	-0.32 (-1.45, 0.81)	NS
Salman Roghani, 2018	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 1mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	0.04 (-0.99, 1.07)	NS
Salman Roghani, 2018	High	VAS Pain at Rest	6 mos	Corticosteroid Injection: 1mL Triamcinilone, 1mL 2% Lidocaine	Saline Injection: 1mL 2% lidocaine, 2mL Normal Saline	Mean Difference	-0.75 (-1.79, 0.29)	NS
Atroshi, 2013	High	SF-36 Bodily Pain	1 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	25.5 (14.10, 36.90)	Corticosteroid Injection
Atroshi, 2013	High	SF-36 Bodily Pain	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	20.1 (7.64, 32.56)	Corticosteroid Injection
Atroshi, 2013	High	SF-36 Bodily Pain	6 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	3.5 (-9.88, 16.88)	NS
Atroshi, 2013	High	SF-36 Bodily Pain	1 yrs	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	5 (-9.26, 19.26)	NS
Atroshi, 2013	High	SF-36 Bodily Pain	1 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	21.2 (9.06, 33.34)	Corticosteroid Injection
Atroshi, 2013	High	SF-36 Bodily Pain	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	21.3 (8.59, 34.01)	Corticosteroid Injection
Atroshi, 2013	High	SF-36 Bodily Pain	6 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-5.7 (-18.59, 7.19)	NS
Atroshi, 2013	High	SF-36 Bodily Pain	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	0.7 (-14.25, 15.65)	NS

Table 4342: PICO 3- Corticosteroid Injection vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hofer, 2021	High	Satisfaction	5 yrs	Corticosteroid Injection: 80 mg methylprednisolone 2ml + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	9.1 (-3.75, 21.95)	NS
Hofer, 2021	High	Satisfaction	5 yrs	Corticosteroid Injection: 40 mg methylprednisolone [1 mL + 1 mL saline] + 1ml lidocaine	Saline Injection: 2ml saline + 1 ml lidocaine	Mean Difference	3 (-9.49, 15.49)	NS
Atroshi, 2013	High	Satisfaction	1 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	41.4 (25.80, 57.00)	Corticosteroid Injection
Atroshi, 2013	High	Satisfaction	2.5 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	33.1 (18.04, 48.16)	Corticosteroid Injection
Atroshi, 2013	High	Satisfaction	6 mos	Corticosteroid Injection: 80mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	2.6 (-9.24, 14.44)	NS
Atroshi, 2013	High	Satisfaction	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-0.9 (-11.88, 10.08)	NS
Atroshi, 2013	High	Satisfaction	1 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	44.5 (28.73, 60.27)	Corticosteroid Injection
Atroshi, 2013	High	Satisfaction	2.5 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	40.9 (26.68, 55.12)	Corticosteroid Injection
Atroshi, 2013	High	Satisfaction	6 mos	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	-6 (-20.11, 8.11)	NS
Atroshi, 2013	High	Satisfaction	1 yrs	Corticosteroid Injection: 40mg methylprednisone plus 1mL lidocaine	Saline Injection: 2mL saline plus 1mL lidocaine	Mean Difference	2.7 (-8.15, 13.55)	NS

Table 4443: PICO 3- Corticosteroid Injection vs. Pulsed Radiofrequency- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celenlioglu, 2022	Low	Fullness of the thenar side of the hand and distal fingers (not procedure related) (due to compression of the injection agent. Resolved spontaneously in 1 hr.)	Postop .	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	RD	.(.,.)	NS

Table 4544: PICO 3- Corticosteroid Injection vs. Pulsed Radiofrequency- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celenlioglu, 2022	Low	BCTQ-SSS (11 items)	1 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	1.75 (-2.70, 6.20)	NS
Celenlioglu, 2022	Low	BCTQ-SSS (11 items)	3 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	1.49 (-2.97, 5.95)	NS

Table 4645: PICO 3- Corticosteroid Injection vs. Pulsed Radiofrequency- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celenlioglu, 2022	Low	BCTQ-FSS (8 items)	1 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	0.38 (-3.37, 4.13)	NS
Celenlioglu, 2022	Low	BCTQ-FSS (8 items)	3 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	0.25 (-3.49, 3.99)	NS

Table 4746: PICO 3- Corticosteroid Injection vs. Pulsed Radiofrequency- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celenlioglu, 2022	Low	VAS Pain at Rest	1 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	0.51 (-0.53, 1.55)	NS
Celenlioglu, 2022	Low	VAS Pain at Rest	3 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	0.26 (-0.82, 1.34)	NS
Celenlioglu, 2022	Low	Time to pain relief (post-procedural (day))	Postop .	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	1.15 (0.68, 1.62)	Ultrasound Guided Pulsed Radiofrequency
Suslu, 2016	Low	Neuropathic Pain Scale	1 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-0.16 (-0.81, 0.49)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Suslu, 2016	Low	Neuropathic Pain Scale	3 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-0.52 (-1.08, 0.04)	NS
Suslu, 2016	Low	Neuropathic Pain Scale	6 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-1.89 (-2.49, -1.29)	Corticosteroid Injection
Suslu, 2016	Low	VAS Pain at Rest	1 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-0.04 (-0.86, 0.78)	NS
Suslu, 2016	Low	VAS Pain at Rest	3 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-0.41 (-1.27, 0.45)	NS
Suslu, 2016	Low	VAS Pain at Rest	6 mos	Corticosteroid Injection: 2 cc injection solution was prepared with 40-mg triamcinolone (1 cc) and 20-mg lidocaine (1 cc)	Pulsed Radiofrequency Neuromodulation: NeuroTherm® NT1000 RF Generator was used for PRN. The radiofrequency needle was 22 G and 10-cm long with a 5-mm active tip. Pulse duration was 10 min and impedance was 220–240 ohm.	Mean Difference	-0.88 (-1.89, 0.13)	NS

Table 4847: PICO 3- Corticosteroid Injection vs. Pulsed Radiofrequency- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celenlioglu, 2022	Low	Satisfaction ((1 = very dissatisfied, 5 = very satisfied))	3 mos	Corticosteroid Injection: Dexamethasone 8 mg and 0.5 cc of bupivacaine 0.5% injected under the median nerve. The median nerve was separated from the underlying structures by hydrodissection during the injection.	Ultrasound Guided Pulsed Radiofrequency: After the sensory and motor stimulation, the PRF cycles were applied for 120 s with a pulse frequency of 2 Hz and pulse width of 20 ms at 42 °C	Mean Difference	-0.36 (-0.90, 0.18)	NS

Table 4948: PICO 3- Corticosteroid Injection vs. Shockwave Therapy- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Xu, 2020	High	BCTQ	2 mos	Corticosteroid Injection: 40mg Betamethasone	ESWT: 1000 shocks, 1.5 bar pressure, 6Hz; 1 session/week for 3 weeks	Mean Difference	3.5 (0.46, 6.54)	ESWT
Xu, 2020	High	BCTQ	3 mos	Corticosteroid Injection: 40mg Betamethasone	ESWT: 1000 shocks, 1.5 bar pressure, 6Hz; 1 session/week for 3 weeks	Mean Difference	9.5 (7.85, 11.15)	ESWT
Atthakomol, 2018	High	BCTQ	1 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	-2 (-7.95, 3.95)	NS
Atthakomol, 2018	High	BCTQ	3 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	3 (-2.93, 8.93)	NS
Atthakomol, 2018	High	BCTQ	6 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	8 (-0.32, 16.32)	NS
Atthakomol, 2018	High	BCTQ-SSS	1 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	0 (-3.71, 3.71)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atthakomol, 2018	High	BCTQ-SSS	3 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	3 (-0.96, 6.96)	NS
Atthakomol, 2018	High	BCTQ-SSS	6 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	6 (1.26, 10.74)	rESWT
Ozturk Durmaz, 2022	High	BCTQ-SSS	3 mos	Corticosteroid Injection: 1 ml methylprednisolone (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Mean Difference	-3.7 (-6.86, -0.54)	Corticosteroid Injection
Seok, 2013	Moderate	BCTQ-SSS	3 mos	Corticosteroid Injection: 1 ml of triamcinolone acetoneide (40 mg)	ESWT: 5-12 MHz linear array transducer, 1000 shocks at a frequency of 360 shocks per minute.	Mean Difference	-1.48 (-4.39, 1.43)	NS

Table 5049: PICO 3- Corticosteroid Injection vs. Shockwave Therapy- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atthakomol, 2018	High	BCTQ-FSS	1 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	-2 (-4.67, 0.67)	NS
Atthakomol, 2018	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	-1 (-3.52, 1.52)	NS
Atthakomol, 2018	High	BCTQ-FSS	6 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	2 (-2.14, 6.14)	NS
Ozturk Durmaz, 2022	High	BCTQ-FSS	3 mos	Corticosteroid Injection: 1 ml methylprednisolone (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Mean Difference	-5.3 (-8.30, -2.30)	Corticosteroid Injection

Table 5150: PICO 3- Corticosteroid Injection vs. Shockwave Therapy- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Xu, 2020	High	VAS Pain at Rest	2 mos	Corticosteroid Injection: 40mg Betamethasone	ESWT: 1000 shocks, 1.5 bar pressure, 6Hz; 1 session/week for 3 weeks	Mean Difference	0.9 (0.42, 1.38)	ESWT
Xu, 2020	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 40mg Betamethasone	ESWT: 1000 shocks, 1.5 bar pressure, 6Hz; 1 session/week for 3 weeks	Mean Difference	1.3 (0.73, 1.87)	ESWT
Atthakomol, 2018	High	VAS Pain at Rest	1 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	0.1 (-1.24, 1.44)	NS
Atthakomol, 2018	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	1.25 (-0.41, 2.91)	NS
Atthakomol, 2018	High	VAS Pain at Rest	6 mos	Corticosteroid Injection: 1mL triamcinolone 10 mg with 1mL of 1% lidocaine;	rESWT: 4 Bar, 15 Hz frequency, 5000 shocks, BTL-6000 SWT, radial shockwave mode; for 3-7 min, cold pack applied for 15 min after;	Mean Difference	1.35 (0.08, 2.62)	rESWT
Ozturk Durmaz, 2022	High	VAS Pain at Rest	3 mos	Corticosteroid Injection: 1 ml methylprednisolone (40 mg, without lidocaine) 1 cm proximal to distal wrist crease	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Mean Difference	-2.1 (-3.33, -0.87)	Corticosteroid Injection
Seok, 2013	Moderate	VAS Pain at Rest	1 mos	Corticosteroid Injection: 1 ml of triamcinolone acetonide (40 mg)	ESWT: 5-12 MHz linear array transducer, 1000 shocks at a frequency of 360 shocks per minute.	Mean Difference	-0.43 (-1.27, 0.41)	NS
Seok, 2013	Moderate	VAS Pain at Rest	3 mos	Corticosteroid Injection: 1 ml of triamcinolone acetonide (40 mg)	ESWT: 5-12 MHz linear array transducer, 1000 shocks at a frequency of 360 shocks per minute.	Mean Difference	-0.87 (-1.91, 0.17)	NS

Table 5251: PICO 3- Dextrose Injection vs. Corticosteroid Injection- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Aghaei, 2021	High	Complications	Postop .	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	RR	0.13(0.03,0.51)	Dextrose Injection
Aghaei, 2021	High	Required interventions: surgery, re-injection, or other physical modalities	Postop .	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	RD	-0.20(-0.38,-0.02)	Dextrose Injection

Table 5352: PICO 3- Dextrose Injection vs. Corticosteroid Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2018	High	BCTQ-SSS	1 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetoneide+2ml normal saline	Mean Difference	-2.7 (-3.43, -1.97)	Dextrose Injection
Wu, 2018	High	BCTQ-SSS	3 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetoneide+2ml normal saline	Mean Difference	-3.4 (-3.92, -2.88)	Dextrose Injection
Wu, 2018	High	BCTQ-SSS	4 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetoneide+2ml normal saline	Mean Difference	-5.3 (-5.84, -4.76)	Dextrose Injection
Wu, 2018	High	BCTQ-SSS	6 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetoneide+2ml normal saline	Mean Difference	-9 (-9.64, -8.36)	Dextrose Injection
Aghaei, 2021	High	BCTQ	1 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Aghaei, 2021	High	BCTQ	2 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Aghaei, 2021	High	BCTQ	3 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Aghaei, 2021	High	BCTQ	1 yrs	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Babaei-Ghazani, 2022	Moderate	BCTQ-SSS (Symptom Severity Scale)	1.5 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	0.34 (-0.06, 0.74)	NS
Babaei-Ghazani, 2022	Moderate	BCTQ-SSS (Symptom Severity Scale)	3 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	0.15 (-0.34, 0.64)	NS
Babaei-Ghazani, 2022	Moderate	BCTQ-SSS (Symptom Severity Scale)	6 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	-0.09 (-0.59, 0.41)	NS

Table 5453: PICO 3- Dextrose Injection vs. Corticosteroid Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2018	High	BCTQ-FSS	1 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-1.1 (-1.58, -0.62)	Dextrose Injection
Wu, 2018	High	BCTQ-FSS	3 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-2.1 (-2.46, -1.74)	Dextrose Injection
Wu, 2018	High	BCTQ-FSS	4 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-3.7 (-4.08, -3.32)	Dextrose Injection
Wu, 2018	High	BCTQ-FSS	6 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-5.2 (-5.54, -4.86)	Dextrose Injection
Babaei-Ghazani, 2022	Moderate	BCTQ-FSS	3 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	-0.33 (-0.80, 0.14)	NS
Babaei-Ghazani, 2022	Moderate	BCTQ-FSS	6 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	-0.3 (-0.78, 0.18)	NS

Table 5554: PICO 3- Dextrose Injection vs. Corticosteroid Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2018	High	VAS Pain at Rest	1 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	0 (-0.19, 0.19)	NS
Wu, 2018	High	VAS Pain at Rest	3 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-0.3 (-0.44, -0.16)	Dextrose Injection
Wu, 2018	High	VAS Pain at Rest	4 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-1.1 (-1.26, -0.94)	Dextrose Injection
Wu, 2018	High	VAS Pain at Rest	6 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	Mean Difference	-2.5 (-2.69, -2.31)	Dextrose Injection
Aghaei, 2021	High	VAS Pain at Rest	1 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Aghaei, 2021	High	VAS Pain at Rest	2 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Aghaei, 2021	High	VAS Pain at Rest	3 mos	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Aghaei, 2021	High	VAS Pain at Rest	1 yrs	Dextrose Injection: 2 ml of 5% DW	Corticosteroid Injection: 40 mg triamcinolone acetonide (1 ml), which was diluted with 1 ml sterile 0.9% sodium chloride to get the final volume of 2 ml	Author Reported - ANOVA, Bonferroni Correction	N/A	NS
Babaei-Ghazani, 2022	Moderate	VAS Pain at Rest	1.5 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	1.22 (-0.15, 2.59)	NS
Babaei-Ghazani, 2022	Moderate	VAS Pain at Rest	3 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	-0.22 (-1.76, 1.32)	NS
Babaei-Ghazani, 2022	Moderate	VAS Pain at Rest	6 mos	Dextrose Injection: ultrasound-guided injection of 5 cc dextrose 5% underneath the median nerve	Corticosteroid Injection: ultrasound-guided injection of 40 mg/ml; triamcinolone (1 ml) under the median nerve	Mean Difference	0.29 (-1.11, 1.69)	NS

Table 5655: PICO 3- Dextrose Injection vs. Corticosteroid Injection- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2018	High	Global Assessment of Treatment	1 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	RR	0.91(0.68,1.21)	NS
Wu, 2018	High	Global Assessment of Treatment	3 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	RR	1.21(0.90,1.62)	NS
Wu, 2018	High	Global Assessment of Treatment	6 mos	Dextrose Injection: 1 perineural injection of 5ml D5W	Corticosteroid Injection: 1 perineural injection of 3ml triamcinolone acetonide+2ml normal saline	RR	2.40(1.44,3.99)	Dextrose Injection

Table 5756: PICO 3- Dextrose Injection vs. HA Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	BCTQ-SSS	6 mos	Dextrose Injection: Ultrasound-Guided Neural Injection 6ml single dose	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	Dextrose Injection

Table 5857: PICO 3- Dextrose Injection vs. HA Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	BCTQ-FSS	1 mos	Dextrose Injection: Ultrasound-Guided Neural Injection 6ml single dose	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	Dextrose Injection
Wu, 2022	Low	BCTQ-FSS	6 mos	Dextrose Injection: Ultrasound-Guided Neural Injection 6ml single dose	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	Dextrose Injection

Table 5958: PICO 3- Dextrose Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	Improvement over time	6 mos	Dextrose Injection: Ultrasound-Guided Neural Injection 6ml single dose	Saline Injection: Ultrasound-Guided Neural Injection 6mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	Dextrose Injection

Table 6059: PICO 3- Dry Needling vs. Acupuncture- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kvist, 2021	High	Pincer Grip Strength (kg)	1.5 mos	Intramuscular Stimulation: IMS to the pronator teres muscle with a depth of up to 45-50 mm. 7 treatments at one-week intervals over 6 weeks	Acupuncture: acupuncture needle at Li11 with a depth of 4-5 mm. 7 treatments at one-week intervals over 6 weeks	Mean Difference	0.46 (-0.73, 1.65)	NS

Table 6160: PICO 3- Dry Needling vs. Acupuncture- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kvist, 2021	High	VAS Pain at Rest	1.5 mos	Intramuscular Stimulation: IMS to the pronator teres muscle with a depth of up to 45-50 mm. 7 treatments at one-week intervals over 6 weeks	Acupuncture: acupuncture needle at Li11 with a depth of 4-5 mm. 7 treatments at one-week intervals over 6 weeks	Mean Difference	-1.47 (-2.38, -0.56)	Intramuscular Stimulation

Table 6261: PICO 3- Dry Needling vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Toopchizadeh, 2020	High	BCTQ	1.5 mos		Night Orthotic: only splinting at night	Mean Difference	-0.18 (-0.44, 0.08)	NS
Toopchizadeh, 2020	High	BCTQ-SSS	1.5 mos		Night Orthotic: only splinting at night	Mean Difference	-0.14 (-0.41, 0.13)	NS

Table 6362: PICO 3- Dry Needling vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Toopchizadeh, 2020	High	BCTQ-FSS	1.5 mos		Night Orthotic: only splinting at night	Mean Difference	-0.23 (-0.52, 0.06)	NS

Table 6463: PICO 3- Dry Needling vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Toopchizadeh, 2020	High	VAS Pain at Rest	1.5 mos		Night Orthotic: only splinting at night	Mean Difference	-0.28 (-1.14, 0.58)	NS

Table 6564: PICO 3- Electro-Acupuncture vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chung, 2017	Moderate	BCTQ-SSS	1 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.11 (-0.29, 0.07)	NS
Chung, 2017	Moderate	BCTQ-SSS	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.16 (-0.34, 0.02)	NS
Chung, 2017	Moderate	DASH	1 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-3.15 (-8.10, 1.80)	NS
Chung, 2017	Moderate	DASH	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-6.22 (-11.18, -1.26)	Electro-Acupuncture w/ Night Orthotic

Table 6665: PICO 3- Electro-Acupuncture vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Fisher, 2021	High	BCTQ-FSS	3 mos	Local Electro-Acupuncture (Local EA): verum acupuncture "local" to the more affected hand. Local acupuncture group had needles inserted at TE5 and PC7 at the more affected forearm. 8 wks of acupuncture therapy	Sham Electro-Acupuncture: sham acupuncture using non-penetrating placebo needles at two non-acupuncture points on the more affected forearm. For sham EA, MRIcompatible blunt-tipped acupuncture needles were placed with a single tap but not inserted percutaneously, over sham points, SH1 and SH2. 8 wks of acupuncture therapy.	Mean Difference	-0.22 (-0.63, 0.19)	NS
Fisher, 2021	High	BCTQ-FSS	3 mos	Distal Electro-Acupuncture (Distal EA): verum acupuncture at "distal" body sites, contralesional to the more affected hand. The distal group had needles inserted at LR4 and SP6 on the opposite leg. 8 wks of acupuncture therapy.	Sham Electro-Acupuncture: sham acupuncture using non-penetrating placebo needles at two non-acupuncture points on the more affected forearm. For sham EA, MRIcompatible blunt-tipped acupuncture needles were placed with a single tap but not inserted percutaneously, over sham points, SH1 and SH2. 8 wks of acupuncture therapy.	Mean Difference	-0.16 (-0.51, 0.19)	NS
Fisher, 2021	High	BCTQ-FSS	3 mos	Local + Distal Electro-Acupuncture (Verum EA): For verum EA, MRI-compatible titanium needles (0.2mm in diameter, 35– 50mm in length) were inserted and deqi sensation elicited. 8 wks of acupuncture therapy.	Sham Electro-Acupuncture: sham acupuncture using non-penetrating placebo needles at two non-acupuncture points on the more affected forearm. For sham EA, MRIcompatible blunt-tipped acupuncture needles were placed with a single tap but not inserted percutaneously, over sham points, SH1 and SH2. 8 wks of acupuncture therapy.	Mean Difference	-0.17 (-0.51, 0.17)	NS
Chung, 2017	Moderate	BCTQ-FSS	1 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.07 (-0.44, 0.30)	NS
Chung, 2017	Moderate	BCTQ-FSS	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.18 (-0.53, 0.17)	NS
Chung, 2017	Moderate	Dellon-Modified Pick-Up Test, Unblinded	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-1.31 (-5.18, 2.56)	NS
Chung, 2017	Moderate	Dellon-Modified Pick-Up Test, Blinded	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-6.18 (-14.04, 1.68)	NS
Chung, 2017	Moderate	Tip Pinch Strength (lbs)	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	1.23 (-0.90, 3.36)	NS
Chung, 2017	Moderate	Sensation Diameter (mm), Thumb	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.12 (-0.31, 0.07)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chung, 2017	Moderate	Sensation Diameter (mm), First Finger	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.16 (-0.29, -0.03)	Night Orthotic
Chung, 2017	Moderate	Sensation Diameter (mm), Middle Finger	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.15 (-0.28, -0.02)	Night Orthotic
Chung, 2017	Moderate	Sensation Diameter (mm), Little Finger	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.01 (-0.14, 0.12)	NS

Table 6766: PICO 3- Electro-Acupuncture vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chung, 2017	Moderate	VAS Pain at Rest	1 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.13 (-0.62, 0.36)	NS
Chung, 2017	Moderate	VAS Pain at Rest	4 mos	Electro-Acupuncture w/ Night Orthotic: 13 sessions	Night Orthotic	Mean Difference	-0.61 (-1.18, -0.04)	Electro-Acupuncture w/ Night Orthotic

Table 6867: PICO 3- Exercise vs. Exercise- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Vaidya, 2020	High	BCTQ-SSS	1 mos	Mobilization: A) Shoulder Depression and abduction (110°); B) Wrist extension; C) Supination; D) Shoulder lateral rotation; E) Elbow Extension; F) Neck lateral bending to opposite side. 3 sets of 10 repetitions were given thrice a week for 4 weeks	Nerve and Tendon Gliding Exercises: tendon gliding exercises included six discrete positions of fingers like straight hand, hook, fist, table top and straight fist. In addition, the median nerve was mobilized by putting hand and wrist through six positions. Each position was maintained for 7 seconds and repeated five times at each session, with a total of 3 to 5 sessions per day for a period of 4 weeks	Author Reported - T-Test	N/A	Mobilization

Table 6968: PICO 3- Exercise vs. Exercise- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Vaidya, 2020	High	BCTQ-FSS	1 mos	Mobilization: A) Shoulder Depression and abduction (110°); B) Wrist extension; C) Supination; D) Shoulder lateral rotation; E) Elbow Extension; F) Neck lateral bending to opposite side. 3 sets of 10 repetitions were given thrice a week for 4 weeks	Nerve and Tendon Gliding Exercises: tendon gliding exercises included six discrete positions of fingers like straight hand, hook, fist, table top and straight fist. In addition, the median nerve was mobilized by putting hand and wrist through six positions. Each position was maintained for 7 seconds and repeated five times at each session, with a total of 3 to 5 sessions per day for a period of 4 weeks	Author Reported - T-Test	N/A	Mobilization
Elhak, 2021	High	Pinch Strength (lbs)	1.5 mos			Author Reported - T-Test	N/A	Muscle Energy Technique

Table 7069: PICO 3- Exercise vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Günay, 2015	High	BCTQ-SSS	3 mos	Mobilization: Carpal bone mobilization for 10 min/day 3 times a week for 10 days	Orthotic: neutral volar wrist splint worn at night	Author Reported - Mann-Whitney U Test	N/A	NS

Table 7170: PICO 3- Exercise vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Günay, 2015	High	BCTQ-FSS	3 mos	Mobilization: Carpal bone mobilization for 10 min/day 3 times a week for 10 days	Orthotic: neutral volar wrist splint worn at night	Author Reported - Mann-Whitney U Test	N/A	Mobilization

Table 7271: PICO 3- Exercise vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Günay, 2015	High	Pain Intensity: Daytime	3 mos	Mobilization: Carpal bone mobilization for 10 min/day 3 times a week for 10 days	Orthotic: neutral volar wrist splint worn at night	Author Reported - Mann-Whitney U Test	N/A	NS
Günay, 2015	High	Pain Intensity: Nighttime	3 mos	Mobilization: Carpal bone mobilization for 10 min/day 3 times a week for 10 days	Orthotic: neutral volar wrist splint worn at night	Author Reported - Mann-Whitney U Test	N/A	NS

Table 7372: PICO 3- Exercise vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dinarvand, 2017	High	BCTQ-SSS	2.5 mos	Scaphoid and Hamate Mobilization w/ Orthotic: Scaphoid and hamate bone mobilization treatment 3 times a week for 8 weeks. Every session took 10 minutes + Splinting was performed at neutral position (0 - 5 degrees of wrist extension) for 8 weeks and it should be worn at night as well as in daily strenuous activities.	Orthotic: Splinting was performed at neutral position (0 - 5 degrees of wrist extension) for 8 weeks and it should be worn at night as well as in daily strenuous activities.	Mean Difference	-0.07 (-1.13, 0.99)	NS
Shem, 2020	High	BCTQ-SSS (turkish version)	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a wall and to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularly and to massage lightly down the dorsal wrist	Mean Difference	-2.3 (-7.95, 3.35)	NS
Zidkova, 2019	Low	Presence of Symptoms/Difficulties	2 mos	Exercise: 3 Simple Techniques with Neuromobilization Elements QD for 9 weeks	No Intervention	Mean Difference	-8.9 (-12.31, -5.49)	Exercise
Abdolrazaghi, 2021	Moderate	BCTQ-SSS	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Mean Difference	-1.7 (-4.88, 1.48)	NS
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-4.43 (-8.75, -0.11)	Exercise w/ Night Orthotic
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and gripping 10 times/day and using nocturnal splint	Gabapentin w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Mean Difference	-1.15 (-5.00, 2.70)	NS

Table 7473: PICO 3- Exercise vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Shem, 2020	High	Pinch Strength (kg) (Pinch Grip (kg))	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a walland to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularlyand to massage lightly down the dorsal wrist	Mean Difference	1.49 (-0.06, 3.04)	NS
Salehi, 2019	High	Pinch Strength (kg) (Pinch Force (kg))	1.5 mos	Exercise w/ Night Orthotic: 2x/day for 6 weeks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	-0.09 (-1.06, 0.88)	NS
Dinarvand, 2017	High	BCTQ-FSS	2.5 mos	Scaphoid and Hamate Mobilization w/ Orthotic: Scaphoid and hamate bone mobilization treatment 3 times a week for 8 weeks. Every session took 10 minutes + Splinting was performed at neutral position(0 - 5 degrees of wrist extension) for 8 weeks and itshould be worn at night as well as in daily strenuous activities.	Orthotic: Splinting was performed at neutral position(0 - 5 degrees of wrist extension) for 8 weeks and itshould be worn at night as well as in daily strenuous activities.	Mean Difference	-0.1 (-1.12, 0.92)	NS
Shem, 2020	High	Numbness	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a walland to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularlyand to massage lightly down the dorsal wrist	Mean Difference	-1.28 (-3.18, 0.62)	NS
Shem, 2020	High	Tingling	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a walland to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularlyand to massage lightly down the dorsal wrist	Mean Difference	-1.21 (-3.09, 0.67)	NS
Shem, 2020	High	Grip Strength (kg)	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a walland to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularlyand to massage lightly down the dorsal wrist	Mean Difference	3 (-2.36, 8.36)	NS
Salehi, 2019	High	Grip Strength (kg) (Grip Force (kg))	1.5 mos	Exercise w/ Night Orthotic: 2x/day for 6 weeks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	3 (-0.16, 6.16)	NS
Shem, 2020	High	BCTQ-FSS (turkish version)	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a walland to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularlyand to massage lightly down the dorsal wrist	Mean Difference	3.8 (-3.02, 10.62)	NS
Salehi, 2019	High	Flexion, cm	1.5 mos	Exercise w/ Night Orthotic: 2x/day for 6 weeks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	-0.45 (-2.72, 1.82)	NS
Salehi, 2019	High	Extension, cm	1.5 mos	Exercise w/ Night Orthotic: 2x/day for 6 weeks	Night Orthotic: Night Splint for 6 weeks	Mean Difference	3.95 (1.50, 6.40)	Exercise w/ Night Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Abdolrazaghi, 2021	Moderate	Pinch Strength (kg) (Pinch Grip (kg))	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Mean Difference	1.2 (-0.62, 3.02)	NS
Abdolrazaghi, 2021	Moderate	Grip Strength (kg)	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Mean Difference	1.1 (-2.32, 4.52)	NS
Abdolrazaghi, 2021	Moderate	Weakness	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Author Reported - Mann-Whitney U Test	N/A	Orthotic
Abdolrazaghi, 2021	Moderate	Buttoning	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Author Reported - Mann-Whitney U Test	N/A	Orthotic
Abdolrazaghi, 2021	Moderate	BCTQ-FSS	1.5 mos	Exercise w/ Orthotic: Tendon and nerve gliding exercise program developed by Totten and Hunter. Exercise 3 times a day, 10 repeats each time, and hold each position for 5 seconds. The exercise therapy lasted for 6 weeks. Subjects were asked to use prefabricated splints for 6 weeks	Orthotic: subjects were asked to use prefabricated splints for 6 weeks	Mean Difference	-0.5 (-2.63, 1.63)	NS
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	2.09 (-2.56, 6.74)	NS
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and gripping 10 times/day and using nocturnal splint	Gabapentin w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Mean Difference	4.54 (0.14, 8.94)	Gabapentin w/ Night Orthotic

Table 7574: PICO 3- Exercise vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dinarvand, 2017	High	VAS Pain at Rest	2 mos	Scaphoid and Hamate Mobilization w/ Orthotic: Scaphoid and hamate bone mobilization treatment 3 times a week for 8 weeks. Every session took 10 minutes + Splinting was performed at neutral position(0 - 5 degrees of wrist extension) for 8 weeks and it should be worn at night as well as in daily strenuous activities.	Orthotic: Splinting was performed at neutral position(0 - 5 degrees of wrist extension) for 8 weeks and it should be worn at night as well as in daily strenuous activities.	Mean Difference	-1.58 (-2.69, -0.47)	Scaphoid and Hamate Mobilization w/ Orthotic
Shem, 2020	High	Wrist pain	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a wall and to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularly and to massage lightly down the dorsal wrist	Mean Difference	-1.51 (-3.24, 0.22)	NS
Shem, 2020	High	Hand pain	1.5 mos	Carpal Ligament Stretching: self-treatment four times a day for six weeks. Extend wrist at 90 degree against a wall and to gently retract the thenar eminence with the contralateral hand to stretch the carpal ligament	Sham Treatment: patients were instructed to hold their hands perpendicularly and to massage lightly down the dorsal wrist	Mean Difference	-1.11 (-3.05, 0.83)	NS
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and gripping 10 times/day and using nocturnal splint	Gabapentin w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Mean Difference	-0.3 (-1.59, 0.99)	NS
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-0.46 (-1.51, 0.59)	NS

Table 7675: PICO 3- HA Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	Improvement over time	6 mos	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4ml single dose	Saline Injection: Ultrasound-Guided Neural Injection 6mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	Hyaluronic Acid Injection
Su, 2021	Moderate	BCTQ-SSS	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.2 (-0.40, 0.00)	NS
Su, 2021	Moderate	BCTQ-SSS	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	0 (-0.20, 0.20)	NS
Su, 2021	Moderate	BCTQ-SSS	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.2 (-0.40, 0.00)	NS
Su, 2021	Moderate	BCTQ-SSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for SSS was 0.8)	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.76(0.53,5.86)	NS
Su, 2021	Moderate	BCTQ-SSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for SSS was 0.8)	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.47(0.70,3.07)	NS
Su, 2021	Moderate	BCTQ-SSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for SSS was 0.8)	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.32(0.75,2.33)	NS

Table 7776: PICO 3- HA Injection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Su, 2021	Moderate	BCTQ-FSS	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.1 (-0.30, 0.10)	NS
Su, 2021	Moderate	BCTQ-FSS	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.1 (-0.30, 0.10)	NS
Su, 2021	Moderate	BCTQ-FSS	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.1 (-0.30, 0.10)	NS
Su, 2021	Moderate	BCTQ- FSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for FSS was 0.5 points)	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	2.43(0.98,6.03)	NS
Su, 2021	Moderate	BCTQ- FSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for FSS was 0.5 points)	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.76(0.98,3.16)	NS
Su, 2021	Moderate	BCTQ- FSS (MCID of the BCTQ) (minimal clinically important differences(MCIDs) for FSS was 0.5 points)	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.76(1.08,2.88)	Saline Injection

Table 7877: PICO 3- HA Injection vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Su, 2021	Moderate	VAS Pain at Rest	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.6 (-1.20, -0.00)	Hyaluronic Acid Injection
Su, 2021	Moderate	VAS Pain at Rest	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.2 (-0.81, 0.41)	NS
Su, 2021	Moderate	VAS Pain at Rest	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	Mean Difference	-0.6 (-1.41, 0.21)	NS
Su, 2021	Moderate	VAS (MCID of the BCTQ) (MCID for pain intensity was defined as a decrease of at least 2 on the NRS)	1 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	2.65(0.63,11.19)	NS
Su, 2021	Moderate	VAS (MCID of the BCTQ) (MCID for pain intensity was defined as a decrease of at least 2 on the NRS)	3 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.13(0.56,2.29)	NS
Su, 2021	Moderate	VAS (MCID of the BCTQ) (MCID for pain intensity was defined as a decrease of at least 2 on the NRS)	6 mos	Hyaluronic Acid Injection: one ultrasound-guided perineural injection of 2.5mL HA	Saline Injection: control group received 2.5mL normal salineinjection via nerve hydrodissection	RR	1.37(0.86,2.19)	NS

Table 7978: PICO 3- Heat Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	3 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	6 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Table 8079: PICO 3- Heat Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	3 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	6 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	3 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	6 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	3 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	6 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Table 8180: PICO 3- Heat Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	3 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Mean Difference	-0.1 (-1.11, 0.91)	NS
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	6 mos	Paraffin Therapy w/ Orthotic: 3 days/week for 3 weeks, total of 9 session	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Table 8281: PICO 3- Heat Therapy vs. Therapeutic Ultrasound- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2014	Moderate	BCTQ-SSS	2 mos	Paraffin Therapy: Dip-and-wrap method of paraffin bath therapy in the hospital twice per week for 8 weeks + custom-made neutral wrist orthoses for sleeping throughout study	Ultrasound Therapy: US therapy for 5 minutes each session, twice per week for 8 weeks Custom-made neutral wrist orthoses	Mean Difference	-0.2 (-0.63, 0.23)	NS

Table 8382: PICO 3- Heat Therapy vs. Therapeutic Ultrasound- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2014	Moderate	BCTQ-FSS	2 mos	Paraffin Therapy: Dip-and-wrap method of paraffin bath therapy in the hospital twice per week for 8 weeks + custom-made neutral wrist orthoses for sleeping throughout study	Ultrasound Therapy: US therapy for 5 minutes each session, twice per week for 8 weeks Custom-made neutral wrist orthoses	Mean Difference	0.2 (-0.26, 0.66)	NS

Table 8483: PICO 3- Heat Therapy vs. Therapeutic Ultrasound- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2014	Moderate	VAS Pain at Rest	2 mos	Paraffin Therapy: Dip-and-wrap method of paraffin bath therapy in the hospital twice per week for 8 weeks + custom-made neutral wrist orthoses for sleeping throughout study	Ultrasound Therapy: US therapy for 5 minutes each session, twice per week for 8 weeks Custom-made neutral wrist orthoses	Mean Difference	-3.5 (-16.45, 9.45)	NS

Table 8584: PICO 3- Hydrodissection vs. Ozone-Oxygen Injection- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2021	High	Raynaud's frequency / day	3 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	Raynaud's frequency / day	6 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	Raynaud's duration treatment (minutes)	3 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	Raynaud's duration treatment (minutes)	6 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	Re-injection	Postop .	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Mean Difference	-8 (-47.75, 31.75)	NS

Table 8685: PICO 3- Hydrodissection vs. Ozone-Oxygen Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2021	High	Cochin Hand Function Scale	3 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	NS
Elawamy, 2021	High	Cochin Hand Function Scale	6 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection

Table 8786: PICO 3- Hydrodissection vs. Ozone-Oxygen Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2021	High	VAS Pain at Rest	1 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 ml total volume	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	NS
Elawamy, 2021	High	VAS Pain at Rest	3 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 ml total volume	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	VAS Pain at Rest	6 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 ml total volume	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	VAS of ulcer pain	3 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection
Elawamy, 2021	High	VAS of ulcer pain	6 mos	Hydrodissection w/ Corticosteroid: methylprednisolone acetate40mg, and 40 mg lidocaine in 20 m	Ozone-Oxygen Injection: injection of ozone/oxygen 25 _g/mL in 20 mL)	Author Reported - Mann-Whitney U Test, Unpaired T-Test	N/A	Ozone-Oxygen Injection

Table 8887: PICO 3- Hydrodissection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2020	High	BCTQ-SSS	1 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-4.3 (-6.08, -2.52)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	BCTQ-SSS	3 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-10.5 (-12.17, -8.83)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	BCTQ-SSS	6 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-14.7 (-16.42, -12.98)	Hydrodissection w/ Hylase and Saline
Wu, 2019	High	BCTQ-SSS	1 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.2 (-0.48, 0.08)	NS
Wu, 2019	High	BCTQ-SSS	2 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.3 (-0.58, -0.02)	Hydrodissection w/ Saline
Wu, 2019	High	BCTQ-SSS	3 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.4 (-0.68, -0.12)	Hydrodissection w/ Saline
Wu, 2019	High	BCTQ-SSS	6 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.3 (-0.74, 0.14)	NS
He, 2021	Low	BCTQ-SSS	2 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-2.9 (-4.70, -1.10)	Hydrodissection w/ Corticosteroid and Dextrose
He, 2021	Low	BCTQ-SSS	3 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-4.2 (-5.78, -2.62)	Hydrodissection w/ Corticosteroid and Dextrose

Table 8988: PICO 3- Hydrodissection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2020	High	BCTQ-FSS	1 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-3.6 (-4.70, -2.50)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	BCTQ-FSS	3 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-9.2 (-10.44, -7.96)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	BCTQ-FSS	6 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-11 (-12.01, -9.99)	Hydrodissection w/ Hylase and Saline
Wu, 2019	High	BCTQ-FSS	1 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.2 (-0.48, 0.08)	NS
Wu, 2019	High	BCTQ-FSS	2 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.2 (-0.48, 0.08)	NS
Wu, 2019	High	BCTQ-FSS	3 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.3 (-0.58, -0.02)	Hydrodissection w/ Saline
Wu, 2019	High	BCTQ-FSS	6 mos	Hydrodissection w/ Saline: 5ml Normal Saline delivered via in-plane ulnar approach	Saline Injection: 5ml Normal Saline	Mean Difference	-0.4 (-0.68, -0.12)	Hydrodissection w/ Saline
He, 2021	Low	BCTQ-FSS	2 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-1.5 (-2.65, -0.35)	Hydrodissection w/ Corticosteroid and Dextrose
He, 2021	Low	BCTQ-FSS	3 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-1.2 (-2.32, -0.08)	Hydrodissection w/ Corticosteroid and Dextrose

Table 9089: PICO 3- Hydrodissection vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elawamy, 2020	High	VAS Pain at Rest	1 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-1 (-1.72, -0.28)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	VAS Pain at Rest	3 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-2 (-2.69, -1.31)	Hydrodissection w/ Hylase and Saline
Elawamy, 2020	High	VAS Pain at Rest	6 mos	Hydrodissection w/ Hylase and Saline: HD with Hyalase + 10 mL saline solution injection	Hydrodissection w/ Saline: 10 mL saline solution injection	Mean Difference	-3 (-4.01, -1.99)	Hydrodissection w/ Hylase and Saline
He, 2021	Low	VAS Pain at Rest	2 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-1 (-1.65, -0.35)	Hydrodissection w/ Corticosteroid and Dextrose
He, 2021	Low	VAS Pain at Rest	3 mos	Hydrodissection w/ Corticosteroid and Dextrose: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline; then second session of HD with 5ml D5W(dextrose injection 5%, 4 weeks after the HD with corticosteroid. Secondsession of HD with D5W was performed 1 h after assessment of VAS and BCTQ at 4-week follow-up	Hydrodissection w/ Corticosteroid: 1 session of HD with 0.5ml compound betamethasone with 4.5ml 0.9% normal saline	Mean Difference	-1.3 (-2.00, -0.60)	Hydrodissection w/ Corticosteroid and Dextrose

Table 9190: PICO 3- Immobilization vs. Immobilization- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Figueiredo, 2020	High	Discomfort With Orthosis	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	0.43(0.14,1.28)	NS

Table 9291: PICO 3- Immobilization vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Figueiredo, 2020	High	BCTQ-SSS	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	Mean Difference	0.1 (-0.34, 0.54)	NS
Akturk, 2018	High	BCTQ-SSS	1.5 mos	Exercise w/ Kinesiotaping: KT performed 2x/week for 10 times total; Exercises performed daily for 35 days;	Exercise w/ Orthotic: Volar-assisted splint, worn nightly; exercises performed daily for 35 days;	Mean Difference	-10.3 (-13.63, -6.97)	Exercise w/ Kinesiotaping
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	3 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	6 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Table 9392: PICO 3- Immobilization vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Figueiredo, 2020	High	BCTQ-FSS	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	Mean Difference	0 (-0.60, 0.60)	NS
Figueiredo, 2020	High	Pulp-To-Pulp Pinch Strength (kgf)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	Mean Difference	0.7 (0.05, 1.35)	Commercial Long-Palmer Orthotic
Figueiredo, 2020	High	Tripod Pinch Strength (kgf)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	Mean Difference	0.7 (-0.34, 1.74)	NS
Figueiredo, 2020	High	Paresthesia	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	1.00(0.07,14.21)	NS
Figueiredo, 2020	High	Paresthesia at Night	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	0.50(0.05,4.81)	NS
Figueiredo, 2020	High	Paresthesia in Morning	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	1.00(0.17,5.98)	NS
Akturk, 2018	High	BCTQ-FSS	1.5 mos	Exercise w/ Kinesiotaping: KT performed 2x/week for 10 times total; Exercises performed daily for 35 days;	Exercise w/ Orthotic: Volar-assisted splint, worn nightly; exercises performed daily for 35 days;	Mean Difference	-7.26 (-10.55, -3.97)	Exercise w/ Kinesiotaping
Akturk, 2018	High	Sensory Loss	1.5 mos	Exercise w/ Kinesiotaping: KT performed 2x/week for 10 times total; Exercises performed daily for 35 days;	Exercise w/ Orthotic: Volar-assisted splint, worn nightly; exercises performed daily for 35 days;	RR	0.66(0.32,1.35)	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	3 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	6 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	3 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	Orthotic w/ Kinesiotaping
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	6 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	3 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	6 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Table 9493: PICO 3- Immobilization vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Figueiredo, 2020	High	VAS pain at rest, none (0)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	0.50(0.05,4.81)	NS
Figueiredo, 2020	High	VAS pain at rest, mild (1-3)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	0.80(0.28,2.27)	NS
Figueiredo, 2020	High	VAS pain at rest, moderate (4-6)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	1.00(0.39,2.58)	NS
Figueiredo, 2020	High	VAS pain at rest, severe (7-10)	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RD	0.17(-0.04,0.38)	NS
Figueiredo, 2020	High	Pain With Gliding Exercise	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	1.00(0.07,14.21)	NS
Figueiredo, 2020	High	Pain at Night	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	1.00(0.07,14.21)	NS
Figueiredo, 2020	High	Pain in Morning	1.5 mos	Commercial Long-Palmer Orthotic: Maintained wrist extension at approx. 10_	Custom-Made Long-Volar Orthotic: Maintained wrist extension at approx. 20_	RR	0.33(0.04,2.77)	NS
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	3 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Mean Difference	-0.6 (-1.58, 0.38)	NS
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	6 mos	Orthotic w/ Kinesiotaping: 2x/week for 3 weeks	Orthotic w/ Paraffin: 3 days/week for 3 weeks, total of 9 session	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	Orthotic w/ Kinesiotaping

Table 9594: PICO 3- Immobilization vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	BCTQ-SSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.1 (-0.19, 0.39)	NS
Kocak Ulucakoy, 2020	High	BCTQ-SSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0 (-0.29, 0.29)	NS
Geler Kulcu, 2016	Moderate	BCTQ-SSS	1 mos	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	-1.4 (-7.36, 4.56)	NS

Table 9695: PICO 3- Immobilization vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.1 (-0.54, 0.74)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.1 (-0.23, 0.43)	NS
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.6 (-0.10, 1.30)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0 (-0.31, 0.31)	NS
Geler Kulcu, 2016	Moderate	BCTQ-FSS	1 mos	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	2 (-2.79, 6.79)	NS

Table 9796: PICO 3- Immobilization vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	-0.4 (-1.45, 0.65)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.7 (-2.14, 3.54)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.4 (-0.56, 1.36)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Mean Difference	0.1 (-2.54, 2.74)	NS
Geler Kulcu, 2016	Moderate	VAS Pain at Rest	1 mos	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	1.8 (-0.03, 3.63)	NS

Table 9897: PICO 3- Insulin Injection vs. Corticosteroid Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2019	Moderate	BCTQ-SSS	2 mos	Insulin Injection: 10IU Neutral Protamine Hagedorn Insulin Injection	Corticosteroid Injection: 40mg Methylprednisone	Mean Difference	-0.21 (-0.67, 0.25)	NS

Table 9998: PICO 3- Insulin Injection vs. Corticosteroid Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2019	Moderate	BCTQ-FSS	2 mos	Insulin Injection: 10IU Neutral Protamine Hagedorn Insulin Injection	Corticosteroid Injection: 40mg Methylprednisone	Mean Difference	-0.04 (-0.36, 0.28)	NS

Table 10099: PICO 3- Insulin Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2019	Moderate	BCTQ-SSS	2 mos	Corticosteroid and Insulin Injection: 40mg Methylprednisone locally at first visit, 10 IU Insulin after 2 and 4 weeks	Corticoidsteroid Injection: 40mg Methylprednisone	Mean Difference	0.17 (-0.31, 0.65)	NS

Table 101100: PICO 3- Insulin Injection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2019	Moderate	BCTQ-FSS	2 mos	Corticosteroid and Insulin Injection: 40mg Methylprednisone locally at first visit, 10 IU Insulin after 2 and 4 weeks	Corticoidsteroid Injection: 40mg Methylprednisone	Mean Difference	0.11 (-0.21, 0.43)	NS

Table 102101: PICO 3- Kinesiotaping vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Geler Kulcu, 2016	Moderate	BCTQ-SSS	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Mean Difference	0.4 (-4.81, 5.61)	NS

Table 103102: PICO 3- Kinesiotaping vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Geler Kulcu, 2016	Moderate	BCTQ-FSS	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Mean Difference	1.4 (-2.64, 5.44)	NS

Table 104103: PICO 3- Kinesiotaping vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Geler Kulcu, 2016	Moderate	VAS Pain at Rest	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Orthotic Device: custom-made volar thermoplastic wrist ODs in the neutral position	Mean Difference	-1.6 (-3.40, 0.20)	NS

Table 105104: PICO 3- Kinesiotaping vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Sire, 2021	High	BCTQ-SSS	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.2 (-0.45, 0.05)	NS
de Sire, 2021	High	BCTQ-SSS	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.4 (-0.67, -0.13)	Kinesiotaping w/ Specific Exercise
de Sire, 2021	High	QuickDASH	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.1 (-6.13, 5.93)	NS
de Sire, 2021	High	QuickDASH	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-1.7 (-7.55, 4.15)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Sire, 2021	High	EQ53DL (EuroQol 5-Dimension 3-Level)	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.03 (-0.08, 0.02)	NS
de Sire, 2021	High	EQ53DL (EuroQol 5-Dimension 3-Level)	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	0 (0.00, 0.00)	NS
de Sire, 2021	High	EQVAS (EuroQol Visual AnalogueScale)	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	0.3 (-0.22, 0.82)	NS
de Sire, 2021	High	EQVAS (EuroQol Visual AnalogueScale)	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	0.6 (-0.05, 1.25)	NS
Aminian-Far, 2022	High	BCTQ	1 mos	Kinesiotaping: Taping was performed twice a week for two weeks and four times in total	Sham Taping: Sham taping (Sham KT) was applied without proper position or tension(i.e., in a way that contradicted the therapeutic technique).	Mean Difference	-0.25 (-0.47, -0.03)	Kinesiotaping
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	3 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-SSS	6 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Yildirim, 2018	Moderate	BCTQ-SSS	1.5 mos	Tendon and Nerve Gliding Exercise w/ Kinesiotaping: Field Smoothing Technique, performed 3x/day with 5-day intervals throughout study	Tendon and Nerve Gliding Exercise	Mean Difference	3.09 (-1.56, 7.74)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Geler Kulcu, 2016	Moderate	BCTQ-SSS	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	-1 (-6.96, 4.96)	NS

Table 106105: PICO 3- Kinesiotaping vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Sire, 2021	High	BCTQ-FSS	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.6 (-1.03, -0.17)	Kinesiotaping w/ Specific Exercise
de Sire, 2021	High	BCTQ-FSS	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.9 (-1.30, -0.50)	Kinesiotaping w/ Specific Exercise
Aminian-Far, 2022	High	Pinch Strength (kg) (Pinch Grip (kg))	1 mos	Kinesiotaping: Taping was performed twice a week for twoweeks and four times in total	Sham Taping: Sham taping (Sham KT) was applied without proper position or tension(i.e., in a way that contradicted the therapeutic technique).	Mean Difference	2.86 (1.78, 3.94)	Kinesiotaping
Aminian-Far, 2022	High	Grip Strength (Kg)	1 mos	Kinesiotaping: Taping was performed twice a week for twoweeks and four times in total	Sham Taping: Sham taping (Sham KT) was applied without proper position or tension(i.e., in a way that contradicted the therapeutic technique).	Mean Difference	2.6 (0.42, 4.78)	Kinesiotaping
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	3 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	BCTQ-FSS	6 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	3 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Hand Grip Strength (no units specified)	6 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	3 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Mansiz Kaplan, 2019	Moderate	Pinch Grip Strength (no units specified, fingers grip strength)	6 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Yildirim, 2018	Moderate	BCTQ-FSS	1.5 mos	Tendon and Nerve Gliding Exercise w/ Kinesiotaping: Field Smoothing Technique, performed 3x/day with 5-day intervals throughout study	Tendon and Nerve Gliding Exercise	Mean Difference	2 (-1.24, 5.24)	NS
Yildirim, 2018	Moderate	Hand Grip Strength (kg)	1.5 mos	Tendon and Nerve Gliding Exercise w/ Kinesiotaping: Field Smoothing Technique, performed 3x/day with 5-day intervals throughout study	Tendon and Nerve Gliding Exercise	Mean Difference	0.63 (-6.19, 7.45)	NS
Yildirim, 2018	Moderate	Pinch Strength (kg)	1.5 mos	Tendon and Nerve Gliding Exercise w/ Kinesiotaping: Field Smoothing Technique, performed 3x/day with 5-day intervals throughout study	Tendon and Nerve Gliding Exercise	Mean Difference	-0.6 (-2.15, 0.95)	NS
Yildirim, 2018	Moderate	Moberg Test	1.5 mos	Tendon and Nerve Gliding Exercise w/ Kinesiotaping: Field Smoothing Technique, performed 3x/day with 5-day intervals throughout study	Tendon and Nerve Gliding Exercise	Mean Difference	-1.53 (-3.39, 0.33)	NS
Geler Kulcu, 2016	Moderate	BCTQ-FSS	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	3.4 (-1.12, 7.92)	NS

Table 107106: PICO 3- Kinesiotaping vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de Sire, 2021	High	VAS Pain at Rest	1 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-0.8 (-1.50, -0.10)	Kinesiotaping w/ Specific Exercise
de Sire, 2021	High	VAS Pain at Rest	6 mos	Kinesiotaping w/ Specific Exercise: Kt taping as proposed by Kase et al + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore KT taping until the following session	Sham Taping w/ Specific Exercise: Sham tape + Specific exercise [10 sessions (2 sessions/week for 5 wk), including a schedule of 6 exercises (10 repetitions for each)]; All patients wore sham taping until the following session	Mean Difference	-1.2 (-1.89, -0.51)	Kinesiotaping w/ Specific Exercise
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	3 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Mean Difference	-0.7 (-1.67, 0.27)	NS
Mansiz Kaplan, 2019	Moderate	VAS Pain at Rest	6 mos	Kinesiotaping w/ Orthotic: 2x/week for 3 weeks	Orthotic	Author Reported - ANOVA, Kruskal-Wallis Test, Tamhane's T2 Test, Tukey's Test	N/A	NS
Geler Kulcu, 2016	Moderate	VAS Pain at Rest	1 mos	Kinesiotaping: Kinesio Tex I Strip was measured from elbow to fingertips and cut with 15-25% tension.	Sham Kinesiotaping: Tape with a width of 5 cm and a thickness of 0.5 mm was used. Kinesio Tex I Strip was applied without having the proper position and with no tension	Mean Difference	0.2 (-1.50, 1.90)	NS

Table 108107: PICO 3- Laser Acupuncture vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Juan, 2019	High	Global Symptom Score, Numbness	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	0.37 (-0.44, 1.18)	NS
Juan, 2019	High	Global Symptom Score, Nocturnal Awakening	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	-0.37 (-1.38, 0.64)	NS

Table 109108: PICO 3- Laser Acupuncture vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Juan, 2019	High	Global Symptom Score	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	0.51 (-3.28, 4.30)	NS

Table 110109: PICO 3- Laser Acupuncture vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Juan, 2019	High	Global Symptom Score, Paresthesia	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	0.18 (-0.82, 1.18)	NS
Juan, 2019	High	Global Symptom Score, Weakness	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	-0.54 (-1.35, 0.27)	NS

Table 111110: PICO 3- Laser Acupuncture vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Juan, 2019	High	Global Symptom Score, Pain	1 mos	Laser Acupuncture: 5 times/week for 4 weeks	Sham Laser Acupuncture: 5 times/week for 4 weeks	Mean Difference	0.78 (-0.20, 1.76)	NS

Table 112111: PICO 3- Laser vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yagci, 2009	High	Treatment Failure (no change in NCV/BQ or worsening)	3 mos	Low-Level Laser Therapy w/ Orthotic: Laser: Infrared Ga-A1-As Diode, 830nm, 30mW, applied directly and perpendicular to three points where median nerve localized for 90s each, 8.1J dose each treatment for 10 treatments. Splinting: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	Orthotic: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	RR	1.71(0.56,5.26)	NS

Table 113112: PICO 3- Laser vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Guner, 2018	High	BCTQ-SSS	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	BCTQ-SSS	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	BCTQ-SSS	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy
Chang, 2008	High	BCTQ-SSS	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm2, at 830nm;	Sham Laser Therapy: No laser output	Mean Difference	-9.36 (-9.89, -8.83)	Laser Therapy
Evciik, 2007	High	BCTQ-SSS	3 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm2, 1000Hz;	Sham Laser Therapy: No laser output	Author Reported - ANOVA, T-Test	N/A	NS
Fusakul, 2014	High	BCTQ-SSS	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.25 (0.03, 0.47)	Sham Laser Therapy w/ Orthotic
Fusakul, 2014	High	BCTQ-SSS	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.14 (-0.06, 0.34)	NS
Dincer, 2009	High	BCTQ-SSS	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm3	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.79 (-1.04, -0.54)	Low-Level Laser Therapy w/ Orthotic
Dincer, 2009	High	BCTQ-SSS	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm3	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-1.41 (-1.71, -1.11)	Low-Level Laser Therapy w/ Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yagci, 2009	High	BCTQ-SSS	3 mos	Low-Level Laser Therapy w/ Orthotic: Laser: Infrared Ga-A1-As Diode, 830nm, 30mW, applied directly and perpendicular to three points where median nerve localized for 90s each, 8.1J dose each treatment for 10 treatments. Splinting: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	Orthotic: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	Mean Difference	-0.1 (-0.53, 0.33)	NS
Barbosa, 2016	Moderate	BCTQ-SSS	1.5 mos	Low-Level Laser Therapy w/ Orthotic: 660nm of wavelength, mean power of 30mW, continuous regime and bean area of 0.06cm ² . Fluency of 10J/cm ² , energy of 0.6J, exposure time 20 sec per point, total of 6 points, 2x/wk for 6 wks; thermoplastic static volar orthoses worn at night for 6 wks;	Orthotic: Thermoplastic static volar orthoses worn at night for 6 wks	Mean Difference	0.34 (-0.09, 0.77)	NS

Table 114113: PICO 3- Laser vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Guner, 2018	High	Grip Strength (kg)	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	Pinch Strength (kg)	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	BCTQ-FSS	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	Hand Grip Strength (kg)	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	Pinch Strength (kg)	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	BCTQ-FSS	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	Grip Strength (kg)	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	Pinch Strength (kg)	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	BCTQ-FSS	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy
Dincer, 2009	High	BCTQ-FSS	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm2	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.45 (-0.69, -0.21)	Low-Level Laser Therapy w/ Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	BCTQ-FSS	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.83 (-1.10, -0.56)	Low-Level Laser Therapy w/ Orthotic
Fusakul, 2014	High	BCTQ-FSS	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.21 (-0.02, 0.44)	NS
Fusakul, 2014	High	BCTQ-FSS	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.16 (-0.04, 0.36)	NS
Yagci, 2009	High	BCTQ-FSS	3 mos	Low-Level Laser Therapy w/ Orthotic: Laser: Infrared Ga-A1-As Diode, 830nm, 30mW, applied directly and perpendicular to three points where median nerve localized for 90s each, 8.1J dose each treatment for 10 treatments. Splinting: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	Orthotic: Neutral Position, Cotton-Polyester Splints, Nighttime and Daytime when possible for 3 mos.	Mean Difference	-0.28 (-0.67, 0.11)	NS
Chang, 2008	High	BCTQ-FSS	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm ² , at 830nm;	Sham Laser Therapy: No laser output	Mean Difference	-8.56 (-9.05, -8.07)	Laser Therapy
Chang, 2008	High	Grip Strength (kg)	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm ² , at 830nm;	Sham Laser Therapy: No laser output	Mean Difference	3.81 (1.42, 6.20)	Laser Therapy
Chang, 2008	High	Lateral Prehension (kg)	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm ² , at 830nm;	Sham Laser Therapy: No laser output	Mean Difference	0.98 (0.23, 1.73)	Laser Therapy
Chang, 2008	High	Digital Prehension (kg)	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm ² , at 830nm;	Sham Laser Therapy: No laser output	Mean Difference	0.77 (0.18, 1.36)	Laser Therapy
Evcik, 2007	High	Grip Strength (kg)	1 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm ² , 1000Hz;	Sham Laser Therapy: No laser output	Mean Difference	2.7 (-0.17, 5.57)	NS
Evcik, 2007	High	Grip Strength (kg)	3 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm ² , 1000Hz;	Sham Laser Therapy: No laser output	Mean Difference	3.2 (0.11, 6.29)	Laser Therapy

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Evcik, 2007	High	Pinch Strength (kg) (Pinch Grip (kg))	1 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm2, 1000Hz;	Sham Laser Therapy: No laser output	Mean Difference	0.6 (-0.05, 1.25)	NS
Evcik, 2007	High	Pinch Strength (kg) (Pinch Grip (kg))	3 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm2, 1000Hz;	Sham Laser Therapy: No laser output	Mean Difference	0.9 (0.22, 1.58)	Laser Therapy
Fusakul, 2014	High	Grip Strength (no units specified)	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	-0.6 (-1.00, -0.20)	Sham Laser Therapy w/ Orthotic
Fusakul, 2014	High	Pinch Strength (no units specified)	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	3.35 (2.41, 4.29)	Laser Therapy w/ Orthotic
Fusakul, 2014	High	Grip Strength (no units specified)	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.89 (0.49, 1.29)	Laser Therapy w/ Orthotic
Fusakul, 2014	High	Pinch Strength (no units specified)	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	-0.07 (-0.18, 0.04)	NS
Barbosa, 2016	Moderate	BCTQ-FSS	1.5 mos	Low-Level Laser Therapy w/ Orthotic: 660nm of wavelength, mean power of 30mW, continuous regime and beam area of 0.06cm2. Fluency of 10J/cm2, energy of 0.6J, exposure time 20 sec per point, total of 6 points, 2x/wk for 6 wks; thermoplastic static volar orthoses worn at night for 6 wks;	Orthotic: Thermoplastic static volar orthoses worn at night for 6 wks	Mean Difference	0.07 (-0.34, 0.48)	NS

Table 115114: PICO 3- Laser vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Guner, 2018	High	VAS Pain, Day	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	VAS Pain, Night	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Author Reported - Mann-Whitney U Test	N/A	NS
Guner, 2018	High	VAS Pain, Day	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	VAS Pain, Night	3 mos	Laser Therapy w/ Kinesiotaping: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz; Kinesiotaping for 3 weeks using Bonding Technique;	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy w/ Kinesiotaping
Guner, 2018	High	VAS Pain, Day	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy
Guner, 2018	High	VAS Pain, Night	3 mos	Laser Therapy: 15 laser treatments: 3 weeks, 5 days a week, 27mW at wavelength of 685 nm of 10Hz	Sham Laser Therapy: 15 sham laser treatments for 3 weeks, set at 0 J/cm2	Author Reported - Mann-Whitney U Test	N/A	Laser Therapy
Dincer, 2009	High	VAS Pain at Rest	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm3	Orthotic: standard lightweightwrist splint with a metal strip extending across thewrist to the mid-palm region	Mean Difference	-3.21 (-3.95, -2.47)	Low-Level Laser Therapy w/ Orthotic
Dincer, 2009	High	VAS Pain at Rest	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm3	Orthotic: standard lightweightwrist splint with a metal strip extending across thewrist to the mid-palm region	Mean Difference	-3.78 (-4.65, -2.91)	Low-Level Laser Therapy w/ Orthotic
Chang, 2008	High	VAS Pain at Rest	1 mos	Laser Therapy: 1x/day for 10 min, 5 days/wk for 2 wks; 10Hz, 50% duty cycle, 60mW, 9.7J/cm2, at 830nm;	Sham Laser Therapy: No laser output	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	Laser Therapy
Evcik, 2007	High	VAS Pain, Day	3 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm2, 1000Hz;	Sham Laser Therapy: No laser output	Author Reported - ANOVA, T-Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Evcik, 2007	High	VAS Pain, Night	3 mos	Laser Therapy: 1x/day, 5 days/wk for 2 wks; 830nm, 450mW, 0.60W/cm ² , 1000Hz;	Sham Laser Therapy: No laser output	Author Reported - ANOVA, T-Test	N/A	NS
Fusakul, 2014	High	VAS Pain at Rest	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	1.1 (0.98, 1.22)	Sham Laser Therapy w/ Orthotic
Fusakul, 2014	High	VAS Pain at Rest	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	Mean Difference	0.97 (0.83, 1.11)	Sham Laser Therapy w/ Orthotic
Fusakul, 2014	High	Mild Pain	2 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.00(0.06,15.60)	NS

Table 116115: PICO 3- Laser vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	RR	1.57(1.11,2.23)	Orthotic
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	RR	1.49(1.07,2.08)	Orthotic
Fusakul, 2014	High	Patient Assessment, Fully Recovered	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	0.17(0.02,1.34)	NS
Fusakul, 2014	High	Patient Assessment, Fully Recovered	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	0.60(0.23,1.54)	NS
Fusakul, 2014	High	Patient Assessment, Much Improved	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.00(0.60,1.68)	NS
Fusakul, 2014	High	Patient Assessment, Much Improved	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.00(0.65,1.53)	NS
Fusakul, 2014	High	Patient Assessment, Moderately Improved	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.21(0.66,2.22)	NS
Fusakul, 2014	High	Patient Assessment, Moderately Improved	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.33(0.61,2.91)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Fusakul, 2014	High	Patient Assessment, Slightly Improved	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	3.00(0.86,10.50)	NS
Fusakul, 2014	High	Patient Assessment, Slightly Improved	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	0.75(0.18,3.20)	NS
Fusakul, 2014	High	Patient Assessment, Same	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	0.57(0.18,1.84)	NS
Fusakul, 2014	High	Patient Assessment, Same	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.33(0.31,5.69)	NS
Fusakul, 2014	High	Patient Assessment, Worse	1 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	0.86(0.31,2.39)	NS
Fusakul, 2014	High	Patient Assessment, Worse	3 mos	Laser Therapy w/ Orthotic: 3x/wk for 6 min for 5 wks; 810nm, 50mW, 18J/session; Splint for 12 weeks continuously;	Sham Laser Therapy w/ Orthotic: Placebo red light treatment, no laser output; Splint for 12 weeks continuously;	RR	1.17(0.42,3.25)	NS

Table 117116: PICO 3- Laser vs. Therapeutic Ultrasound- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	BCTQ-SSS	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Mean Difference	-0.45 (-0.75, -0.15)	Low-Level Laser Therapy w/ Orthotic
Dincer, 2009	High	BCTQ-SSS	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Mean Difference	-0.71 (-1.13, -0.29)	Low-Level Laser Therapy w/ Orthotic
Saeed, 2012	High	BCTQ-SSS	1 mos	Laser Therapy: low intensity (9 J), infrared laser diode (Enraf, Endolaser 830nm) at (1.8 J/point) over the wrist. A total of 20 laser therapies were performed once a day, 5 times a week for 4 weeks.	Ultrasound Therapy: 1 MHz and intensity of 1.0 Watt/cm with Enraf Sonopuls 492. A total of 20 sessions in 4 weeks were done	Mean Difference	0.43 (0.36, 0.50)	Ultrasound Therapy

Table 118117: PICO 3- Laser vs. Therapeutic Ultrasound- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	BCTQ-FSS	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Mean Difference	-0.32 (-0.57, -0.07)	Low-Level Laser Therapy w/ Orthotic
Dincer, 2009	High	BCTQ-FSS	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Mean Difference	-0.18 (-0.46, 0.10)	NS
Saeed, 2012	High	BCTQ-FSS	1 mos	Laser Therapy: low intensity (9 J), infrared laser diode (Enraf, Endolaser 830nm) at (1.8 J/point) over the wrist. A total of 20 laser therapies were performed once a day, 5 times a week for 4 weeks.	Ultrasound Therapy: 1 MHz and intensity of 1.0 Watt/cm with Enraf Sonopuls 492. A total of 20 sessions in 4 weeks were done	Mean Difference	0.35 (0.29, 0.41)	Ultrasound Therapy

Table 119118: PICO 3- Laser vs. Therapeutic Ultrasound- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	VAS Pain at Rest	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Mean Difference	-0.61 (-1.52, 0.30)	NS
Dincer, 2009	High	VAS Pain at Rest	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size (Intelec Mobil, Hixon, Chattanooga, TN) with aquasonic gel.	Mean Difference	-1.25 (-2.28, -0.22)	Low-Level Laser Therapy w/ Orthotic
Bakhtiary, 2004	High	VAS Pain at Rest	1 mos	Laser Therapy: low intensity (9 J), infrared laser diode (Enraf, Endolaser 830 nm) at five points (1.8 J/point) over the course of the median nerve at the wrist. 15 laser therapies were performed once a day, 5 times a week for 3 weeks	Ultrasound Therapy: 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , with pulsed mode duty cycle of 1:4 and a transducer area of 5 cm ² , using an Enraf Sonopuls 434 machine with aquasonic gel as the couplant. The apparatus was initially standard and the output was controlled regularly by a simple under-water radiation balance. A total of 15 ultrasound treatments were performed once a day, five times a week for three weeks.	Mean Difference	4.3 (3.64, 4.96)	Ultrasound Therapy
Saeed, 2012	High	VAS Pain at Rest	1 mos	Laser Therapy: low intensity (9 J), infrared laser diode (Enraf, Endolaser 830nm) at (1.8 J/point) over the wrist. A total of 20 laser therapies were performed once a day, 5 times a week for 4 weeks.	Ultrasound Therapy: 1 MHz and intensity of 1.0 Watt/cm with Enraf Sonopuls 492. A total of 20 sessions in 4 weeks were done	Mean Difference	2.3 (1.80, 2.80)	Ultrasound Therapy
Ahmed, 2017	Moderate	VAS Pain at Rest	1.5 mos	Low-Level Laser Therapy: 3 sessions of wavelength 904 nm IR Gallium Arsenide LLLT/week for 6 weeks	Ultrasound Therapy: 3 US sessions weekly for 6 weeks (frequency 1 MHz, power 1.0 W/cm ² , pulsed mode 1:5)	Mean Difference	0.16 (-0.78, 1.10)	NS

Table 120119: PICO 3- Laser vs. Therapeutic Ultrasound- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	1 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	RR	1.25(0.93,1.67)	NS
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	3 mos	Low-Level Laser Therapy w/ Orthotic: infrared GaAs diode laser with a wavelength of 904 nm frequency range of 5–7000 Hz, pulse duration of 200 nsec, maximum power output of 27 W, average power of 2.4 mW, and spot size of 0.07 cm ³	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	RR	1.04(0.83,1.31)	NS

Table 121120: PICO 3- Magnet Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Colbert, 2010	High	BCTQ-SSS	1 mos	Static Magnetic Field Therapy: 15-20mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.1 (-0.37, 0.57)	NS
Colbert, 2010	High	BCTQ-SSS	4 mos	Static Magnetic Field Therapy: 15-20mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.1 (-0.37, 0.57)	NS
Colbert, 2011	High	BCTQ-SSS	1 mos	Static Magnetic Field Therapy: 45-50mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.2 (-0.21, 0.61)	NS
Colbert, 2011	High	BCTQ-SSS	4 mos	Static Magnetic Field Therapy: 45-50mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0 (-0.47, 0.47)	NS
Baute, 2018	Low	BCTQ-SSS	1.5 mos	High Dose Magnetic Wristband: Neodymium magnets with residual flux density of 13,200 gauss (G), measuring 3.81cm (l) x 1.43 cm (w) x 0.08cm (h). Magnetic strength measured at 2,976 G;	Low Dose Sham Magnetic Wristband: Magnetic strength measured at 16 G;	Author Reported - Fisher's Exact Test, T-Test	N/A	NS

Table 122121: PICO 3- Magnet Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Colbert, 2010	High	BCTQ-FSS	1 mos	Static Magnetic Field Therapy: 15-20mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0 (-0.28, 0.28)	NS
Colbert, 2010	High	BCTQ-FSS	4 mos	Static Magnetic Field Therapy: 15-20mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.1 (-0.34, 0.54)	NS
Colbert, 2011	High	BCTQ-FSS	1 mos	Static Magnetic Field Therapy: 45-50mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.1 (-0.22, 0.42)	NS
Colbert, 2011	High	BCTQ-FSS	4 mos	Static Magnetic Field Therapy: 45-50mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	Mean Difference	0.2 (-0.17, 0.57)	NS

Table 123122: PICO 3- Magnet Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Colbert, 2010	High	Musculoskeletal Pain	Postop .	Static Magnetic Field Therapy: 15-20mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	RD	0.00(0.00,0.00)	NS
Colbert, 2011	High	Musculoskeletal Pain	Postop .	Static Magnetic Field Therapy: 45-50mT; unipolar neodymium magnet worn nightly for 6 wks;	Sham Static Magnetic Field Therapy: Sham magnetic disk work nightly for 6 wks;	RD	0.05(-0.05,0.15)	NS
Zaralieva, 2022	Low	VAS Pain at Rest	6 mos	Low-Frequency Pulsed Magnetic Field and Phonophoresis Therapy: 2 hard inductors were placed transversely in the area of the carpal canal of the affected arm, at parameters 20mT, period/pause = 2/8 for 15 minutes and a labile method, on the projection of the carpal tunnel of the affected limb, with mediator Contractubex, with an ultrasonic head with a sound area of 1 cm ² , at a power of 0.8 - 1.0 W / cm ² , 3MHz - for 8 min	Phonophoresis: Low frequency pulsed magnetic field, without applying the intensity of the magnetic field and without having visibility to the device; 2. Ultraphonophoresis - without applying intensity	Author Reported - NA	N/A	NS
El Gohary, 2015	Moderate	VAS Pain at Rest	1 mos	Repetitive Peripheral Magnetic Stimulation: 10 Hz for 10 seconds per train with a 20 seconds inter-train interval with total of 1050 pulse/session.	Sham Magnet Therapy: coil was angled away from the wrist	Mean Difference	-7.59 (-14.23, -0.95)	Repetitive Peripheral Magnetic Stimulation

Table 124123: PICO 3- Manipulation vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamoda, 2019	Moderate	BCTQ-SSS	1 mos	Myofascial Release: 3 sessions per week for 4 weeks.	Night Orthotic: Night splinting for 4 weeks	Author Reported - Mann-Whitney U Test	N/A	Myofascial Release

Table 125124: PICO 3- Manipulation vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamoda, 2019	Moderate	BCTQ-FSS	1 mos	Myofascial Release: 3 sessions per week for 4 weeks.	Night Orthotic: Night splinting for 4 weeks	Author Reported - Mann-Whitney U Test	N/A	Myofascial Release

Table 126125: PICO 3- Manipulation vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamoda, 2019	Moderate	Pain Intensity	1 mos	Myofascial Release: 3 sessions per week for 4 weeks.	Night Orthotic: Night splinting for 4 weeks	Author Reported - Mann-Whitney U Test	N/A	Myofascial Release

Table 127126: PICO 3- Manipulation vs. Laser- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Pratelli, 2015	Moderate	BCTQ-SSS	1 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-1.31 (-1.49, -1.13)	Fascial Manipulation
Pratelli, 2015	Moderate	BCTQ-SSS	3 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-1.72 (-1.86, -1.58)	Fascial Manipulation

Table 128127: PICO 3- Manipulation vs. Laser- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Pratelli, 2015	Moderate	BCTQ-FSS	1 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-1.17 (-1.45, -0.89)	Fascial Manipulation
Pratelli, 2015	Moderate	BCTQ-FSS	3 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-1.31 (-1.64, -0.98)	Fascial Manipulation

Table 129128: PICO 3- Manipulation vs. Laser- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Pratelli, 2015	Moderate	VAS Pain at Rest	1 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-4.2 (-4.96, -3.44)	Fascial Manipulation
Pratelli, 2015	Moderate	VAS Pain at Rest	3 mos	Fascial Manipulation: 3 sessions for 45 min once a week for a total of 3 weeks.	Laser Therapy: infrared diode (M300 level laser) with a wavelength of 780e830 nm and a power between 1000 and3000 mW. 5 sessions daily lasting 10 min for 3 weeks	Mean Difference	-4.32 (-5.06, -3.58)	Fascial Manipulation

Table 130129: PICO 3- Manual Therapy vs. Exercise- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamzeh, 2021	High	BCTQ-SSS	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-0.12 (-0.55, 0.31)	NS
Hamzeh, 2021	High	QuickDASHa (General Disabilities)	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-2.87 (-16.90, 11.16)	NS
Hamzeh, 2021	High	QuickDASHb (Work-Related Disabilities)	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-6.53 (-21.47, 8.41)	NS
Hamzeh, 2021	High	BCTQ-SSS	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-0.24 (-0.63, 0.15)	NS
Hamzeh, 2021	High	QuickDASHa (General Disabilities)	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-12.6 (-23.37, -1.83)	Neurodynamic Techniques
Hamzeh, 2021	High	QuickDASHb (Work-Related Disabilities)	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-9.86 (-22.83, 3.11)	NS
Sheereen, 2022	Moderate	BCTQ	1 mos	Neurodynamic Techniques: NT was performed in 2 sets of 5minutes each with 1-minute rest between sets. It was performedthree times per week for three weeks consecutively	Carpal Bone Mobilization: CBMTwas performed in 3 sets with 30 repetitionsin each set, keeping a gap of one minute between the sets. Itwas performed three times per week for three weeks consecutively	Author Reported - Unpaired T-Test	-0.58(...)	Neurodynamic Techniques

Table 131130: PICO 3- Manual Therapy vs. Exercise- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamzeh, 2021	High	BCTQ-FSS	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-0.09 (-0.64, 0.46)	NS
Hamzeh, 2021	High	Grip Strength (lbs)	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	3.74 (-5.63, 13.11)	NS
Hamzeh, 2021	High	PROM Flexion	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-2.88 (-5.17, -0.59)	Exercise
Hamzeh, 2021	High	PROM extension	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.82 (-4.95, 1.31)	NS
Hamzeh, 2021	High	PROM adduction	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	1.01 (-1.59, 3.61)	NS
Hamzeh, 2021	High	PROM abduction	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	0.52 (-2.42, 3.46)	NS
Hamzeh, 2021	High	AROM Flexion	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-7.41 (-12.06, -2.76)	Exercise
Hamzeh, 2021	High	AROM Extension	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-0.82 (-5.64, 4.00)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamzeh, 2021	High	AROM Adduction	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	1.4 (-2.04, 4.84)	NS
Hamzeh, 2021	High	AROM Abduction	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	2.09 (-1.30, 5.48)	NS
Hamzeh, 2021	High	BCTQ-FSS	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-0.49 (-0.92, -0.06)	Neurodynamic Techniques
Hamzeh, 2021	High	Grip Strength (lbs)	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	5.77 (-4.12, 15.66)	NS
Hamzeh, 2021	High	PROM Flexion	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.11 (-4.45, 2.23)	NS
Hamzeh, 2021	High	PROM extension	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	0.61 (-3.25, 4.47)	NS
Hamzeh, 2021	High	PROM adduction	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-3.26 (-7.38, 0.86)	NS
Hamzeh, 2021	High	PROM abduction	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	3.21 (0.13, 6.29)	Neurodynamic Techniques
Hamzeh, 2021	High	AROM Flexion	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-2.9 (-7.89, 2.09)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamzeh, 2021	High	AROM Extension	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	3.06 (-2.25, 8.37)	NS
Hamzeh, 2021	High	AROM Adduction	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-3.21 (-7.81, 1.39)	NS
Hamzeh, 2021	High	AROM Abduction	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	2.53 (-0.42, 5.48)	NS
Sheereen, 2022	Moderate	Grip Strength (units not given)	1 mos	Neurodynamic Techniques: NT was performed in 2 sets of 5minutes each with 1-minute rest between sets. It was performedthree times per week for three weeks consecutively	Carpal Bone Mobilization: CBMTwas performed in 3 sets with 30 repetitionsin each set, keeping a gap of one minute between the sets. Itwas performed three times per week for three weeks consecutively	Author Reported - Unpaired T-Test	0.22(,..)	NS

Table 132131: PICO 3- Manual Therapy vs. Exercise- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamzeh, 2021	High	VAS Pain at Rest	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.75 (-3.00, -0.50)	Neurodynamic Techniques
Hamzeh, 2021	High	Worst VAS	1 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.93 (-3.58, -0.28)	Neurodynamic Techniques
Hamzeh, 2021	High	VAS Pain at Rest	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.03 (-2.32, 0.26)	NS
Hamzeh, 2021	High	Worst VAS	6 mos	Neurodynamic Techniques: one 60-minute weekly sessions over a period of 4 weeks. Included neurodynamics manual therapy and neurodynamic-basedhome exercises	Exercise: 4 sessions of supervised exercise. Included 10 x 3 repetitions of tendon gliding, wrist and hand strengthening, stretching, and active range of motion (AROM) exercise.	Mean Difference	-1.94 (-3.85, -0.03)	Neurodynamic Techniques
Sheereen, 2022	Moderate	VAS Pain at Rest	1 mos	Neurodynamic Techniques: NT was performed in 2 sets of 5minutes each with 1-minute rest between sets. It was performedthree times per week for three weeks consecutively	Carpal Bone Mobilization: CBMTwas performed in 3 sets with 30 repetitionsin each set, keeping a gap of one minute between the sets. Itwas performed three times per week for three weeks consecutively	Author Reported - Unpaired T-Test	-0.28(...)	NS

Table 133132: PICO 3- Manual Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Jimenez Del Barrio, 2018	High	DASH	1 mos	Diacutaneous Fibrolysis: 5 sessions, 20 min each	Sham Fibrolysis: 5 sessions, 20 min each	Mean Difference	-17.94 (-23.96, -11.92)	Diacutaneous Fibrolysis
Wolny, 2019	High	BCTQ-SSS	2.5 mos	Neurodynamic Techniques: 20 sessions, 2x/week, 20 min each, Neurodynamic Techniques	No Intervention	Mean Difference	-1.79 (-2.05, -1.53)	Neurodynamic Techniques
Wolny, 2018	Moderate	BCTQ-SSS	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-1.09 (-1.29, -0.89)	Neurodynamic Techniques

Table 134133: PICO 3- Manual Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2019	High	Grip Strength (kg)	2.5 mos	Neurodynamic Techniques: 20 sessions, 2x/week, 20 min each, Neurodynamic Techniques	No Intervention	Mean Difference	-1.3 (-3.51, 0.91)	NS
Wolny, 2019	High	BCTQ-FSS	2.5 mos	Neurodynamic Techniques: 20 sessions, 2x/week, 20 min each, Neurodynamic Techniques	No Intervention	Mean Difference	-0.91 (-1.17, -0.65)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Physical Functioning	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	14.8 (9.41, 20.19)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Role Physical	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	30.8 (21.50, 40.10)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Physical Component Summary	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	17.1 (12.78, 21.42)	Neurodynamic Techniques
Wolny, 2019	High	Pincer Grip Strength (kg)	2.5 mos	Neurodynamic Techniques: 20 sessions, 2x/week, 20 min each, Neurodynamic Techniques	No Intervention	Mean Difference	0.03 (-0.51, 0.57)	NS
Wolny, 2018	Moderate	Grip Strength (kg)	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-1.9 (-3.74, -0.06)	Sham Neurodynamic Techniques
Wolny, 2018	Moderate	BCTQ-FSS	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-1.15 (-1.36, -0.94)	Neurodynamic Techniques
Wolny, 2018	Moderate	Two-Point Discrimination Sense, Finger 1 (mm)	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-2.36 (-2.79, -1.93)	Neurodynamic Techniques
Wolny, 2018	Moderate	Two-Point Discrimination Sense, Finger 2 (mm)	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-2.34 (-2.71, -1.97)	Neurodynamic Techniques
Wolny, 2018	Moderate	Two-Point Discrimination Sense, Finger 3 (mm)	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-2.38 (-2.71, -2.05)	Neurodynamic Techniques

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2018	Moderate	Pincer Grip Strength (kg)	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-0.09 (-0.53, 0.35)	NS

Table 135134: PICO 3- Manual Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2018	High	SF-36 Bodily Pain	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	18.6 (13.58, 23.62)	Neurodynamic Techniques
Jimenez Del Barrio, 2018	High	VAS Pain, Night	1 mos	Diacutaneous Fibrolysis: 5 sessions, 20 min each	Sham Fibrolysis: 5 sessions, 20 min each	Mean Difference	-3.06 (-4.14, -1.98)	Diacutaneous Fibrolysis
Wolny, 2019	High	VAS Pain at Rest	2.5 mos	Neurodynamic Techniques: 20 sessions, 2x/week, 20 min each, Neurodynamic Techniques	No Intervention	Mean Difference	-4.08 (-4.48, -3.68)	Neurodynamic Techniques
Wolny, 2018	Moderate	VAS Pain at Rest	2.5 mos	Neurodynamic Techniques: Arm adduction to 90deg, arm external rotation, wrist and finger extension, forearm supination, and elbow extension;	Sham Neurodynamic Techniques: Therapeutic procedure performed in the same way as Tx1 but in an intermediate position without a neurodynamic sequence;	Mean Difference	-4 (-4.32, -3.68)	Neurodynamic Techniques

Table 136135: PICO 3- Manual Therapy vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2018	High	SF-36, General Health	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	9.3 (5.20, 13.40)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Vitality	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	9.5 (5.25, 13.75)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Social Functioning	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	10.8 (4.95, 16.65)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Role Emotional	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	12.6 (4.14, 21.06)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Mental Health	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	5.6 (1.32, 9.88)	Neurodynamic Techniques
Wolny, 2018	High	SF-36, Mental Component Summary	2.5 mos	Neurodynamic Techniques: 20 treatments, 2x/week for 10 weeks, neurodynamic techniques	No Intervention	Mean Difference	9.7 (5.47, 13.93)	Neurodynamic Techniques

Table 137136: PICO 3- Massage Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elbalawy, 2020	High	BCTQ-SSS	1 mos		Physical Therapy: received the traditionaltherapeutic exercises including three groups ofexercises: circulatory and active free exercises,Median nerve gliding and Tendon gliding exercises.For one hour, each group for 20 minutes	Mean Difference	-0.13 (-0.70, 0.44)	NS

Table 138137: PICO 3- Massage Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elbalawy, 2020	High	BCTQ-FSS	1 mos		Physical Therapy: received the traditionaltherapeutic exercises including three groups ofexercises: circulatory and active free exercises,Median nerve gliding and Tendon gliding exercises.For one hour, each group for 20 minutes	Mean Difference	0.2 (-0.59, 0.99)	NS

Table 139138: PICO 3- Massage Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Elbalawy, 2020	High	VAS Pain at Rest	1 mos		Physical Therapy: received the traditionaltherapeutic exercises including three groups ofexercises: circulatory and active free exercises,Median nerve gliding and Tendon gliding exercises.For one hour, each group for 20 minutes	Mean Difference	-0.33 (-2.03, 1.37)	NS

Table 140139: PICO 3- Mechanical Traction vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Meems, 2017	Moderate	Carpal Tunnel Release Surgery	6 mos	Mechanical Traction: 2x/week for 6 weeks	Routine Care	RR	0.65(0.43,0.98)	Mechanical Traction

Table 141140: PICO 3- Mechanical Traction vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Meems, 2021	Moderate	BCTQ-SSS	1 yrs	Mechanical traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Author Reported - Chi-Square Test, Cohen's D, Cramer's V	N/A	NS
Meems, 2021	Moderate	BCTQ	1 yrs	Mechanical Traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Mean Difference	-0.06 (-0.34, 0.22)	NS
Meems, 2021	Moderate	BCTQ-SSS (excluding participants who had surgery in th 12 month follow up)	1 yrs	Mechanical Traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Mean Difference	-0.6 (-0.96, -0.24)	Mechanical Traction
Meems, 2021	Moderate	BCTQ (excluding participants who had surgery in th 12 month follow up)	1 yrs	Mechanical Traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Mean Difference	-0.57 (-0.89, -0.25)	Mechanical Traction
Meems, 2017	Moderate	BCTQ-SSS	6 mos	Mechanical Traction: 2x/week for 6 weeks	Routine Care	Mean Difference	-0.05 (-0.39, 0.29)	NS
Meems, 2017	Moderate	BCTQ	6 mos	Mechanical Traction: 2x/week for 6 weeks	Routine Care	Mean Difference	-0.04 (-0.26, 0.18)	NS

Table 142141: PICO 3- Mechanical Traction vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Meems, 2021	Moderate	BCTQ-FSS	1 yrs	Mechanical traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Author Reported - Chi-Square Test, Cohen's D, Cramer's V	N/A	NS
Meems, 2021	Moderate	BCTQ-FSS (excluding participants who had surgery in th 12 month follow up)	1 yrs	Mechanical Traction: 12 treatments with mechanical traction, twice a week for 6 weeks	Routine Care: Received treatment such as a wrist splint, local corticosteroidinjections, or carpal tunnel release surgery	Mean Difference	-0.5 (-0.85, -0.15)	Mechanical Traction
Meems, 2017	Moderate	BCTQ-FSS	6 mos	Mechanical Traction: 2x/week for 6 weeks	Routine Care	Mean Difference	0 (-0.25, 0.25)	NS

Table 143142: PICO 3- Mini-Scalpel Needle Release vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2019	High	BCTQ-SSS	1 mos	Corticosteroid Injection w/ Mini-Scalpel Needle Release: 5mg betamethasone dipropionate and 1ml of 1% lidocaine; Hanzhang Miniscalpel-Needle	Corticosteroid Injection: 5mg betamethasone dipropionate and 1ml of 1% lidocaine	Mean Difference	-0.13 (-0.26, -0.00)	Corticosteroid Injection w/ Mini-Scalpel Needle Release
Zhang, 2019	High	BCTQ-SSS	3 mos	Corticosteroid Injection w/ Mini-Scalpel Needle Release: 5mg betamethasone dipropionate and 1ml of 1% lidocaine; Hanzhang Miniscalpel-Needle	Corticosteroid Injection: 5mg betamethasone dipropionate and 1ml of 1% lidocaine	Mean Difference	-0.22 (-0.35, -0.09)	Corticosteroid Injection w/ Mini-Scalpel Needle Release

Table 144143: PICO 3- Mini-Scalpel Needle Release vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2019	High	BCTQ-FSS	1 mos	Corticosteroid Injection w/ Mini-Scalpel Needle Release: 5mg betamethasone dipropionate and 1ml of 1% lidocaine; Hanzhang Miniscalpel-Needle	Corticosteroid Injection: 5mg betamethasone dipropionate and 1ml of 1% lidocaine	Mean Difference	-0.07 (-0.20, 0.06)	NS
Zhang, 2019	High	BCTQ-FSS	3 mos	Corticosteroid Injection w/ Mini-Scalpel Needle Release: 5mg betamethasone dipropionate and 1ml of 1% lidocaine; Hanzhang Miniscalpel-Needle	Corticosteroid Injection: 5mg betamethasone dipropionate and 1ml of 1% lidocaine	Mean Difference	-0.28 (-0.46, -0.10)	Corticosteroid Injection w/ Mini-Scalpel Needle Release

Table 145144: PICO 3- Multimodal vs. Manual Therapy- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2017	Moderate	BCTQ-SSS	2.5 mos	Electrophysical Modalities: Laser, Ultrasound Therapy	Manual Therapy: Functional massage with wrist immobilization	Mean Difference	0.79 (0.58, 1.00)	Manual Therapy

Table 146145: PICO 3- Multimodal vs. Manual Therapy- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wolny, 2017	Moderate	BCTQ-FSS	2.5 mos	Electrophysical Modalities: Laser, Ultrasound Therapy	Manual Therapy: Functional massage with wrist immobilization	Mean Difference	0.65 (0.38, 0.92)	Manual Therapy

Table 147146: PICO 3- Multimodal vs. Multimodal- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Talebi, 2018	High	BCTQ-SSS	Postop .	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	6.16 (1.69, 10.63)	Manual Therapy w/ Neuromobilization
Talebi, 2018	High	BCTQ-SSS Improvement	1 mos	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	-20.6 (-29.83, -11.37)	Manual Therapy w/ Neuromobilization

Table 148147: PICO 3- Multimodal vs. Multimodal- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Talebi, 2018	High	BCTQ-FSS	Postop .	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	1.42 (-2.73, 5.57)	NS
Talebi, 2018	High	MNT: median neurodynamic test	Postop .	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	11.75 (7.53, 15.97)	Manual Therapy w/ Neuromobilization
Talebi, 2018	High	BCTQ-FSS Improvement	1 mos	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	-16.64 (-24.32, -8.96)	Manual Therapy w/ Neuromobilization
Talebi, 2018	High	MNT: Median Neurodynamic Test Improvement	1 mos	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	-27.64 (-32.44, -22.84)	Manual Therapy w/ Neuromobilization

Table 149148: PICO 3- Multimodal vs. Multimodal- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Talebi, 2018	High	VAS Pain at Rest	Postop .	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	0.66 (-0.64, 1.96)	NS
Talebi, 2018	High	VAS Pain Improvement	1 mos	Transcutaneous Electric Nerve Stimulation w/ Therapeutic Ultrasound: Modality group. Received intervention 3 times weekly for 4 weeks. TENS (frequency of 80 Hz, pulse duration of 60_s) at the level of comfortable tingling sensation was applied for 20 minutes each session. Therapeutic US (frequency of 1 MHz and intensity of 1 W/cm2) was applied for 5 minutes per session on the palmar surface of the carpal tunnel.	Manual Therapy w/ Neuromobilization: combination of manual techniques for mechanical interfaces around the median nerve and neuromobilization. 3 times weekly for 4 weeks. Manual techniques were collectively administered 25 minutes for each session.	Mean Difference	-14.74 (-30.13, 0.65)	NS

Table 150149: PICO 3- Multimodal vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sim, 2019	Moderate	BCTQ-SSS	2 mos	Orthotic/Nerve Tendon Gliding Exercise, Ultrasound Therapy: Orthosis 8 weeks for 23 hours/day, Wehbe and Hunter technique for tendon gliding exercise, Ultrasound therapy 1x/week for 8 weeks, 5 min sessions;	Orthotic: Wear 23 hours/day for 8 weeks	Mean Difference	-0.09 (-0.46, 0.28)	NS
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and gripping 10 times/day and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-2.8 (-6.38, 0.78)	NS
Hall, 2013	Moderate	BCTQ-SSS	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	-0.22 (-0.59, 0.15)	NS

Table 151150: PICO 3- Multimodal vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sim, 2019	Moderate	BCTQ-FSS	2 mos	Orthotic/Nerve Tendon Gliding Exercise, Ultrasound Therapy: Orthosis 8 weeks for 23 hours/day, Wehbe and Hunter technique for tendon gliding exercise, Ultrasound therapy 1x/week for 8 weeks, 5 min sessions;	Orthotic: Wear 23 hours/day for 8 weeks	Mean Difference	0.03 (-0.21, 0.27)	NS
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and griping 10 times/day and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	5.24 (2.21, 8.27)	Night Orthotic
Hall, 2013	Moderate	BCTQ-FSS	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	-0.04 (-0.43, 0.35)	NS
Hall, 2013	Moderate	Grip Strength (kg)	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	1.11 (-3.78, 6.00)	NS
Hall, 2013	Moderate	Purdue Pegboard Test	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	-2.32 (-9.42, 4.78)	NS
Hall, 2013	Moderate	Semmes - Weinstein Monofilament Test	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	-9.9 (-55.04, 35.24)	NS

Table 152151: PICO 3- Multimodal vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Exercise w/ Gabapentin and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and griping 10 times/day and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-0.58 (-1.47, 0.31)	NS
Hall, 2013	Moderate	VAS Pain at Rest	2 mos	Orthotic w/ Education: 2 education sessions in first week and between wk 2 and 4 (average 150 min total) and a 20-min phone call at wk 7; wrist splint worn continuously;	No Intervention: No Intervention	Mean Difference	-1.39 (-2.78, 0.00)	NS

Table 153152: PICO 3- Nutritional Supplement vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Paolucci, 2018	High	BCTQ-SSS	1 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Paolucci, 2018	High	BCTQ-SSS	3 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Faig-Marti, 2017	Moderate	BCTQ-SSS	2 mos	Palmitoylethanolamide: 300 mg 2x/day for 60 days	Sham Nutritional Supplement: Every 12 hours	Mean Difference	0.14 (-0.28, 0.56)	NS

Table 154153: PICO 3- Nutritional Supplement vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Paolucci, 2018	High	BCTQ-FSS	1 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Paolucci, 2018	High	BCTQ-FSS	3 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Marvulli, 2021	Low	Sleep quality questionnaire (SQQ) (to measure severity of paresthesia)	1 mos	Physical Therapy w/ Oral Integrator: dietary integrator composed of acetyl-L-carnitine, _lipoicacid, quercetin, bromelain, pantothenic acid, C and B1 andB2 and B6 and B12 vitamins (MicronilDol®)	Physical Therapy	Mean Difference	-1.3 (-1.83, -0.77)	Physical Therapy w/ Oral Integrator
Marvulli, 2021	Low	Sleep quality questionnaire (SQQ) (to measure severity of paresthesia)	2 mos	Physical Therapy w/ Oral Integrator: dietary integrator composed of acetyl-L-carnitine, _lipoicacid, quercetin, bromelain, pantothenic acid, C and B1 andB2 and B6 and B12 vitamins (MicronilDol®)	Physical Therapy	Mean Difference	-0.8 (-1.19, -0.41)	Physical Therapy w/ Oral Integrator
Faig-Marti, 2017	Moderate	BCTQ-FSS	2 mos	Palmitoylethanolamide: 300 mg 2x/day for 60 days	Sham Nutritional Supplement: Every 12 hours	Mean Difference	-0.16 (-0.56, 0.24)	NS

Table 155154: PICO 3- Nutritional Supplement vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Paolucci, 2018	High	VAS Pain at Rest	1 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Paolucci, 2018	High	VAS Pain at Rest	3 mos	Nutraceutical w/ Low-Frequency Electromagnetic Fields: Dietary Supplement, Nutraceutical 2x/day for 1 mo; ELF EMFs 3x/week for 12 wks;	Placebo Nutraceutical w/ Low-Frequency Electromagnetic Fields: Placebo dietary supplement 2x/day for 1 mo; ELF EMFs 3x/wk for 12 wks;	Author Reported - Fisher's Exact Test, Mann-Whitney U Test, Wilcoxon Signed-Rank Test	N/A	NS
Faig-Marti, 2017	Moderate	VAS Pain at Rest	2 mos	Palmitoylethanolamide: 300 mg 2x/day for 60 days	Sham Nutritional Supplement: Every 12 hours	Mean Difference	0.51 (-1.09, 2.11)	NS

Table 156155: PICO 3- Oral Anticonvulsant vs. Exercise- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and griping 10 times/day.	Mean Difference	2.78 (-1.77, 7.33)	NS

Table 157156: PICO 3- Oral Anticonvulsant vs. Exercise- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Mean Difference	-1.39 (-7.03, 4.25)	NS

Table 158157: PICO 3- Oral Anticonvulsant vs. Exercise- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Mean Difference	0.18 (-1.22, 1.58)	NS

Table 159158: PICO 3- Oral Anticonvulsant vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hui, 2011	High	Dizziness	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.45(0.91,2.30)	NS
Hui, 2011	High	Somnolence	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.23(0.63,2.41)	NS
Hui, 2011	High	Fatigue	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.23(0.52,2.91)	NS
Hui, 2011	High	Headache	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.12(0.43,2.91)	NS
Hui, 2011	High	Nausea	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.72(0.53,5.58)	NS
Hui, 2011	High	Anorexia	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	2.46(0.50,12.20)	NS

Table 160159: PICO 3- Oral Anticonvulsant vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2015	High	BCTQ	2 mos	Oral High Dose Anticonvulsant w/ Night Orthotic: Gabapentin 300 mg/day	Night Orthotic	Mean Difference	-0.87 (-1.44, -0.30)	Oral High Dose Anticonvulsant w/ Night Orthotic
Eftekharsadat, 2015	High	BCTQ	2 mos	Oral Low Dose Anticonvulsant w/ Night Orthotic: Gabapentin 100 mg/day	Night Orthotic	Mean Difference	-1.21 (-1.68, -0.74)	Oral Low Dose Anticonvulsant w/ Night Orthotic
Eftekharsadat, 2015	High	BCTQ-SSS	2 mos	Oral High Dose Anticonvulsant w/ Night Orthotic: Gabapentin 300 mg/day	Night Orthotic	Mean Difference	-0.45 (-0.71, -0.19)	Oral High Dose Anticonvulsant w/ Night Orthotic
Eftekharsadat, 2015	High	BCTQ-SSS	2 mos	Oral Low Dose Anticonvulsant w/ Night Orthotic: Gabapentin 100 mg/day	Night Orthotic	Mean Difference	-0.67 (-0.91, -0.43)	Oral Low Dose Anticonvulsant w/ Night Orthotic
Mehmetoglu, 2018	High	BCTQ-SSS	1 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Mehmetoglu, 2018	High	BCTQ-SSS	6 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Hui, 2011	High	Global Symptom Score	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	Mean Difference	0.9 (-2.39, 4.19)	NS
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Oral Anticonvulsant w/ Exercise and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and griping 10 times/day and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and griping 10 times/day.	Mean Difference	1.63 (-3.52, 6.78)	NS
Hesami, 2018	Moderate	BCTQ-SSS	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-1.65 (-4.29, 0.99)	NS

Table 161160: PICO 3- Oral Anticonvulsant vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2015	High	BCTQ-FSS	2 mos	Oral High Dose Anticonvulsant w/ Night Orthotic: Gabapentin 300 mg/day	Night Orthotic	Mean Difference	-0.48 (-0.87, -0.09)	Oral High Dose Anticonvulsant w/ Night Orthotic
Eftekharsadat, 2015	High	BCTQ-FSS	2 mos	Oral Low Dose Anticonvulsant w/ Night Orthotic: Gabapentin 100 mg/day	Night Orthotic	Mean Difference	-0.53 (-0.86, -0.20)	Oral Low Dose Anticonvulsant w/ Night Orthotic
Mehmetoglu, 2018	High	BCTQ-FSS	1 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	Orthotic
Mehmetoglu, 2018	High	BCTQ-FSS	6 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	Orthotic
Mehmetoglu, 2018	High	Paresthesia (VAS)	1 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Mehmetoglu, 2018	High	Paresthesia (VAS)	6 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Hui, 2011	High	Paresthesia	2 mos	Oral Anticonvulsant: Gabapentin, 300mg QD for 1 wk, 300 mg BID for 1 wk, QID for remainder of study;	Sham Oral Anticonvulsant	RR	1.97(0.62,6.20)	NS
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Oral Anticonvulsant w/ Exercise and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and griping 10 times/day and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and griping 10 times/day.	Mean Difference	3.15 (-2.12, 8.42)	NS
Hesami, 2018	Moderate	BCTQ-FSS	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	0.7 (-2.94, 4.34)	NS

Table 162161: PICO 3- Oral Anticonvulsant vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2015	High	VAS Pain at Rest	2 mos	Oral High Dose Anticonvulsant w/ Night Orthotic: Gabapentin 300 mg/day	Night Orthotic	Mean Difference	-1.82 (-2.69, -0.95)	Oral High Dose Anticonvulsant w/ Night Orthotic
Eftekharsadat, 2015	High	VAS Pain at Rest	2 mos	Oral Low Dose Anticonvulsant w/ Night Orthotic: Gabapentin 100 mg/day	Night Orthotic	Mean Difference	-1.82 (-2.69, -0.95)	Oral Low Dose Anticonvulsant w/ Night Orthotic
Mehmetoglu, 2018	High	VAS Pain at Rest	1 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Mehmetoglu, 2018	High	VAS Pain at Rest	6 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Oral Anticonvulsant w/ Exercise and Night Orthotic: Taking 300-mg gabapentin per night, performing nerve gliding, tendon gliding exercises, stretching, and gripping 10 times/day and using nocturnal splint	Exercise w/ Night Orthotic: Using nocturnal splint and performing nerve gliding & tendon gliding exercises, stretching, and gripping 10 times/day.	Mean Difference	-0.12 (-1.37, 1.13)	NS
Hesami, 2018	Moderate	VAS Pain at Rest	1 mos	Oral Anticonvulsant w/ Night Orthotic: Taking 300-mg gabapentin per night and using nocturnal splint	Night Orthotic: Using nocturnal cock-up splint	Mean Difference	-0.28 (-1.37, 0.81)	NS

Table 163162: PICO 3- Oral Anticonvulsant vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mehmetoglu, 2018	High	Satisfaction	1 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Mehmetoglu, 2018	High	Satisfaction	6 mos	Oral Anticonvulsant w/ Orthotic: Gabapentin 1800mg/day	Orthotic: splinting therapy in the neutral position for 6 months	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS

Table 164163: PICO 3- Oral Corticosteroid vs. Oral Vasodilator- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yau, 2021	High	Complications (nausea, hot flushes, mild gastric upset, and dizziness.)	Postop .	Oral Corticosteroid: 20 mg prednisolone daily for 14 days, followed by 10 mg once daily for another 14 days	Oral Nicergoline: nicergoline group was given 20 mg nicergoline daily for 14 days, followed by 10 mg once daily for another 14 days	RR	2.36(0.45,12.38)	NS

Table 165164: PICO 3- Oral Corticosteroid vs. Oral Vasodilator- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yau, 2021	High	Global Symptom Score	1 mos	Oral Corticosteroid: 20 mg prednisolone daily for 14 days, followed by 10 mg once daily for another 14 days	Oral Nicergoline: nicergoline group was given 20 mg nicergoline daily for 14 days, followed by 10 mg once daily for another 14 days	Mean Difference	-9.75 (-17.09, -2.41)	Oral Corticosteroid
Yau, 2021	High	Global Symptom Score	1 mos	Oral Corticosteroid: 20 mg prednisolone daily for 14 days, followed by 10 mg once daily for another 14 days	Oral Nicergoline: nicergoline group was given 20 mg nicergoline daily for 14 days, followed by 10 mg once daily for another 14 days	Author Reported - T-Test	-8.31(.,.)	NS

Table 166165: PICO 3- Oral Corticosteroid vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Nausea	1 mos	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	Sham Oral Corticosteroid: 4 wks;	RR	2.09(0.24,18.30)	NS
Chang, 2020	High	Epigastric Pain	1 mos	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	Sham Oral Corticosteroid: 4 wks;	RR	0.70(0.11,4.44)	NS

Table 167166: PICO 3- Oral Corticosteroid vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Global Symptom Score	1 mos	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	Sham Oral Corticosteroid: 4 wks;	Mean Difference	-10.8 (-15.26, -6.34)	Oral Corticosteroid

Table 168167: PICO 3- Oral Diuretic vs. Oral Corticosteroid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2021	High	Nausea	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	RD	-0.13(-0.27,0.01)	NS
Chang, 2021	High	Epigastric Pain	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	RR	1.44(0.23,9.17)	NS

Table 169168: PICO 3- Oral Diuretic vs. Oral Corticosteroid- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2021	High	Global Symptom Score	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	Mean Difference	11.6 (7.25, 15.95)	Oral Corticosteroid

Table 170169: PICO 3- Oral Diuretic vs. Oral NSAID- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Nausea	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	RD	-0.17(-0.34,0.01)	NS
Chang, 2020	High	Epigastric Pain	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	RR	0.75(0.14,3.94)	NS

Table 171170: PICO 3- Oral Diuretic vs. Oral NSAID- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Global Symptom Score	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Mean Difference	-2.4 (-7.84, 3.04)	NS

Table 172171: PICO 3- Oral Diuretic vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Nausea	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Sham Oral Diuretic: 4 wks;	RD	-0.06(-0.18,0.06)	NS
Chang, 2020	High	Epigastric Pain	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Sham Oral Diuretic: 4 wks;	RR	1.00(0.16,6.26)	NS

Table 173172: PICO 3- Oral Diuretic vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Global Symptom Score	1 mos	Oral Diuretic: 2mg Daily Trichlormethiazide for 4 wks;	Sham Oral Diuretic: 4 wks;	Mean Difference	0.8 (-3.67, 5.27)	NS

Table 174173: PICO 3- Oral Enzyme vs. Exercise- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zidkova, 2019	Low	Presence of Symptoms/Difficulties	2 mos	Oral Enzyme: Wobenzym, 20 pills divided into 2 doses containing 2000mg pancreatin, 900mg bromelain, 1200mg amylase, 200mg lipase, 1000mg rutin	Exercise: 3 Simple Techniques with Neuromobilization Elements QD for 9 weeks	Mean Difference	3.5 (0.01, 6.99)	Exercise

Table 175174: PICO 3- Oral Enzyme vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zidkova, 2019	Low	Presence of Symptoms/Difficulties	2 mos	Oral Enzyme: Wobenzym, 20 pills divided into 2 doses containing 2000mg pancreatin, 900mg bromelain, 1200mg amylase, 200mg lipase, 1000mg rutin	No Intervention	Mean Difference	-5.4 (-9.84, -0.96)	Oral Enzyme

Table 176175: PICO 3- Oral NSAID vs. Oral Corticosteroid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2022	High	Nausea	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	RR	1.28(0.29,5.59)	NS
Chang, 2022	High	Epigastric Pain	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	RR	1.92(0.36,10.28)	NS

Table 177176: PICO 3- Oral NSAID vs. Oral Corticosteroid- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2022	High	Global Symptom Score	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Oral Corticosteroid: 20mg Prednisone daily for 2 weeks, followed by 10mg Prednisone daily for additional 2 wks;	Mean Difference	14 (8.57, 19.43)	Oral Corticosteroid

Table 178177: PICO 3- Oral NSAID vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Nausea	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Sham Oral NSAID: 4 wks;	RR	2.67(0.31,23.14)	NS
Chang, 2020	High	Epigastric Pain	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Sham Oral NSAID: 4 wks;	RR	1.33(0.25,7.00)	NS

Table 179178: PICO 3- Oral NSAID vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	Global Symptom Score	1 mos	Oral NSAID: 20mg Daily Tenoxicam-SR for 4 wks;	Sham Oral NSAID: 4 wks;	Mean Difference	3.2 (-2.33, 8.73)	NS

Table 180179: PICO 3- Ozone Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Bahrami, 2019	Moderate	BCTQ-SSS	2.5 mos	Ozone Injection w/ Orthotic: local injection of 4 ml ozone (10 micrograms/dl) + 1 ml lidocaine & prefabricated wrist-based resting splint with a metal bar	Orthotic: prefabricated wrist-based resting splint with a metal bar	Mean Difference	-0.35 (-0.61, -0.09)	Ozone Injection w/ Orthotic

Table 181180: PICO 3- Ozone Injection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Bahrami, 2019	Moderate	BCTQ-FSS	2.5 mos	Ozone Injection w/ Orthotic: local injection of 4 ml ozone (10 micrograms/dl) + 1 ml lidocaine & prefabricated wrist-based resting splint with a metal bar	Orthotic: prefabricated wrist-based resting splint with a metal bar	Mean Difference	-0.29 (-0.52, -0.06)	Ozone Injection w/ Orthotic

Table 182181: PICO 3- Ozone Injection vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Bahrami, 2019	Moderate	VAS Pain at Rest	2.5 mos	Ozone Injection w/ Orthotic: local injection of 4 ml ozone (10 micrograms/dl) + 1 ml lidocaine & prefabricated wrist-based resting splint with a metal bar	Orthotic: prefabricated wrist-based resting splint with a metal bar	Mean Difference	-1.34 (-2.39, -0.29)	Ozone Injection w/ Orthotic

Table 183182: PICO 3- PRP Injection vs. Corticosteroid Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Senna, 2019	High	BCTQ-SSS	1 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	-0.1 (-0.33, 0.13)	NS
Senna, 2019	High	BCTQ-SSS	3 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	-0.4 (-0.70, -0.10)	PRP Injection
Uzun, 2017	Low	BCTQ-SSS (Symptom Severity Scale)	3 mos	PRP Injection: 2 mL of PRP into carpal tunnel	Corticosteroid Injection: Triamcinolone acetonide 40 mg/1.0 mL	Mean Difference	-0.81 (-1.00, -0.62)	PRP Injection
Uzun, 2017	Low	BCTQ-SSS (Symptom Severity Scale)	6 mos	PRP Injection: 2 mL of PRP into carpal tunnel	Corticosteroid Injection: Triamcinolone acetonide 40 mg/1.0 mL	Mean Difference	-0.15 (-0.39, 0.09)	NS
Atwa, 2019	Low	BCTQ-SSS	1 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-3.7 (-9.71, 2.31)	NS
Atwa, 2019	Low	BCTQ-SSS	3 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-7.1 (-12.76, -1.44)	PRP Injection
Hashim, 2020	Moderate	BCTQ-SSS	1.5 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-4.85 (-8.26, -1.44)	PRP Injection (i)
Hashim, 2020	Moderate	BCTQ-SSS	3 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-5 (-7.77, -2.23)	PRP Injection (i)
Hashim, 2020	Moderate	BCTQ-SSS	1.5 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-4.01 (-7.47, -0.55)	PRP Injection (ii)
Hashim, 2020	Moderate	BCTQ-SSS	3 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-3.37 (-6.37, -0.37)	PRP Injection (ii)

Table 184183: PICO 3- PRP Injection vs. Corticosteroid Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Senna, 2019	High	Paresthesia	1 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	RR	0.89(0.38,2.10)	NS
Senna, 2019	High	BCTQ-FSS	1 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	0.1 (-0.06, 0.26)	NS
Senna, 2019	High	Paresthesia	3 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	RR	0.36(0.12,1.03)	NS
Senna, 2019	High	BCTQ-FSS	3 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	-0.4 (-0.66, -0.14)	PRP Injection
Uzun, 2017	Low	BCTQ-FSS	3 mos	PRP Injection: 2 mL of PRP into carpal tunnel	Corticosteroid Injection: Triamcinolone acetonide 40 mg/1.0 mL	Mean Difference	-0.57 (-0.79, -0.35)	PRP Injection
Uzun, 2017	Low	BCTQ-FSS	6 mos	PRP Injection: 2 mL of PRP into carpal tunnel	Corticosteroid Injection: Triamcinolone acetonide 40 mg/1.0 mL	Mean Difference	0.02 (-0.14, 0.18)	NS
Atwa, 2019	Low	BCTQ-FSS	1 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-2 (-5.01, 1.01)	NS
Atwa, 2019	Low	BCTQ-FSS	3 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-3.4 (-6.29, -0.51)	PRP Injection
Hashim, 2020	Moderate	BCTQ-FSS	1.5 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-2.29 (-3.73, -0.85)	PRP Injection (i)
Hashim, 2020	Moderate	BCTQ-FSS	3 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-2.31 (-3.34, -1.28)	PRP Injection (i)
Hashim, 2020	Moderate	BCTQ-FSS	1.5 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-2.31 (-3.61, -1.01)	PRP Injection (ii)
Hashim, 2020	Moderate	BCTQ-FSS	3 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-1.43 (-2.54, -0.32)	PRP Injection (ii)

Table 185184: PICO 3- PRP Injection vs. Corticosteroid Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Senna, 2019	High	VAS Pain at Rest	1 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	-1.5 (-4.69, 1.69)	NS
Senna, 2019	High	VAS Pain at Rest	3 mos	PRP Injection: 2 mL of PRP	Ultrasound-Guided Corticosteroid Injection: 1 ml methyl prednisone acetate 40 mg/ml	Mean Difference	-3.4 (-6.30, -0.50)	PRP Injection
Atwa, 2019	Low	VAS Pain at Rest	1 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-1.4 (-3.02, 0.22)	NS
Atwa, 2019	Low	VAS Pain at Rest	3 mos	PRP Injection: 10 ml of blood was centrifuged at 3000 rpm for 3 min, the plasma was collected and centrifuged again at 4000 rpm for 15 min. For injection 2 ml of PRP was injected into the carpal tunnel	Corticosteroid Injection: methylprednisoloneacetate 40 mg/1.0 ml	Mean Difference	-1.8 (-3.10, -0.50)	PRP Injection
Hashim, 2020	Moderate	VAS Pain at Rest	1.5 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-1.95 (-3.18, -0.72)	PRP Injection (i)
Hashim, 2020	Moderate	VAS Pain at Rest	3 mos	PRP Injection (i): PRP [i] was separated by a single centrifugation step at 1600 rpm for 8 min, and then the plasma above the erythrocyte layer was collected immediately (1 ml PRP)	Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-1.65 (-2.74, -0.56)	PRP Injection (i)
Hashim, 2020	Moderate	VAS Pain at Rest	1.5 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-1.22 (-2.37, -0.07)	PRP Injection (ii)
Hashim, 2020	Moderate	VAS Pain at Rest	3 mos		Corticosteroid Injection: methylprednisoloneacetate at 40 mg/1 mL	Mean Difference	-1.16 (-2.24, -0.08)	PRP Injection (ii)

Table 186185: PICO 3- PRP Injection vs. Dextrose Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Shen, 2019	High	BCTQ-SSS	1 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.2 (-0.25, -0.15)	PRP Injection
Shen, 2019	High	BCTQ-SSS	3 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.2 (-0.24, -0.16)	PRP Injection
Shen, 2019	High	BCTQ-SSS	6 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.1 (-0.14, -0.06)	PRP Injection

Table 187186: PICO 3- PRP Injection vs. Dextrose Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Shen, 2019	High	BCTQ-FSS	1 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.1 (-0.15, -0.05)	PRP Injection
Shen, 2019	High	BCTQ-FSS	3 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.3 (-0.34, -0.26)	PRP Injection
Shen, 2019	High	BCTQ-FSS	6 mos	PRP Injection: 3 cc of PRP	Dextrose Injection: 3cc, 5%	Mean Difference	-0.2 (-0.25, -0.15)	PRP Injection

Table 188187: PICO 3- PRP Injection vs. HA Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	BCTQ-SSS	1 mos	PRP Injection: Ultrasound-Guided Neural Injection 6ml single dose	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	PRP Injection

Table 189188: PICO 3- PRP Injection vs. HA Injection- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2022	Low	BCTQ-FSS	1 mos	PRP Injection: Ultrasound-Guided Neural Injection 6ml single dose	Hyaluronic Acid Injection: Ultrasound-Guided Neural Injection 4mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	PRP Injection

Table 190189: PICO 3- PRP Injection vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	Moderate	BCTQ-SSS	1 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-1.26 (-3.46, 0.94)	NS
Wu, 2017	Moderate	BCTQ-SSS	3 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-2.37 (-4.60, -0.14)	PRP Injection
Wu, 2017	Moderate	BCTQ-SSS	6 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-2.06 (-3.96, -0.16)	PRP Injection

Table 191190: PICO 3- PRP Injection vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	Moderate	BCTQ-FSS	1 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-2.16 (-3.90, -0.42)	PRP Injection
Wu, 2017	Moderate	BCTQ-FSS	3 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-2.84 (-4.35, -1.33)	PRP Injection
Wu, 2017	Moderate	BCTQ-FSS	6 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-2.52 (-4.10, -0.94)	PRP Injection

Table 192191: PICO 3- PRP Injection vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	Moderate	VAS Pain at Rest	1 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	0.01 (-0.77, 0.79)	NS
Wu, 2017	Moderate	VAS Pain at Rest	3 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-0.45 (-1.13, 0.23)	NS
Wu, 2017	Moderate	VAS Pain at Rest	6 mos	PRP Injection: One dose injection	Orthotic: 8+ hours daily	Mean Difference	-1.02 (-1.72, -0.32)	PRP Injection

Table 193192: PICO 3- PRP Injection vs. PRP Injection- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Shen, 2021	Low	Symptom relief (VAS score decrease) ≥50% (Good Outcome)	3 mos	Leukocyte-Poor PRP Injection: 1.5 ml of Regentkit- THT-1 (Leukocyte-rich PRP)	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP)	RR	1.13(0.52,2.44)	NS
Shen, 2021	Low	Symptom relief (VAS score decrease) <50% (Poor Outcome)	3 mos	Leukocyte-Poor PRP Injection: 1.5 ml of Regentkit- THT-1 (Leukocyte-rich PRP)	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP)	RR	0.93(0.59,1.45)	NS
Shen, 2021	Low	Symptom relief (VAS score decrease) ≥50% (Good Outcome)	6 mos	Leukocyte-Poor PRP Injection: 1.5 ml of Regentkit- THT-1 (Leukocyte-rich PRP)	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP)	RR	1.07(0.65,1.77)	NS
Shen, 2021	Low	Symptom relief (VAS score decrease) <50% (Poor Outcome)	6 mos	Leukocyte-Poor PRP Injection: 1.5 ml of Regentkit- THT-1 (Leukocyte-rich PRP)	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP)	RR	0.90(0.45,1.79)	NS

Table 194193: PICO 3- PRP Injection vs. PRP Injection- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Lai, 2022	Low	Symptom relief _50% compared to preinjection (Effective outcome (excellent outcome _70% + Good outcome _50% but <70%))	4 yrs	Leukocyte-Rich PRP Injection: 1.5 ml of Regentkit-Lab (Leukocyte-rich PRP) + 2ml of residual PRP Reagen-lab tohydro-dissect the MN from the flexor retinaculum.	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP) + 2.5 ml of residual PRP PLTenus Plus tohydro-dissect the MN from the flexor retinaculum.	RR	1.01(1.00,1.00)	NS
Lai, 2022	Low	Symptom relief <50% compared to preinjection (Poor Outcome)	4 yrs	Leukocyte-Rich PRP Injection: 1.5 ml of Regentkit-Lab (Leukocyte-rich PRP) + 2ml of residual PRP Reagen-lab tohydro-dissect the MN from the flexor retinaculum.	Leukocyte-Poor PRP Injection: 1.5 ml of PLTenus (Leukocyte-poor PRP) + 2.5 ml of residual PRP PLTenus Plus tohydro-dissect the MN from the flexor retinaculum.	RR	0.98(1.71,6.51)	Leukocyte-Rich PRP Injection

Table 195194: PICO 3- PRP Injection vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2021	High	BCTQ-SSS	Postop .	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	0.1 (-0.18, 0.38)	NS
Chen, 2021	High	BCTQ-SSS	1 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.2 (-0.48, 0.08)	NS
Chen, 2021	High	BCTQ-SSS	3 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.3 (-0.58, -0.02)	Leukocyte-Poor PRP Injection
Chen, 2021	High	BCTQ-SSS	6 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.4 (-0.68, -0.12)	Leukocyte-Poor PRP Injection
Chen, 2021	High	BCTQ-SSS	12 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.2 (-0.48, 0.08)	NS
Raeissadat, 2018	High	BCTQ-SSS	2.5 mos	PRP Injection w/ Orthotic: 0.8-1ml leukocyte-poor PRP	Orthotic	Mean Difference	-0.18 (-0.47, 0.11)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Malahias, 2018	High	QuickDASH	1 mos	PRP Injection: 2mL PRP, ultrasound-guided injection;	Saline Injection: Injection of 0.9% Normal Saline	Author Reported - Chi-Square Test, T-Test	N/A	NS
Malahias, 2018	High	QuickDASH	3 mos	PRP Injection: 2mL PRP, ultrasound-guided injection;	Saline Injection: Injection of 0.9% Normal Saline	Author Reported - Chi-Square Test, T-Test	N/A	PRP Injection
Wu, 2022	Low	Improvement over time	6 mos	PRP Injection: Ultrasound-Guided Neural Injection 6ml single dose	Saline Injection: Ultrasound-Guided Neural Injection 6mL single dose	Author Reported - ANOVA, Bonferroni Correction	N/A	PRP Injection
Guyen, 2019	Low	BCTQ-SSS	1 mos	PRP Injection: 1cc Perineural PRP, activity modification, night splint, and acetaminophen were suggested	No Intervention: activity modification, night splint, and acetaminophen were suggested	Mean Difference	0.1 (-0.24, 0.44)	NS

Table 196195: PICO 3- PRP Injection vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2021	High	BCTQ-FSS	Postop .	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	0.1 (-0.18, 0.38)	NS
Chen, 2021	High	BCTQ-FSS	1 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	0.1 (-0.18, 0.38)	NS
Chen, 2021	High	BCTQ-FSS	3 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	0 (-0.28, 0.28)	NS
Chen, 2021	High	BCTQ-FSS	6 mos	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.2 (-0.48, 0.08)	NS
Chen, 2021	High	BCTQ-FSS	1 yrs	Leukocyte-Poor PRP Injection: 3.5-4.0 mL of leukocyte-poor PRP (perineural injection)	Saline Injection: 3.5-4.0 mL of Normal Saline (perineural injection)	Mean Difference	-0.1 (-0.38, 0.18)	NS
Raeissadat, 2018	High	BCTQ-FSS	2.5 mos	PRP Injection w/ Orthotic: 0.8-1ml leukocyte-poor PRP	Orthotic	Mean Difference	0.01 (-0.35, 0.37)	NS
Guyen, 2019	Low	BCTQ-FSS	1 mos	PRP Injection: 1cc Perineural PRP, activity modification, night splint, and acetaminophen were suggested	No Intervention: activity modification, night splint, and acetaminophen were suggested	Mean Difference	0.1 (-0.27, 0.47)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Guven, 2019	Low	Semmes - Weinstein Monofilament Test	1 mos	PRP Injection: 1cc Perineural PRP, activity modification, night splint, and acetaminophen were suggested	No Intervention: activity modification, night splint, and acetaminophen were suggested	Mean Difference	0.3 (-0.52, 1.12)	NS
Guven, 2019	Low	Static Two-Point Discrimination Testing Score	1 mos	PRP Injection: 1cc Perineural PRP, activity modification, night splint, and acetaminophen were suggested	No Intervention: activity modification, night splint, and acetaminophen were suggested	Mean Difference	0.1 (-0.40, 0.60)	NS
Guven, 2019	Low	Dynamic Two-Point Discrimination Testing Score	1 mos	PRP Injection: 1cc Perineural PRP, activity modification, night splint, and acetaminophen were suggested	No Intervention: activity modification, night splint, and acetaminophen were suggested	Mean Difference	-0.2 (-0.67, 0.27)	NS

Table 197196: PICO 3- PRP Injection vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Raeissadat, 2018	High	VAS Pain at Rest	2.5 mos	PRP Injection w/ Orthotic: 0.8-1ml leukocyte-poor PRP	Orthotic	Mean Difference	0.5 (-0.71, 1.71)	NS
Malahias, 2018	High	VAS Pain at Rest	1 mos	PRP Injection: 2mL PRP, ultrasound-guided injection;	Saline Injection: Injection of 0.9% Normal Saline	Author Reported - Chi-Square Test, T-Test	N/A	NS
Malahias, 2018	High	VAS Pain at Rest	3 mos	PRP Injection: 2mL PRP, ultrasound-guided injection;	Saline Injection: Injection of 0.9% Normal Saline	Author Reported - Chi-Square Test, T-Test	N/A	NS

Table 198197: PICO 3- Peloid Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Metin Okmen, 2017	Moderate	BCTQ-SSS (Symptom Severity Scale)	1.5 mos	Peloid Therapy w/ Orthotic: 10 sessions; rubbing peloid at 47C on the wrist for 20 min + splint	Orthotic	Author Reported - T-Test, Wilcoxon Signed-Rank Test	N/A	Peloid Therapy w/ Orthotic

Table 199198: PICO 3- Peloid Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Metin Okmen, 2017	Moderate	BCTQ-FSS	1.5 mos	Peloid Therapy w/ Orthotic: 10 sessions; rubbing peloid at 47C on the wrist for 20 min + splint	Orthotic	Author Reported - T-Test, Wilcoxon Signed-Rank Test	N/A	Peloid Therapy w/ Orthotic

Table 200199: PICO 3- Peloid Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Metin Okmen, 2017	Moderate	VAS Pain at Rest	1.5 mos	Peloid Therapy w/ Orthotic: 10 sessions; rubbing peloid at 47C on the wrist for 20 min + splint	Orthotic	Author Reported - T-Test, Wilcoxon Signed-Rank Test	N/A	Peloid Therapy w/ Orthotic

Table 201200: PICO 3- Perineural Injection Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	High	BCTQ-SSS	1 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-1.54 (-5.57, 2.49)	NS
Wu, 2017	High	BCTQ-SSS	3 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-2.9 (-7.16, 1.36)	NS
Wu, 2017	High	BCTQ-SSS	6 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-6.3 (-10.51, -2.09)	Perineural Injection Therapy w/ Dextrose

Table 202201: PICO 3- Perineural Injection Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	High	BCTQ-FSS	1 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-3.83 (-6.33, -1.33)	Perineural Injection Therapy w/ Dextrose
Wu, 2017	High	BCTQ-FSS	3 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-3.87 (-6.40, -1.34)	Perineural Injection Therapy w/ Dextrose
Wu, 2017	High	BCTQ-FSS	6 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-5.64 (-8.21, -3.07)	Perineural Injection Therapy w/ Dextrose

Table 203202: PICO 3- Perineural Injection Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wu, 2017	High	VAS Pain at Rest	1 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-1.04 (-2.01, -0.07)	Perineural Injection Therapy w/ Dextrose
Wu, 2017	High	VAS Pain at Rest	3 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-1.13 (-2.21, -0.05)	Perineural Injection Therapy w/ Dextrose
Wu, 2017	High	VAS Pain at Rest	6 mos	Perineural Injection Therapy w/ Dextrose: Ultrasound-guided PIT using 5% dextrose	Perineural Injection Therapy w/ Saline: PIT with Normal Saline	Mean Difference	-2.16 (-3.24, -1.08)	Perineural Injection Therapy w/ Dextrose

Table 204203: PICO 3- Phonophoresis vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Soyupek, 2012	Low	BCTQ	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	-0.12 (-5.73, 5.49)	NS
Soyupek, 2012	Low	BCTQ-SSS	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	9.38 (5.87, 12.89)	Orthotic
Soyupek, 2012	Low	BCTQ	3 mos	Phonophoresis Therapy w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	2.6 (-3.20, 8.40)	NS
Soyupek, 2012	Low	BCTQ-SSS	3 mos	Phonophoresis Therapy w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	11.92 (8.40, 15.44)	Orthotic

Table 205204: PICO 3- Phonophoresis vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Soyupek, 2012	Low	BCTQ-FSS	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	2.74 (-0.07, 5.55)	NS
Soyupek, 2012	Low	BCTQ-FSS	3 mos	Phonophoresis Therapy w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	3 (0.23, 5.77)	Orthotic

Table 206205: PICO 3- Phonophoresis vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Soyupek, 2012	Low	VAS Pain at Rest	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	-7.56 (-19.43, 4.31)	NS
Soyupek, 2012	Low	VAS Pain at Rest	3 mos	Phonophoresis Therapy w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Orthotic: applied to volar side with rigid fixation in a neutral position, wear at day/night for the first 15 days then wear it when CTS is symptomatic	Mean Difference	7.74 (-6.01, 21.49)	NS

Table 207206: PICO 3- Phonophoresis vs. Laser- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asheghan, 2020	Moderate	BCTQ	1 mos	Phonophoresis Therapy: 5 minutes each session, 3 times per week for 10 sessions, with the frequency of 1 MHz, the intensity of 1 W/cm ² , and the transducer area of 5 cm ² .	Low-Level Laser Therapy: low potent continuous mode laser amplitude of 780 nm, frequency of 6500 HZ, the wavelength of 880 nm, and intensity of 20J/cm ² . Repeated every 3 days for 4 weeks. Overall, 10 sessions of LLT were performed, each lasting 10 seconds	Mean Difference	0 (-1.41, 1.41)	NS

Table 208207: PICO 3- Phonophoresis vs. Laser- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asheghan, 2020	Moderate	VAS Pain at Rest	1 mos	Phonophoresis Therapy: 5 minutes each session, 3 times per week for 10 sessions, with the frequency of 1 MHz, the intensity of 1 W/cm ² , and the transducer area of 5 cm ² .	Low-Level Laser Therapy: low potent continuous mode laser amplitude of 780 nm, frequency of 6500 HZ, the wavelength of 880 nm, and intensity of 20J/cm ² . Repeated every 3 days for 4 weeks. Overall, 10 sessions of LLT were performed, each lasting 10 seconds	Mean Difference	0 (-0.74, 0.74)	NS

Table 209208: PICO 3- Phonophoresis vs. Phonophoresis- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Boonhong, 2020	High	BCTQ-SSS	1 mos	Phonophoresis Therapy w/ NSAID: 0.5% Piroxicam gel mixture	Phonophoresis w/ Corticosteroid: 0.4% Dexamethasone Sodium Phosphate gel mixture	Mean Difference	0.17 (-0.16, 0.50)	NS
Soyupek, 2012	Low	BCTQ	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Phonophoresis w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Mean Difference	-2.72 (-8.33, 2.89)	NS
Soyupek, 2012	Low	BCTQ-SSS	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Phonophoresis w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Mean Difference	-2.54 (-5.67, 0.59)	NS

Table 210209: PICO 3- Phonophoresis vs. Phonophoresis- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Boonhong, 2020	High	BCTQ-FSS	1 mos	Phonophoresis Therapy w/ NSAID: 0.5% Piroxicam gel mixture	Phonophoresis w/ Corticosteroid: 0.4% Dexamethasone Sodium Phosphate gel mixture	Mean Difference	-0.07 (-0.45, 0.31)	NS
Soyupek, 2012	Low	BCTQ-FSS	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Phonophoresis w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Mean Difference	-0.26 (-3.56, 3.04)	NS

Table 211210: PICO 3- Phonophoresis vs. Phonophoresis- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Soyupek, 2012	Low	VAS Pain at Rest	3 mos	Phonophoresis Therapy w/ Corticosteroid: Betamethasone Valerate 0.1% Cream; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Phonophoresis w/ NSAID: Diclofenac Dimethylammonium Jel; 10 min per session, 3MHz Frequency, 1.5 W/cm2 Intensity, 5cm2 Transducer, 1x per day, 5x per week for 3 weeks	Mean Difference	-15.3 (-27.07, -3.53)	Phonophoresis Therapy w/ Corticosteroid

Table 212211: PICO 3- Phonophoresis vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Boonhong, 2020	High	BCTQ-SSS	1 mos	Phonophoresis Therapy w/ NSAID: 0.5% Piroxicam gel mixture	Non-Drug Ultrasound Therapy	Mean Difference	0.13 (-0.24, 0.50)	NS
Boonhong, 2020	High	BCTQ-SSS	1 mos	Phonophoresis Therapy w/ Corticosteroid: 0.4% Dexamethasone Sodium Phosphate gel mixture	Non-Drug Ultrasound Therapy	Mean Difference	-0.04 (-0.38, 0.30)	NS
Yildiz, 2011	High	BCTQ-SSS	2 mos	Phonophoresis Therapy w/ NSAID: 2.5% ketoprofen gel at 1 MHz frequency and 1 W/cm2 intensity	Sham Ultrasound	Mean Difference	-0.45 (-0.97, 0.07)	NS
Haghighat, 2021	High	BCTQ-SSS (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	0.41 (0.02, 0.80)	Orthotic w/ Vitamins and Medicine
Haghighat, 2021	High	BCTQ-SSS (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	0.46 (0.05, 0.87)	Orthotic w/ Vitamins and Medicine

Table 213212: PICO 3- Phonophoresis vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Boonhong, 2020	High	BCTQ-FSS	1 mos	Phonophoresis Therapy w/ NSAID: 0.5% Piroxicam gel mixture	Non-Drug Ultrasound Therapy	Mean Difference	0.07 (-0.25, 0.39)	NS
Boonhong, 2020	High	BCTQ-FSS	1 mos	Phonophoresis Therapy w/ Corticosteroid: 0.4% Dexamethasone Sodium Phosphate gel mixture	Non-Drug Ultrasound Therapy	Mean Difference	0.14 (-0.27, 0.55)	NS
Yildiz, 2011	High	BCTQ-FSS	2 mos	Phonophoresis Therapy w/ NSAID: 2.5% ketoprofen gel at 1 MHz frequency and 1 W/cm2 intensity	Sham Ultrasound	Mean Difference	-0.4 (-0.97, 0.17)	NS
Haghighat, 2021	High	BCTQ-FSS (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	0.32 (-0.04, 0.68)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	0.47 (0.07, 0.87)	Orthotic w/ Vitamins and Medicine

Table 214213: PICO 3- Phonophoresis vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yildiz, 2011	High	VAS Pain at Rest	2 mos	Phonophoresis Therapy w/ NSAID: 2.5% ketoprofen gel at 1 MHz frequency and 1 W/cm2 intensity	Sham Ultrasound	Mean Difference	-2.3 (-3.82, -0.78)	Phonophoresis Therapy w/ NSAID
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	1.4 (-0.14, 2.94)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	Orthotic w/ Vitamins and Medicine	Mean Difference	0.87 (0.07, 1.67)	Orthotic w/ Vitamins and Medicine

Table 215214: PICO 3- Phonophoresis vs. Shockwave Therapy- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Haghighat, 2021	High	BCTQ-SSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.39 (-0.18, 0.96)	NS
Haghighat, 2021	High	BCTQ-SSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.24 (-0.15, 0.63)	NS
Haghighat, 2021	High	BCTQ-SSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.15 (-0.29, 0.59)	NS
Haghighat, 2021	High	BCTQ-SSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.14 (-0.52, 0.24)	NS
Haghighat, 2021	High	BCTQ-SSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.39 (-0.18, 0.96)	NS
Haghighat, 2021	High	BCTQ-SSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.24 (-0.15, 0.63)	NS
Haghighat, 2021	High	BCTQ-SSS (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.15 (-0.29, 0.59)	NS
Haghighat, 2021	High	BCTQ-SSS (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.14 (-0.52, 0.24)	NS

Table 216215: PICO 3- Phonophoresis vs. Shockwave Therapy- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Haghighat, 2021	High	BCTQ-FSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.09 (-0.80, 0.62)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.19 (-0.63, 0.25)	NS
Haghighat, 2021	High	BCTQ-FSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.12 (-0.32, 0.56)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.46 (-0.90, -0.02)	Phonophoresis Therapy w/ Corticosteroid
Haghighat, 2021	High	BCTQ-FSS (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.09 (-0.80, 0.62)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.19 (-0.63, 0.25)	NS
Haghighat, 2021	High	BCTQ-FSS (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.12 (-0.32, 0.56)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.46 (-0.90, -0.02)	Phonophoresis Therapy w/ Corticosteroid

Table 217216: PICO 3- Phonophoresis vs. Shockwave Therapy- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-1.32 (-2.87, 0.23)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.4 (-0.84, 1.64)	NS
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	1.36 (-0.10, 2.82)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.23 (-1.18, 0.72)	NS
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-1.32 (-2.87, 0.23)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	1 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	0.4 (-0.84, 1.64)	NS
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	1.36 (-0.10, 2.82)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	2 mos	Phonophoresis Therapy w/ Corticosteroid: 15 min every other day for 2 weeks with 1 MHz frequency and intensity of 1w.cm2 along with 1% hydrocortisone ointment	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Mean Difference	-0.23 (-1.18, 0.72)	NS

Table 218217: PICO 3- Phonophoresis vs. Therapeutic Ultrasound- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yildiz, 2011	High	BCTQ-SSS	2 mos	Phonophoresis Therapy w/ NSAID: 2.5% ketoprofen gel at 1 MHz frequency and 1 W/cm2 intensity	Ultrasound Therapy	Mean Difference	-0.34 (-0.80, 0.12)	NS
Muften, 2021	Moderate	BCTQ-SSS	1 mos	Phonophoresis Therapy w/ NSAID: phonophoresis (using pulsed therapeutic ultrasound with Diclofenac gel) with a duty cycle (20%), intensity (1.0–2.0 W/cm2), frequency (1 MHz), for (5–10) minutes with (8–12) sessions (about 2–3) sessions weekly for one month.	Pulsed Ultrasound Therapy: pulsed therapeutic ultrasound (using normal gel), with a duty cycle of (20%), the intensity of (1.0–2.0 W/cm2), and frequency of (1 MHz), for about (5–10) minutes with (8–12) session (about 2–3) sessions weekly for one month	Author Reported - Mann-Whitney U Test, Spearman's Rank Correlation Coefficient	N/A	Phonophoresis Therapy w/ NSAID

Table 219218: PICO 3- Phonophoresis vs. Therapeutic Ultrasound- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Yildiz, 2011	High	BCTQ-FSS	2 mos	Phonophoresis Therapy w/ NSAID: 2.5% ketoprofen gel at 1 MHz frequency and 1 W/cm2 intensity	Ultrasound Therapy	Mean Difference	-0.19 (-0.72, 0.34)	NS
Muften, 2021	Moderate	BCTQ-FSS	1 mos	Phonophoresis Therapy w/ NSAID: phonophoresis (using pulsed therapeutic ultrasound with Diclofenac gel) with a duty cycle (20%), intensity (1.0–2.0 W/cm2), frequency (1 MHz), for (5–10) minutes with (8–12) sessions (about 2–3) sessions weekly for one month.	Pulsed Ultrasound Therapy: pulsed therapeutic ultrasound (using normal gel), with a duty cycle of (20%), the intensity of (1.0–2.0 W/cm2), and frequency of (1 MHz), for about (5–10) minutes with (8–12) session (about 2–3) sessions weekly for one month	Author Reported - Mann-Whitney U Test, Spearman's Rank Correlation Coefficient	N/A	Phonophoresis Therapy w/ NSAID

Table 220219: PICO 3- Physical Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	BCTQ-SSS	3 mos		Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-6.4 (-9.61, -3.19)	Physical Therapy and Home Exercise Program w/ Night Orthotic

Table 221220: PICO 3- Physical Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	BCTQ-FSS	3 mos		Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-4.5 (-6.46, -2.54)	Physical Therapy and Home Exercise Program w/ Night Orthotic

Table 22221: PICO 3- Physical Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	VAS Pain at Rest	3 mos		Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-1.7 (-2.05, -1.35)	Physical Therapy and Home Exercise Program w/ Night Orthotic
Saglam, 2022	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) (LANSS is a bedside test used to differentiate between nociceptive and neuropathic pain.)	3 mos		Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-3.4 (-4.61, -2.19)	Physical Therapy and Home Exercise Program w/ Night Orthotic

Table 22322: PICO 3- Pulsed Radiofrequency vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2015	Moderate	BCTQ-SSS	1 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-4 (-7.62, -0.38)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Chen, 2015	Moderate	BCTQ-SSS	2 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-5.7 (-9.21, -2.19)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Chen, 2015	Moderate	BCTQ-SSS	3 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-8.4 (-11.47, -5.33)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic

Table 224223: PICO 3- Pulsed Radiofrequency vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2015	Moderate	BCTQ-FSS	1 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-3.4 (-6.26, -0.54)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Chen, 2015	Moderate	BCTQ-FSS	2 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-3.7 (-6.57, -0.83)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Chen, 2015	Moderate	BCTQ-FSS	3 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-4.8 (-7.32, -2.28)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic

Table 225224: PICO 3- Pulsed Radiofrequency vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2015	Moderate	VAS Pain at Rest	1 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-1.2 (-2.12, -0.28)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Chen, 2015	Moderate	VAS Pain at Rest	2 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-1.4 (-2.15, -0.65)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2015	Moderate	VAS Pain at Rest	3 mos	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic: 1 session of PRF; PRF lesion was then carried out for 120 seconds at a 2 Hz frequency and pulse width of 20 ms at 42°C + splint	Orthotic: Night wrist splint was firmly fixed in a neutral position to immobilize the affected wrist. Patients were ordered to wear the splint while resting at night and at least 8 hours a day during the period of study	Mean Difference	-1.9 (-2.57, -1.23)	Ultrasound-Guided Pulsed Radiofrequency w/ Orthotic
Weintraub, 2008	Moderate	VAS Pain at Rest	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	0.37 (-1.52, 2.26)	NS
Weintraub, 2008	Moderate	VAS Pain at Rest	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	-1.33 (-16.33, 13.67)	NS
Weintraub, 2008	Moderate	NPS 8 (Neuropathic pain scale)	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	-1.55 (-16.42, 13.32)	NS
Weintraub, 2008	Moderate	VAS NA	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	-2.5 (-17.50, 12.50)	NS
Weintraub, 2008	Moderate	NPS 4 (Neuropathic pain scale (significance in "deep pain score"))	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	-3.98 (-21.97, 14.01)	NS
Weintraub, 2008	Moderate	Sleep Interference Score	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Mean Difference	2.19 (0.50, 3.88)	Sham Static and Pulsed Electro-Magnetic Fields

Table 226225: PICO 3- Pulsed Radiofrequency vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Weintraub, 2008	Moderate	Patient's Clinical Global Impression of Change (methods state outcome is primary, results state outcome is secondary)	2 mos	Static and Pulsed Electro-Magnetic Fields: Static: 50 Gauss; Pulsed: 0.5 Gauss	Sham Static and Pulsed Electro-Magnetic Fields	Author Reported - T-Test	N/A	Static and Pulsed Electromagnetic Fields

Table 227226: PICO 3- Pulsed Radiofrequency vs. Therapeutic Ultrasound- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2017	Moderate	BCTQ-FSS	1 mos	Pulsed Electromagnetic Field: 12 sessions pulsed electromagnetic field + nerve gliding exercises for 5 minutes	Pulsed Ultrasound Therapy: 12 sessions of ultrasound + nerve gliding exercises (f 1 MHz & intensity of 1.0 W/cm ²)	Author Reported - Mann-Whitney U Test	N/A	Pulsed Electromagnetic Field

Table 228227: PICO 3- Pulsed Radiofrequency vs. Therapeutic Ultrasound- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kamel, 2017	Moderate	VAS Pain at Rest	1 mos	Pulsed Electromagnetic Field: 12 sessions pulsed electromagnetic field + nerve gliding exercises for 5 minutes	Pulsed Ultrasound Therapy: 12 sessions of ultrasound + nerve gliding exercises	Author Reported - Mann-Whitney U Test	N/A	NS

Table 229228: PICO 3- Shockwave Therapy vs. Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	BCTQ-SSS	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	-0.2 (-0.51, 0.11)	NS
Kocak Ulucakoy, 2020	High	BCTQ-SSS	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0.1 (-0.19, 0.39)	NS
Ozturk Durmaz, 2022	High	BCTQ-SSS	3 mos	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Orthotic: static wrist splints that kept the wrist in a neutral position for 2 mos while sleeping at night and resting during the day	Mean Difference	1.5 (-2.69, 5.69)	NS
Kocak Ulucakoy, 2020	High	BCTQ-SSS	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham rESWT w/ Orthotic	Mean Difference	0.1 (-0.19, 0.39)	NS
Kocak Ulucakoy, 2020	High	BCTQ-SSS	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham rESWT w/ Orthotic	Mean Difference	0 (-0.30, 0.30)	NS

Table 230229: PICO 3- Shockwave Therapy vs. Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	BCTQ-FSS	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0 (-0.31, 0.31)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0.1 (-0.23, 0.43)	NS
Ozturk Durmaz, 2022	High	BCTQ-FSS	3 mos	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Orthotic: static wrist splints that kept the wrist in a neutral position for 2 mos while sleeping at night and resting during the day	Mean Difference	3 (-0.27, 6.27)	NS
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0.3 (-0.33, 0.93)	NS
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	1 mos	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	0.1 (-0.54, 0.74)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	0.1 (-0.23, 0.43)	NS
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0.1 (-0.54, 0.74)	NS
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	3 mos	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	0.3 (-0.30, 0.90)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	-0.1 (-0.40, 0.20)	NS

Table 231230: PICO 3- Shockwave Therapy vs. Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	-0.3 (-2.92, 2.32)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	-0.6 (-1.51, 0.31)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	-0.4 (-1.45, 0.65)	NS
Ozturk Durmaz, 2022	High	VAS Pain at Rest	3 mos	rESWT: 1 session/week a frequency of 5 Hz, pressure of 4 bar, and 2000 shock pulses	Orthotic: static wrist splints that kept the wrist in a neutral position for 2 mos while sleeping at night and resting during the day	Mean Difference	0.4 (-1.09, 1.89)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	1 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham rESWT w/ Orthotic	Mean Difference	-0.4 (-1.45, 0.65)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	1 mos	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	0.7 (-2.14, 3.54)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Orthotic: wrist splint with suitable size was advised to use every night and as much as possible during the day for three months.	Mean Difference	0.7 (-2.14, 3.54)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	3 mos	rESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham rESWT w/ Orthotic	Mean Difference	-0.1 (-0.97, 0.77)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	3 mos	ESWT: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week	Sham ESWT w/ Orthotic	Mean Difference	0.5 (-2.18, 3.18)	NS

Table 232231: PICO 3- Shockwave Therapy vs. Iontophoresis- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
OsmanoGLu, 2022	High	BCTQ-SSS	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-0.4 (-0.63, -0.17)	rESWT
OsmanoGLu, 2022	High	BCTQ-SSS	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-0.4 (-0.66, -0.14)	rESWT

Table 233232: PICO 3- Shockwave Therapy vs. Iontophoresis- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
OsmanoGLu, 2022	High	Paresthesia (VAS)	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	0.5 (-0.34, 1.34)	NS
OsmanoGLu, 2022	High	Paresthesia (VAS)	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	0.5 (-0.34, 1.34)	NS
OsmanoGLu, 2022	High	BCTQ-FSS	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-0.1 (-0.36, 0.16)	NS
OsmanoGLu, 2022	High	BCTQ-FSS	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-0.2 (-0.50, 0.10)	NS
OsmanoGLu, 2022	High	Hand Grip Strength (kg)	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-0.2 (-3.57, 3.17)	NS
OsmanoGLu, 2022	High	Hand Grip Strength (kg)	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	0 (-3.10, 3.10)	NS
OsmanoGLu, 2022	High	Lateral Grip Strength (kg)	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	0.89 (0.17, 1.61)	rESWT
OsmanoGLu, 2022	High	Lateral Grip Strength (kg)	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	0.87 (0.18, 1.56)	rESWT
OsmanoGLu, 2022	High	Pinch Strength (kg) (Pinch Grip (kg))	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	1.02 (0.26, 1.78)	rESWT
OsmanoGLu, 2022	High	Pinch Strength (kg) (Pinch Grip (kg))	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	1.13 (0.37, 1.89)	rESWT

Table 234233: PICO 3- Shockwave Therapy vs. Iontophoresis- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
OsmanoGLu, 2022	High	VAS Pain at Rest	1 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-1.2 (-2.05, -0.35)	rESWT
OsmanoGLu, 2022	High	VAS Pain at Rest	3 mos	rESWT: patients received shockwaves of continuous frequency and intensity (1,000 shock waves at an intensity of 1.5 bar and 5 Hz frequency) for 3 sessions at 1 week intervals	Corticosteroid Iontophoresis: 10 sessions of corticosteroid iontophoresis into the area for 20 minutes at 2 mA current for 40 mA minutes	Mean Difference	-1.4 (-2.27, -0.53)	rESWT
Elrazik, 2021	Moderate	VAS Pain at Rest	1.5 mos	ESWT: 2000 pulses per session at an energy flux density of 0.03 mJ/mm ² , 1.6 bars per session, in the area between the thenar and hypothenar eminences of the hand, for about 5 minutes for each session, 3 sessions per week for 6 weeks.	Corticosteroid Iontophoresis: dexamethasone and lidocaine delivered to the tissues at the palmar lower surface of the forearm (at the area of the median nerve passage under the carpal tunnel) of the affected hand. The treatment duration was 20 minutes per session, 3 sessions per week, for 6 weeks.	Mean Difference	-1.334 (-2.05, -0.62)	ESWT

Table 235234: PICO 3- Shockwave Therapy vs. Nutritional Supplement- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Notarnicola, 2015	Moderate	BCTQ-SSS	1 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-1.9 (-6.49, 2.69)	NS
Notarnicola, 2015	Moderate	BCTQ-SSS	2 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	0.2 (-3.80, 4.20)	NS
Notarnicola, 2015	Moderate	BCTQ-SSS	4 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	0.5 (-3.67, 4.67)	NS
Notarnicola, 2015	Moderate	BCTQ-SSS	6 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	1 (-2.16, 4.16)	NS

Table 236235: PICO 3- Shockwave Therapy vs. Nutritional Supplement- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Notarnicola, 2015	Moderate	BCTQ-FSS	1 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-1.8 (-5.35, 1.75)	NS
Notarnicola, 2015	Moderate	BCTQ-FSS	2 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-0.3 (-4.20, 3.60)	NS
Notarnicola, 2015	Moderate	BCTQ-FSS	4 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-0.5 (-4.12, 3.12)	NS
Notarnicola, 2015	Moderate	BCTQ-FSS	6 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-0.4 (-3.53, 2.73)	NS

Table 237236: PICO 3- Shockwave Therapy vs. Nutritional Supplement- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Notarnicola, 2015	Moderate	VAS Pain at Rest	1 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	-0.7 (-2.11, 0.71)	NS
Notarnicola, 2015	Moderate	VAS Pain at Rest	2 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	0.1 (-1.32, 1.52)	NS
Notarnicola, 2015	Moderate	VAS Pain at Rest	4 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	0.8 (-0.52, 2.12)	NS
Notarnicola, 2015	Moderate	VAS Pain at Rest	6 mos	ESWT: three treatments of ESWT, performed at weekly intervals using an electromagnetic device	Nutraceutical: 1 capsule twice a day for 40 days, following 1 capsule a day for 80 days diet supplementary composed mainly of ALA, GLA, and Echinacea	Mean Difference	0.3 (-0.72, 1.32)	NS

Table 238237: PICO 3- Shockwave Therapy vs. Physical Therapy- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	BCTQ-SSS	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengtheningand median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week.The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.		Mean Difference	-6.8 (-9.27, -4.33)	rESWT and Home Exercise Program w/ Night Orthotic
Saglam, 2022	High	Overall improvement in all parameters ((VAS, BCTQ-SS, BCTA-FSS, LANSS))	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengtheningand median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week.The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.		Author Reported - ANOVA	N/A	rESWT and Home Exercise Program w/ Night Orthotic

Table 239238: PICO 3- Shockwave Therapy vs. Physical Therapy- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	BCTQ-FSS	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.		Mean Difference	-3.3 (-5.24, -1.36)	rESWT and Home Exercise Program w/ Night Orthotic

Table 240239: PICO 3- Shockwave Therapy vs. Physical Therapy- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	VAS Pain at Rest	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.		Mean Difference	-1.4 (-1.75, -1.05)	rESWT and Home Exercise Program w/ Night Orthotic
Saglam, 2022	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) (LANSS is a bedside test used to differentiate between nociceptive and neuropathic pain.)	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.		Mean Difference	-1.9 (-3.48, -0.32)	rESWT and Home Exercise Program w/ Night Orthotic

Table 241240: PICO 3- Shockwave Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Habibzadeh, 2022	High	BCTQ-SSS	1 mos	Point Radial Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with point method (low-energy shockwaves with 1,500 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	4.16(,..)	Point Shockwave Therapy w/ Conventional Physiotherapy
Habibzadeh, 2022	High	BCTQ-SSS	1 mos	Sweep Radial Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with sweep method (low-energy shockwaves with 1,000 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	4.51(,..)	Sweep Shockwave Therapy w/ Conventional Physiotherapy
Kocak Ulucakoy, 2020	High	BCTQ-SSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Orthotic: wrist splint every night and as much aspossible during the day for three months.	Mean Difference	-0.3 (-0.57, -0.03)	rESWT w/ Orthotic
Kocak Ulucakoy, 2020	High	BCTQ-SSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Sham rESWT w/ Orthotic	Mean Difference	-0.2 (-0.51, 0.11)	NS
Gesslbauer, 2021	High	BCTQ-SSS	3 mos	Focused ESWT: a three-layered coupling mediumbetween the applicator head and the tissue/skin wasused (ultrasound gel-gel pad-ultrasound gel) to efficientlytransduce the shock wave into the tissue; once a week for a periodof 3 weeks	Sham Focused ESWT: a two-layered couplingmedium was used and the ultrasound gel layerbetween applicator head and gel pad was omitted toachieve a placebo treatment effect; once a week for a periodof 3 weeks	Mean Difference	0.1 (-0.62, 0.82)	NS
Gesslbauer, 2021	High	BCTQ-SSS (corrected via the Holm–Sidak method for multiple testing)	3 mos	Focused ESWT: a three-layered coupling mediumbetween the applicator head and the tissue/skin wasused (ultrasound gel-gel pad-ultrasound gel) to efficientlytransduce the shock wave into the tissue; once a week for a periodof 3 weeks	Sham Focused ESWT: a two-layered couplingmedium was used and the ultrasound gel layerbetween applicator head and gel pad was omitted toachieve a placebo treatment effect; once a week for a periodof 3 weeks	Author Reported - Holm-Sidak Method	0.14(,..)	NS
Chang, 2020	High	BCTQ-SSS	1 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	-4.09 (-6.47, -1.71)	rESWT w/ PRP Injection

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chang, 2020	High	BCTQ-SSS	2 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	-3.12 (-5.62, -0.62)	rESWT w/ PRP Injection
Chang, 2020	High	BCTQ-SSS	3 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	-2.78 (-5.34, -0.22)	rESWT w/ PRP Injection
Kocak Ulucakoy, 2020	High	BCTQ-SSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Orthotic: wrist splint every night and as much as possible during the day for three months.	Mean Difference	-0.2 (-0.51, 0.11)	NS
Kocak Ulucakoy, 2020	High	BCTQ-SSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham rESWT w/ Orthotic	Mean Difference	0 (-0.30, 0.30)	NS
Wu, 2016	High	BCTQ-SSS	1 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-4.55 (-8.26, -0.84)	rESWT w/ Orthotic
Wu, 2016	High	BCTQ-SSS	2 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-4.5 (-7.80, -1.20)	rESWT w/ Orthotic
Wu, 2016	High	BCTQ-SSS	3 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-1.35 (-4.39, 1.69)	NS
Vahdatpour, 2016	High	BCTQ-SSS	3 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulse was not given.	Mean Difference	-1.366 (-1.59, -1.15)	ESWT
Vahdatpour, 2016	High	BCTQ-SSS	6 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulse was not given.	Mean Difference	-1.503 (-1.74, -1.27)	ESWT

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	BCTQ-SSS	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.	Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-13.2 (-16.16, -10.24)	rESWT and Home Exercise Program w/ Night Orthotic
Haghighat, 2021	High	BCTQ-SSS (Left hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	0.26 (-0.02, 0.54)	NS
Haghighat, 2021	High	BCTQ-SSS (right hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	0.6 (0.23, 0.97)	Orthotic w/ Vitamins and Medicine
Raissi, 2017	Moderate	QuickDASH	2 mos	rESWT w/ Orthotic: 3 sessions of radial shock wave + wrist splint	Orthotic: Wrist split only	Mean Difference	-9.3 (-11.49, -7.11)	rESWT w/ Orthotic
Raissi, 2017	Moderate	QuickDASH	3 mos	rESWT w/ Orthotic: 3 sessions of radial shock wave + wrist splint	Orthotic: Wrist split only	Mean Difference	-7.51 (-9.94, -5.08)	rESWT w/ Orthotic

Table 242241: PICO 3- Shockwave Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Habibzadeh, 2022	High	Paresthesia (VAS)	1 mos	Point Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with point method (low-energy shockwaves with 1,500 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-16.00(...)	Point Shockwave Therapy w/ Conventional Physiotherapy
Habibzadeh, 2022	High	BCTQ-FSS	1 mos	Point Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with point method (low-energy shockwaves with 1,500 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-1.24(...)	NS
Habibzadeh, 2022	High	Paresthesia (VAS)	1 mos	Sweep Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with sweep method (low-energy shockwaves with 1,000 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-18.00(...)	Sweep Shockwave Therapy w/ Conventional Physiotherapy
Habibzadeh, 2022	High	BCTQ-FSS	1 mos	Sweep Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with sweep method (low-energy shockwaves with 1,000 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-2.49(...)	Sweep Shockwave Therapy w/ Conventional Physiotherapy
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Orthotic: wrist splint every night and as much aspossible during the day for three months.	Mean Difference	0.9 (0.10, 1.70)	ESWT w/ Orthotic
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	0.3 (-0.33, 0.93)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Orthotic: wrist splint every night and as much aspossible during the day for three months.	Mean Difference	0 (-0.29, 0.29)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Orthotic: wrist splint every night and as much as possible during the day for three months.	Mean Difference	0.3 (-0.33, 0.93)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	0 (-0.31, 0.31)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Orthotic: wrist splint every night and as much as possible during the day for three months.	Mean Difference	0 (-0.31, 0.31)	NS
Kocak Ulucakoy, 2020	High	BCTQ-FSS	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	-0.1 (-0.38, 0.18)	NS
Wu, 2016	High	BCTQ-FSS	1 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-2.8 (-5.25, -0.35)	rESWT w/ Orthotic
Wu, 2016	High	BCTQ-FSS	2 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-3.25 (-5.89, -0.61)	rESWT w/ Orthotic
Wu, 2016	High	BCTQ-FSS	3 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-2.9 (-5.62, -0.18)	rESWT w/ Orthotic
Kocak Ulucakoy, 2020	High	Pinch Strength (kg)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	0.9 (0.18, 1.62)	ESWT w/ Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gesslbauer, 2021	High	Hand Grip Strength (kg)	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel-gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Mean Difference	6 (-1.79, 13.79)	NS
Gesslbauer, 2021	High	BCTQ-FSS	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel-gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Mean Difference	-0.1 (-0.81, 0.61)	NS
Gesslbauer, 2021	High	Hand Grip Strength (kg) (Corrected via the Holm-Sidak method for multiple testing)	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel-gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Author Reported - Holm-Sidak Method	6.20(.,.)	NS
Gesslbauer, 2021	High	BCTQ-FSS (corrected via the Holm-Sidak method for multiple testing)	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel-gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Author Reported - Holm-Sidak Method	-0.11(.,.)	NS
Chang, 2020	High	BCTQ-FSS	1 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	0 (-1.56, 1.56)	NS
Chang, 2020	High	BCTQ-FSS	2 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	-0.16 (-1.91, 1.59)	NS
Chang, 2020	High	BCTQ-FSS	3 mos	rESWT w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; 2,000 shots of rEWST applied along MN from pisiform level to 2cm proximal to inlet of carpal tunnel, 4 bar, 5Hz;	Sham rEWST w/ PRP Injection: 1 and 2 mL PRP injected into inferior and superior aspects of median nerve (MN), respectively; no energy conduction for sham rESWT;	Mean Difference	-0.1 (-2.10, 1.90)	NS
Vahdatpour, 2016	High	BCTQ-FSS	3 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulse was not given.	Mean Difference	-0.685 (-0.95, -0.42)	ESWT

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Vahdatpour, 2016	High	BCTQ-FSS	6 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulsewas not given.	Mean Difference	-1.092 (-1.38, -0.81)	ESWT
Karatas, 2019	High	Grip Strength (kg)	1 mos	ESWT: 0.10 mJ / mm2 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm2 for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Karatas, 2019	High	Grip Strength (kg)	3 mos	ESWT: 0.10 mJ / mm2 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm2 for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Karatas, 2019	High	Paresthesia (VAS)	1 mos	ESWT: 0.10 mJ / mm2 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm2 for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Karatas, 2019	High	Paresthesia (VAS)	3 mos	ESWT: 0.10 mJ / mm2 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm2 for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Saglam, 2022	High	BCTQ-FSS	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengtheningand median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week.The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.	Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengtheningand median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-7.8 (-9.70, -5.90)	rESWT and Home Exercise Program w/ Night Orthotic
Haghighat, 2021	High	BCTQ-FSS (Left hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	0.2 (-0.14, 0.54)	NS
Haghighat, 2021	High	BCTQ-FSS (right hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	0.93 (0.54, 1.32)	Orthotic w/ Vitamins and Medicine

Table 243242: PICO 3- Shockwave Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Habibzadeh, 2022	High	VAS Pain at Rest	1 mos	Point Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with point method (low-energy shockwaves with 1,500 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-19.00(...)	Point Shockwave Therapy w/ Conventional Physiotherapy
Habibzadeh, 2022	High	VAS Pain at Rest	1 mos	Sweep Shockwave Therapy w/ Conventional Physiotherapy: 4 sessions of radial shock wave with sweep method (low-energy shockwaves with 1,000 shocks at a pressure of 1.5 bar and a rate of 6 pulses per second); Ten sessions of conventionalphysiotherapy for 3 weeks	Conventional Physiotherapy: Received only 10 sessions of conventionalphysiotherapy for 3 weeks	Author Reported - ANOVA, Tukey's Test	-19.00(...)	Sweep Shockwave Therapy w/ Conventional Physiotherapy
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Orthotic: wrist splint every night and as much aspossible during the day for three months.	Mean Difference	-1 (-3.51, 1.51)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	1 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	-0.3 (-2.92, 2.32)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Orthotic: wrist splint every night and as much aspossible during the day for three months.	Mean Difference	-0.3 (-2.92, 2.32)	NS
Kocak Ulucakoy, 2020	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	3 mos	ESWT w/ Orthotic: rESWT was applied with 1,000 shots,0.05 mJ/mm2 intensity of energy and frequency of 5 Hz.The rESWT was administered consecutively for threeweeks, once a week; and wrist splint every night and as much aspossible during the day for three months.	Sham ESWT w/ Orthotic	Mean Difference	0.6 (-1.91, 3.11)	NS
Gesslbauer, 2021	High	VAS Pain at Rest	3 mos	Focused ESWT: a three-layered coupling mediumbetween the applicator head and the tissue/skin wasused (ultrasound gel-gel pad-ultrasound gel) to efficientlytransduce the shock wave into the tissue; once a week for a periodof 3 weeks	Sham Focused ESWT: a two-layered couplingmedium was used and the ultrasound gel layerbetween applicator head and gel pad was omitted toachieve a placebo treatment effect; once a week for a periodof 3 weeks	Mean Difference	-18 (-38.60, 2.60)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gesslbauer, 2021	High	VAS Pain at Rest (corrected via the Holm-Sidak method for multiple testing)	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Author Reported - Holm-Sidak Method	-18.30(,..)	NS
Gesslbauer, 2021	High	SF-36 Bodily Pain (corrected via the Holm-Sidak method for multiple testing)	3 mos	Focused ESWT: a three-layered coupling medium between the applicator head and the tissue/skin was used (ultrasound gel pad-ultrasound gel) to efficiently transduce the shock wave into the tissue; once a week for a period of 3 weeks	Sham Focused ESWT: a two-layered coupling medium was used and the ultrasound gel layer between applicator head and gel pad was omitted to achieve a placebo treatment effect; once a week for a period of 3 weeks	Author Reported - Holm-Sidak Method	7.30(,..)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Orthotic: wrist splint every night and as much as possible during the day for three months.	Mean Difference	-0.7 (-1.56, 0.16)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	1 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham rESWT w/ Orthotic	Mean Difference	-0.6 (-1.51, 0.31)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Orthotic: wrist splint every night and as much as possible during the day for three months.	Mean Difference	-0.6 (-1.51, 0.31)	NS
Kocak Ulucakoy, 2020	High	VAS Pain at Rest	3 mos	rESWT w/ Orthotic: rESWT was applied with 1,000 shots, 0.05 mJ/mm ² intensity of energy and frequency of 5 Hz. The rESWT was administered consecutively for three weeks, once a week; and wrist splint every night and as much as possible during the day for three months.	Sham rESWT w/ Orthotic	Mean Difference	0.3 (-0.66, 1.26)	NS
Vahdatpour, 2016	High	VAS Pain at Rest	3 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulse was not given.	Author Reported - T-Test	N/A	ESWT

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Vahdatpour, 2016	High	VAS Pain at Rest	6 mos	ESWT: 1 session per week for 4 weeks with these conditions: Focus of hand piece with 0.05, 0.07, 0.1, and 0.15 energy was used in the first to fourth sessions, respectively, similarly, numbers 800, 900, 1000, and 1100 shock and with constant 3 Hz frequencies in all sessions.	Sham ESWT: system was switched on, but the effective pulse was not given.	Author Reported - T-Test	N/A	ESWT
Karatas, 2019	High	VAS Pain at Rest	1 mos	ESWT: 0.10 mJ / mm ² 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm ² for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Karatas, 2019	High	VAS Pain at Rest	3 mos	ESWT: 0.10 mJ / mm ² 3 sessions a week for 3 weeks	Sham ESWT: ineffective dose 0.01 mJ / mm ² for 3 sessions a week for 3 weeks	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Wu, 2016	High	VAS Pain at Rest	1 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-1.64 (-2.30, -0.98)	rESWT w/ Orthotic
Wu, 2016	High	VAS Pain at Rest	2 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-1.03 (-1.87, -0.19)	rESWT w/ Orthotic
Wu, 2016	High	VAS Pain at Rest	3 mos	rESWT w/ Orthotic: 3 sessions of rESW therapy + wrist splint; 2,000 shots; pressure of four Bar, and a frequency of 5 Hz.	Sham rESWT w/ Orthotic: sham rESW + wrist splint	Mean Difference	-0.89 (-1.66, -0.12)	rESWT w/ Orthotic
Saglam, 2022	High	VAS Pain at Rest	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.	Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-3.1 (-3.48, -2.72)	rESWT and Home Exercise Program w/ Night Orthotic

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saglam, 2022	High	Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) (LANSS is a bedside test used to differentiate between nociceptive and neuropathic pain.)	3 mos	rESWT and Home Exercise Program w/ Night Orthotic: splinting of the affected wrist at night, a home exercise program (wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months), and a total of three sessions of rESWT at a frequency of one session per week. The rESWT at a pressure of 4 bars, a frequency of 5 Hz and 2,000 impulses in total was applied.	Home Exercise Program w/ Night Orthotic: A wrist orthosis which held the wrist in the neutral position was used for splinting at night time for a minimum of 8 h. Plus a home exercise program of wrist range of motion, wrist stretch, wrist isometric strengthening and median nerve glide exercises; 10 repeats of each exercise, three times daily for three months.	Mean Difference	-5.3 (-6.68, -3.92)	rESWT and Home Exercise Program w/ Night Orthotic
Haghighat, 2021	High	VAS Pain at Rest (Left hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	0.04 (-0.60, 0.68)	NS
Haghighat, 2021	High	VAS Pain at Rest (right hand)	2 mos	ESWT: 4 sessions of shock wave therapy was performed weekly (frequency of 3 Hz per session)	Orthotic w/ Vitamins and Medicine	Mean Difference	1.1 (0.33, 1.87)	Orthotic w/ Vitamins and Medicine
Raissi, 2017	Moderate	VAS Pain at Rest	2 mos	rESWT w/ Orthotic: 3 sessions of radial shock wave + wrist splint	Orthotic: Wrist split only	Mean Difference	-0.1 (-0.41, 0.21)	NS
Raissi, 2017	Moderate	VAS Pain at Rest	3 mos	rESWT w/ Orthotic: 3 sessions of radial shock wave + wrist splint	Orthotic: Wrist split only	Mean Difference	-0.45 (-0.76, -0.14)	rESWT w/ Orthotic

Table 244243: PICO 3- Therapeutic Ultrasound vs. Exercise- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alam, 2018	High	VAS Pain at Rest	1 mos	Ultrasound Therapy: 0.8 w/cm ² for 5 minutes during each session. A total of 12 sessions were administered over a 4-week period with 3 sessions per week	Neural Mobilization: median nerve mobilization with gliding technique in the clinic with a home exercise program consisting of median nerve self-mobilization.	Mean Difference	3.71 (3.21, 4.21)	Neural Mobilization

Table 245244: PICO 3- Therapeutic Ultrasound vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Jothi, 2019	High	Required One Corticosteroid Injection	1 yrs	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	RR	1.14(0.51,2.55)	NS
Jothi, 2019	High	Required Two Corticosteroid Injections	1 yrs	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	RR	2.00(0.20,20.33)	NS
Jothi, 2019	High	Required Three Corticosteroid Injections	1 yrs	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	RD	-0.05(-0.15,0.05)	NS
Jothi, 2019	High	Surgical Decompression Surgery	1 yrs	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm ²	RD	-0.05(-0.15,0.05)	NS

Table 246245: PICO 3- Therapeutic Ultrasound vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Jothi, 2019	High	BCTQ-SSS	1.5 mos	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Mean Difference	0.13 (-0.33, 0.59)	NS
Jothi, 2019	High	BCTQ-SSS	6 mos	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Mean Difference	-0.01 (-0.56, 0.54)	NS
Jothi, 2019	High	BCTQ-SSS	1 yrs	Pulsed Ultrasound Treatment: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Unpowered Ultrasound: 15 min/session for 20 sessions at 1MHZ/1.0W/cm2	Mean Difference	-0.14 (-0.72, 0.44)	NS
Catalbas, 2018	High	BCTQ-SSS	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.3 (-0.65, 0.05)	NS
Catalbas, 2018	High	BCTQ-SSS	1.5 mos	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.1 (-0.50, 0.30)	NS
Yildiz, 2011	High	BCTQ-SSS	2 mos	Ultrasound Therapy	Sham Ultrasound	Mean Difference	-0.11 (-0.61, 0.39)	NS
Dincer, 2009	High	BCTQ-SSS	1 mos	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.34 (-0.53, -0.15)	Ultrasound Therapy w/ Orthotic
Dincer, 2009	High	BCTQ-SSS	3 mos	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweightwrist splint with a metal strip extending across thewrist to the mid-palm region	Mean Difference	-0.7 (-1.06, -0.34)	Ultrasound Therapy w/ Orthotic

Table 247246: PICO 3- Therapeutic Ultrasound vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Catalbas, 2018	High	Paresthesia (VAS)	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.8 (-2.05, 0.45)	NS
Catalbas, 2018	High	BCTQ-FSS	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	0.5 (0.12, 0.88)	Sham Ultrasound Therapy
Catalbas, 2018	High	Hand Grip Strength (kgf)	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.4 (-4.24, 3.44)	NS
Catalbas, 2018	High	Paresthesia (VAS)	1.5 mos	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	0 (-1.43, 1.43)	NS
Catalbas, 2018	High	BCTQ-FSS	1.5 mos	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	0 (-0.38, 0.38)	NS
Catalbas, 2018	High	Hand Grip Strength (kgf)	1.5 mos	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	2.6 (-1.41, 6.61)	NS
Yildiz, 2011	High	BCTQ-FSS	2 mos	Ultrasound Therapy	Sham Ultrasound	Mean Difference	-0.21 (-0.77, 0.35)	NS
Dincer, 2009	High	BCTQ-FSS	1 mos	Ultrasound w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.13 (-0.28, 0.02)	NS
Dincer, 2009	High	BCTQ-FSS	3 mos	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-0.65 (-0.82, -0.48)	Ultrasound Therapy w/ Orthotic
Ebenbichler, 1998	High	Sensory Loss	1.5 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm2, pulsed mode 1:4, with a transducer of 5 cm2 (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-1.07 (-2.23, 0.09)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ebenbichler, 1998	High	Sensory Loss	6 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , pulsed mode 1:4, with a transducer of 5 cm ² (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-1.52 (-2.79, -0.25)	Ultrasound Therapy

Table 248247: PICO 3- Therapeutic Ultrasound vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Catalbas, 2018	High	VAS Pain at Rest	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.2 (-1.25, 0.85)	NS
Catalbas, 2018	High	VAS Pain at Rest	1.5 mos	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Sham Ultrasound Therapy: 0MHz, 0W/cm2 10 min/day for 10 sessions	Mean Difference	-0.1 (-1.18, 0.98)	NS
Yildiz, 2011	High	VAS Pain at Rest	2 mos	Ultrasound Therapy	Sham Ultrasound	Mean Difference	-0.51 (-2.35, 1.33)	NS
Dincer, 2009	High	VAS Pain at Rest	1 mos	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-2.6 (-3.46, -1.74)	Ultrasound Therapy w/ Orthotic
Dincer, 2009	High	VAS Pain at Rest	3 mos	Ultrasound Therapy w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm2 in continuous mode with a transducer 5 cm2 in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	Mean Difference	-2.53 (-3.52, -1.54)	Ultrasound Therapy w/ Orthotic
Ebenbichler, 1998	High	Pain and Paresthesia	1.5 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm2, pulsed mode 1:4, with a transducer of 5 cm2 (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-1.97 (-3.23, -0.71)	Ultrasound Therapy
Ebenbichler, 1998	High	Pain and Paresthesia	1.5 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm2, pulsed mode 1:4, with a transducer of 5 cm2 (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-2.35 (-3.89, -0.81)	Ultrasound Therapy
Ebenbichler, 1998	High	Pain and Paresthesia	6 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm2, pulsed mode 1:4, with a transducer of 5 cm2 (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-2.68 (-4.15, -1.21)	Ultrasound Therapy

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ebenbichler, 1998	High	Pain and Paresthesia	6 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , pulsed mode 1:4, with a transducer of 5 cm ² (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	Mean Difference	-3.83 (-5.71, -1.95)	Ultrasound Therapy

Table 249248: PICO 3- Therapeutic Ultrasound vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	1 mos	Ultrasound w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	RR	1.26(0.84,1.89)	NS
Dincer, 2009	High	Satisfaction (Includes: Completely Satisfied, Almost Satisfied, and Moderately Satisfied)	3 mos	Ultrasound w/ Orthotic: 3 MHz and an intensity of 1.0 W/cm ² in continuous mode with a transducer 5 cm ² in size with aquasonic gel.	Orthotic: standard lightweight wrist splint with a metal strip extending across the wrist to the mid-palm region	RR	1.43(1.01,2.03)	Orthotic
Ebenbichler, 1998	High	Patient Dissatisfaction (Offered further treatment)	6 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , pulsed mode 1:4, with a transducer of 5 cm ² (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	RR	0.47(0.26,0.87)	Ultrasound Therapy
Ebenbichler, 1998	High	Satisfaction (Satisfactory Improvement)	1.5 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , pulsed mode 1:4, with a transducer of 5 cm ² (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	RR	1.77(1.09,2.88)	Ultrasound Therapy
Ebenbichler, 1998	High	Satisfaction (Satisfactory Improvement)	6 mos	Ultrasound Therapy: mono- therapy for 15 minutes per session to the area over the carpal tunnel at a frequency of 1 MHz and an intensity of 1.0 W/cm ² , pulsed mode 1:4, with a transducer of 5 cm ² (Sonodyn, Siemens) and with aquasonic gel ascouplant. The first 10 treatments of a total of 20 ultrasound treatments were performed daily 5 times a week for 2 weeks, and the second 10 treatments twice a week for another 5 weeks	Sham Ultrasound: An on/off key introduced into the transducer circuit allowed mock insonation to be given to a sham group without affecting the normal ultrasonic output when the key was turned to the "on" position.	RR	3.67(1.74,7.74)	Ultrasound Therapy

Table 250249: PICO 3- Therapeutic Ultrasound vs. Therapeutic Ultrasound- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Catalbas, 2018	High	BCTQ-SSS	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Mean Difference	-0.2 (-0.60, 0.20)	NS

Table 251250: PICO 3- Therapeutic Ultrasound vs. Therapeutic Ultrasound- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Catalbas, 2018	High	Paresthesia (VAS)	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Mean Difference	-0.8 (-2.06, 0.46)	NS
Catalbas, 2018	High	BCTQ-FSS	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Mean Difference	0.5 (0.10, 0.90)	Pulsed Ultrasound Therapy
Catalbas, 2018	High	Hand Grip Strength (kgf)	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Mean Difference	-3 (-7.58, 1.58)	NS

Table 252251: PICO 3- Therapeutic Ultrasound vs. Therapeutic Ultrasound- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Catalbas, 2018	High	VAS Pain at Rest	1.5 mos	Continuous Ultrasound Therapy: 1MHz, 1W/cm2 for 10 min/day for 10 sessions	Pulsed Ultrasound Therapy: 1MHz, 1W/cm2 in 1:4 pulsed mode for 10 min/day, for 10 sessions	Mean Difference	-0.1 (-1.22, 1.02)	NS

Table 253252: PICO 3- Topical Treatment vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2018	High	BCTQ	1 mos	Lavender Oil w/ Night Orthotic: Orthotic to be worn nightly; 1,5% concentration lavender essential oil to be applied AM and PM for 40 days;	Placebo Oil w/ Night Orthotic: Orthotic to be worn nightly for 40 days; placebo oil to be applied AM and PM for 40 days;	Mean Difference	-0.19 (-0.43, 0.05)	NS
Flondell, 2017	High	BCTQ-SSS (Symptom Severity Scale)	2 mos	EMLA: 15 g of local anesthetic cream containing 2.5% lidocaine and 2.5% prilocaine for 90 min	Sham Topical Treatment: cosmetically identical cream for 90 min	Mean Difference	0 (-0.38, 0.38)	NS
Flondell, 2017	High	QuickDASH	2 mos	EMLA: 15 g of local anesthetic cream containing 2.5% lidocaine and 2.5% prilocaine for 90 min	Sham Topical Treatment: cosmetically identical cream for 90 min	Mean Difference	0 (-8.69, 8.69)	NS
Hashempur, 2015	High	BCTQ-SSS	1 mos	Chamomile Oil w/ Orthotic: 5 drops of prescribed oil, topically on the palmar zone of the wrist every morning and evening + wrist splint	Placebo Oil w/ Orthotic: Placebo oil (10% (V/V) of sesame oil and 0.1% of chamomile essential oil)+ splint 5 drops every morning and evening	Mean Difference	-0.33 (-1.05, 0.39)	NS
Karimi, 2021	High	BCTQ-SSS	2 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	3.8 (-0.51, 8.11)	NS
Karimi, 2021	High	BCTQ-SSS	3 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	2.4 (-1.67, 6.47)	NS
Hashempur, 2017	Moderate	BCTQ-SSS	1 mos	Chamomile Oil w/ Orthotic: 5 drops of the topical oil on the palmar area + splint every morning/evening for 4 weeks	Placebo Oil w/ Orthotic: Placebo oil + splint 5 drops every morning and evening/4 weeks	Mean Difference	-0.38 (-0.75, -0.01)	Chamomile Oil w/ Orthotic

Table 254253: PICO 3- Topical Treatment vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2018	High	Isometric Pinch Strength (kg)	1 mos	Lavender Oil w/ Night Orthotic: Orthotic to be worn nightly; 1,5% concentration lavender essential oil to be applied AM and PM for 40 days;	Placebo Oil w/ Night Orthotic: Orthotic to be worn nightly for 40 days; placebo oil to be applied AM and PM for 40 days;	Mean Difference	0.92 (0.26, 1.58)	Lavender Oil w/ Night Orthotic
Eftekharsadat, 2018	High	Grip Strength (kg) (Power Grip Strength)	1 mos	Lavender Oil w/ Night Orthotic: Orthotic to be worn nightly; 1,5% concentration lavender essential oil to be applied AM and PM for 40 days;	Placebo Oil w/ Night Orthotic: Orthotic to be worn nightly for 40 days; placebo oil to be applied AM and PM for 40 days;	Mean Difference	0.25 (-2.41, 2.91)	NS
Hashempur, 2015	High	BCTQ-FSS	1 mos	Chamomile Oil w/ Orthotic: 5 drops of prescribed oil, topically on the palmar zone of the wrist every morning and evening + wrist splint	Placebo Oil w/ Orthotic: Placebo oil (10% (V/V) of sesame oil and 0.1% of chamomile essential oil)+ splint 5 drops every morning and evening	Mean Difference	-0.04 (-0.73, 0.65)	NS
Karimi, 2021	High	BCTQ-FSS	2 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	2.74 (-0.86, 6.34)	NS
Karimi, 2021	High	BCTQ-FSS	3 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	1.26 (-0.81, 3.33)	NS
Hashempur, 2017	Moderate	BCTQ-FSS	1 mos	Chamomile Oil w/ Orthotic: 5 drops of the topical oil on the palmar area + splint every morning/evening for 4 weeks	Placebo Oil w/ Orthotic: Placebo oil + splint 5 drops every morning and evening/4 weeks	Mean Difference	-0.15 (-0.52, 0.22)	NS

Table 255254: PICO 3- Topical Treatment vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Eftekharsadat, 2018	High	VAS Pain at Rest	1 mos	Lavender Oil w/ Night Orthotic: Orthotic to be worn nightly; 1,5% concentration lavender essential oil to be applied AM and PM for 40 days;	Placebo Oil w/ Night Orthotic: Orthotic to be worn nightly for 40 days; placebo oil to be applied AM and PM for 40 days;	Mean Difference	-1.21 (-2.32, -0.10)	Lavender Oil w/ Night Orthotic
Karimi, 2021	High	VAS Pain at Rest	2 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	1 (0.14, 1.86)	Sham Topical Treatment
Karimi, 2021	High	VAS Pain at Rest	3 mos	Boswellia Carterii Oleogel: 1.5 fingertips every 12 hours	Sham Topical Treatment: 1.5 fingertips every 12 hours	Mean Difference	0.57 (-0.74, 1.88)	NS

Table 256255: PICO 4- Minimal Incision Open vs. Endoscopic- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Oh, 2017	Moderate	BCTQ-SSS	6 mos	Mini-Incision Carpal Tunnel Release: 1.5-cm incision distally in proximal palm over transverse carpal ligament	Endoscopic Carpal Tunnel Release: Agee technique; 1.5 transverse incision in proximal wrist crease between the tendons of palmaris longus and flexor carpi ulnaris.	Mean Difference	0.1 (-0.02, 0.22)	NS
Oh, 2017	Moderate	QuickDASH	6 mos	Mini-Incision Carpal Tunnel Release: 1.5-cm incision distally in proximal palm over transverse carpal ligament	Endoscopic Carpal Tunnel Release: Agee technique; 1.5 transverse incision in proximal wrist crease between the tendons of palmaris longus and flexor carpi ulnaris.	Mean Difference	1.2 (-1.01, 3.41)	NS
Kang, 2013	Moderate	BCTQ-SSS	3 mos	Mini-Incision Carpal Tunnel Release: 1.5cm incision in proximal palm over transverse carpal ligament;	Endoscopic Carpal Tunnel Release: Agee Technique;	Mean Difference	-0.1 (-0.32, 0.12)	NS
Kang, 2013	Moderate	DASH	3 mos	Mini-Incision Carpal Tunnel Release: 1.5cm incision in proximal palm over transverse carpal ligament;	Endoscopic Carpal Tunnel Release: Agee Technique;	Mean Difference	0 (-4.24, 4.24)	NS

Table 257256: PICO 4- Minimal Incision Open vs. Endoscopic- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	Paresthesia	1 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	3 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	1 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	3 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	1 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	3 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Return to work (days)	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Oh, 2017	Moderate	BCTQ-FSS	6 mos	Mini-Incision Carpal Tunnel Release: 1.5-cm incision distally in proximal palm over transverse carpal ligament	Endoscopic Carpal Tunnel Release: Agee technique; 1.5 transverse incision in proximal wrist crease between the tendons of palmaris longus and flexor carpi ulnaris.	Mean Difference	0 (-0.10, 0.10)	NS
Aslani, 2012	Moderate	Numbness	4 mos	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	0.00(0.00,0.00)	NS
Aslani, 2012	Moderate	Stiffness	4 mos	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	-0.13(-0.24,-0.01)	Mini-Incision Carpal Tunnel Release
Aslani, 2012	Moderate	Weakness	4 mos	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	-0.06(-0.15,0.02)	NS
Aslani, 2012	Moderate	Return to Work (days)	Postop .	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	Mean Difference	0.6 (-0.79, 1.99)	NS
Kang, 2013	Moderate	BCTQ-FSS	3 mos	Mini-Incision Carpal Tunnel Release: 1.5cm incision in proximal palm over transverse carpal ligament;	Endoscopic Carpal Tunnel Release: Agee Technique;	Mean Difference	0.2 (-0.02, 0.42)	NS

Table 258257: PICO 4- Minimal Incision Open vs. Endoscopic- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	VAS Pain at Rest	1 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	3 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Pillar Pain	6 mos	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Aslani, 2012	Moderate	Night pain	4 mos	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	0.00(0.00,0.00)	NS
Aslani, 2012	Moderate	Wrist Pain	4 mos	Mini-Incision Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RR	1.00(0.27,3.66)	NS

Table 259258: PICO 4- Minimal Incision Open vs. Minimal Incision Open- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wang, 2022	Moderate	Injury to the motor recurrent branch of the median nerve	Periop .	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RD	-0.01(-0.04,0.01)	NS
Wang, 2022	Moderate	Hypertrophic Scar	Postop .	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RD	-0.01(-0.04,0.01)	NS

Table 260259: PICO 4- Minimal Incision Open vs. Minimal Incision Open- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Capa-Grasa, 2014	High	QuickDASH	1 mos	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-13.99 (-16.20, -11.78)	Ultra-Minimally Invasive Carpal Tunnel Release
Capa-Grasa, 2014	High	QuickDASH	3 mos	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-7.15 (-8.74, -5.56)	Ultra-Minimally Invasive Carpal Tunnel Release
Wang, 2022	Moderate	BCTQ-SSS	3 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.2 (-0.39, -0.01)	Mini-Transverse Incision w/ Bush Hook
Wang, 2022	Moderate	BCTQ-SSS	6 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.2 (-0.37, -0.03)	Mini-Transverse Incision w/ Bush Hook
Wang, 2022	Moderate	Kelly Grade-Excellent	3 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RR	1.19(0.93,1.52)	NS
Wang, 2022	Moderate	Kelly Grade-Good	6 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RR	0.94(0.47,1.88)	NS
Wang, 2022	Moderate	Kelly Grade- Fair	3 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RR	0.73(0.22,2.37)	NS
Wang, 2022	Moderate	Kelly Grade-Poor	6 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RR	0.64(0.06,6.86)	NS

Table 261260: PICO 4- Minimal Incision Open vs. Minimal Incision Open- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Capa-Grasa, 2014	High	Grip Strength (% of baseline) (Grip Strength Rate)	1 mos	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	3.32 (-0.35, 6.99)	NS
Capa-Grasa, 2014	High	Grip Strength (% of baseline) (Grip Strength Rate)	3 mos	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	1.05 (-2.14, 4.24)	NS
Capa-Grasa, 2014	High	Complete Wrist Extension, days	Postop .	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-6.15 (-7.38, -4.92)	Ultra-Minimally Invasive Carpal Tunnel Release
Capa-Grasa, 2014	High	Paresthesia Relief	Postop .	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-10.74 (-14.76, -6.72)	Ultra-Minimally Invasive Carpal Tunnel Release
Capa-Grasa, 2014	High	Return to Normal Daily Living, Including Work, days	Postop .	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-21.5 (-23.94, -19.06)	Ultra-Minimally Invasive Carpal Tunnel Release
Capa-Grasa, 2014	High	Complete Wrist Flexion, days	Postop .	Ultra-Minimally Invasive Carpal Tunnel Release: <=1mm proximal incision	Mini-Incision Carpal Tunnel Release: 1-2cm incision	Mean Difference	-9.25 (-10.96, -7.54)	Ultra-Minimally Invasive Carpal Tunnel Release
Wang, 2022	Moderate	BCTQ-FSS	3 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.3 (-0.52, -0.08)	Mini-Transverse Incision w/ Bush Hook
Wang, 2022	Moderate	BCTQ-FSS	6 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.1 (-0.32, 0.12)	NS
Wang, 2022	Moderate	Return to Work (days)	Postop .	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-11.6 (-12.87, -10.33)	Mini-Transverse Incision w/ Bush Hook

Table 262261: PICO 4- Minimal Incision Open vs. Minimal Incision Open- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wang, 2022	Moderate	VAS Pain at Rest	3 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.5 (-0.71, -0.29)	Mini-Transverse Incision w/ Bush Hook
Wang, 2022	Moderate	VAS Pain at Rest	6 mos	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	Mean Difference	-0.3 (-0.45, -0.15)	Mini-Transverse Incision w/ Bush Hook
Wang, 2022	Moderate	Scar Pain	Postop .	Mini-Transverse Incision w/ Bush Hook: smaller incision 4.3 ± 0.4 mm	Mini-Incision Carpal Tunnel Release at the Mid-Palm: A longitudinal incision of 26.2 ± 1.6 mm length	RD	-0.03(-0.06,0.01)	NS

Table 263262: PICO 4- Open vs. Endoscopic- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2009	High	Revision	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	2.00(0.19,21.50)	NS
Atroshi, 2009	High	Revision	1 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	0.48(0.05,5.21)	NS
Trumble, 2002	High	Reflex Sympathetic Dystrophy	Postop .	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	RD	0.02(-0.01,0.05)	NS
Trumble, 2002	High	Revision	Postop .	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	RD	0.01(-0.01,0.03)	NS
Atroshi, 2006	High	Revision	Postop .	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.48(0.05,5.21)	NS
Chen, 2022	Low	Palmar branch reversible damage (Device-assisted carpal tunnel release complications (unweighted results).)	Periop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.02(-0.05,0.02)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2022	Low	Stiffness (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.71(0.08,6.57)	NS
Chen, 2022	Low	Grade 2 infection (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.02(-0.05,0.02)	NS
Chen, 2022	Low	Stiffness and antibiotic use grade 3 (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.02(-0.05,0.02)	NS
Chen, 2022	Low	Infection (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.02(-0.05,0.02)	NS
Chen, 2022	Low	Complications (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.29(0.07,1.17)	NS
Chen, 2022	Low	ASGS severity scores- Palmar branch reversible damage	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	0.0018 (-0.00, 0.01)	NS
Chen, 2022	Low	ASGS severity scores- Infection	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	0.0105 (-0.00, 0.03)	NS
Chen, 2022	Low	ASGS severity scores- Stiffness	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	0.0059 (-0.01, 0.02)	NS
Chen, 2022	Low	Weakness (Sequelae of the procedure)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.71(0.15,3.32)	NS
Chen, 2022	Low	Treatment Failure- Symptom persistence (when symptoms are not relieved or the symptom-free period is shorter than 3 months)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	1.07(0.10,11.33)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2022	Low	Treatment Failure- Symptom recurrence (relapse after a symptom-free period longer than 3 months)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.03(-0.08,0.01)	NS
Chen, 2022	Low	Treatment Failure	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.54(0.06,4.58)	NS
Chen, 2022	Low	Sequelae and failure	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.64(0.19,2.16)	NS
Withers, 2021	Low	Surgical Complications (Acute)	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	Author Reported - Descriptive Statistics	1.92(1.11,3.31)	Endoscopic Carpal Tunnel Release
Kaplan, 2020	Low	Hematomas due to nonsevere vascular injury	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RD	-0.03(-0.07,0.02)	NS
Kaplan, 2020	Low	Infection (Wound)	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS
Kaplan, 2020	Low	Recurrence	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS
Kaplan, 2020	Low	Complications	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RR	1.61(0.79,3.30)	NS
Kaplan, 2020	Low	Hematomas due to nonsevere vascular injury	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RD	-0.04(-0.08,0.00)	NS
Kaplan, 2020	Low	Infection (Wound)	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS
Kaplan, 2020	Low	Recurrence	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS
Kaplan, 2020	Low	Complications	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RR	1.53(0.87,2.70)	NS
Williamson, 2021	Low	Infection	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	1.13(0.14,9.01)	NS
Williamson, 2021	Low	Deep vein thrombosis	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	1.27(0.45,3.56)	NS
Williamson, 2021	Low	Wound complication	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(-0.00,0.00)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Williamson, 2021	Low	Cardiac complication	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Upper limb nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	13.43(6.01,30.01)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Median ulnar radial nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	21.97(7.06,68.37)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Deep vein thrombosis	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Cardiac complication	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(-0.00,0.00)	NS
Williamson, 2021	Low	Upper limb nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	3.39(0.47,24.64)	NS
Williamson, 2021	Low	Median ulnar radial nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Infection	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	Endoscopic Carpal Tunnel Release
Williamson, 2021	Low	Deep vein thrombosis	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	1.20(0.65,2.20)	NS
Williamson, 2021	Low	Wound complication	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	5.20(0.69,39.04)	NS
Williamson, 2021	Low	Cardiac complication	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	2.04(0.61,6.86)	NS
Williamson, 2021	Low	Upper limb nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	0.93(0.82,1.05)	NS
Williamson, 2021	Low	Median ulnar radial nerve injury	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	1.83(0.22,15.23)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Martinez-Catasus, 2019	Low	Hematoma	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RR	0.34(0.03,3.57)	NS
Calotta, 2017	Low	Recurrence	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Single-Portal Agee Technique	RR	3.94(0.52,29.76)	NS
Calotta, 2017	Low	Revision	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Single-Portal Agee Technique	RD	0.04(0.00,0.08)	Endoscopic Carpal Tunnel Release
Calotta, 2017	Low	Complications	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Single-Portal Agee Technique	RD	0.02(-0.01,0.05)	NS
Gurpinar, 2019	Low	Complications	Postop .	Open Carpal Tunnel Release: Kaplan cardinal line and the radial border of the fourth ray ending at the wrist crease is marked and a 3-4 cm incision is made over the TCL	Endoscopic Carpal Tunnel Release: A mini proximal incision is made ulnar to the palmaris longus tendon around 1 cm proximal to the distal wrist crease	RR	0.36(0.04,3.35)	NS
Coady-Fariborzian, 2015	Low	Complex Regional Pain Syndrome	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RD	0.00(-0.00,0.01)	NS
Coady-Fariborzian, 2015	Low	Wound Dehiscence	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RD	0.02(0.00,0.03)	Two-Portal Endoscopic Carpal Tunnel Release
Coady-Fariborzian, 2015	Low	Infection	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RR	2.16(0.42,11.07)	NS
Coady-Fariborzian, 2015	Low	Nerve Injury	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RD	0.00(-0.00,0.01)	NS
Coady-Fariborzian, 2015	Low	Tendonitis	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RR	0.58(0.21,1.60)	NS
Coady-Fariborzian, 2015	Low	Respiratory Distress	Intraop .	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RD	-0.00(-0.01,0.00)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Coady-Fariborzian, 2015	Low	Revision	1 yrs	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: double port Chow technique	RR	0.87(0.25,2.96)	NS
Zhou, 2022	Low	Nerve Injury	postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.00(-0.00,0.01)	NS
Zhou, 2022	Low	Infection	postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	2.07(0.28,15.21)	NS
Zhou, 2022	Low	Wound Dehiscence	postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RD	0.02(0.01,0.03)	Endoscopic Carpal Tunnel Release
Zhou, 2022	Low	Revision	postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	1.53(0.37,6.28)	NS
Zhou, 2022	Low	Complications	postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	RR	2.50(0.80,7.76)	NS
Chen, 2021	Moderate	Sympathetic dystrophy	3 mos	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	RR	1.57(0.47,5.19)	NS
Chen, 2021	Moderate	Finger numbness	3.5 mos	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	RD	0.02(-0.02,0.06)	NS
Ferdinand, 2002	Moderate	Motor branch injury	Postop .	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	NS
Ferdinand, 2002	Moderate	Persistent wound pain	Postop .	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	RR	1.00(0.07,15.12)	NS
Ferdinand, 2002	Moderate	Superficial sensory nerve injury	Postop .	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	RD	0.04(-0.04,0.12)	NS
Ferdinand, 2002	Moderate	Vascular injury	Postop .	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	RD	0.00(0.00,0.00)	NS
Agee, 1992	Moderate	Night Symptoms	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.00(0.36,2.76)	NS
Agee, 1992	Moderate	Night Symptoms	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.00(0.36,2.76)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Agee, 1992	Moderate	Night Symptoms	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.00(0.43,2.34)	NS
Agee, 1992	Moderate	Night Symptoms	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.00(0.36,2.76)	NS
Agee, 1992	Moderate	Transient Ulnar Neurapraxia	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RD	0.02(-0.01,0.06)	NS
Agee, 1992	Moderate	Wound Dehiscence	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RD	-0.03(-0.07,0.01)	NS
Agee, 1992	Moderate	Injury to Deep Motor Branch of Ulnar Nerve	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RD	-0.02(-0.05,0.01)	NS
Agee, 1992	Moderate	Bowstringing of the Digital Flexor Tendons	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RD	-0.02(-0.05,0.01)	NS
MacDermid, 2003	Moderate	Revision	4 yrs	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	RD	-0.05(-0.10,-0.01)	Open Carpal Tunnel Release
Malhotra, 2007	Moderate	Local Scarring	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist create in the center of the volar aspect of the wrist;	RD	0.06(-0.02,0.15)	NS
Malhotra, 2007	Moderate	Keloid Formation	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist create in the center of the volar aspect of the wrist;	RD	0.03(-0.03,0.09)	NS
Malhotra, 2007	Moderate	Reflex Sympathetic Dystrophy	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist create in the center of the volar aspect of the wrist;	RD	0.06(-0.02,0.15)	NS
Malhotra, 2007	Moderate	Wound Hematoma	1 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist create in the center of the volar aspect of the wrist;	RD	0.03(-0.03,0.09)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sennwald, 1995	Moderate	Hypertrophic Scar (Painful)	Postop .	Open Carpal Tunnel Release: Described in Sennwald 1987; The Wrist	Endoscopic Carpal Tunnel Release: 2-3 cm skin incision made 2cm proximal to the wrist flexion crease between the flexor carpi radialis and flexor carpi ulnaris tendons. The subcutaneous tissue is prepared and the forearm fascia opened with a transverse incision.	RD	0.05(-0.04,0.13)	NS
Sennwald, 1995	Moderate	Transient Neurapraxia	Postop .	Open Carpal Tunnel Release: Described in Sennwald 1987; The Wrist	Endoscopic Carpal Tunnel Release: 2-3 cm skin incision made 2cm proximal to the wrist flexion crease between the flexor carpi radialis and flexor carpi ulnaris tendons. The subcutaneous tissue is prepared and the forearm fascia opened with a transverse incision.	RD	-0.04(-0.12,0.04)	NS
Ferdinand, 2002	Moderate	Persisting symptoms	Postop .	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	RD	0.04(-0.04,0.12)	NS
Sennwald, 1995	Moderate	Reflex Sympathetic Dystrophy (Pain and Stiffness of the hand)	Postop .	Open Carpal Tunnel Release: Described in Sennwald 1987; The Wrist	Endoscopic Carpal Tunnel Release: 2-3 cm skin incision made 2cm proximal to the wrist flexion crease between the flexor carpi radialis and flexor carpi ulnaris tendons. The subcutaneous tissue is prepared and the forearm fascia opened with a transverse incision.	RD	0.05(-0.04,0.13)	NS
Agee, 1992	Moderate	Revision	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RD	0.02(-0.01,0.06)	NS
Schwarm, 2022	Moderate	Muscle atrophy	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	-0.14(-0.28,0.01)	NS
Schwarm, 2022	Moderate	Muscle atrophy	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RR	0.41(0.05,3.59)	NS
Schwarm, 2022	Moderate	Muscle atrophy	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RR	0.46(0.14,1.48)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schwarm, 2022	Moderate	Persisting symptoms	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.06(-0.05,0.16)	NS
Schwarm, 2022	Moderate	Revision	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.06(-0.05,0.16)	NS
Tian, 2007	Moderate	Revision	Postop .	Open Carpal Tunnel Release: s shaped incision	Endoscopic Carpal Tunnel Release: 1 portal 1 cm transverse incision was made between the flexor capri ulanris and palmaris longus tendons, just 2 cm proximal to the transverse carpal ligament	RD	-0.09(-0.19,0.01)	NS

Table 264263: PICO 4- Open vs. Endoscopic- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gaspar, 2019	High	QuickDASH	6 mos	Open Carpal Tunnel Release: Mini-Open Technique, 2cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two Incision Technique	Mean Difference	1 (-2.54, 4.54)	NS
Atroshi, 2009	High	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	Mean Difference	-0.02 (-0.21, 0.17)	NS
Zhang, 2015	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	6 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	6 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	1.5 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	BCTQ-SSS	2 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-SSS	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Michigan Hand Outcome Questionnaire	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Michigan Hand Outcome Questionnaire	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Atroshi, 2006	High	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0 (-0.19, 0.19)	NS
Atroshi, 2009	High	BCTQ-SSS	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	Mean Difference	-0.03 (-0.27, 0.21)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0 (-0.04, 0.04)	NS
Trumble, 2002	High	BCTQ-SSS	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	1 (0.72, 1.28)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	BCTQ-SSS	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.8 (0.76, 0.84)	Endoscopic Carpal Tunnel Release
Atroshi, 2006	High	BCTQ-SSS	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0 (-0.17, 0.17)	NS
Atroshi, 2006	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0 (-0.17, 0.17)	NS
Atroshi, 2006	High	SF-12 Physical Health Component Summary	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-1.4 (-4.35, 1.55)	NS
Atroshi, 2006	High	SF-12 Physical Health Component Summary	1 yrs	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.3 (-3.59, 2.99)	NS
Trumble, 2002	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.7 (0.66, 0.74)	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Saw, 2003	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: Standard Open Approach with 2cm Palmar Incision by one surgeon	Endoscopic Carpal Tunnel Release: Two surgeons of similar experience according to the extrabursal technique (Agee, 1992) using MicroAire CTRS single-portal system.	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS
Trumble, 2002	High	BCTQ-SSS	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.1 (0.07, 0.13)	Endoscopic Carpal Tunnel Release
Chen, 2022	Low	ASGS severity scores- Total individual score (postoperative morbidity index (PMI))	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	0.0234 (0.00, 0.04)	Superficial Plane Endoscopic Release
Fernandes, 2018	Moderate	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	BCTQ-SSS	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	Open Carpal Tunnel Release
Chen, 2021	Moderate	Kelly Grade- Excellent or Good	3 yrs	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	RR	0.89(0.74,1.08)	NS
Zhang, 2016	Moderate	BCTQ-SSS	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	-0.3 (-0.41, -0.19)	Open Carpal Tunnel Release
Gumustas, 2015	Moderate	BCTQ-SSS	6 mos	Open Carpal Tunnel Release: Single-Incision Taleisnik Technique	Two-Portal Endoscopic Carpal Tunnel Release: Two-Incisions Chow Technique	Mean Difference	0.15 (-0.14, 0.44)	NS
MacDermid, 2003	Moderate	BCTQ-SSS	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Malhotra, 2007	Moderate	Remission of Symptoms, 100% improvement	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	0.84(0.61,1.17)	NS
Malhotra, 2007	Moderate	Remission of Symptoms, >75% improvement	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	1.29(0.51,3.28)	NS
Malhotra, 2007	Moderate	Remission of Symptoms, 50-75% improvement	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	1.94(0.19,20.24)	NS
Malhotra, 2007	Moderate	Remission of Symptoms, <50% improvement	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.00(0.00,0.00)	NS
Malhotra, 2007	Moderate	Subjective Improvement, Excellent	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	0.81(0.61,1.09)	NS
Malhotra, 2007	Moderate	Subjective Improvement, Good	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	1.74(0.66,4.60)	NS
Malhotra, 2007	Moderate	Subjective Improvement, No Improvement	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.00(0.00,0.00)	NS
Malhotra, 2007	Moderate	Subjective Improvement, Worsening	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.00(0.00,0.00)	NS
Malhotra, 2007	Moderate	Relief of Symptoms within 3 Days	postop .	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	0.80(0.48,1.31)	NS

Table 265264: PICO 4- Open vs. Endoscopic- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2009	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	Mean Difference	-0.06 (-0.22, 0.10)	NS
Trumble, 2002	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0 (-0.03, 0.03)	NS
Atroshi, 2006	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.26, 0.06)	NS
Zhang, 2015	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	BCTQ-FSS	6 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Two-Portal Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	3 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	6 mos	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2015	High	BCTQ-FSS	6 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	3 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	6 mos	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	BCTQ-FSS	1.5 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	BCTQ-FSS	2 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	1 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	1.5 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	1 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	1.5 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	1 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	1.5 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	2 yrs	Open Carpal Tunnel Release w/ Subneural Reconstruction of the Transverse Carpal Ligament: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release with Subneural Reconstruction of the Transverse Carpal Ligament

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-FSS	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	BCTQ-FSS	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	1 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Cylindrical Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	1 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Lateral Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	1 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	1.5 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Zhang, 2015	High	Pinch Strength (% of contralateral hand) (Pinch Grip)	2 yrs	Open Carpal Tunnel Release: 3cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two incisions each 1cm long;	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Atroshi, 2009	High	BCTQ-FSS	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	Mean Difference	-0.01 (-0.18, 0.16)	NS
Atroshi, 2006	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0 (-0.16, 0.16)	NS
Atroshi, 2006	High	BCTQ-FSS	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0.1 (-0.07, 0.27)	NS
Atroshi, 2006	High	Grip Strength (no units specified)	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-2.2 (-5.85, 1.45)	NS
Atroshi, 2006	High	Grip Strength (no units specified)	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-1.6 (-5.41, 2.21)	NS
Atroshi, 2006	High	Pinch Strength (no units specified)	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.9 (-1.58, -0.22)	Two-Portal Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2006	High	Pinch Strength (no units specified)	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.7 (-1.40, -0.00)	Two-Portal Endoscopic Carpal Tunnel Release
Atroshi, 2006	High	Semmes - Weinstein Monofilament Test - 3.5 Radial Fingers, Median Nerve	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.2 (-0.41, 0.01)	NS
Atroshi, 2006	High	Semmes - Weinstein Monofilament Test - 3.5 Radial Fingers, Median Nerve	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.33, 0.13)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.2 (-0.34, -0.06)	Open Carpal Tunnel Release
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.26, 0.06)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, 4 mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	1.16(0.96,1.41)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, 6 mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.48(0.24,1.00)	Open Carpal Tunnel Release
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, >= 8 mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RD	0.00(0.00,0.00)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, 4 mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.97(0.81,1.15)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, 6 mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.88(0.40,1.93)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 3.5 Radial Fingers, Median Nerve, >= 8 mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RD	-0.02(-0.05,0.01)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2006	High	Semmes - Weinstein Monofilament Test - 1.5 Ulnar Fingers, Ulnar Nerve	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	0 (-0.14, 0.14)	NS
Atroshi, 2006	High	Semmes - Weinstein Monofilament Test - 1.5 Ulnar Fingers, Ulnar Nerve	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.29, 0.09)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.27, 0.07)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	-0.1 (-0.24, 0.04)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, 4mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.97(0.81,1.15)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, 6mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.97(0.47,1.99)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, >=8mm	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RD	0.00(0.00,0.00)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, 4mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	0.95(0.82,1.10)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, 6mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	1.09(0.45,2.65)	NS
Atroshi, 2006	High	Two-Point Discrimination Test, 1.5 Ulnar Fingers, Ulnar Nerve, >=8mm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RD	0.00(0.00,0.00)	NS
Atroshi, 2006	High	Return to Work (days)	Postop .	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Author Reported - Kaplan-Meier Estimator	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ejiri, 2012	High	Chopstick Use	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Writing	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Buttoning	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Book Holding	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Receiver Holding	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Grip Strength (kg)	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Tip Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS
Ejiri, 2012	High	Lateral Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	Author Reported - Chi-Square Test, Mann-Whitney U-Test, T-Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	Paresthesia	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	ROM	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Return to work (days)	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	Endoscopic Carpal Tunnel Release
Saw, 2003	High	Days Off Work	3 mos	Open Carpal Tunnel Release: Standard Open Approach with 2cm Palmar Incision by one surgeon	Endoscopic Carpal Tunnel Release: Two surgeons of similar experience according to the extrabursal technique (Agee, 1992) using MicroAire CTRS single-portal system.	Mean Difference	8 (3.98, 12.02)	Endoscopic Carpal Tunnel Release
Saw, 2003	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: Standard Open Approach with 2cm Palmar Incision by one surgeon	Endoscopic Carpal Tunnel Release: Two surgeons of similar experience according to the extrabursal technique (Agee, 1992) using MicroAire CTRS single-portal system.	Author Reported - Mann-Whitney U Test, T-Test, Wilcoxon-Signed Rank Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	BCTQ-FSS	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.7 (0.67, 0.73)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	BCTQ-FSS	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.6 (0.56, 0.64)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0.7 (0.67, 0.73)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	BCTQ-FSS	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0 (-0.03, 0.03)	NS
Trumble, 2002	High	Grip Strength (kg)	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	Grip Strength (kg)	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	Grip Strength (kg)	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Grip Strength (kg)	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Pinch Strength (kg)	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	Pinch Strength (kg)	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Pinch Strength (kg)	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Grip Strength (kg)	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Pinch Strength (kg)	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Return to Work (days)	Postop .	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kaplan, 2020	Low	Hand numbness	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RR	1.51(0.63,3.59)	NS
Kaplan, 2020	Low	Hand numbness	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RR	1.72(0.82,3.59)	NS
Martinez-Catasus, 2019	Low	Grip Strength (psi)	6 mos	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	Mean Difference	0.24 (-1.17, 1.65)	NS
Martinez-Catasus, 2019	Low	Pinch Strength (psi)	6 mos	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	Mean Difference	0.56 (-0.24, 1.36)	NS
Martinez-Catasus, 2019	Low	Grip Strength (psi)	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	Mean Difference	-0.24 (-1.76, 1.28)	NS
Martinez-Catasus, 2019	Low	Pinch Strength (psi)	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	Mean Difference	0.35 (-0.64, 1.34)	NS
Dumontier, 1995	Low	Return to Work (days)	Postop .	Open Carpal Tunnel Release: 3-4cm palmar approach along the axis of the fourth ray;	Two-Portal Endoscopic Carpal Tunnel Release: Extra-Bursal Modification of the Two-Portal Chow Technique	Author Reported - ANOVA, Chi-Square Test	N/A	NS
Dumontier, 1995	Low	Grip Strength (kg)	3 mos	Open Carpal Tunnel Release: 3-4cm palmar approach along the axis of the fourth ray;	Two-Portal Endoscopic Carpal Tunnel Release: Extra-Bursal Modification of the Two-Portal Chow Technique	Author Reported - ANOVA, Chi-Square Test	N/A	Two-Portal Endoscopic Carpal Tunnel Release
Anderson, 2022	Low	Days Off Work	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release	Mean Difference	1.9 (-2.76, 6.56)	NS
Fernandes, 2018	Moderate	BCTQ-FSS (turkish version)	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	BCTQ-FSS (turkish version)	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Tip Pinch Strength (kgf) (Pulp (tip) pinch grip strength)	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Tip Pinch Strength (kgf) (Pulp (tip) pinch grip strength)	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Fernandes, 2018	Moderate	Palmar Grip strength (kgf)	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Palmar Grip strength (kgf)	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Lateral Pinch Strength (kgf) (Lateral (key) pinch grip strength)	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Lateral Pinch Strength (kgf) (Lateral (key) pinch grip strength)	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Tripod Pinch Strength (kgf) (three digit (tripod) pinch grip strength)	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	Tripod Pinch Strength (kgf) (three digit (tripod) pinch grip strength)	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	Open Carpal Tunnel Release
Chen, 2021	Moderate	Grip Strength (g/mm2)	3 mos	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	Mean Difference	-0.1 (-1.30, 1.10)	NS
Chen, 2021	Moderate	Pinch strength (g/mm2)	3 mos	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	Mean Difference	0 (-0.71, 0.71)	NS
Chen, 2021	Moderate	Two_Point Discrimination (mm) (ability of the index finger abdomen (<5 mm); recovered in 1 week following surgery)	3 mos	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	Mean Difference	2.3 (1.67, 2.93)	Modified Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Chen, 2021	Moderate	Return to Normal Life (days)	Postop .	Open Carpal Tunnel Release w/ Immobilization: approx. 6 cm incision; forearm was immobilized with plaster to maintain the wrist joint in the functional position for 1 week. The plaster was subsequently removed and the patients were encouraged to exercise the wrist.	Modified Endoscopic Carpal Tunnel Release: approx. 1cm incision; encouraged to exercise the wrist joint 24 h after surgery, without immobilization.	Mean Difference	14.6 (13.75, 15.45)	Modified Endoscopic Carpal Tunnel Release
Zhang, 2016	Moderate	Two-Point Discrimination Test, Thumb	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	0.3 (-0.29, 0.89)	NS
Zhang, 2016	Moderate	Two-Point Discrimination Test, Index Finger	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	0.4 (-0.16, 0.96)	NS
Zhang, 2016	Moderate	Two-Point Discrimination Test, Middle Finger	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	-0.2 (-0.66, 0.26)	NS
Zhang, 2016	Moderate	Semmes - Weinstein Monofilament Test - Thumb	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	0.4 (0.25, 0.55)	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2016	Moderate	Semmes - Weinstein Monofilament Test - Index Finger	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	0.1 (-0.09, 0.29)	NS
Zhang, 2016	Moderate	Semmes - Weinstein Monofilament Test - Middle Finger	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	0.3 (0.09, 0.51)	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2016	Moderate	BCTQ-FSS	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	-0.3 (-0.44, -0.16)	Open Carpal Tunnel Release
Zhang, 2016	Moderate	Cylindrical Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	1.6 (-0.19, 3.39)	NS
Zhang, 2016	Moderate	Lateral Grip Strength (% of contralateral hand)	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	3.2 (1.14, 5.26)	Open Carpal Tunnel Release
Zhang, 2016	Moderate	Pinch Strength (no units specified)	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	2.7 (0.06, 5.34)	Open Carpal Tunnel Release
Tian, 2007	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: s shaped incision	Endoscopic Carpal Tunnel Release: 1 portal 1 cm transverse incision was made between the flexor capri ulanris and palmaris longus tendons, just 2 cm proximal to the transverse carpal ligament	Author Reported - Chi-Square Test	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Aslani, 2012	Moderate	Numbness	4 mos	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	0.00(0.00,0.00)	NS
Aslani, 2012	Moderate	Stiffness	4 mos	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RR	0.44(0.09,2.27)	NS
Aslani, 2012	Moderate	Weakness	4 mos	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RR	1.78(0.35,9.07)	NS
Gumustas, 2015	Moderate	BCTQ-FSS	6 mos	Open Carpal Tunnel Release: Single-Incision Taleisnik Technique	Two-Portal Endoscopic Carpal Tunnel Release: Two-Incisions Chow Technique	Mean Difference	0.36 (0.10, 0.62)	Two-Portal Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Tingling	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.66(0.38,1.12)	NS
Agee, 1992	Moderate	Tingling	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.67(0.38,1.16)	NS
Agee, 1992	Moderate	Tingling	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.45(0.21,0.98)	Open Carpal Tunnel Release
Agee, 1992	Moderate	Tingling	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.07(0.53,2.16)	NS
Agee, 1992	Moderate	Weakness	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.17(0.90,1.51)	NS
Agee, 1992	Moderate	Weakness	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.10(0.82,1.48)	NS
Agee, 1992	Moderate	Weakness	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.38(0.93,2.04)	NS
Agee, 1992	Moderate	Weakness	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.75(1.04,2.94)	Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Dropping Items	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.25(0.61,2.55)	NS
Agee, 1992	Moderate	Dropping Items	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.82(0.42,1.59)	NS
Agee, 1992	Moderate	Dropping Items	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.61(0.27,1.40)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Agee, 1992	Moderate	Dropping Items	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.71(0.29,1.77)	NS
Agee, 1992	Moderate	Fine Dexterity Loss	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.13(0.51,2.52)	NS
Agee, 1992	Moderate	Fine Dexterity Loss	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.70(0.32,1.54)	NS
Agee, 1992	Moderate	Fine Dexterity Loss	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.87(0.36,2.06)	NS
Agee, 1992	Moderate	Fine Dexterity Loss	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.00(0.39,2.57)	NS
Agee, 1992	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Wilcoxon Signed-Rank Test	N/A	Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Return to ADLs (days)	Postop .	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Wilcoxon Signed-Rank Test	N/A	NS
Agee, 1992	Moderate	Numbness	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.95(0.54,1.68)	NS
Zhang, 2016	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	16 (11.57, 20.43)	Two-Portal Endoscopic Carpal Tunnel Release
Aslani, 2012	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	Mean Difference	9 (7.15, 10.85)	Two-Portal Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Numbness	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.54(0.30,0.98)	Open Carpal Tunnel Release
Jacobsen, 1996	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release	Two-Portal Endoscopic Carpal Tunnel Release: two portal transbursal technique	Mean Difference	2 (-24.93, 28.93)	NS
MacDermid, 2003	Moderate	Grip Strength (kg)	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	Endoscopic Carpal Tunnel Release
MacDermid, 2003	Moderate	Grip Strength (kg)	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Key Pinch Strength (kg)	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
MacDermid, 2003	Moderate	Key Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Sensory Threshold	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Sensory Threshold	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Tripod Pinch Strength (kgf)	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Tripod Pinch Strength (kgf)	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	SF-36 Physical Functioning	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	SF-36 Physical Functioning	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
MacDermid, 2003	Moderate	Return to work (days)	postop .	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
Malhotra, 2007	Moderate	Motor Weakness	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	2.42(0.51,11.53)	NS
Malhotra, 2007	Moderate	Return to ADLs (days)	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	Author Reported - NA	N/A	Open Carpal Tunnel Release
Agee, 1992	Moderate	Numbness	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	0.59(0.31,1.12)	NS
Malhotra, 2007	Moderate	Grip Strength (kg)	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	Author Reported - NA	N/A	NS
Agee, 1992	Moderate	Numbness	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.58(0.81,3.11)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Malhotra, 2007	Moderate	Numbness	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	1.94(0.38,9.79)	NS
Schwarm, 2022	Moderate	McGowan score	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS
Schwarm, 2022	Moderate	Improvements in subjective weakness compared with preoperative scores	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS
Schwarm, 2022	Moderate	McGowan score	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS
Schwarm, 2022	Moderate	Improvements in subjective weakness compared with preoperative scores	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS
Schwarm, 2022	Moderate	Return to Work (days)	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS
Schwarm, 2022	Moderate	Improvement in Paresthesia	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	Retractor-Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schwarm, 2022	Moderate	Paresthesia at the scar	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.06(-0.05,0.16)	NS

Table 266265: PICO 4- Open vs. Endoscopic- Other

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schwarm, 2022	Moderate	Bishop Rating System (The number of patients improving from baseline to 3- and 12-months follow-up by at least the minimum clinically important difference (MCID) were calculated for Bishop rating system (BRS).)	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	Retractor-Endoscopic Carpal Tunnel Release
Schwarm, 2022	Moderate	Bishop Rating System (The number of patients improving from baseline to 3- and 12-months follow-up by at least the minimum clinically important difference (MCID) were calculated for Bishop rating system (BRS).)	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Author Reported - ANOVA, Kruskal-Wallis Test, Mann-Whitney U Test, T-Test	N/A	NS

Table 267266: PICO 4- Open vs. Endoscopic- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Atroshi, 2006	High	VAS Pain at Rest	1 yrs	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	5.2 (-2.25, 12.65)	NS
Atroshi, 2009	High	Mild pain after surgery	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	1.10(0.50,2.40)	NS
Atroshi, 2009	High	Moderate or severe pain after surgery	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	1.60(0.55,4.62)	NS
Atroshi, 2009	High	Scar Pain	5 yrs	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	0.60(0.15,2.40)	NS
Atroshi, 2006	High	VAS Pain at Rest	1 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	8 (0.03, 15.97)	Two-Portal Endoscopic Carpal Tunnel Release
Atroshi, 2006	High	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	Mean Difference	12.7 (5.77, 19.63)	Two-Portal Endoscopic Carpal Tunnel Release
Atroshi, 2006	High	Pain in Scar and Proximal Palm	3 mos	Open Carpal Tunnel Release: 1cm proximal to 3cm distal to wrist crease;	Two-Portal Endoscopic Carpal Tunnel Release: Two skin incisions, both 1cm long;	RR	1.56(1.20,2.02)	Two-Portal Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	VAS Pain at Rest	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Pillar Pain	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Endoscopic Carpal Tunnel Release: Linvatec System; one-portal technique with short transverse incision at wrist;	RR	1.75(0.57,5.36)	NS
Saw, 2003	High	Anterior Carpal Tenderness	3 mos	Open Carpal Tunnel Release: Standard Open Approach with 2cm Palmar Incision by one surgeon	Endoscopic Carpal Tunnel Release: Two surgeons of similar experience according to the extrabursal technique (Agee, 1992) using MicroAire CTRS single-portal system.	Mean Difference	2 (-0.09, 4.09)	NS
Trumble, 2002	High	Scar Sensitivity (kg tolerated)	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	Scar Sensitivity (kg tolerated)	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	Scar Sensitivity (kg tolerated)	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Scar Sensitivity (kg tolerated)	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Trumble, 2002	High	Scar Sensitivity (kg tolerated)	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Author Reported - rANOVA	N/A	NS
Chen, 2022	Low	Pillar pain- Not highest grade (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RD	-0.05(-0.11,0.01)	NS
Chen, 2022	Low	Pillar pain- Grade 1 (Device-assisted carpal tunnel release complications (unweighted results).)	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.43(0.05,3.50)	NS
Chen, 2022	Low	ASGS severity scores- Pillar pain	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	0.0053 (-0.01, 0.02)	NS
Kaplan, 2020	Low	Pillar pain	Postop .	Open Carpal Tunnel Release	Unilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS
Kaplan, 2020	Low	Pillar pain	Postop .	Open Carpal Tunnel Release	Bilateral Endoscopic Carpal Tunnel Release	RD	0.02(-0.02,0.05)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Martinez-Catasus, 2019	Low	VAS Pain at Rest	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	Mean Difference	-0.35 (-0.92, 0.22)	NS
Martinez-Catasus, 2019	Low	Pillar Pain	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RD	0.02(-0.02,0.06)	NS
Dumontier, 1995	Low	Pillar Pain	3 mos	Open Carpal Tunnel Release: 3-4cm palmar approach along the axis of the fourth ray;	Two-Portal Endoscopic Carpal Tunnel Release: Extra-Bursal Modification of the Two-Portal Chow Technique	RR	1.08(0.67,1.76)	NS
Fernandes, 2018	Moderate	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Fernandes, 2018	Moderate	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: longitudinal incision of 4 cm	Endoscopic Carpal Tunnel Release: transverse incision of 2-3 cm	Author Reported - NA	N/A	NS
Zhang, 2016	Moderate	Scar Pain	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	1.1 (0.94, 1.26)	Two-Portal Endoscopic Carpal Tunnel Release
Aslani, 2012	Moderate	Night pain	4 mos	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	0.00(0.00,0.00)	NS
Aslani, 2012	Moderate	Wrist Pain	4 mos	Open Carpal Tunnel Release: large incision	Two-Portal Endoscopic Carpal Tunnel Release: double incision technique	RD	-0.13(-0.24,-0.01)	Open Carpal Tunnel Release
Agee, 1992	Moderate	Pain	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.08(0.87,1.34)	NS
Agee, 1992	Moderate	Pain	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.08(0.81,1.44)	NS
Agee, 1992	Moderate	Pain	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.17(0.84,1.62)	NS
Agee, 1992	Moderate	Pain	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	RR	1.08(0.65,1.78)	NS
Tian, 2007	Moderate	Scar Pain	3 mos	Open Carpal Tunnel Release: s shaped incision	Endoscopic Carpal Tunnel Release: 1 portal 1 cm transverse incision was made between the flexor carpi ulnaris and palmaris longus tendons, just 2 cm proximal to the transverse carpal ligament	RR	1.81(1.06,3.07)	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Malhotra, 2007	Moderate	Scar Pain	1 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	6.13(2.02,18.59)	Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Scar Pain	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Scar Pain	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Scar Pain	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Scar Pain	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Radial Pillar Pain	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Radial Pillar Pain	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	Endoscopic Carpal Tunnel Release
Agee, 1992	Moderate	Radial Pillar Pain	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Radial Pillar Pain	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Ulnar Pillar Pain	1.5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Ulnar Pillar Pain	2 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Ulnar Pillar Pain	3 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
Agee, 1992	Moderate	Ulnar Pillar Pain	5 mos	Open Carpal Tunnel Release	Endoscopic Carpal Tunnel Release: Closed Endoscope Assisted	Author Reported - Paired T-Test	N/A	NS
MacDermid, 2003	Moderate	McGill Pain Questionnaire	1 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
MacDermid, 2003	Moderate	McGill Pain Questionnaire	3 mos	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	Author Reported - NA	N/A	NS
Malhotra, 2007	Moderate	Relief in Pain, 0-3	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	1.00(0.88,1.14)	NS
Malhotra, 2007	Moderate	Relief in Pain, 4-6	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RR	0.97(0.15,6.44)	NS
Malhotra, 2007	Moderate	Relief in Pain, 7-10	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.00(0.00,0.00)	NS
Malhotra, 2007	Moderate	Scar Pain	6 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.29(0.13,0.45)	Endoscopic Carpal Tunnel Release
Malhotra, 2007	Moderate	Local Pain	1 mos	Open Carpal Tunnel Release: Incision made 2mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0-4.0cm proximally toward distal wrist crease;	Endoscopic Carpal Tunnel Release: Single-Portal; 1cm transverse incision made at the level of the distal wrist crease in the center of the volar aspect of the wrist;	RD	0.65(0.48,0.81)	Endoscopic Carpal Tunnel Release
Wong, 2003	Moderate	Wound Pain (VAS)	1 yrs	Limited Open Release using Strickland Instrumentation: Lee and Strickland Method, incision made on longitudinal line (radial border of ring finger towards heel of the hand) starting 0.5cm distal to the distal border of the transverse carpal ligament extending proximally for about 1.5 cm, 15.4 +/- 1.7mm incision length, 12.9 +/-5.1 min operation time	Two-Portal Endoscopic Carpal Tunnel Release: Modified Chow Technique, retrograde hook knife introduced through proximal portal and hooks distal border of the transverse carpal ligament, 14.6 +/- 2.1mm incision length, 12.9 +/-4.9 min operation time	Author Reported - T-Test, Wilcoxon Signed Rank Test	N/A	NS
Wong, 2003	Moderate	Radial or Ulnar Pillar Pain (pts)	1 yrs	Limited Open Release using Strickland Instrumentation: Lee and Strickland Method, incision made on longitudinal line (radial border of ring finger towards heel of the hand) starting 0.5cm distal to the distal border of the transverse carpal ligament extending proximally for about 1.5 cm, 15.4 +/- 1.7mm incision length, 12.9 +/-5.1 min operation time	Two-Portal Endoscopic Carpal Tunnel Release: Modified Chow Technique, retrograde hook knife introduced through proximal portal and hooks distal border of the transverse carpal ligament, 14.6 +/- 2.1mm incision length, 12.9 +/-4.9 min operation time	Author Reported - T-Test, Wilcoxon Signed Rank Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schwarm, 2022	Moderate	Pain (weeks)	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	Mean Difference	2.8 (0.16, 5.44)	Retractor-Endoscopic Carpal Tunnel Release
Schwarm, 2022	Moderate	Scar Pain	Postop .	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RR	4.89(0.60,39.96)	NS

Table 268267: PICO 4- Open vs. Endoscopic- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gaspar, 2019	High	Pittsburgh Sleep Quality Index (PSQI)	6 mos	Open Carpal Tunnel Release: Mini-Open Technique, 2cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two Incision Technique	Mean Difference	0.1 (-1.07, 1.27)	NS
Gaspar, 2019	High	Insomnia Severity Scale (ISI)	6 mos	Open Carpal Tunnel Release: Mini-Open Technique, 2cm longitudinal incision	Two-Portal Endoscopic Carpal Tunnel Release: Two Incision Technique	Mean Difference	0.1 (-1.62, 1.82)	NS
Atroshi, 2009	High	Satisfaction (Includes: Completely Satisfied, Very Satisfied, and Rather Satisfied)	Postop .	Open Carpal Tunnel Release: 1 cm proximal to 3 cm distal to the wrist crease	Two-Portal Endoscopic Carpal Tunnel Release: 2-Portal 1 cm long; a proximal transverse incision was made just ulnar to the palmaris longus tendon at the proximal wrist crease, and a distal oblique incision was made parallel to the thenar crease in the line of the ring finger	RR	1.00(0.91,1.10)	NS
Ejiri, 2012	High	Changes in subjective symptoms: exacerbated	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	RD	-0.02(-0.06,0.02)	NS
Ejiri, 2012	High	Changes in subjective symptoms: unchanged	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	RD	-0.04(-0.09,0.01)	NS
Ejiri, 2012	High	Changes in subjective symptoms: improved	3 mos	Open Carpal Tunnel Release: 3-cm vertical incision made in the palm	Endoscopic Carpal Tunnel Release: Okutsu method	RR	0.12(0.03,0.21)	Open Carpal Tunnel Release
Trumble, 2002	High	Satisfaction	1 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	-0.8 (-0.84, -0.76)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	Satisfaction	2 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	-0.7 (-0.74, -0.66)	Endoscopic Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Trumble, 2002	High	Satisfaction	3 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	-0.4 (-0.44, -0.36)	Endoscopic Carpal Tunnel Release
Trumble, 2002	High	Satisfaction	5 mos	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	0 (-0.03, 0.03)	NS
Trumble, 2002	High	Satisfaction	1 yrs	Open Carpal Tunnel Release: 2 mm ulnar to the thenar crease, just distal to the Kaplan obliqueline (a line drawn from the apex of the interdigital fold between the thumb and index finger, toward the ulnar side of the hand and parallel to the proximal palmar crease, and passing 4.0 to 5.0 mm distal to the pisiform bone), and extended 3.0 to 4.0 cm proximally toward the distal wrist crease	Endoscopic Carpal Tunnel Release: 1 portal 1.0-cm transverse incision is made at the level of the distal wrist crease in the center of the volar aspect of the wrist. The incision is centered over the palmaris longus if it is present	Mean Difference	-0.1 (-0.13, -0.07)	Endoscopic Carpal Tunnel Release
Chen, 2022	Low	Satisfaction	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	1.07(0.29,3.98)	NS
Chen, 2022	Low	Very satisfied	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	1.09(0.89,1.34)	NS
Chen, 2022	Low	Moderately satisfied	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	RR	0.31(0.04,2.37)	NS
Chen, 2022	Low	Hand use in daily activities	Postop .	Open Carpal Tunnel Release	Superficial Plane Endoscopic Release: single-channel external carpal tunnel approach	Mean Difference	7.86 (4.82, 10.90)	Open Carpal Tunnel Release
Martinez-Catasus, 2019	Low	Patient Satisfaction, Excellent	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RR	1.13(0.83,1.54)	NS
Martinez-Catasus, 2019	Low	Patient Satisfaction, Good	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RR	0.81(0.39,1.66)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Martinez-Catasus, 2019	Low	Patient Satisfaction, Fair	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RR	1.01(0.18,5.74)	NS
Martinez-Catasus, 2019	Low	Patient Satisfaction, Poor	1 yrs	Open Carpal Tunnel Release: 1cm Incision	Endoscopic Carpal Tunnel Release: Single Port	RD	-0.03(-0.08,0.03)	NS
Zhang, 2016	Moderate	Satisfaction	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	-3 (-4.75, -1.25)	Two-Portal Endoscopic Carpal Tunnel Release
Zhang, 2016	Moderate	Appearance	2 yrs	Open Carpal Tunnel Release: Palmar Longitudinal Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Double 1cm Incisions;	Mean Difference	-7.1 (-9.23, -4.97)	Two-Portal Endoscopic Carpal Tunnel Release
Tian, 2007	Moderate	Satisfaction (Offered further treatment)	3 mos	Open Carpal Tunnel Release: s shaped incision	Endoscopic Carpal Tunnel Release: 1 portal 1 cm transverse incision was made between the flexor capri ulanris and palmaris longus tendons, just 2 cm proximal to the transverse carpal ligament	RR	1.02(0.88,1.18)	NS
Ferdinand, 2002	Moderate	Satisfaction	3 mos	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	Author Reported - T-Test	N/A	NS
Ferdinand, 2002	Moderate	Satisfaction	5 mos	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	Author Reported - T-Test	N/A	NS
Ferdinand, 2002	Moderate	Satisfaction	1 yrs	Open Carpal Tunnel Release: Contralateral release	Endoscopic Carpal Tunnel Release	Author Reported - T-Test	N/A	NS
MacDermid, 2003	Moderate	Satisfaction	3 yrs	Open Carpal Tunnel Release: Standard Long Incision;	Two-Portal Endoscopic Carpal Tunnel Release: Two-Portal Chow Technique;	RR	1.07(0.93,1.23)	NS
Wong, 2003	Moderate	Patience Procedure Preference	1 yrs	Limited Open Release using Strickland Instrumentation: Lee and Strickland Method, incision made on longitudinal line (radial border of ring finger towards heel of the hand) starting 0.5cm distal to the distal border of the transverse carpal ligament extending proximally for about 1.5 cm, 15.4 +/- 1.7mm incision length, 12.9 +/-5.1 min operation time	Two-Portal Endoscopic Carpal Tunnel Release: Modified Chow Technique, retrograde hook knife introduced through proximal portal and hooks distal border of the transverse carpal ligament, 14.6 +/- 2.1mm incision length, 12.9 +/-4.9 min operation time	Author Reported - Chi-Square Test, Fisher's Exact Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schwarm, 2022	Moderate	Subjective assessments of operative results (Number of patients deteriorated)	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.06(-0.05,0.16)	NS
Schwarm, 2022	Moderate	Subjective assessments of operative results (Number of patients showed no change)	3 mos	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.11(-0.03,0.26)	NS
Schwarm, 2022	Moderate	Subjective assessments of operative results (Number of patients deteriorated)	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RR	1.22(0.08,18.20)	NS
Schwarm, 2022	Moderate	Subjective assessments of operative results (Number of patients showed no change)	1 yrs	Open In-Situ Decompression of Carpal Tunnel Syndrome: The incision was made 2 mm ulnar to the thenar crease, just distal to the Kaplan oblique line and extended 3.0–4.0 cm proximally toward the distal wrist crease	Retractor-Endoscopic Carpal Tunnel Release: transverse skin incision approximately 1 cm in length was made at the wrist crease.	RD	0.17(-0.01,0.34)	NS

Table 269268: PICO 4- Open vs. Minimal Incision Open- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celocco, 2009	High	Recurrence	Postop .	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	RR	0.30(0.08,1.11)	NS
Cresswell, 2008	High	Revision	7 yrs	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	RR	0.47(0.17,1.33)	NS
Cresswell, 2008	High	Complications	Postop .	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	RR	0.22(0.05,1.00)	Open Carpal Tunnel Release
Jugovac, 2002	High	Complications	Postop .	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	RD	0.00(0.00,0.00)	NS
Alkhuzai, 2022	High	Infection	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	1.44(0.34,6.12)	NS
Alkhuzai, 2022	High	Fibrosis Adhesion	Postop .	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	3.24(0.69,15.32)	NS
Ma, 2021	Low	Injury to the motor recurrent branch of the median nerve	Postop .	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	1.00(0.06,15.74)	NS
Ma, 2021	Low	Hypertrophic Scar	Postop .	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	1.00(0.06,15.74)	NS
Akkurt, 2020	Low	Dysesthesia and pillar pain	Postop .	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	RR	7.00(0.89,55.25)	NS
Murthy, 2015	Low	Erythema	1.5 mos	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	RD	0.07(0.00,0.14)	Mini-Incision Carpal Tunnel Release
Murthy, 2015	Low	Wound Dehiscence	2 wks	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	RR	0.26(0.03,2.25)	NS
Murthy, 2015	Low	Revision	2 yrs	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	RD	-0.02(-0.05,0.02)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hu, 2022	Low	Scar Hyperplasia	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RR	6.00(0.79,45.37)	NS
Schwarz , 2022	Low	Scar Sensibility	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	0.12(0.03,0.21)	Mini-Incision Carpal Tunnel Release
Schwarz , 2022	Low	Hematoma	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	0.00(0.00,0.00)	NS
Schwarz , 2022	Low	Infection	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RR	2.00(0.19,21.36)	NS
Schwarz , 2022	Low	Nerve Lesion	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	-0.02(-0.06,0.02)	NS
Schwarz , 2022	Low	Vessel Lesion	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	0.00(0.00,0.00)	NS
Schwarz , 2022	Low	Tendon Lesion	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	0.00(0.00,0.00)	NS
Schwarz , 2022	Low	Revision	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RR	2.00(0.19,21.36)	NS
Yucetas, 2013	Moderate	Complications	Postop .	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	RR	2.57(0.53,12.42)	NS
Cellocco, 2005	Moderate	Recurrence	2.5 yrs	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	RR	0.11(0.01,0.92)	Open Carpal Tunnel Release
Tarallo, 2014	Moderate	Hypertrophic Scar (long-term followup)	Post-discharge	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RD	0.10(0.02,0.18)	Mini-Incision Carpal Tunnel Release
Tarallo, 2014	Moderate	Recurrence (long-term followup)	Post-discharge	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RR	2.00(0.19,21.47)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Faraj, 2012	Moderate	Arterial Injury	3 mos	Traditional Longitudinal Technique	Mini-Incision Carpal Tunnel Release at the Transverse Wrist	RD	0.05(-0.05,0.15)	NS
Vanni, 2015	Moderate	Revision	Postop .	Open Carpal Tunnel Release: Done via an interthenar approach. A longitudinal incision was made (mean length 3 ± 0.5 cm).	Double Tunnels Technique (DTT): A longitudinal skin incision approximately 0.6 ± 0.05 cm was made distally to the proximal wrist crease	RR	0.08(0.01,0.63)	Open Carpal Tunnel Release
Yucetas, 2013	Moderate	Revision	Postop .	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	RD	0.05(-0.02,0.13)	NS

Table 270269: PICO 4- Open vs. Minimal Incision Open- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cellocco, 2009	High	BCTQ-SSS (Italian version)	2 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	0.59 (0.41, 0.77)	Mini-Incision Carpal Tunnel Release w/ Knifelight
Cellocco, 2009	High	BCTQ-SSS (Italian version)	3 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	0.11 (-0.06, 0.28)	NS
Cellocco, 2009	High	BCTQ-SSS (Italian version)	5 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	0.05 (-0.14, 0.24)	NS
Cresswell, 2008	High	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Cresswell, 2008	High	BCTQ	7 yrs	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Jugovac, 2002	High	Complete Symptomatic Relief	3 mos	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	RR	1.00(0.83,1.20)	NS
Jugovac, 2002	High	Near-Complete Symptomatic Relief	3 mos	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	RR	1.00(0.32,3.16)	NS
Ma, 2021	Low	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.3 (0.14, 0.46)	Minimal Transverse Incision w/ Bush Hook
Ma, 2021	Low	BCTQ-SSS	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.2 (0.03, 0.37)	Minimal Transverse Incision w/ Bush Hook
Ma, 2021	Low	Kelly Grade-Excellent	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	0.86(0.70,1.06)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ma, 2021	Low	Kelly Grade-Good	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	1.18(0.67,2.08)	NS
Ma, 2021	Low	Kelly Grade- Fair	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	1.59(0.60,4.19)	NS
Ma, 2021	Low	Kelly Grade-Poor	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RD	0.02(-0.01,0.05)	NS
Akkurt, 2020	Low	BCTQ-SSS (turkish version)	9 mos	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	Mean Difference	0.6 (-0.25, 1.45)	NS
Teng, 2019	Low	BCTQ	3 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	NS
Teng, 2019	Low	BCTQ	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	NS
Teng, 2019	Low	Kelly Therapeutic Evaluation	3 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	Open Carpal Tunnel Release
Teng, 2019	Low	Kelly Therapeutic Evaluation	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	NS
Bai, 2018	Low	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	Mean Difference	0 (-0.19, 0.19)	NS
Bai, 2018	Low	DASH	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	Mean Difference	0.9 (-2.19, 3.99)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Murthy, 2015	Low	BCTQ-SSS	5 yrs	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	Author Reported - Mann-Whitney U Test, Spearman's Rank Correlation Coefficient	N/A	NS
Hu, 2022	Low	BCTQ-SSS	1 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	-0.16 (-0.55, 0.23)	NS
Hu, 2022	Low	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	-0.08 (-0.36, 0.20)	NS
Hu, 2022	Low	Kelly Grade-Excellent	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RR	0.82(0.62,1.08)	NS
Hu, 2022	Low	Kelly Grade-Good	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RR	1.71(0.34,8.55)	NS
Hu, 2022	Low	Kelly Grade- Fair	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RR	2.57(0.29,23.13)	NS
Hu, 2022	Low	Kelly Grade-Poor	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RD	0.04(-0.03,0.10)	NS
Schwarz , 2022	Low	DASH	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	Mean Difference	3.7 (-1.39, 8.79)	NS
Schwarz , 2022	Low	BCTQ-SSS	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	Mean Difference	-0.1 (-0.40, 0.20)	NS
Yucetas, 2013	Moderate	BCTQ-SSS	3 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	-0.06 (-0.23, 0.11)	NS
Yucetas, 2013	Moderate	BCTQ-SSS	6 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	-0.08 (-0.25, 0.09)	NS
Cellocco, 2005	Moderate	BCTQ-SSS	1.5 yrs	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	Author Reported - T-Test	N/A	Mini-Incision Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Celocco, 2005	Moderate	BCTQ-SSS	2.5 yrs	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	Author Reported - T-Test	N/A	NS
Tarallo, 2014	Moderate	BCTQ-SSS (Italian Modified)	1 yrs	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		Mean Difference	0.9 (0.72, 1.08)	Mini-Incision Carpal Tunnel Release
Suppaphol, 2012	Moderate	BCTQ-SSS	3 mos	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: the estimated 1.5 incision is made over the distal edge of transverse carpal ligament using no.15 blade in longitudinal fashion.	Mean Difference	0.06 (-0.93, 1.05)	NS
Tarallo, 2014	Moderate	BCTQ-SSS (Italian Modified)	6 mos	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		Mean Difference	1.3 (1.13, 1.47)	Mini-Incision Carpal Tunnel Release

Table 271270: PICO 4- Open vs. Minimal Incision Open- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alkhuzai, 2022	High	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	Mean Difference	0.64 (0.58, 0.70)	Mini-Incision Carpal Tunnel Release
Alkhuzai, 2022	High	BCTQ-FSS	3 mos	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	Mean Difference	0.32 (0.22, 0.42)	Mini-Incision Carpal Tunnel Release
Cellocco, 2009	High	BCTQ-FSS (Italian version)	2 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	0.52 (0.30, 0.74)	Mini-Incision Carpal Tunnel Release w/ Knifelight
Cellocco, 2009	High	BCTQ-FSS (Italian version)	3 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	-0.15 (-0.36, 0.06)	NS
Cellocco, 2009	High	BCTQ-FSS (Italian version)	5 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	-0.05 (-0.28, 0.18)	NS
Cellocco, 2009	High	Return to Work (days)	Postop .	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	Mean Difference	8.8 (4.94, 12.66)	Mini-Incision Carpal Tunnel Release w/ Knifelight
Cresswell, 2008	High	Grip Strength (% of baseline)	3 mos	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Cresswell, 2008	High	Pinch Strength (% from baseline) (Pinch Grip)	3 mos	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Cresswell, 2008	High	BCTQ-FSS	7 yrs	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	Open Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alkhuzai, 2022	High	BCTQ-FSS	6 mos	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	Mean Difference	0.49 (0.39, 0.59)	Mini-Incision Carpal Tunnel Release
Jugovac, 2002	High	Return to ADLs (days)	3 mos	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	Author Reported - ANOVA, Chi-Square Test, T-Test	N/A	Mini-Incision Carpal Tunnel Release
Jugovac, 2002	High	Return to work (days)	Postop .	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	Author Reported - ANOVA, Chi-Square Test, T-Test	N/A	Mini-Incision Carpal Tunnel Release
Larsen, 2013	High	Paresthesia	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Paresthesia	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Grip Strength (% of contralateral hand)	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	Open Carpal Tunnel Release
Larsen, 2013	High	Grip Strength (% of contralateral hand)	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	Open Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Larsen, 2013	High	Grip Strength (% of contralateral hand)	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	ROM	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Return to work (days)	Postop .	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Alkhuzai, 2022	High	Paresthesia	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	2.16(0.41,11.28)	NS
Alkhuzai, 2022	High	Muscle Power (Good to excellent)	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	0.94(0.79,1.12)	NS
Khoshnevis, 2020	Low	Return to Work (days)	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	-8.05 (-8.97, -7.13)	Open Carpal Tunnel Release
Khoshnevis, 2020	Low	Paresthesia improvement (%)	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	-23.72 (-53.53, 6.09)	NS
Khoshnevis, 2020	Low	Grip Strength (no units specified)	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	0.8 (., .)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Khoshnevis, 2020	Low	Improvements of opposition	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	0.71 (., .)	NS
Ma, 2021	Low	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.4 (0.21, 0.59)	Minimal Transverse Incision w/ Bush Hook
Ma, 2021	Low	BCTQ-FSS	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.2 (0.04, 0.36)	Minimal Transverse Incision w/ Bush Hook
Ma, 2021	Low	Return to Work (days)	Postop .	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	12.7 (11.34, 14.06)	Minimal Transverse Incision w/ Bush Hook
Akkurt, 2020	Low	Grip Strength (no units specified)	9 mos	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	Mean Difference	-0.3 (-0.88, 0.28)	NS
Akkurt, 2020	Low	BCTQ-FSS (turkish version)	9 mos	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	Mean Difference	0.4 (-0.48, 1.28)	NS
Akkurt, 2020	Low	Key Pinch Strength (no units specified)	3 mos	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	Mean Difference	-0.2 (-0.51, 0.11)	NS
Akkurt, 2020	Low	Transient paresthesia symptoms (relieved in 3 months in both groups)	Postop .	Extended Open Carpal Tunnel Release: an incision parallel to thenar palmar crease, 6 mm ulnar to thenar palmar crease, and extending from 1 cm distal to KCL to 1 cm proximal to wrist crease was performed	Mini-Incision Carpal Tunnel Release: incision shorter than 2 cm in length was performed along the ulnar side of the fourth ray and both the transverse carpal ligament and distal end of forearm fascia were released by the aid of a spatula	RR	1.00(0.21,4.77)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Teng, 2019	Low	Grip Strength (kg)	3 mos	Open Carpal Tunnel Release: Mean Incision 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision 3.51 cm	Mean Difference	0.6 (-1.82, 3.02)	NS
Teng, 2019	Low	Grip Strength (kg)	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision 3.51 cm	Mean Difference	-0.55 (-2.68, 1.58)	NS
Teng, 2019	Low	Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision 3.51 cm	Mean Difference	-0.67 (-1.36, 0.02)	NS
Teng, 2019	Low	Pinch Strength (kg)	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision 3.51 cm	Mean Difference	0.02 (-0.51, 0.55)	NS
Bai, 2018	Low	Pinch Strength (g/mm ³)	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	Mean Difference	-0.1 (-1.01, 0.81)	NS
Bai, 2018	Low	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	Mean Difference	-0.1 (-0.25, 0.05)	NS
Murthy, 2015	Low	BCTQ-FSS	5 yrs	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	Author Reported - Mann-Whitney U Test	N/A	NS
Hu, 2022	Low	BCTQ-FSS	1 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	0.11 (-0.18, 0.40)	NS
Hu, 2022	Low	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	-0.12 (-0.43, 0.19)	NS
Hu, 2022	Low	Return to Work (days)	postop .	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	8.53 (7.38, 9.68)	Mini-Incision Carpal Tunnel Release
Schwarz , 2022	Low	BCTQ-FSS	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	Mean Difference	-0.1 (-0.36, 0.16)	NS
Schwarz , 2022	Low	Return to Work (days)	postop .	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RR	1.43(0.82,2.50)	NS
Schwarz , 2022	Low	Restitution, Weeks	postop .	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RR	1.50(0.75,3.01)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Vanni, 2015	Moderate	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: Done via an interthenar approach. A longitudinal incision was made (mean length 3 ± 0.5 cm).	Double Tunnels Technique (DTT): A longitudinal skin incision approximately 0.6 ± 0.05 cm was made distally to the proximal wrist crease	Mean Difference	6.2 (5.81, 6.59)	Double Tunnels Technique (DTT)
Vanni, 2015	Moderate	BCTQ-FSS	6 mos	Open Carpal Tunnel Release: Done via an interthenar approach. A longitudinal incision was made (mean length 3 ± 0.5 cm).	Double Tunnels Technique (DTT): A longitudinal skin incision approximately 0.6 ± 0.05 cm was made distally to the proximal wrist crease	Mean Difference	7.3 (7.07, 7.53)	Double Tunnels Technique (DTT)
Vanni, 2015	Moderate	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release: Done via an interthenar approach. A longitudinal incision was made (mean length 3 ± 0.5 cm).	Double Tunnels Technique (DTT): A longitudinal skin incision approximately 0.6 ± 0.05 cm was made distally to the proximal wrist crease	Mean Difference	1.8 (1.62, 1.98)	Double Tunnels Technique (DTT)
Tarallo, 2014	Moderate	BCTQ-FSS (Italian Modified)	1 yrs	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		Mean Difference	0.4 (0.34, 0.46)	Mini-Incision Carpal Tunnel Release
Yucetas, 2013	Moderate	BCTQ-FSS	3 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	0.07 (-0.20, 0.34)	NS
Yucetas, 2013	Moderate	BCTQ-FSS	6 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	0.07 (-0.20, 0.34)	NS
Suppaphol, 2012	Moderate	BCTQ-FSS	3 mos	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: the estimated 1.5 incision is made over the distal edge of transverse carpal ligament using no.15 blade in longitudinal fashion.	Mean Difference	0.17 (-0.13, 0.47)	NS
Cellocco, 2005	Moderate	BCTQ-FSS	1.5 yrs	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	Author Reported - T-Test	N/A	Mini-Incision Carpal Tunnel Release
Cellocco, 2005	Moderate	BCTQ-FSS	2.5 yrs	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	Author Reported - T-Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tarallo, 2014	Moderate	BCTQ-FSS (Italian Modified)	6 mos	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		Mean Difference	0.5 (0.40, 0.60)	Mini-Incision Carpal Tunnel Release
Aslani, 2012	Moderate	Numbness	4 mos	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	RD	0.13(0.01,0.24)	Mini-Incision Carpal Tunnel Release
Aslani, 2012	Moderate	Stiffness	4 mos	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	RD	0.06(-0.02,0.13)	NS
Aslani, 2012	Moderate	Weakness	4 mos	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	RD	0.11(0.01,0.21)	Mini-Incision Carpal Tunnel Release
Cellocco, 2005	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	Mean Difference	8.8 (4.94, 12.66)	Mini-Incision Carpal Tunnel Release
Aslani, 2012	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	Mean Difference	8.4 (6.33, 10.47)	Mini-Incision Carpal Tunnel Release
Tarallo, 2014	Moderate	Return to Work (days)	Postop .	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		Mean Difference	8.8 (4.94, 12.66)	Mini-Incision Carpal Tunnel Release

Table 271272: PICO 4- Open vs. Minimal Incision Open- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cresswell, 2008	High	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Cresswell, 2008	High	Scar Pain	3 mos	Open Carpal Tunnel Release: Standard Limited Palmar Open Technique	Mini-Incision Carpal Tunnel Release: TM Indiana Tome Technique; 1.5cm incision	Author Reported - Chi-Square Test, Mann-Whitney U Test	N/A	NS
Jugovac, 2002	High	Tenderness	3 mos	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	RR	2.67(0.77,9.25)	NS
Larsen, 2013	High	VAS Pain at Rest	1 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	Author Reported - ANOVA, Chi-Square Test, Kaplan-Meier Estimator, Logrank Test	N/A	NS
Larsen, 2013	High	Pillar Pain	6 mos	Open Carpal Tunnel Release: 7cm curved incision just ulnar to the thenar crease and angulated over the flexion crease of the wrist;	Mini-Incision Carpal Tunnel Release: 3cm Incision in the mid-palm distal to the flexion crease of the wrist;	RR	1.75(0.57,5.36)	NS
Alkhuzai, 2022	High	Pain	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	1.44(0.54,3.86)	NS
Khoshnevis, 2020	Low	VAS Pain at Rest	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	-0.42 (-0.75, -0.09)	Open Carpal Tunnel Release
Ma, 2021	Low	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.5 (0.32, 0.68)	Minimal Transverse Incision w/ Bush Hook

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ma, 2021	Low	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	Mean Difference	0.3 (0.13, 0.47)	Minimal Transverse Incision w/ Bush Hook
Ma, 2021	Low	Pillar pain (scar area pain)	Postop .	Open Carpal Tunnel Release: 44.8mm in length	Minimal Transverse Incision w/ Bush Hook: Skin incision 4.4mm length	RR	1.00(0.21,4.82)	NS
Teng, 2019	Low	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	NS
Teng, 2019	Low	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	NS
Teng, 2019	Low	Scar Pain	6 mos	Open Carpal Tunnel Release: Mean 8.77cm	Mini-Incision Carpal Tunnel Release: Mean Incision3.51 cm	Author Reported - Chi-Square Test, T-Test, Wilcoxon Signed-Rank Test	N/A	Mini-Incision Carpal Tunnel Release
Bai, 2018	Low	Wound Pain	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	RD	0.05(-0.02,0.11)	NS
Bai, 2018	Low	Pillar Pain	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	RD	0.05(-0.02,0.11)	NS
Bai, 2018	Low	VAS Pain at Rest	1 yrs	Open Carpal Tunnel Release: Mean incision length 46.2 ± 5.7mm	Mini-Incision Carpal Tunnel Release: Mean Incision length 18.1 ± 2.2mm;	Mean Difference	0.1 (-0.03, 0.23)	NS
Murthy, 2015	Low	Scar Sensitivity	6 mos	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	RD	-0.02(-0.05,0.02)	NS
Murthy, 2015	Low	Atypical Pain	Postop .	Open Carpal Tunnel Release: Extended	Mini-Incision Carpal Tunnel Release	RD	-0.03(-0.08,0.01)	NS
Hu, 2022	Low	VAS Pain at Rest	1 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	1.11 (0.72, 1.50)	Mini-Incision Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hu, 2022	Low	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	Mean Difference	0.07 (-0.18, 0.32)	NS
Hu, 2022	Low	Scar Pain	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RD	0.18(0.04,0.32)	Mini-Incision Carpal Tunnel Release
Schwarz , 2022	Low	VAS Pain at Rest	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	Mean Difference	0.3 (-0.39, 0.99)	NS
Schwarz , 2022	Low	Pillar Pain	3 yrs	Open Carpal Tunnel Release: Longitudinal Incision of 3.5cm	Mini-Incision Carpal Tunnel Release: 1-1.5cm Palmar Incision	RD	0.06(-0.01,0.13)	NS
Yucetas, 2013	Moderate	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	0.24 (-0.56, 1.04)	NS
Yucetas, 2013	Moderate	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release: a 2.5-cm longitudinal incision	Mini-Incision Carpal Tunnel Release w/ Knifelight: An approximately 1.5-cm cutaneous incision at midline of the wrist	Mean Difference	0.32 (-0.36, 1.00)	NS
Aslani, 2012	Moderate	Night pain	4 mos	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	RD	0.00(0.00,0.00)	NS
Aslani, 2012	Moderate	Wrist Pain	4 mos	Open Carpal Tunnel Release: large incision	Mini-Incision Carpal Tunnel Release	RD	-0.13(-0.24,-0.01)	Open Carpal Tunnel Release
Tarallo, 2014	Moderate	Scar Pain (long-term followup)	Postop .	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RR	1.00(0.34,2.93)	NS
Tarallo, 2014	Moderate	Pillar Pain (long-term followup)	Post-discharge .	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RR	0.50(0.13,1.91)	NS

Table 273272: PICO 4- Open vs. Minimal Incision Open- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cellocco, 2009	High	Dissatisfaction w/ Cosmetic Results	3 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	RD	0.17(0.10,0.24)	Mini-Incision Carpal Tunnel Release w/ Knifelight
Cellocco, 2009	High	Dissatisfaction w/ Cosmetic Results	5 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release w/ Knifelight: short transverse Incision, 1.5 to 2.0 cm long at the distal crease of the wrist	RD	0.20(0.13,0.27)	Mini-Incision Carpal Tunnel Release w/ Knifelight
Jugovac, 2002	High	Aesthetic Outcome	3 mos	Open Carpal Tunnel Release: Eversmann Technique;	Mini-Incision Carpal Tunnel Release: Incision up to 2.5 cm	Mean Difference	-1 (-10.80, 8.80)	NS
Alkhuzai, 2022	High	Satisfaction	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release	RR	0.91(0.79,1.05)	NS
Khoshnevis, 2020	Low	Satisfaction (Satisfied- Excellent, fair, good)	1 yrs	Open Carpal Tunnel Release	Mini-Incision Carpal Tunnel Release: 1-cm incision	Mean Difference	1.36 (., .)	NS
Hu, 2022	Low	Good and Excellent	3 mos	Open Carpal Tunnel Release: S-Shaped 6-8cm Incision;	Mini-Incision Carpal Tunnel Release: Transwrist-Modified Release; 2-2.5cm Incision;	RR	0.89(0.75,1.06)	NS
Cellocco, 2005	Moderate	Satisfaction	Postop .	Open Carpal Tunnel Release: Limited 3 to 4 mm ulnar and parallel with the thenar crease; the incision measured 3 to 4 cm in length and was directed toward the ulnar border of the palmaris longus	Mini-Incision Carpal Tunnel Release: 1.5 to 2 cm in length, was performed at the distal crease of the wrist	RR	-0.22(-0.29,-0.15)	Mini-Incision Carpal Tunnel Release
Tarallo, 2014	Moderate	Vancouver Scar Scale (Unsatisfactory)	Post-discharge .	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RR	8.00(1.92,33.29)	Mini-Incision Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tarallo, 2014	Moderate	Cosmetic Assessment	Post-discharge .	Open Carpal Tunnel Release: a curved longitudinal incision was made parallel to the thenar crease, distally at Kaplan's cardinal line, and was extended 2e4 cm proximally towards the wrist crease obliquely in an ulnar direction at a point in line with the long axis of the flexed ring finger or just on the ulnar side of the palmaris longus tendon		RR	8.00(1.92,33.29)	Mini-Incision Carpal Tunnel Release
Faraj, 2012	Moderate	Patient Dissatisfaction	3 mos	Traditional Longitudinal Technique	Mini-Incision Carpal Tunnel Release at the Transverse Wrist	RR	2.00(0.72,5.59)	NS

Table 274273: PICO 4- Open vs. Open- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamed, 2009	Moderate	Scar Sensitivity	3 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	0.22(0.06,0.88)	Double Incision Open Carpal Tunnel Release
Hamed, 2009	Moderate	Scar Sensitivity	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	0.22(0.03,1.73)	NS
Hamed, 2009	Moderate	Recurrence	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	1.11(0.07,16.47)	NS
Hamed, 2009	Moderate	Development of Sensory Abnormality of Ulnar Nerve	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RD	0.05(-0.05,0.15)	NS

Table 275274: PICO 4- Open vs. Open- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamed, 2009	Moderate	Grip Strength Improvement (lbs)	3 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	Mean Difference	4 (-2.89, 10.89)	NS
Hamed, 2009	Moderate	Grip Strength Improvement (lbs)	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	Mean Difference	5 (-4.93, 14.93)	NS
Hamed, 2009	Moderate	Residual Numbness	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	0.83(0.21,3.24)	NS
Hamed, 2009	Moderate	Mild Paresthesia	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	2.21(0.46,10.73)	NS

Table 276275: PICO 4- Open vs. Open- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Hamed, 2009	Moderate	Pillar Pain	3 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	0.37(0.14,0.95)	Double Incision Open Carpal Tunnel Release
Hamed, 2009	Moderate	Pillar Pain	6 mos	Double Incision Open Carpal Tunnel Release: 2-3cm cm Longitudinal Incision along palmar crease; second traverse incision made at the distal wrist crease;	Open Carpal Tunnel Release: Standard Longitudinal Straight Incision	RR	0.14(0.02,1.00)	NS

Table 277276: PICO 4- Open vs. Ultrasound-Guided- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de la Fuente, 2021	Moderate	Persisting symptoms	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RD	-0.05(-0.11,0.02)	NS
de la Fuente, 2021	Moderate	Perinervous fibrotic scar proliferation	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RD	-0.02(-0.07,0.02)	NS
de la Fuente, 2021	Moderate	Hypertrophic Scar	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RR	0.45(0.04,4.75)	NS
de la Fuente, 2021	Moderate	Hematomas due to nonsevere vascular injury	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RD	-0.05(-0.11,0.02)	NS
de la Fuente, 2021	Moderate	Infection	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RR	0.89(0.06,13.85)	NS
de la Fuente, 2021	Moderate	Complex regional pain syndrome	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RD	0.02(-0.02,0.06)	NS
de la Fuente, 2021	Moderate	Complications	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	RR	0.34(0.10,1.18)	NS

Table 278277: PICO 4- Open vs. Ultrasound-Guided- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de la Fuente, 2021	Moderate	BCTQ-SSS	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-1.30(-1.45,-1.16)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-SSS	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-1.48(-1.65,-1.31)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-SSS	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-1.55(-1.69,-1.40)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-SSS	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.20(-0.45,0.04)	NS
de la Fuente, 2021	Moderate	BCTQ-SSS (MCID of Symptoms)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	2.14(1.24,3.72)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	Asymptomatic (BCTQ-SSS = 1) in the last visit	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - Survival analysis	1.21(0.90,1.63)	NS
de la Fuente, 2021	Moderate	BCTQ-SSS (Time elapsed for patients to become asymptomatic or lack functional problems)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - Mixed Model Analysis	1.31(0.62,2.77)	NS

Table 279278: PICO 4- Open vs. Ultrasound-Guided- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Asserson, 2022	Low	Return to Work (days)	Postop .	Open Carpal Tunnel Release: OCTR is performed using local anesthetic with or without intravenous sedation, based on patient and surgeon preference length of incision- 2 cm.	Ultrasound-Guided Looped Thread Carpal Tunnel Release: Ultrasound guided TCTR was performed under local anesthesia (1% lidocaine without epinephrine), but intravenous sedation was administered when requested by the patient	Author Reported - T-Test	N/A	Ultrasound-Guided Looped Thread Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-FSS	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.70(-0.89,-0.51)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-FSS	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.85(-1.05,-0.65)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	Two_Point Discrimination (mm)	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	0.05(-0.20,0.30)	NS
de la Fuente, 2021	Moderate	Two_Point Discrimination (mm)	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.31(-0.58,-0.04)	NS
de la Fuente, 2021	Moderate	Hand Grip Strength (kg)	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-2.98(-4.45,-1.51)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	Hand Grip Strength (kg)	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.10(-1.76,1.56)	NS
de la Fuente, 2021	Moderate	Pinch Strength (kg)	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.38(-0.75,-0.01)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de la Fuente, 2021	Moderate	Pinch Strength (kg)	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.30(-0.71,0.10)	NS
de la Fuente, 2021	Moderate	BCTQ-FSS	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.93(-1.12,-0.75)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	Two_Point Discrimination (mm)	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.18(-0.43,0.06)	NS
de la Fuente, 2021	Moderate	Hand Grip Strength (kg)	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-1.33(-2.80,0.13)	NS
de la Fuente, 2021	Moderate	Pinch Strength (kg) (Pinch Grip (kg))	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.39(-0.77,-0.02)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-FSS	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.38(-0.66,-0.11)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	Two_Point Discrimination (mm)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.02(-0.26,0.22)	NS
de la Fuente, 2021	Moderate	Hand Grip Strength (kg)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	2.17(-1.76,6.10)	NS
de la Fuente, 2021	Moderate	Pinch Strength (kg)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	0.43(-0.34,1.19)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de la Fuente, 2021	Moderate	BCTQ-FSS (MCID in functionality)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	1.55(0.86,2.79)	NS
de la Fuente, 2021	Moderate	no functional problems (BCTQ-F = 1) in the last visit	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - Survival analysis	1.48(1.03,2.14)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	BCTQ-FSS (Time elapsed for patients to become asymptomatic or lack functional problems)	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - Mixed Model Analysis	1.41(0.69,2.89)	NS
de la Fuente, 2021	Moderate	Numbers of Injury leave days	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Mean Difference	-4.8 (-17.76, 8.16)	NS

Table 280279: PICO 4- Open vs. Ultrasound-Guided- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
de la Fuente, 2021	Moderate	VAS Pain at Rest	3 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.48(-0.78,-0.18)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	VAS Pain at Rest	6 mos	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.91(-1.26,-0.56)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	VAS Pain at Rest	1 yrs	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.91(-1.21,-0.61)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release
de la Fuente, 2021	Moderate	VAS Pain at Rest	Postop .	Open Carpal Tunnel Release	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release: single 5 to 10mm transverse incision	Author Reported - F-Test, Fisher's Exact Test, or T-Test	-0.42(-0.76,-0.08)	Minimally Invasive Ultrasound-Guided Carpal Tunnel Release

Table 281280: PICO 4- Ultrasound-Guided vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Burnham, 2021	Low	BCTQ-SSS (Interaction effects of time x side)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.5 (-1.29, 0.29)	NS
Burnham, 2021	Low	BCTQ (Interaction effects of time x side)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-1 (-2.67, 0.67)	NS
Burnham, 2021	Low	BCTQ-SSS (Interaction effects of time x side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.4 (-1.19, 0.39)	NS
Burnham, 2021	Low	BCTQ (Interaction effects of time x side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.8 (-2.43, 0.83)	NS

Table 282281: PICO 4- Ultrasound-Guided vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Burnham, 2021	Low	BCTQ-FSS (Interaction effects of time × side)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.5 (-1.46, 0.46)	NS
Burnham, 2021	Low	Sensibility (Interaction effects of time × side; performed using Semmes-Weinstein monofilaments)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	0.2 (-0.35, 0.75)	NS
Burnham, 2021	Low	Pinch Strength (kg) (Interaction effects of time × side)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.3 (-3.10, 2.50)	NS
Burnham, 2021	Low	Grip Strength (kg) (Interaction effects of time × side)	3 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-2.6 (-19.56, 14.36)	NS
Burnham, 2021	Low	BCTQ-FSS (Interaction effects of time × side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.5 (-1.38, 0.38)	NS
Burnham, 2021	Low	Sensibility (Interaction effects of time × side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	0.2 (-0.47, 0.87)	NS
Burnham, 2021	Low	Pinch Strength (kg) (Interaction effects of time × side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-0.4 (-3.64, 2.84)	NS
Burnham, 2021	Low	Grip Strength (kg) (Interaction effects of time × side)	6 mos	Ultrasound-Guided Looped Thread Carpal Tunnel Release	No Ultrasound-Guided Looped Thread Carpal Tunnel Release: the other hand, whether unilateral or bilateral	Mean Difference	-1.1 (-18.19, 15.99)	NS

Table 283282: PICO 5- General vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2018	Low	DASH	3 mos	Sedation w/ Local Anesthesia: IV Opioid, IV Benzodiazepine, Propofol; 20mL 1% lidocaine with 1:100,000 epi;	Local Anesthesia: 20mL 1% lidocaine with 1:100,000 epi	Author Reported - T-Test	N/A	NS
Tulipan, 2018	Low	BCTQ	3 mos	Sedation w/ Local Anesthesia: IV Opioid, IV Benzodiazepine, Propofol; 20mL 1% lidocaine with 1:100,000 epi;	Local Anesthesia: 20mL 1% lidocaine with 1:100,000 epi	Author Reported - T-Test	N/A	NS

Table 284283: PICO 5- General vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2018	Low	Worst Pain After Surgery	3 mos	Sedation w/ Local Anesthesia: IV Opioid, IV Benzodiazepine, Propofol; 20mL 1% lidocaine with 1:100,000 epi;	Local Anesthesia: 20mL 1% lidocaine with 1:100,000 epi	Author Reported - T-Test, Bonferroni Correction, Power Analysis	N/A	NS

Table 285284: PICO 5- General vs. Placebo/Control- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2018	Low	Satisfaction	3 mos	Sedation w/ Local Anesthesia: IV Opioid, IV Benzodiazepine, Propofol; 20mL 1% lidocaine with 1:100,000 epi;	Local Anesthesia: 20mL 1% lidocaine with 1:100,000 epi	RR	1.03(0.90,1.17)	NS

Table 286285: PICO 5- Local Alone vs. General- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Function	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0.6 (-10.81, 12.01)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire Work	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0.8 (-10.42, 12.02)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Function	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	-1 (-12.49, 10.49)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Work	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-11.01, 11.01)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Function	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	1.6 (-10.02, 13.22)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire Work	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	0.8 (-10.40, 12.00)	NS

Table 287286: PICO 5- Local Alone vs. General- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Pain	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	-0.4 (-14.84, 14.04)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Pain	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-14.70, 14.70)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Pain	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	-0.4 (-14.80, 14.00)	NS

Table 288287: PICO 5- Local Alone vs. General- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, ADL	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	3.2 (-7.34, 13.74)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Aesthetics	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-14.94, 14.94)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Satisfaction	6 mos	WALANT: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	2 (-14.55, 18.55)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, ADL	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-11.01, 11.01)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Aesthetics	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-14.06, 14.06)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Satisfaction	6 mos	Local Anesthesia: 10mL 1% lidocaine;	General Anesthesia: 250mmHg Tourniquet Application;	Mean Difference	0 (-16.70, 16.70)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, ADL	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	3.2 (-7.45, 13.85)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Aesthetics	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	0 (-14.39, 14.39)	NS
Kang , 2019	Low	Michigan Hand Outcome Questionnaire, Satisfaction	6 mos	WALANT: 10mL 1% lidocaine;	Local Anesthesia with Sedation and Tourniquet: 250mmHg Tourniquet Application;	Mean Difference	2 (-14.64, 18.64)	NS

Table 289288: PICO 5- Local Alone vs. MAC- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Rellan, 2021	Low	Infection	1 mos	WALANT: 20 ml solution of 1% lidocaine with 1:100 000 epinephrine (buffered with 10 mL lidocaine/epinephrine: 1 mL of 8.4% sodium bicarbonate). Injected 30 minutes before surgery.	MAC: 10 cm3 of 2% lidocaine without epinephrine injected into the surgical site before skin incision. The cases were then conducted under sedation with a tourniquet inflated to 250 mm Hg.	RD	-0.02(-0.04,-0.00)	WALANT
Rellan, 2021	Low	Wound Dehiscence	1 mos	WALANT: 20 ml solution of 1% lidocaine with 1:100 000 epinephrine (buffered with 10 mL lidocaine/epinephrine: 1 mL of 8.4% sodium bicarbonate). Injected 30 minutes before surgery.	MAC: 10 cm3 of 2% lidocaine without epinephrine injected into the surgical site before skin incision. The cases were then conducted under sedation with a tourniquet inflated to 250 mm Hg.	RR	0.85(0.23,3.13)	NS
Rellan, 2021	Low	Wound Adherence	1 mos	WALANT: 20 ml solution of 1% lidocaine with 1:100 000 epinephrine (buffered with 10 mL lidocaine/epinephrine: 1 mL of 8.4% sodium bicarbonate). Injected 30 minutes before surgery.	MAC: 10 cm3 of 2% lidocaine without epinephrine injected into the surgical site before skin incision. The cases were then conducted under sedation with a tourniquet inflated to 250 mm Hg.	RR	1.06(0.07,16.90)	NS

Table 290289: PICO 5- Local Alone vs. MAC- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2017	Low	BCTQ	3 mos	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	Author Reported - T-Test	N/A	NS
Tulipan, 2017	Low	QuickDASH	3 mos	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	Author Reported - T-Test	N/A	NS
Tulipan, 2017	Low	Activity Limitation Due to Pain	Postop .	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	Author Reported - T-Test	N/A	NS

Table 291290: PICO 5- Local Alone vs. MAC- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2017	Low	Return to Work (days)	Postop .	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	Author Reported - T-Test	N/A	NS

Table 292291: PICO 5- Local Alone vs. MAC- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2017	Low	VAS Pain at Rest	3 mos	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	Author Reported - T-Test	N/A	NS

Table 293292: PICO 5- Local Alone vs. MAC- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Tulipan, 2017	Low	Satisfaction	3 mos	WALANT: 1cm3 of 8.4% bicarbonate and 9cm3 of 1% lidocaine with epinephrine; after dressing/draping, additional 5-10cm3 of 1% lidocaine with epinephrine administered;	MAC: 10cm3 of 1% lidocaine without epinephrine; 250mmHg tourniquet	RR	1.02(0.95,1.10)	NS

Table 294293: PICO 5- Local Alone vs. Regional- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Okamura, 2021	High	Complications (Surgical wound dehiscence or pillar pain or hematoma)	1 wks	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	RR	0.30(0.06,1.38)	NS

Table 295294: PICO 5- Local Alone vs. Regional- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Okamura, 2021	High	BCTQ-SSS	3 mos	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-0.6 (-1.33, 0.13)	NS

Table 296295: PICO 5- Local Alone vs. Regional- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Okamura, 2021	High	BCTQ-FSS	3 mos	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-1.2 (-1.99, -0.41)	WALANT
Okamura, 2021	High	Paresthesia	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Author Reported - Chi-Square Test	N/A	NS

Table 297296: PICO 5- Local Alone vs. Regional- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Okamura, 2021	High	VAS, immediate	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-3.59 (-4.92, -2.26)	WALANT
Okamura, 2021	High	VAS 2 hours	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-3.3 (-4.29, -2.31)	WALANT
Okamura, 2021	High	VAS 4 hours	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-1.9 (-2.87, -0.93)	WALANT
Okamura, 2021	High	VAS 6 hours	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-1 (-1.97, -0.03)	WALANT
Okamura, 2021	High	VAS 8 hours	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-0.85 (-1.71, 0.01)	NS
Okamura, 2021	High	VAS 12 hours	Postop .	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportions of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	-0.5 (-1.52, 0.52)	NS
Nabhan, 2011	High	Additional Pain	Intraop .	Local Anesthesia: Subcutaneous 20 ml of prilocaine	Intravenous Regional Anesthesia: 30 ml of 1% prilocaine	RR	0.32(0.04,2.82)	NS
Nabhan, 2011	High	VAS Pain at Rest	Postop .	Local Anesthesia: Subcutaneous 20 ml of prilocaine	Intravenous Regional Anesthesia: 30 ml of 1% prilocaine	Mean Difference	-0.1 (-0.87, 0.67)	NS

Table 298297: PICO 5- Local Alone vs. Regional- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Okamura, 2021	High	HADS (A) = Hospital Anxiety and Depression Scale – anxiety subscale (>9 SCORE)	3 mos	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportion of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	0.3 (-0.47, 1.07)	NS
Okamura, 2021	High	HADS (D) = Hospital Anxiety and Depression Scale – depression subscale.	3 mos	WALANT: 10 ml to 15 ml infusion of an anesthetic solution (1% lidocaine, with epinephrine at proportion of 1:100,000)	Intravenous Regional Anesthesia: 40 ml of lidocaine without epinephrine at 0.5% (maximum 3-4mg/kg); tourniquet was used	Mean Difference	0.1 (-0.55, 0.75)	NS
Moscato, 2021	Low	Overall Satisfaction	Postop .	WALANT (Office): office surgery patients had ultrasound guided surgery with WALANT	Sedation w/ Tourniquet: main operating room patients had endoscopic surgery with sedation and a tourniquet	Author Reported - Chi-Square Test, Fisher's Exact Test, Kruskal Wallis Test, One-Way ANOVA	1.27(.,.)	WALANT (Office)
Moscato, 2021	Low	Overall Satisfaction	Postop .	WALANT (Operating Room): operating room surgery patients had ultrasound guided surgery with WALANT	Sedation w/ Tourniquet: main operating room patients had endoscopic surgery with sedation and a tourniquet	Author Reported - Chi-Square Test, Fisher's Exact Test, Kruskal Wallis Test, One-Way ANOVA	0.77(.,.)	WALANT (Operating Room)
Moscato, 2021	Low	Anesthesia quality satisfaction	Postop .	WALANT (Office): office surgery patients had ultrasound guided surgery with WALANT	Sedation w/ Tourniquet: main operating room patients had endoscopic surgery with sedation and a tourniquet	Author Reported - Chi-Square Test, Fisher's Exact Test, Kruskal Wallis Test, One-Way ANOVA	0.53(.,.)	WALANT (Office)
Moscato, 2021	Low	Anesthesia quality satisfaction	Postop .	WALANT (Operating Room): operating room surgery patients had ultrasound guided surgery with WALANT	Sedation w/ Tourniquet: main operating room patients had endoscopic surgery with sedation and a tourniquet	Author Reported - Chi-Square Test, Fisher's Exact Test, Kruskal Wallis Test, One-Way ANOVA	0.53(.,.)	WALANT (Operating Room)

Table 299298: PICO 5- MAC vs. Local Alone- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Wellington, 2021	Low	Infection (Superficial)	Postop .	MAC w/ Tourniquet	Local + Tourniquet	RD	-0.08(-0.19,0.03)	NS
Wellington, 2021	Low	Aseptic flexor tenosynovitis	Postop .	MAC w/ Tourniquet	Local + Tourniquet	RD	0.04(-0.01,0.09)	NS
Wellington, 2021	Low	Infection (Superficial)	Postop .	MAC w/ Tourniquet	WALANT	RD	-0.01(-0.04,0.01)	NS
Wellington, 2021	Low	Aseptic flexor tenosynovitis	Postop .	MAC w/ Tourniquet	WALANT	RD	0.04(-0.01,0.09)	NS

Table 300299: PICO 5- Modes of Anesthesia: Local Anaesthesia vs. Intravenous Regional Anaesthesia- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sorensen, 2013	High	Additional Analgesics	2 hrs	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	RD	-0.42(-0.64,-0.20)	Local Anaesthesia
Sorensen, 2013	High	Additional Analgesics	1 days	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	RR	1.33(0.74,2.39)	NS
Sorensen, 2013	High	Visibility problems	Postop .	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	RD	-0.11(-0.24,0.03)	NS

Table 301300: PICO 5- Modes of Anesthesia: Local Anaesthesia vs. Intravenous Regional Anaesthesia- Other

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sorensen, 2013	High	Would have same anaesthetic again (Yes)	Postop .	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	RR	0.11(-0.03,0.24)	NS

Table 302301: PICO 5- Modes of Anesthesia: Local Anaesthesia vs. Intravenous Regional Anaesthesia- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Sorensen, 2013	High	VAS Pain at Rest (pain in hand)	Intraop .	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	Mean Difference	-0.2 (-1.57, 1.17)	NS
Sorensen, 2013	High	VAS Pain at Rest (pain in hand)	Postop .	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	Mean Difference	-1.2 (-2.05, -0.35)	Local Anaesthesia
Sorensen, 2013	High	VAS Pain at Rest (pain in hand)	2 hrs	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	Mean Difference	-1.2 (-2.04, -0.36)	Local Anaesthesia
Sorensen, 2013	High	VAS Pain at Rest (pain in hand)	1 days	Local Anaesthesia: Ropivacaine 7.5 mg/ml. 10 ml in total; 4 ml was administered in the proximal direction under the subcutaneous fascia, 2 ml subcutaneously (sc) in the distal wrist crease, and 4 ml sc in the palm.	Intravenous Regional Anesthesia: Mepivacaine (1%)	Mean Difference	0.2 (-1.09, 1.49)	NS

Table 303302: PICO 6- Office vs. Operating Room- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Randall, 2021	Low	Major Medical Complications (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	0.74(0.47,1.17)	NS
Randall, 2021	Low	Acute MI (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	1.52(0.37,6.25)	NS
Randall, 2021	Low	Acute Stroke (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	0.98(0.55,1.74)	NS
Randall, 2021	Low	TIA (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	1.17(0.43,3.17)	NS
Randall, 2021	Low	Death (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Cardiac/respiratory arrest (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	3.57(0.46,27.89)	NS
Randall, 2021	Low	Respiratory failure (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	0.53(0.07,3.84)	NS
Randall, 2021	Low	Acute PE (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Deep vein thrombosis (Acute; Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	0.56(0.14,2.25)	NS
Randall, 2021	Low	Congestive heart failure exacerbation (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Acute renal failure (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RR	0.55(0.14,2.22)	NS
Randall, 2021	Low	Shock (Unadjusted Risk of Major Medical Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,0.00)	NS
Randall, 2021	Low	Surgical Site Complications (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RR	0.70(0.39,1.23)	NS
Randall, 2021	Low	SSI (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RR	1.18(0.63,2.21)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Randall, 2021	Low	Surgical site wound disruption (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RR	0.15(0.02,1.08)	NS
Randall, 2021	Low	Surgical site seroma (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Surgical site hematoma (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RR	1.43(0.19,10.54)	NS
Randall, 2021	Low	Surgical site nonhealing wound (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RR	0.41(0.06,2.95)	NS
Randall, 2021	Low	Hemorrhage complicating a procedure (Unadjusted Risk of Surgical Site Complications)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Iatrogenic Complications (Unadjusted Rates of Iatrogenic Surgical Complication Risk)	Postop .	Office	Operating Room	RR	0.50(0.07,3.62)	NS
Randall, 2021	Low	New nerve injury (Unadjusted Rates of Iatrogenic Surgical Complication Risk)	Postop .	Office	Operating Room	RR	0.87(0.12,6.33)	NS
Randall, 2021	Low	New blood vessel injury (Unadjusted Rates of Iatrogenic Surgical Complication Risk)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	New tendon injury (Unadjusted Rates of Iatrogenic Surgical Complication Risk)	Postop .	Office	Operating Room	RD	-0.00(-0.00,-0.00)	Office
Randall, 2021	Low	Iatrogenic injury (Unadjusted Rates of Iatrogenic Surgical Complication Risk)	Postop .	Office	Operating Room	RR	1.19(0.16,8.73)	NS
Randall, 2021	Low	Risk of major medical complications	Postop .	Office	Operating Room	Author Reported - Multinomial Logistic Regression	0.84(1.33,0.53)	NS
Randall, 2021	Low	Risk of surgical site complications	Postop .	Office	Operating Room	Author Reported - Multinomial Logistic Regression	0.69(1.22,0.38)	NS
Halvorson, 2020	Low	SSI	1 yrs	Procedure Room	Operating Room	RR	0.69(0.15,3.28)	NS

Table 304303: PICO 6- Office vs. Operating Room- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Stephens, 2021	Low	BCTQ-SSS	3 yrs	Procedure Room	Operating Room	Author Reported - Univariate 2 One-Sided T-Tests, 90% CI	-0.04(-0.14,0.22)	NS
Stephens, 2021	Low	BCTQ-SSS	3 yrs	Procedure Room	Operating Room	Author Reported - Multivariate 2 One-Sided T-Tests, 90% CI	0.06(-0.16,0.28)	NS
Stephens, 2021	Low	BCTQ-SSS	3 yrs	Procedure Room	Operating Room	Mean Difference	-0.04 (-0.25, 0.17)	NS

Table 305304: PICO 6- Office vs. Operating Room- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Stephens, 2021	Low	BCTQ-FSS	3 yrs	Procedure Room	Operating Room	Author Reported - Univariate 2 One-Sided T-Tests, 90% CI	-0.06(-0.11,0.22)	NS
Stephens, 2021	Low	BCTQ-FSS	3 yrs	Procedure Room	Operating Room	Author Reported - Multivariate 2 One-Sided T-Tests, 90% CI	0.15(-0.05,0.35)	NS
Stephens, 2021	Low	BCTQ-FSS	3 yrs	Procedure Room	Operating Room	Mean Difference	-0.05 (-0.24, 0.14)	NS

Table 306305: PICO 6- Office vs. Operating Room- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Moscato, 2021	Low	Overall Satisfaction	Postop .	Office: office surgery patients had ultrasound guided surgery with WALANT	Operating Room: operating room surgery patients had ultrasound guided surgery with WALANT	Author Reported - Chi-Square Test, Fisher's Exact Test, Krustal Wallis Test, One-Way ANOVA	0.50(.,.)	Office
Moscato, 2021	Low	Anesthesia quality satisfaction	Postop .	Office: office surgery patients had ultrasound guided surgery with WALANT	Operating Room: operating room surgery patients had ultrasound guided surgery with WALANT	Author Reported - Chi-Square Test, Fisher's Exact Test, Krustal Wallis Test, One-Way ANOVA	0.00(.,.)	NS
Miller, 2022	Low	Positive Experience, Overall	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	1.11(0.93,1.32)	NS
Miller, 2022	Low	Neutral/Negative Experience, Overall	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	0.43(0.22,0.86)	Office
Miller, 2022	Low	Enjoyment, Positive	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	1.37(1.04,1.80)	Office
Miller, 2022	Low	Enjoyment, Neutral/Negative	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	0.43(0.28,0.68)	Office
Miller, 2022	Low	Anxiety Reduction, Positive	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	1.22(0.93,1.59)	NS
Miller, 2022	Low	Anxiety Reduction, Negative	postop .	Office: WALANT	Operating Room: Conscious Sedation with MAC or GA	RR	0.59(0.39,0.91)	Office

Table 307306: PICO 8- Continuation of Anticoagulation vs. No Continuation of Anticoagulation- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Brunetti, 2013	Low	Complications (requiring additional surgery)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Never Antiaggregated: Control group, who did not take aspirin	RR	1.00(0.06,15.55)	NS
Brunetti, 2013	Low	Complications (requiring additional surgery)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Stop Aspirin: 100 mg of aspirin/d for at least one year. In this group, aspirin was withdrawn in agreement with the cardiologist for at least 5 d before surgery and was resumed 3 d post-operatively	RD	0.02(-0.02,0.06)	NS
Brunetti, 2013	Low	Hematoma (Major Hematoma)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Never Antiaggregated: Control group, who did not take aspirin	RR	1.00(0.21,4.72)	NS
Brunetti, 2013	Low	Hematoma (Major Hematoma)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Stop Aspirin: 100 mg of aspirin/d for at least one year. In this group, aspirin was withdrawn in agreement with the cardiologist for at least 5 d before surgery and was resumed 3 d post-operatively	RR	1.50(0.26,8.60)	NS
Brunetti, 2013	Low	Complications (Minor Complications; acute haematoma)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Stop Aspirin: 100 mg of aspirin/d for at least one year. In this group, aspirin was withdrawn in agreement with the cardiologist for at least 5 d before surgery and was resumed 3 d post-operatively	RD	-0.02(-0.06,0.02)	NS
Brunetti, 2013	Low	Hematoma (Minor)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Never Antiaggregated: Control group, who did not take aspirin	RR	1.40(0.48,4.12)	NS
Brunetti, 2013	Low	Hematoma (Minor)	2 days	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Stop Aspirin: 100 mg of aspirin/d for at least one year. In this group, aspirin was withdrawn in agreement with the cardiologist for at least 5 d before surgery and was resumed 3 d post-operatively	RR	1.00(0.38,2.64)	NS
Kaltenborn, 2019	Low	Bleeding Complication	1 wks	Platelet Inhibition: acetylsalicylic acid	No Platelet Inhibition: Control	Author Reported - Mann-Whitney U Test, Paired Two-Tailed T-Test	N/A	NS
Kaltenborn, 2019	Low	SSI	1 wks	Platelet Inhibition: acetylsalicylic acid	No Platelet Inhibition: Control	Author Reported - Mann-Whitney U Test, Paired Two-Tailed T-Test	N/A	NS

Table 308307: PICO 8- Continuation of Anticoagulation vs. No Continuation of Anticoagulation- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Kaltenborn, 2019	Low	BCTQ-FSS	3 yrs	Platelet Inhibition: acetylsalicylic acid	No Platelet Inhibition: Control	Author Reported - Mann-Whitney U Test, Paired Two-Tailed T-Test	N/A	NS
Kaltenborn, 2019	Low	BCTQ-FSS	Preop .	Platelet Inhibition: acetylsalicylic acid	No Platelet Inhibition: Control	Author Reported - Mann-Whitney U Test, Paired Two-Tailed T-Test	N/A	Platelet Inhibition

Table 309308: PICO 8- Continuation of Anticoagulation vs. No Continuation of Anticoagulation- QOL

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Brunetti, 2013	Low	Satisfaction (Completely Satisfied)	3 mos	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Never Antiaggregated: Control group, who did not take aspirin	RR	0.00(0.00,0.00)	NS
Brunetti, 2013	Low	Satisfaction (Completely Satisfied)	3 mos	Non-Stop Aspirin: 100 mg of aspirin/d for at least one year. These patients did not interrupt the antiaggregation	Stop Aspirin: 100 mg of aspirin/d for at least one year. In this group, aspirin was withdrawn in agreement with the cardiologist for at least 5 d before surgery and was resumed 3 d post-operatively	RR	0.00(0.00,0.00)	NS
Kaltenborn, 2019	Low	Satisfaction (VAS Scale)	3 yrs	Platelet Inhibition: acetylsalicylic acid	No Platelet Inhibition: Control	Author Reported - Mann-Whitney U Test, Paired Two-Tailed T-Test	N/A	NS

Table 310309: PICO 9- Perioperative Antibiotics vs. No Perioperative Antibiotics- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Mehta, 2022	Low	Surgical Site Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	RR	1.20(0.55,2.62)	NS
Vasconcelos, 2017	Low	Surgical Site Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	Author Reported - Chi-Square Test	N/A	NS
Tosti, 2012	Low	Surgical Site Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	RR	0.97(0.09,10.58)	NS
Harness, 2010	Low	Surgical Site Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	RR	1.18(0.44,3.19)	NS
Harness, 2010	Low	Organ/Space Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	RR	2.58(0.29,23.09)	NS
Harness, 2010	Low	Incisional Infection	1 mos	Antibiotic Prophylaxis	No Antibiotic Prophylaxis	RR	0.90(0.29,2.84)	NS

Table 311310: PICO 10- Hand Therapy vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alves Mde, 2011	Moderate	Persistent Symptoms	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	3.00(0.33,27.18)	NS
Alves Mde, 2011	Moderate	Persistent Symptoms	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.10(-0.21,0.01)	NS
Alves Mde, 2011	Moderate	Persistent Symptoms	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.10(-0.21,0.01)	NS
Alves Mde, 2011	Moderate	Persistent Symptoms	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	0.00(0.00,0.00)	NS
Pomerance, 2007	Moderate	Wound Dehiscence (1 pt in therapy and covered by commercial insurance, 2 pts covered by Medicare and were not enrolled in formal therapy, also they were all 60+)	Postop .	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.53(0.05,5.69)	NS

Table 312311: PICO 10- Hand Therapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Pomerance, 2007	Moderate	DASH	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Mean Difference	1 (-4.44, 6.44)	NS
Schroeder, 2022	Moderate	QuickDASH	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	5.07 (-5.85, 15.99)	NS
Schroeder, 2022	Moderate	BCTQ-SSS	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	-0.01 (-0.33, 0.31)	NS

Table 313312: PICO 10- Hand Therapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alves Mde, 2011	Moderate	Numbness	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.38(0.11,1.27)	NS
Alves Mde, 2011	Moderate	Numbness	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.21(-0.35,-0.06)	Low-Level Laser Therapy
Alves Mde, 2011	Moderate	Numbness	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.21(-0.35,-0.06)	Low-Level Laser Therapy
Alves Mde, 2011	Moderate	Numbness	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.07(-0.16,0.02)	NS
Pomerance, 2007	Moderate	Grip Strength (kg)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Mean Difference	-0.6 (-3.43, 2.23)	NS
Pomerance, 2007	Moderate	Grip Strength (kg)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Mean Difference	-0.4 (-3.59, 2.79)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Pomerance, 2007	Moderate	Pinch Strength (kg)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Mean Difference	-0.2 (-0.97, 0.57)	NS
Pomerance, 2007	Moderate	Pinch Strength (kg)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Mean Difference	-0.2 (-0.94, 0.54)	NS
Pomerance, 2007	Moderate	Modified Return to Work (after first visit) (Covered by Workers' Compensation)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	1.14(0.51,2.55)	NS
Pomerance, 2007	Moderate	Return to Work (after 6 wks) (Covered by Workers' Compensation)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	1.14(0.80,1.64)	NS
Pomerance, 2007	Moderate	Return to Work (after 8 wks) (Covered by Workers' Compensation)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	1.20(0.90,1.61)	NS
Pomerance, 2007	Moderate	Return to Work (after 12 wks) (Covered by Workers' Compensation)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	-0.05(-0.15,0.05)	NS
Pomerance, 2007	Moderate	Modified Return to Work (after first visit) (Covered by Medicare)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.80(0.42,1.52)	NS
Pomerance, 2007	Moderate	Return to Work (after 6 wks) (Covered by Medicare)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.00(0.00,0.00)	NS
Pomerance, 2007	Moderate	Return to Work (after 8 wks) (Covered by Medicare)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.00(0.00,0.00)	NS
Pomerance, 2007	Moderate	Modified Return to Work (after first visit) (Covered by Commercial Insurance)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.89(0.75,1.04)	NS
Pomerance, 2007	Moderate	Return to Work (after 6 wks) (Covered by Commercial Insurance)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	0.91(0.76,1.08)	NS
Pomerance, 2007	Moderate	Return to Work (after 8 wks) (Covered by Commercial Insurance)	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	RR	-0.04(-0.10,0.02)	NS
Schroeder, 2022	Moderate	BCTQ-FSS	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	0.14 (-0.27, 0.55)	NS
Schroeder, 2022	Moderate	Grip Strength (kg)	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	-8 (-23.19, 7.19)	NS
Schroeder, 2022	Moderate	Tripod Pinch Strength (kg) (chuck pinch strength (kg))	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	-1 (-3.04, 1.04)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Schroeder, 2022	Moderate	Key Pinch Strength (kg)	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	-1 (-3.18, 1.18)	NS
Schroeder, 2022	Moderate	Two-Point Discrimination Test, Small Finger, mm	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	0 (-0.36, 0.36)	NS
Schroeder, 2022	Moderate	Two-Point Discrimination Test, Index Finger, mm	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	0 (-0.33, 0.33)	NS
Schroeder, 2022	Moderate	Two-Point Discrimination Test, Thumb, mm	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	0 (-0.28, 0.28)	NS

Table 314313: PICO 10- Hand Therapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alves Mde, 2011	Moderate	Scar Pain	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.56(0.30,1.06)	NS
Alves Mde, 2011	Moderate	Pillar Pain	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	1.33(0.53,3.36)	NS
Alves Mde, 2011	Moderate	Night Pain	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	0.00(0.00,0.00)	NS
Alves Mde, 2011	Moderate	Palmar Pain	1 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.73(0.34,1.54)	NS
Alves Mde, 2011	Moderate	Scar Pain	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.50(0.14,1.81)	NS
Alves Mde, 2011	Moderate	Pillar Pain	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.57(0.19,1.74)	NS
Alves Mde, 2011	Moderate	Night Pain	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	0.00(0.00,0.00)	NS
Alves Mde, 2011	Moderate	Palmar Pain	2 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.17(0.02,1.30)	NS
Alves Mde, 2011	Moderate	Scar Pain	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.17(0.02,1.30)	NS
Alves Mde, 2011	Moderate	Pillar Pain	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	0.57(0.19,1.74)	NS
Alves Mde, 2011	Moderate	Night Pain	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	0.00(0.00,0.00)	NS
Alves Mde, 2011	Moderate	Palmar Pain	3 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.21(-0.35,-0.06)	Low-Level Laser Therapy
Alves Mde, 2011	Moderate	Scar Pain	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.03(-0.10,0.03)	NS
Alves Mde, 2011	Moderate	Pillar Pain	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions,with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	-0.03(-0.10,0.03)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Alves Mde, 2011	Moderate	Night Pain	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions, with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RD	0.00(0.00,0.00)	NS
Alves Mde, 2011	Moderate	Palmar Pain	6 mos	Low-Level Laser Therapy: treatment was performed in 10 daily, consecutive sessions, with an interval of two days (weekend), using a total of three Joules, at three points of the carpal tunnel	Sham Laser Therapy	RR	1.00(0.07,15.24)	NS
Pomerance, 2007	Moderate	VAS Pain at Rest	6 mos	Hand Therapy: 2-week course of therapy as described by Nathan et al	No Intervention	Author Reported - T-Test	N/A	NS
Schroeder, 2022	Moderate	VAS Pain at Rest	1 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	1.4 (-0.18, 2.98)	NS
Schroeder, 2022	Moderate	VAS Pain at Rest	3 mos	Hand Therapy: Home Guided Hand Therapy	No Intervention: No Therapy	Mean Difference	0.5 (-0.58, 1.58)	NS

Table 315314: PICO 10- Physiotherapy vs. Physiotherapy- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gil, 2020	Low	QuickDASH	3 mos	Standard Postoperative Rehabilitation: 6-week therapy	Expedited Postoperative Rehabilitation Therapy: One session	Mean Difference	0.28 (-7.60, 8.16)	NS
Gil, 2020	Low	QuickDASH	4 mos	Standard Postoperative Rehabilitation: 6-week therapy	Expedited Postoperative Rehabilitation Therapy: One session	Mean Difference	5.58 (-1.73, 12.89)	NS
Gil, 2020	Low	QuickDASH	5 mos	Standard Postoperative Rehabilitation: 6-week therapy	Expedited Postoperative Rehabilitation Therapy: One session	Mean Difference	3.24 (-2.53, 9.01)	NS
Gil, 2020	Low	QuickDASH	6 mos	Standard Postoperative Rehabilitation: 6-week therapy	Expedited Postoperative Rehabilitation Therapy: One session	Mean Difference	2.09 (-4.50, 8.68)	NS

Table 316315: PICO 10- Physiotherapy vs. Physiotherapy- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gil, 2020	Low	Return To Work (days)	Postop .	Standard Postoperative Rehabilitation: 6-week therapy	Expedited Postoperative Rehabilitation Therapy: One session	Author Reported - ANOVA	N/A	NS

Table 317316: PICO 10- Physiotherapy vs. Placebo/Control- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Civi Karaaslan, 1061	High	BCTQ-SSS	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	0.18 (0.11, 0.25)	Conventional Physiotherapy
Civi Karaaslan, 1061	High	BCTQ	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	0.28 (-0.06, 0.62)	NS
Provinciali, 2000	High	BCTQ Duration of Episode	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Gil, 2020	Low	QuickDASH	3 mos	Standard Postoperative Rehabilitation: 6-week therapy	No Intervention	Mean Difference	-1.64 (-9.69, 6.41)	NS
Gil, 2020	Low	QuickDASH	4 mos	Standard Postoperative Rehabilitation: 6-week therapy	No Intervention	Mean Difference	1.67 (-6.52, 9.86)	NS
Gil, 2020	Low	QuickDASH	5 mos	Standard Postoperative Rehabilitation: 6-week therapy	No Intervention	Mean Difference	0.68 (-6.08, 7.44)	NS
Gil, 2020	Low	QuickDASH	6 mos	Standard Postoperative Rehabilitation: 6-week therapy	No Intervention	Mean Difference	3.11 (-3.41, 9.63)	NS
Gil, 2020	Low	QuickDASH	3 mos	Expedited Postoperative Rehabilitation: One session	No Intervention	Mean Difference	-1.92 (-7.57, 3.73)	NS
Gil, 2020	Low	QuickDASH	4 mos	Expedited Postoperative Rehabilitation: One session	No Intervention	Mean Difference	-3.91 (-9.30, 1.48)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Gil, 2020	Low	QuickDASH	5 mos	Expedited Postoperative Rehabilitation: One session	No Intervention	Mean Difference	-2.56 (-7.70, 2.58)	NS
Gil, 2020	Low	QuickDASH	6 mos	Expedited Postoperative Rehabilitation: One session	No Intervention	Mean Difference	1.02 (-3.80, 5.84)	NS

Table 318317: PICO 10- Physiotherapy vs. Placebo/Control- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Civi Karaaslan, 1061	High	BCTQ-FSS	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	0.24 (0.08, 0.40)	Conventional Physiotherapy
Civi Karaaslan, 1061	High	Nine hole peg test- NHPT (Remove) (time in sec)	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	0.13 (-0.73, 0.99)	NS
Civi Karaaslan, 1061	High	Nine hole peg test- NHPT (insert) (time in sec)	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	-0.69 (-2.41, 1.03)	NS
Civi Karaaslan, 1061	High	Paresthesia	3 wks	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	1.22 (-0.42, 2.86)	NS
Civi Karaaslan, 1061	High	Paresthesia	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	0.03 (-1.21, 1.27)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - Thenar Eminence	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	0.05 (-0.19, 0.29)	NS
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - 1st Distal Phalanges	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	-0.03 (-0.34, 0.28)	NS
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - 2nd Proximal Phalanges	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	0.05 (-0.24, 0.34)	NS
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - 2nd Distal Phalanges	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	-0.21 (-0.49, 0.07)	NS
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - 3rd Proximal Phalanges	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	-0.08 (-0.37, 0.21)	NS
Civi Karaaslan, 1061	High	Semmes - Weinstein Monofilament Test - 3rd Distal Phalanges	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy duringthe immobilization period. Consisted of 10 sessions of 20 minutes a day for2 weeks, including an MT exercise program that comprisedfunction-focused exercises done by the healthy hand in the mirrorbox. While the healthy hand was performing the exercises,the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks ofimmobilization.	Mean Difference	-0.12 (-0.41, 0.17)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Provinciali, 2000	High	BCTQ Numbness	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Weakness	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Tingling Sensation	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Severity of Numbness	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Waking with Numbness	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	Jebsen-Taylor Test	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	Return to Work (days)	Postop .		Progressive Home Exercise Program	Mean Difference	-10.39 (-15.14, -5.64)	Multimodal Rehabilitative Treatment
Gil, 2020	Low	Return To Work (days)	Postop .	Standard Postoperative Rehabilitation: 6-week therapy	No Intervention	Author Reported - ANOVA	N/A	NS
Gil, 2020	Low	Return To Work (days)	Postop .	Expedited Postoperative Rehabilitation: One session	No Intervention	Author Reported - ANOVA	N/A	NS

Table 319318: PICO 10- Physiotherapy vs. Placebo/Control- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Civi Karaaslan, 1061	High	VAS Pain at Rest	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	-0.42 (-1.35, 0.51)	NS
Civi Karaaslan, 1061	High	VAS Pain in Action	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	-0.25 (-1.61, 1.11)	NS
Civi Karaaslan, 1061	High	VAS Pain, Night	1.5 mos	Mirror Therapy w/ Conventional Physiotherapy: In addition to conventional physiotherapy, the MT group did Mirror therapy during the immobilization period. Consisted of 10 sessions of 20 minutes a day for 2 weeks, including an MT exercise program that comprised function-focused exercises done by the healthy hand in the mirror box. While the healthy hand was performing the exercises, the affected hand was immobilized with the cast in the box.	Conventional Physiotherapy: the conventional physiotherapy program was applied for 4 weeks after 2 weeks of immobilization.	Mean Difference	-1.41 (-2.54, -0.28)	Mirror Therapy w/ Conventional Physiotherapy
Provinciali, 2000	High	BCTQ Severity of Pain	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Waking with Pain	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Daytime Pain	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS
Provinciali, 2000	High	BCTQ Recurrence of Pain	3 mos		Progressive Home Exercise Program	Author Reported - Chi-Square Test	N/A	NS

Table 320319: PICO 11- Post-Op Immobilization vs. Early Mobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cebesoy, 2007	Moderate	BCTQ-SSS	1 mos	Orthotic: splinting right after surgery, exercises at day 10	Bulky Bandage w/ Standard Exercises: bulky bandage right after surgery, exercises right after surgery	Author Reported - Paired T-Test	N/A	NS
Cebesoy, 2007	Moderate	BCTQ-SSS	3 mos	Orthotic: splinting right after surgery, exercises at day 10	Bulky Bandage w/ Standard Exercises: bulky bandage right after surgery, exercises right after surgery	Author Reported - Paired T-Test	N/A	Bulky Bandage w/ Standard Exercises
Ritting, 2012	Moderate	BCTQ (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Author Reported - T-Test	N/A	NS

Table 321320: PICO 11- Post-Op Immobilization vs. Early Mobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cebesoy, 2007	Moderate	BCTQ-FSS	1 mos	Orthotic: splinting right after surgery, exercises at day 10	Bulky Bandage w/ Standard Exercises: bulky bandage right after surgery, exercises right after surgery	Author Reported - Paired T-Test	N/A	NS
Cebesoy, 2007	Moderate	BCTQ-FSS	3 mos	Orthotic: splinting right after surgery, exercises at day 10	Bulky Bandage w/ Standard Exercises: bulky bandage right after surgery, exercises right after surgery	Author Reported - Paired T-Test	N/A	NS
Ritting, 2012	Moderate	Grip Strength (kg)	6 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-16 (-21.57, -10.43)	Early Mobilization
Ritting, 2012	Moderate	Tip Pinch (kg) (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-1.2 (-2.35, -0.05)	Early Mobilization
Ritting, 2012	Moderate	Tripod Pinch Strength(kg) (6-12 mo f/u, three-point pinch (kg))	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-1.1 (-2.28, 0.08)	NS
Ritting, 2012	Moderate	Lateral Pinch (kg) (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-0.7 (-1.88, 0.48)	NS
Ritting, 2012	Moderate	ROM Extension (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-1 (-5.43, 3.43)	NS
Ritting, 2012	Moderate	ROM Flexion (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	2 (-4.04, 8.04)	NS
Ritting, 2012	Moderate	ROM Ulnar Deviation (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	3 (0.17, 5.83)	Orthotic
Ritting, 2012	Moderate	ROM Radial Deviation (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	-1 (-3.91, 1.91)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Ritting, 2012	Moderate	ROM Pronation (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	1 (-2.62, 4.62)	NS
Ritting, 2012	Moderate	ROM Supination (6-12 mo f/u)	2 mos	Orthotic: Medicated Gauze and 5x5cm cotton gauze over the incision, followed by application of cast padding and elastic roller bandage to be worn for 2 weeks;	Early Mobilization: Dressing to be worn 48-72 hours;	Mean Difference	3 (-2.88, 8.88)	NS

Table 322321: PICO 11- Post-Op Immobilization vs. Post-Op Immobilization- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	Excessive Scar Tenderness	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	RR	2.59(0.52,12.98)	NS
Logli, 2018	High	Excessive Stiffness	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	RR	2.07(0.39,11.01)	NS
Logli, 2018	High	Complex regional pain syndrome	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	RD	-0.02(-0.06,0.01)	NS
Logli, 2018	High	Wound Dehiscence (Superficial)	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	RR	1.04(0.07,16.30)	NS
Logli, 2018	High	Infection (Wound)	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	RD	-0.01(-0.03,0.01)	NS

Table 323322: PICO 11- Post-Op Immobilization vs. Post-Op Immobilization- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	QuickDASH	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-5.3 (-32.90, 22.30)	NS
Logli, 2018	High	QuickDASH	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-3.9 (-22.67, 14.87)	NS
Logli, 2018	High	QuickDASH	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-3.8 (-18.65, 11.05)	NS
Logli, 2018	High	QuickDASH	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-5.2 (-19.91, 9.51)	NS
Logli, 2018	High	BCTQ-SSS	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.02 (-2.39, 2.35)	NS
Logli, 2018	High	BCTQ-SSS	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.2 (-2.11, 1.71)	NS
Logli, 2018	High	BCTQ-SSS	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.03 (-1.76, 1.82)	NS
Logli, 2018	High	BCTQ-SSS	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.14 (-1.81, 1.53)	NS

Table 324323: PICO 11- Post-Op Immobilization vs. Post-Op Immobilization- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	BCTQ-FSS	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.21 (-2.54, 2.12)	NS
Logli, 2018	High	BCTQ-FSS	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.19 (-2.06, 1.68)	NS
Logli, 2018	High	BCTQ-FSS	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.21 (-1.83, 1.41)	NS
Logli, 2018	High	BCTQ-FSS	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.1 (-1.69, 1.49)	NS
Logli, 2018	High	ROM	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Author Reported - ANOVA	N/A	NS
Logli, 2018	High	Lateral Pinch Strength (N)	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Author Reported - ANOVA	N/A	Non-Removable Orthotic
Logli, 2018	High	Lateral Pinch Strength (N)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Author Reported - ANOVA	N/A	Non-Removable Orthotic

Table 325324: PICO 11- Post-Op Immobilization vs. Post-Op Immobilization- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	VAS Pain at Rest (NPRS)	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.17 (-2.92, 3.26)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.34 (-2.31, 2.99)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.31 (-3.23, 3.85)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.21 (-3.24, 3.66)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	0.15 (-5.88, 6.18)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	3 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.53 (-6.13, 5.07)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	6 mos	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.4 (-5.51, 4.71)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Mean Difference	-0.25 (-5.16, 4.66)	NS

Table 326325: PICO 11- Post-Op Immobilization vs. Unrestricted Movement- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	Excessive Scar Tenderness	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	RR	0.80(0.26,2.53)	NS
Logli, 2018	High	Excessive Stiffness	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	RD	0.05(0.00,0.09)	Soft Dressing
Logli, 2018	High	Complex regional pain syndrome	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	RD	0.00(0.00,0.00)	NS
Logli, 2018	High	Wound Dehiscence (Superficial)	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	RD	0.01(-0.01,0.04)	NS
Logli, 2018	High	Infection (Wound)	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	RD	0.00(0.00,0.00)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	Excessive Scar Tenderness	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	RR	0.31(0.06,1.49)	NS
Logli, 2018	High	Excessive Stiffness	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	RD	0.02(-0.01,0.06)	NS
Logli, 2018	High	Complex regional pain syndrome	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	RD	0.02(-0.01,0.06)	NS
Logli, 2018	High	Wound Dehiscence (Superficial)	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	RD	0.01(-0.01,0.03)	NS
Logli, 2018	High	Infection (Wound)	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	RD	0.01(-0.01,0.03)	NS
Kroeze, 2020	Low	Swelling	4 days	Sling	No Sling	Author Reported - Univariate Least-Squares Linear Regression	N/A	NS

Table 327326: PICO 11- Post-Op Immobilization vs. Unrestricted Movement- Composite

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	QuickDASH	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-4.6 (-11.72, 2.52)	NS
Logli, 2018	High	QuickDASH	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-4.9 (-10.92, 1.12)	NS
Logli, 2018	High	QuickDASH	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-1.2 (-6.58, 4.18)	NS
Logli, 2018	High	QuickDASH	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-2.7 (-8.54, 3.14)	NS
Logli, 2018	High	BCTQ-SSS	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	0.05 (-1.83, 1.93)	NS
Logli, 2018	High	BCTQ-SSS	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.14 (-1.61, 1.33)	NS
Logli, 2018	High	BCTQ-SSS	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	0.01 (-1.53, 1.55)	NS
Logli, 2018	High	BCTQ-SSS	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.19 (-1.61, 1.23)	NS
Logli, 2018	High	QuickDASH	1.5 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.7 (-26.82, 28.22)	NS
Logli, 2018	High	QuickDASH	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-1 (-20.01, 18.01)	NS
Logli, 2018	High	QuickDASH	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	2.6 (-12.34, 17.54)	NS
Logli, 2018	High	QuickDASH	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	2.5 (-12.55, 17.55)	NS
Logli, 2018	High	BCTQ-SSS	1.5 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.07 (-2.20, 2.34)	NS
Logli, 2018	High	BCTQ-SSS	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.06 (-1.88, 2.00)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	BCTQ-SSS	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.02 (-1.79, 1.75)	NS
Logli, 2018	High	BCTQ-SSS	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.05 (-1.92, 1.82)	NS
Manente, 2001	High	BCTQ-SSS	1 mos		No Intervention: Subjects in the control group were asked to wait for an observational period of 4 weeks before beginning any treatment.	Mean Difference	-1.07 (-1.29, -0.85)	Orthotic
Manente, 2001	High	Subject Global Impression Change Questionnaire (Improvement) (Includes moderately and minimally improved)	1 mos		No Intervention: Subjects in the control group were asked to wait for an observational period of 4 weeks before beginning any treatment.	RR	0.75(0.62,0.88)	Orthotic
Manente, 2001	High	Subject Global Impression Change Questionnaire (No change/worsening) (Includes no change or worsening)	1 mos		No Intervention: Subjects in the control group were asked to wait for an observational period of 4 weeks before beginning any treatment.	RD	-0.75(-0.88,-0.62)	Orthotic
Cook, 1995	Moderate	Subjective Rating of the Outcome, Excellent	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	RR	0.17(0.04,0.67)	No Orthotic
Cook, 1995	Moderate	Subjective Rating of the Outcome, Good	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	RR	1.80(1.05,3.08)	Orthotic
Cook, 1995	Moderate	Subjective Rating of the Outcome, Fair	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	RR	1.67(0.45,6.24)	NS

Table 328327: PICO 11- Post-Op Immobilization vs. Unrestricted Movement- Function

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	BCTQ-FSS	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.04 (-2.00, 1.92)	NS
Logli, 2018	High	BCTQ-FSS	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.05 (-1.44, 1.34)	NS
Logli, 2018	High	BCTQ-FSS	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.17 (-1.63, 1.29)	NS
Logli, 2018	High	BCTQ-FSS	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.07 (-1.35, 1.21)	NS
Logli, 2018	High	ROM	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	NS
Logli, 2018	High	Lateral Pinch Strength (N)	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	Soft Dressing
Logli, 2018	High	Lateral Pinch Strength (N)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	Soft Dressing
Logli, 2018	High	BCTQ-FSS	1.5 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.17 (-2.10, 2.44)	NS
Logli, 2018	High	BCTQ-FSS	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.14 (-1.73, 2.01)	NS
Logli, 2018	High	BCTQ-FSS	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.04 (-1.87, 1.95)	NS
Logli, 2018	High	BCTQ-FSS	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.03 (-1.67, 1.73)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	ROM	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	NS
Logli, 2018	High	Lateral Pinch Strength (N)	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	NS
Logli, 2018	High	Lateral Pinch Strength (N)	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Author Reported - ANOVA	N/A	NS
Manente, 2001	High	BCTQ-FSS	1 mos		No Intervention: Subjects in the control group were asked to wait for an observational period of 4 weeks before beginning any treatment.	Mean Difference	-0.55 (-0.82, -0.28)	Orthotic
Cook, 1995	Moderate	Return to ADLs (days)	postop .	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	Return to Light Duty Work (days)	postop .	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	Return to Full Duty Work (days)	postop .	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	Grip Strength (kg)	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	Grip Strength (kg)	3 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Cook, 1995	Moderate	Grip Strength (kg)	6 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Cook, 1995	Moderate	Key Pinch Strength (kg)	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	Key Pinch Strength (kg)	3 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Cook, 1995	Moderate	Semmes - Weinstein Monofilament Test	postop .	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Finsen, 1999	Moderate	Grip Strength (% of baseline)	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Grip Strength (% of baseline)	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Key Pinch Strength (no units specified)	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Key Pinch Strength (no units specified)	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Pinch Strength between thumb and fourth and fifth fingers (no units specified)	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Pinch Strength between thumb and fourth and fifth fingers (no units specified)	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Huemer, 2007	Moderate	Grip Strength (kg)	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	Author Reported - T-Test	N/A	NS
Huemer, 2007	Moderate	Two-Point Discrimination Test	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	Author Reported - T-Test	N/A	NS

Table 329328: PICO 11- Post-Op Immobilization vs. Unrestricted Movement- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	VAS Pain at Rest (NPRS)	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.01 (-3.77, 3.75)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.15 (-4.49, 4.19)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	0.13 (-4.26, 4.52)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	0.15 (-4.26, 4.56)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1.5 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.73 (-9.17, 7.71)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	3 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.74 (-8.94, 7.46)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	6 mos	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	0.16 (-5.91, 6.23)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1 yrs	Removable Orthotic: V Strap Wrist Brace	Soft Dressing: Gauze wrap	Mean Difference	-0.27 (-7.11, 6.57)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	1.5 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.18 (-3.12, 2.76)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.49 (-3.96, 2.98)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.18 (-2.80, 2.44)	NS
Logli, 2018	High	VAS Pain at Rest (NPRS)	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.06 (-2.91, 2.79)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1.5 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.88 (-7.50, 5.74)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	3 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.21 (-7.27, 6.85)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Logli, 2018	High	VAS Pain in Action (NPRS)	6 mos	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	0.56 (-3.77, 4.89)	NS
Logli, 2018	High	VAS Pain in Action (NPRS)	1 yrs	Non-Removable Orthotic: Plaster, Webril Cotton Wrap	Soft Dressing: Gauze wrap	Mean Difference	-0.02 (-5.25, 5.21)	NS
Cook, 1995	Moderate	Scar Pain	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	RR	1.75(0.90,3.42)	NS
Cook, 1995	Moderate	Pillar Pain	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	RR	2.40(0.99,5.81)	NS
Cook, 1995	Moderate	VAS Pain at Rest	1 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	No Orthotic
Cook, 1995	Moderate	VAS Pain at Rest	3 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Cook, 1995	Moderate	VAS Pain at Rest	6 mos	Orthotic: Volar Plaster Splint Applied for 2 weeks, with wrist in neutral position;	No Orthotic: Soft Bulky Dressing Removed First Post-Op Day; Unrestricted Active Motion Allowed;	Author Reported - Mann-Whitney U Test, T-Test	N/A	NS
Finsen, 1999	Moderate	VAS Pain at Rest	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	VAS Pain at Rest	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	Author Reported - Non-Parametric Tests	N/A	NS
Finsen, 1999	Moderate	Scar Pain	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	0.95(0.59,1.54)	NS
Finsen, 1999	Moderate	Scar Pain	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	1.19(0.42,3.38)	NS
Finsen, 1999	Moderate	Hypothenar Pain	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	1.25(0.39,3.99)	NS

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Finsen, 1999	Moderate	Hypothenar Pain	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	3.57(0.39,32.87)	NS
Finsen, 1999	Moderate	Thenar Pain	1 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	2.50(0.24,26.48)	NS
Finsen, 1999	Moderate	Thenar Pain	6 mos	Orthotic: Well-Padded Plaster of Paris Splint for 2 wks; Then 2 wks of Simple Rigid Orthosis; Full Finger Movement Allowed in Both;	Mobilization: Light Dressing but Full Movement Allowed;	RR	1.19(0.08,18.36)	NS
Huemer, 2007	Moderate	VAS Pain at Rest	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	Author Reported - T-Test	N/A	NS
Huemer, 2007	Moderate	No Scar Pain	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	RR	1.00(0.56,1.77)	NS
Huemer, 2007	Moderate	Scar Pain with Pressure	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	RR	0.78(0.31,1.93)	NS
Huemer, 2007	Moderate	Scar Pain at Rest	3 mos	Orthotic: Bulky Dressing with Volar Splint for 2 days;	Mobilization: Light Bandage for 2 days;	RD	0.04(-0.01,0.09)	NS

Table 330329: PICO 12- Preoperative Testing vs. No Preoperative Testing- Other

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Glowacki, 1996	Low	Full Symptom Resolution (8-30 mos follow-up)	19 mos	EMG/NCV Testing	No EMG/NCV	RR	1.05(0.86,1.29)	NS
Glowacki, 1996	Low	Symptoms Same or Worse (8-30 mos follow-up)	19 mos	EMG/NCV Testing	No EMG/NCV	RR	1.03(0.40,2.67)	NS

Table 331330: PICO 14- Non-Opioid vs. Non-Opioid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Husby, 2001	High	Swelling (% of preoperative volume)	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	Mean Difference	1.1 (-1.31, 3.51)	NS
Husby, 2001	High	Reflux Pain/Nausea	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	RD	0.07(-0.06,0.21)	NS
Husby, 2001	High	Pricking in legs	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	RD	0.07(-0.06,0.21)	NS
Husby, 2001	High	Additional Analgesic Use - Morphine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	RD	0.07(-0.06,0.21)	NS
Husby, 2001	High	Additional Analgesic Use - Paracetamol + Codeine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	RD	0.00(0.00,0.00)	NS
Husby, 2001	High	Additional Analgesic Use - Buprenorphine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	NSAID: 500 mg twice daily for 3 days, Naproxen	RD	0.00(0.00,0.00)	NS

Table 332331: PICO 14- Non-Opioid vs. Placebo/Control- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Husby, 2001	High	Swelling (% of preoperative volume)	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	Mean Difference	0.8 (-1.36, 2.96)	NS
Husby, 2001	High	Reflux Pain/Nausea	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	RD	0.07(-0.06,0.21)	NS
Husby, 2001	High	Pricking in legs	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	RD	0.07(-0.06,0.21)	NS
Husby, 2001	High	Additional Analgesic Use - Morphine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	RR	1.00(0.07,14.45)	NS
Husby, 2001	High	Additional Analgesic Use - Paracetamol + Codeine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	RD	-0.14(-0.33,0.04)	NS
Husby, 2001	High	Additional Analgesic Use - Buprenorphine	Postop .	Acetaminophen: 1000 mg four times daily for 3 days, paracetamol	Placebo Tablets: Matching pill for 3 days	RD	-0.21(-0.43,0.00)	NS
Husby, 2001	High	Swelling (% of preoperative volume)	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	Mean Difference	-0.3 (-2.50, 1.90)	NS
Husby, 2001	High	Reflux Pain/Nausea	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	RD	0.00(0.00,0.00)	NS
Husby, 2001	High	Pricking in legs	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	RD	0.00(0.00,0.00)	NS
Husby, 2001	High	Additional Analgesic Use - Morphine	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	RD	-0.07(-0.21,0.06)	NS
Husby, 2001	High	Additional Analgesic Use - Paracetamol + Codeine	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	RD	-0.14(-0.33,0.04)	NS
Husby, 2001	High	Additional Analgesic Use - Buprenorphine	Postop .	NSAID: 500 mg twice daily for 3 days, naproxen	Placebo Tablets: Matching pill for 3 days	RD	-0.21(-0.43,0.00)	NS

Table 333332: PICO 14- Opioid vs. Opioid- Adverse Events

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Miller, 2017	Low	Medication Related Side Effects	Postop .	Opioid: Hydrocodone 5mg, Codeine 30mg, or Oxycodone 5mg; On average, 20 Opioid pills prescribed (range, 10-32 pills);	Opioid: 10 Pills; Tramadol	RR	2.91(1.75,4.83)	Opioid

Table 334333: PICO 14- Opioid vs. Opioid- Pain

Reference Title	Quality	Outcome Details	Duration	Treatment 1 (Details)	Treatment 2 (Details)	Effect Measure	Result (95% CI)	Favored Treatment
Miller, 2017	Low	Duration of Consumption, Days	Postop .	Opioid: Hydrocodone 5mg, Codeine 30mg, or Oxycodone 5mg; On average, 20 Opioid pills prescribed (range, 10-32 pills);	Opioid: 10 Pills; Tramadol	Author Reported - Chi-Square Test, T-Test	N/A	NS
Miller, 2017	Low	Actual Medication Prescribed and Consumed, # Pills	Postop .	Opioid: Hydrocodone 5mg, Codeine 30mg, or Oxycodone 5mg; On average, 20 Opioid pills prescribed (range, 10-32 pills);	Opioid: 10 Pills; Tramadol	Author Reported - Chi-Square Test, T-Test	N/A	Opioid
Miller, 2017	Low	Number of Consumed Pills	Postop .	Opioid: Hydrocodone 5mg, Codeine 30mg, or Oxycodone 5mg; On average, 20 Opioid pills prescribed (range, 10-32 pills);	Opioid: 10 Pills; Tramadol	RR	0.78(0.70,0.86)	Opioid
Miller, 2017	Low	No Prescription Filled	Postop .	Opioid: Hydrocodone 5mg, Codeine 30mg, or Oxycodone 5mg; On average, 20 Opioid pills prescribed (range, 10-32 pills);	Opioid: 10 Pills; Tramadol	RR	0.49(0.23,1.07)	NS

Data Tables Diagnostic

Table 1334: Diagnostic Ultrasonography vs. Electrodiagnostic Studies

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	41.20% 100.0%	. 0.59		POOR
Martikkala, 2021	High Quality	Age: Mean 57; Sex (Female %): 0.688; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	89.00% 60.00%	2.23 0.18	WEAK	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	96.20% 36.00%	1.5 0.11	POOR	MODERATE
Moran, 2009	High Quality	Age: Mean 45 (30-80); Sex (Female %): 0.8696; BMI: NA; Diabetes: 0;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	60.00% 90.00%	6 0.44	MODERATE	WEAK
Demino, 2020	Low Quality	Age: Mean 48.1; Sex (Female %): 0.7476; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	74.00% 74.00%	2.85 0.35	WEAK	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	63.70% 72.00%	2.28 0.5	WEAK	POOR
Martikkala, 2021	High Quality	Age: Mean 57; Sex (Female %): 0.688; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	97.00% 23.00%	1.26 0.13	POOR	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	27.50% 100.0%	. 0.73		POOR
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	89.30% 90.60%	9.5 0.12	MODERATE	MODERATE
Moran, 2009	High Quality	Age: Mean 45 (30-80); Sex (Female %): 0.8696; BMI: NA; Diabetes: 0;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	62.00% 95.00%	12.4 0.4	STRONG	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 84.40%	6.1 0.06	MODERATE	STRONG
Moran, 2009	High Quality	Age: Mean 45 (30-80); Sex (Female %): 0.8696; BMI: NA; Diabetes: 0;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	92.00% 45.00%	1.67 0.18	POOR	MODERATE
Demino, 2020	Low Quality	Age: Mean 48.1; Sex (Female %): 0.7476; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	58.20% 89.20%	5.39 0.47	MODERATE	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	97.60% 71.90%	3.47 0.03	WEAK	STRONG

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	89.30% 92.20%	11.45 0.12	STRONG	MODERATE
Demino, 2020	Low Quality	Age: Mean 48.1; Sex (Female %): 0.7476; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	50.80% 100.0%	. 0.49		WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 87.50%	7.62 0.05	MODERATE	STRONG
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	73.20% 55.00%	1.63 0.49	POOR	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	98.80% 76.60%	4.22 0.02	WEAK	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	88.10% 92.20%	11.29 0.13	STRONG	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 87.50%	7.62 0.05	MODERATE	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	96.40% 75.00%	3.86 0.05	WEAK	STRONG
Yazdchi, 2012	High Quality	Age: Mean 48.52 (23-65); Sex (Female %): 0.7556; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	76.20% 56.50%	1.75 0.42	POOR	WEAK
Wong, 2004	High Quality	Age: Mean 49 (19-83); Sex (Female %): 0.8167; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies/Patient History	83.00% 95.00%	16.6 0.18	STRONG	MODERATE
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	75.40% 50.00%	1.51 0.49	POOR	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	83.30% 96.90%	26.87 0.17	STRONG	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 93.70%	15.11 0.05	STRONG	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	96.40% 75.00%	3.86 0.05	WEAK	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	78.60% 96.90%	25.35 0.22	STRONG	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 95.30%	20.26 0.05	STRONG	STRONG
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	72.90% 61.90%	1.91 0.44	POOR	WEAK

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Fowler, 2015	High Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	Ultrasonography	Latent Class Analysis	91.00% 94.00%	15.17 0.1	STRONG	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 82.80%	5.53 0.06	MODERATE	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	83.30% 96.90%	26.87 0.17	STRONG	MODERATE
Fu, 2015	High Quality	Age: Mean (45.3/50.4); Sex (Female %): 65%/59%; BMI: Mean (21.7/21.1); Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	60.87% 100.0%	54.57 0.39	STRONG	WEAK
Draghici, 2020	High Quality	Age: Mean 62.38; Sex (Female %): 0.566; BMI: Mean 31.72; Diabetes: 1;	Ultrasonography(ENG+ Wrist (mm^2), wrist cutoff 10.5 mm^2)	Electrodiagnostic Studies	86.10% 78.80%	4.06 0.18	WEAK	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 95.30%	20.26 0.05	STRONG	STRONG
Fu, 2015	High Quality	Age: Mean (45.3/50.4); Sex (Female %): 65%/59%; BMI: Mean (21.7/21.1); Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	82.61% 95.45%	18.17 0.18	STRONG	MODERATE
Fu, 2015	High Quality	Age: Mean (45.3/50.4); Sex (Female %): 65%/59%; BMI: Mean (21.7/21.1); Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	91.30% 93.18%	13.39 0.09	STRONG	STRONG
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 79.70%	4.69 0.06	WEAK	STRONG
Fu, 2015	High Quality	Age: Mean (45.3/50.4); Sex (Female %): 65%/59%; BMI: Mean (21.7/21.1); Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	93.48% 84.09%	5.88 0.08	MODERATE	STRONG
Fu, 2015	High Quality	Age: Mean (45.3/50.4); Sex (Female %): 65%/59%; BMI: Mean (21.7/21.1); Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	100.0% 63.64%	2.75 0	WEAK	STRONG
Yazdchi, 2012	High Quality	Age: Mean 48.52 (23-65); Sex (Female %): 0.7556; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	76.20% 57.10%	1.78 0.42	POOR	WEAK
Wong, 2004	High Quality	Age: Mean 49 (19-83); Sex (Female %): 0.8167; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies/Patient History	82.81% 72.73%	3.04 0.24	WEAK	WEAK
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	71.20% 53.90%	1.54 0.53	POOR	POOR
Mehrpour, 2016	Moderate Quality	Age: Mean 43.1; Sex (Female %): 0.921; BMI: Mean 27.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	45.00% 95.80%	10.71 0.57	STRONG	POOR
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	78.60% 87.50%	6.29 0.24	MODERATE	WEAK
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	47.40% 100.0%	. 0.53		POOR

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	78.90% 81.80%	4.34 0.26	WEAK	WEAK
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	49.40% 40.00%	0.82 1.27	POOR	POOR
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	40.96% 100.0%	. 0.59		POOR
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	96.40% 44.80%	1.75 0.08	POOR	STRONG
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	94.60% 96.70%	28.67 0.06	STRONG	STRONG
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	95.18% 100.0%	. 0.05		STRONG
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	87.50% 80.00%	4.38 0.16	WEAK	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	73.80% 89.10%	6.77 0.29	MODERATE	WEAK
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	95.90% 90.00%	9.59 0.05	MODERATE	STRONG
Hashemi, 2009	High Quality	Age: Range 40-49; Sex (Female %): 0.91; BMI: NA; Diabetes: 0.06;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	90.00% 74.00%	3.46 0.14	WEAK	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	88.10% 79.70%	4.34 0.15	WEAK	MODERATE
Wong, 2004	High Quality	Age: Mean 49 (19-83); Sex (Female %): 0.8167; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies/Patient History	90.00% 47.00%	1.7 0.21	POOR	WEAK
Demino, 2020	Low Quality	Age: Mean 48.1; Sex (Female %): 0.7476; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	88.90% 80.00%	4.45 0.14	WEAK	MODERATE
Moran, 2009	High Quality	Age: Mean 45 (30-80); Sex (Female %): 0.8696; BMI: NA; Diabetes: 0;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	86.00% 40.00%	1.43 0.35	POOR	WEAK
Martikkala, 2021	High Quality	Age: Mean 57; Sex (Female %): 0.688; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	81.00% 62.00%	2.13 0.31	WEAK	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	98.70% 20.00%	1.23 0.07	POOR	STRONG
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	78.70% 52.00%	1.64 0.41	POOR	WEAK

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Martikkala, 2021	High Quality	Age: Mean 57; Sex (Female %): 0.688; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	90.00% 48.00%	1.73 0.21	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	55.00% 88.00%	4.58 0.51	WEAK	POOR
Billakota, 2017	Low Quality	Age: Mean 56.6; Sex (Female %): 0.652; BMI: Mean 30.6; Diabetes: 0.419;	Ultrasonography	Electrodiagnostic Studies	97.61%		
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	27.50% 100.0%	. 0.73		POOR
Martikkala, 2021	High Quality	Age: Mean 57; Sex (Female %): 0.688; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	51.00% 77.00%	2.22 0.64	WEAK	POOR
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	13.75% 100.0%	. 0.86		POOR
Fowler, 2014	High Quality	Age: Mean 56 (18-86); Sex (Female %): 0.64; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	85.00% 83.00%	5 0.18	WEAK	MODERATE
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	66.65% 20.00%	0.83 1.67	POOR	POOR
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	95.20% 44.80%	1.72 0.11	POOR	MODERATE
Wong, 2004	High Quality	Age: Mean 49 (19-83); Sex (Female %): 0.8167; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies/Patient History	94.29% 65.38%	2.72 0.09	WEAK	STRONG
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	80.72% 100.0%	. 0.19		MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	91.70% 73.40%	3.45 0.11	WEAK	MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	75.00% 85.90%	5.32 0.29	MODERATE	WEAK
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	89.30% 73.40%	3.36 0.15	WEAK	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	16.40% 84.00%	1.03 1	POOR	POOR
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	66.27% 60.00%	1.66 0.56	POOR	POOR
Yazdchi, 2012	High Quality	Age: Mean 48.52 (23-65); Sex (Female %): 0.7556; BMI: NA; Diabetes: NA;	Ultrasonography(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	71.40% 59.10%	1.75 0.48	POOR	WEAK

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	79.00% 52.60%	1.67 0.4	POOR	WEAK
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	78.50% 53.20%	1.68 0.4	POOR	WEAK
Wang, 2020	Moderate Quality	Age: Age > 18; Sex (Female %): NA; BMI: NA; Diabetes: NA;	Ultrasonography	Latent Class Analysis	89.00% 72.00%	3.18 0.15	WEAK	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	65.40% 478.0%	-0.17 0.07	POOR	STRONG
Kanagasabai, 2022	Moderate Quality	Age: Mean 49.3; Sex (Female %): 0.754; BMI: ; Diabetes: ;	Ultrasonography(Electrophysiological nerve conduction study (NCS).)	Electrodiagnostic Studies	65.06% 60.00%	1.63 0.58	POOR	POOR
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	66.20% 100.0%	. 0.34		WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	72.50% 70.80%	2.48 0.39	WEAK	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	63.60% 78.30%	2.93 0.46	WEAK	WEAK
Tsai, 2013	Moderate Quality	Age: Mean (59.3/61.6/54.8); Sex (Female %): 0.6; BMI: Mean (24.6/27.3/23.8); Diabetes: 40 pts;	Ultrasonography(Nerve Conduction Studies)	Electrodiagnostic Studies	78.50% 53.20%	1.68 0.4	POOR	WEAK
Falsetti, 2022	High Quality	Age: Mean 64; Sex (Female %): 0.6326; BMI: Mean 26.5; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies	83.80% 100.0%	. 0.16		MODERATE
Chen, 2021	High Quality	Age: Mean 51.6; Sex (Female %): 0.558; BMI: NA; Diabetes: NA;	Ultrasonography	Electrodiagnostic Studies - Combined Sensory Index	94.00% 53.10%	2 0.11	WEAK	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	86.30% 48.00%	1.66 0.29	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	75.00% 59.10%	1.83 0.42	POOR	WEAK

Table 2335: Diagnostic MRI/Ultrasound vs. Electrodiagnostic Studies

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	43.00% 16.00%	0.51 3.56	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	60.00% 54.00%	1.3 0.74	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	77.00% 0.00%	0.77 .	POOR	
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	92.00% 28.00%	1.28 0.29	POOR	WEAK
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	88.00% 39.00%	1.44 0.31	POOR	WEAK
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	10.00% 96.00%	2.5 0.94	WEAK	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	45.00% 76.00%	1.88 0.72	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	74.00% 44.00%	1.32 0.59	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Any Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	59.00% 33.00%	0.88 1.24	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	11.00% 100.0%	. 0.89		POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	9.00% 88.00%	0.75 1.03	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	30.00% 85.00%	2 0.82	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	3.00% 98.00%	1.5 0.99	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	8.00% 89.00%	0.73 1.03	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	0.00% 100.0%	. 1		POOR

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	1.00% 100.0%	. 0.99		POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	2.00% 92.00%	0.25 1.07	POOR	POOR
Jarvik, 2002	Moderate Quality	Age: Mean 42.5; Sex (Female %): 0.45; BMI: NA; Diabetes: NA;	MRI (Severe Abnormality)(Nerve Conduction Studies)	Electrodiagnostic Studies	58.00% 72.00%	2.07 0.58	WEAK	POOR
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	93.80% 40.00%	1.56 0.16	POOR	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	100.0% 25.00%	1.33 0	POOR	STRONG
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	100.0% 66.60%	2.99 0	WEAK	STRONG
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	86.60% 35.70%	1.35 0.38	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	83.90% 37.50%	1.34 0.43	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	85.70% 40.00%	1.43 0.36	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	86.40% 40.00%	1.44 0.34	POOR	WEAK
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	92.50% 42.80%	1.62 0.18	POOR	MODERATE
Naranjo, 2007	Moderate Quality	Age: Mean 47; Sex (Female %): 0.8235; BMI: NA; Diabetes: NA;	Ultrasonography/Clinical Examinations(Electroneurogram)	Electrodiagnostic Studies/Patient History/Clinical Examinations	86.30% 48.00%	1.66 0.29	POOR	WEAK

Table 3336: Diagnostic CTS-6 vs. Reference Standard

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Chen, 2021	Moderate Quality	Age: Mean 50.78; Sex (Female %): 0.73; BMI: Mean 31.35; Diabetes: NA;	CTS-6	Ultrasonography	75.90% 51.10%	1.55 0.47	POOR	WEAK
Chen, 2021	Moderate Quality	Age: Mean 50.78; Sex (Female %): 0.73; BMI: Mean 31.35; Diabetes: NA;	CTS-6	Electrodiagnostic Studies	87.00% 27.00%	1.19 0.48	POOR	WEAK
Fowler, 2015	High Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	CTS-6	Latent Class Analysis	95.00% 91.00%	10.56 0.05	STRONG	STRONG
Fowler, 2014	High Quality	Age: Mean 56 (18-86); Sex (Female %): 0.64; BMI: NA; Diabetes: NA;	CTS-6	Electrodiagnostic Studies	89.00% 80.00%	4.45 0.14	WEAK	MODERATE
Wang, 2020	Moderate Quality	Age: Age > 18; Sex (Female %): NA; BMI: NA; Diabetes: NA;	CTS-6	Latent Class Analysis	75.00% 61.00%	1.92 0.41	POOR	WEAK
Graham, 2008	High Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	CTS-6	Electrodiagnostic Studies	92.00% 63.00%	2.49 0.13	WEAK	MODERATE
Fowler, 2014	High Quality	Age: Mean 56 (18-86); Sex (Female %): 0.64; BMI: NA; Diabetes: NA;	CTS-6	Ultrasonography	89.00% 90.00%	8.9 0.12	MODERATE	MODERATE
Graham, 2008	High Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	CTS-6	Electrodiagnostic Studies	69.00% 97.00%	23 0.32	STRONG	WEAK

Table 4337: Diagnostic Gray Scale Sonography vs. Electrodiagnostic Studies

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Abdel Ghaffar, 2012	Moderate Quality	Age: Mean (Male) 47 (33-55), Mean (Female) 49.1 (35-59); Sex (Female %): 0.7561; BMI: NA; Diabetes: 0;	Gray Scale Sonography(Nerve Conduction Studies)	Electrodiagnostic Studies	94.00% 40.00%	1.57 0.15	POOR	MODERATE
Mallouhi, 2006	Moderate Quality	Age: Mean 58 (15-90); Sex (Female %): 0.7086; BMI: NA; Diabetes: NA;	Gray Scale Sonography(Abnormal nerve conduction was defined as a reduction in median nerve sensory conduction velocity of more than 62 msec and prolongation of the distal motor latency of more than 3.9 msec without abnormalities in the ulnar nerve or proximal median nerve parameters.)	Electrodiagnostic Studies/Patient History/Clinical Examinations	80.00% 65.00%	2.29 0.31	WEAK	WEAK
Mallouhi, 2006	Moderate Quality	Age: Mean 58 (15-90); Sex (Female %): 0.7086; BMI: NA; Diabetes: NA;	Gray Scale Sonography(Abnormal nerve conduction was defined as a reduction in median nerve sensory conduction velocity of more than 62 msec and prolongation of the distal motor latency of more than 3.9 msec without abnormalities in the ulnar nerve or proximal median nerve parameters.)	Electrodiagnostic Studies/Patient History/Clinical Examinations	91.00% 47.00%	1.72 0.19	POOR	MODERATE
Mallouhi, 2006	Moderate Quality	Age: Mean 58 (15-90); Sex (Female %): 0.7086; BMI: NA; Diabetes: NA;	Gray Scale Sonography(Abnormal nerve conduction was defined as a reduction in median nerve sensory conduction velocity of more than 62 msec and prolongation of the distal motor latency of more than 3.9 msec without abnormalities in the ulnar nerve or proximal median nerve parameters.)	Electrodiagnostic Studies/Patient History/Clinical Examinations	60.00% 76.00%	2.5 0.53	WEAK	POOR
Abdel Ghaffar, 2012	Moderate Quality	Age: Mean (Male) 47 (33-55), Mean (Female) 49.1 (35-59); Sex (Female %): 0.7561; BMI: NA; Diabetes: 0;	Gray Scale Sonography(Nerve Conduction Studies)	Electrodiagnostic Studies	80.00% 60.00%	2 0.33	POOR	WEAK
Mallouhi, 2006	Moderate Quality	Age: Mean 58 (15-90); Sex (Female %): 0.7086; BMI: NA; Diabetes: NA;	Gray Scale Sonography(Abnormal nerve conduction was defined as a reduction in median nerve sensory conduction velocity of more than 62 msec and prolongation of the distal motor latency of more than 3.9 msec without abnormalities in the ulnar nerve or proximal median nerve parameters.)	Electrodiagnostic Studies/Patient History/Clinical Examinations	65.00% 68.00%	2.03 0.51	WEAK	POOR
Abdel Ghaffar, 2012	Moderate Quality	Age: Mean (Male) 47 (33-55), Mean (Female) 49.1 (35-59); Sex (Female %): 0.7561; BMI: NA; Diabetes: 0;	Gray Scale Sonography(Nerve Conduction Studies)	Electrodiagnostic Studies	83.00% 60.00%	2.08 0.28	WEAK	WEAK

Table 5338: Diagnostic NervePace Electroneurometer vs. Electrodiagnostic Studies

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	94.60% 75.00%	3.78 0.07	WEAK	STRONG
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	67.80% 87.50%	5.42 0.37	MODERATE	WEAK
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	100.0% 12.50%	1.14 0	POOR	STRONG
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	98.20% 50.00%	1.96 0.04	POOR	STRONG
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	85.70% 87.50%	6.86 0.16	MODERATE	MODERATE
Beckenbaugh, 1994	Low Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	NervePace Electroneurometer S-100(>4.5ms)	Electrodiagnostic Studies	51.80% 100.0%	. 0.48		WEAK

Table 6339: Diagnostic Index Test vs. Reference Standard

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Mallouhi, 2006	Moderate Quality	Age: Mean 58 (15-90); Sex (Female %): 0.7086; BMI: NA; Diabetes: NA;	Color Doppler Sonography(Abnormal nerve conduction was defined as a reduction in median nerve sensory conduction velocity of more than 62 msec and prolongation of the distal motor latency of more than 3.9 msec without abnormalities in the ulnar nerve or proximal median nerve parameters.)	Electrodiagnostic Studies/Patient History/Clinical Examinations	95.00% 71.00%	3.28 0.07	WEAK	STRONG
Abdel Ghaffar, 2012	Moderate Quality	Age: Mean (Male) 47 (33-55), Mean (Female) 49.1 (35-59); Sex (Female %): 0.7561; BMI: NA; Diabetes: 0;	Color Doppler Sonography(Nerve Conduction Studies)	Electrodiagnostic Studies	98.00% 60.00%	2.45 0.03	WEAK	STRONG
Fowler, 2015	High Quality	Age: NA; Sex (Female %): NA; BMI: NA; Diabetes: NA;	Electrodiagnostic Studies	Latent Class Analysis	91.00% 83.00%	5.35 0.11	MODERATE	MODERATE
Wang, 2020	Moderate Quality	Age: Age > 18; Sex (Female %): NA; BMI: NA; Diabetes: NA;	Electrodiagnostic Studies	Latent Class Analysis	97.00% 40.00%	1.62 0.08	POOR	STRONG
Moran, 2020	High Quality	Age: Mean 58 (27-81); Sex (Female %): 0.6575; BMI: NA; Diabetes: NA;	Ultrasonography and Elastography	Electrodiagnostic Studies	54.00% 89.00%	4.91 0.52	WEAK	POOR
Moran, 2020	High Quality	Age: Mean 58 (27-81); Sex (Female %): 0.6575; BMI: NA; Diabetes: NA;	Ultrasonography and Elastography	Electrodiagnostic Studies	46.50% 89.60%	4.47 0.6	WEAK	POOR

Table 7340: Diagnostic Index Test vs. Reference Standard

Reference Title	Quality	patient chars.	Index Test	Reference Standard	Sens Spec	LR+ LR-	Rule In Test	Rule Out Test
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Lax Overall(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	88.00% 13.00%	1.01 0.92	POOR	POOR
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Lax Surgeon A(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	88.00% 17.00%	1.06 0.71	POOR	POOR
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Lax Surgeon B(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	88.00% 12.00%	1 1	POOR	POOR
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Stringent Overall(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	54.00% 48.00%	1.04 0.96	POOR	POOR
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Stringent Surgeon A(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	71.00% 50.00%	1.42 0.58	POOR	POOR
Makanji, 2014	High Quality	Age: Mean 56 (21-85); Sex (Female %): 0.62; BMI: Mean 28.4 (20.3-45.3); Diabetes: NA;	CTS-6 Stringent Surgeon B(Nerve Conduction Velocity, Electromyography)	Electrodiagnostic Studies	48.00% 47.00%	0.91 1.11	POOR	POOR
Beddaa, 2022	High Quality	Age: Mean 48.87 (18-78); Sex (Female %): 1; BMI: Mean 27.46; Diabetes: NA;	Upper Limb Neurodynamic Testing 2A	Electrodiagnostic Studies	73.40% 47.00%	1.38 0.57	POOR	POOR